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The Medical Times Almanack

FOR 1846.

January.

First Quarter, 4th day at 2 A.
Full Moon, 12th " 2 A.
Last Quarter, 20th " 4 A.
New Moon, 27th " 9 M.

1	TH	
2	F	Botanical Society, 8 p. m.
3	S	Westminster Medical Society, 8 p. m.
4	S	2nd SUNDAY after Christmas.
5	M	Chemical Society, 8 p. m.
6	TU	
7	W	Hunterian Society, 8 p. m.
8	TH	Royal Society, ½ past 8 p. m.
9	F	
10	S	Westminster Medical Society, 8 p. m.
11	S	1st SUNDAY after Epiphany.
12	M	Medical Society of London, 8 p. m.
13	TU	Med. Chir. S., ½ p. 8 p. m.; Zool. S. ½ p. 8 p.m.
14	W	Pharmaceutical Society, 9 p. m.
15	TH	Royal Society, ½ past 8 p. m.
16	F	Royal Institution, 9 p. m.
17	S	Westminster Medical Society, 8 p. m.
18	S	2nd SUNDAY after Epiphany.
19	M	Med. S. Lond., 8 p. m.; Chem. S. 8 p. m.
20	TU	Linnæan Society, 8 p. m.
21	W	Huuterian Society, 8 p. m.
22	TH	Roy. S., ½ p. 8 p. m.; Med. Bot. S., ½ p. 8 p.m.
23	F	Royal Institution, 9 p. m.
24	S	Westminster Medical Society, 8 p. m.
25	S	3rd SUNDAY after Epiphany.
26	M	Medical Society of London, 8 p. m.
27	TU	Med. Chir. S., ½ p. 8 p.m.; Zool. S., ½ p. 8 p.m.
28	W	Pharmaceutical Society, 9 p. m.
29	TH	Royal Society, ½ past 8 p. m.
30	F	Royal Institution, 9. p. m.
31	S	Westminster Medical Society, 8 p. m.

February.

First Quarter, 3rd day at 5 M.
Full Moon, 11th ,, 9 M.
Last Quarter, 19th ,, 5 M.
New Moon, 25th ,, 8 N.

1	S	4th SUNDAY after Epiphany
2	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
3	TU	Linnæan Society, 8 p.m.
4	W	Hunterian Society, 8 p.m.
5	TH	Royal Society, ½ past 8 p.m.
6	F	Botan. Soc. 8 p.m.; Royal Inst. 9 p.m.
7	S	Westminster Medical Society, 8 p.m.
8	S	Septuagesima SUNDAY
9	M	Medical Society of London, 8 p.m.
10	TU	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
11	W	Pharmaceutical Society, 9 p.m.
12	TH	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
13	F	Royal Institution, 9 p.m.
14	S	Westminster Medical Socicty, 8 p.m.
15	S	Sexagesima SUNDAY
16	M	Med. Soc. Lon. 8 p.m.; Chem. Soc. 8 p.m.
17	TU	Linnæan Society, 8 p.m.
18	W	Hunterian Society, 8 p.m.
19	TH	Royal Society, ½ past 8 p.m.
20	F	Royal Institution, 9 p.m.
21	S	Westminster Medical Society, 8 p.m.
22	S	Quinquagesima SUNDAY
23	M	Med. S. Lond. 8 p.m. [Zool. S. ½ p. 8 p.m.
24	TU	Shrove TUESDAY; Med. Chir. Soc. 8 p.m.;
25	W	Ash WED.; Ph. S. 9 p.m.; [½ p. 8 p.m.
26	TH	Medico-Botanical S., ½ past 8 p.m.; Roy. S.
27	F	Royal Iustitution, 9 p.m.
28	S	Westminster Medical Society, 8 p.m.

March.

First Quarter, 4th day at 11 N.
Full Moon, 13th ,, 3 M.
Last Quarter, 20th ,, 2 A.
New Moon, 27th ,, 6 M.

1	S	1st SUNDAY in Lent
2	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
3	TU	Linnæan Society, 8 p.m.
4	W	Hunterian Society, 8 p.m.
5	TH	Royal Society, ½ past 8 p.m.
6	F	Royal Inst. 9 p.m.; Botan. Soc. 8 p.m.
7	S	Westminster Medical Society, 8 p.m.
8	S	2nd SUNDAY in Lent
9	M	Medical Society of London, 8 p.m.
10	TU	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
11	W	Pharmaceutical Society, 9 p.m.
12	TH	Roy. S. ½ p. 8. p.m.; Med. Bot. S. ½ p. 8 p.m.
13	F	Royal Institution, 9 p.m.
14	S	Westminster Medical Society, 8 p.m.
15	S	3rd SUNDAY in Lent
16	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
17	TU	Linnæan Society, 8 p.m.
18	W	Hunterian Society, 8 p.m.
19	TH	Royal Society, ½ past 8 p.m.
20	F	Royal Institution, 9 p.m.
21	S	Westminster Medical Society, 8 p.m.
22	S	4th SUNDAY in Lent
23	M	Medical Society of London, 8 p.m.
24	TU	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
25	W	Pharmaceutical Society. 9 p.m.
26	TH	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
27	F	Royal Institution, 9 p.m.
28	S	Westminster Medical Society, 8 p.m.
29	S	5th SUNDAY in Lent
30	M	Medical Society of London, 8 p.m.
31	TU	

April.

First Quarter, 3rd day at 5 A.
Full Moon, 11th " 6 E.
Last Quarter, 18th " 8 E.
New Moon, 25th " 5 A.

1	W	Hunterian Society, 8 p. m.
2	TH	Royal Society, ½ past 8 p. m.
3	F	Botan. Society, 8 p. m.; Roy. Inst. 9 p.m.
4	S	Westminster Medical Society, 8 p. m.
5	S	Palm SUNDAY.
6	M	Med. S. Lond., 8 p. m.; Chem. S., 8 p. m.
7	TU	Linnæan Society, 8 p. m.
8	W	Pharmaceutical Society, 9 p. m.
9	TH	Winslow born, 1669.
10	F	Good Friday.
11	S	Chesclden died, 1752.
12	S	Easter SUNDAY.
13	M	Easter Monday—Med. S., Lond., 8 p. m.
14	TU	Med. Chir. S., ½ p. 8 p.m.; Zool. S., ½ p. 8 p.m.
15	W	Hunterian Society, 8 p. m.
16	TH	Sir Hans Sloane born, 1660.
17	F	Franklin died, 1790.
18	S	Abernethy died, 1831.
19	S	Low SUNDAY.
20	M	Med S., Lond., 8 p. m.; Chem. S., 8 p. m.
21	TU	Linnæan Society, 8 p. m.
22	W	Pharmaceutical Society, 9 p. m.
23	TH	Med. Bot. S., ½ p. 8 p. m.; Roy. S., ½ p. 8 p.m.
24	F	Orfila born, 1787.
25	S	Westminster Medical Society, 8 p. m.
26	S	2nd SUNDAY after Easter.
27	M	Medical Society of London, 8 p. m.
28	T	Med. Chir. S., ½ p 8 p.m.; Zool. S., ½ p. 8 p.m.
29	W	Hunterian Society, 8 p. m.
30	TH	Royal Socicty, ½ past 8 p. m.

May.

First Quarter, 3rd day at Noon.
Full Moon, 11th ,, 6 M.
Last Quarter, 18th ,, 1 M.
New Moon, 25th ,, 5 M.

1	F	Royal Inst. 9 p.m.; Botan. Soc. 8 p.m.
2	S	W. Hunter born, 1718
3	S	3rd SUNDAY after Easter
4	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
5	TU	Linnæan Society, 8 p.m.
6	W	Hunterian Society, 8 p.m.
7	TH	Royal Society, ½ past 8 p.m.
8	F	Royal Institution, 9 p.m.
9	S	
10	S	4th SUNDAY after Easter
11	M	Medical Society of Loudon, 8 p.m.
12	TU	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
13	W	Pharmaceutical Society, 9 p.m.
14	TH	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
15	F	Royal Institution, 9 p.m.
16	S	Vauquelin born, 1763
17	S	Rogation SUNDAY
18	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
19	TU	Linnæan Society, 8 p.m.
20	W	Hunterian Society, 8 p.m.
21	TH	Holy THUR.; Royal Society, ½ past 8 p.m.
22	F	Royal Institution, 9 p.m.
23	S	Liuneus born, 1707
24	S	SUNDAY after Ascension
25	M	Medical Socicty of London, 8 p.m.
26	TU	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
27	W	Pharmaceutical Socicty, 9 p.m.
28	TH	Roy. S. ½ p. 8 p m.; Med. Bot. S. ½ p. 8 p.m.
29	F	Royal Institution, 9 p.m.
30	S	
31	S	Whit SUNDAY

June.

First Quarter, 2nd day at 6 M.
Full Moon, 9th " 4 A.
Last Quarter, 16th " 7 M.
New Moon, 23rd " 6 E.

1	M	Whit Monday.
2	TU	Whit Tuesday—Linnæan Society, 8 p. m.
3	W	Hunterian Society, 8 p. m.
4	TH	Royal Society, ½ past 8 p. m.
5	F	Botan. S., 8 p. m.; Royal Iust., 9 p. m.
6	S	
7	S	Trinity SUNDAY.
8	M	Jonston died, 1675.
9	TU	Med. Chir. S., ½ p. 8 p. m.; Zool. S., ½ 8 p.m.
10	W	Pharmaceutical Society, 9 p. m.
11	TH	Medico-Botanical Society, ½ past 8 p. m.
12	F	Royal Society, ½ past 8 p. m.
13	S	
14	S	1st SUNDAY after Trinity.
15	M	
16	TU	Linnæan Society, 8 p. m.
17	W	Hunterian Society, 8 p. m.
18	TH	Royal Society, ½ past 8 p. m.
19	F	
20	S	Cassini born, 1635.
21	S	2nd SUNDAY after Trinity.
22	M	
23	TU	Med. Chir. S., ½ p. 8 p.m.; Zool. S., ½ p. 8 p.m.
24	W	Pharmaceutical Society, 9 p. m.
25	TH	Medico-Botanical Society, ½ past 8 p. m.
26	F	
27	S	Cruickshank died, 1800.
28	S	3rd SUNDAY after Trinity.
29	M	
30	TU	

July.

First Quarter, 1st day at 9 N.
Full Moon, 8th „ 11 N.
Last Quarter, 15th „ 1 A.
New Moon, 23rd „ 8 M.
First Quarter, 31st „ 11 M.

1	W	
2	Th	
3	F	Botanical Society, 8 p.m.
4	S	
5	**S**	4th Sunday after Trinity
6	M	
7	Tu	
8	W	Pharmaceutical Society, 9 p.m.
9	Th	Medico-Botanical Society, ½ past 8 p.m.
10	F	Monro (1st) died, 1767
11	S	Lalande born, 1732
12	**S**	5th Sunday after Trinity
13	M	
14	Tu	Zoological Society, ½ past 8 p.m.
15	W	
16	Th	
17	F	Proehaska died, 1822
18	S	Lind died, 1794
19	**S**	6th Sunday after Trinity
20	M	
21	Tu	
22	W	Pharmaceutical Society, 9 p.m
23	Th	
24	F	
25	S	Larrey died, 1842
26	**S**	7th Sunday after Trinity
27	M	
28	Tu	Zoological Society, ½ past 8 p.m.
29	W	Caius died, 1573
30	Th	Graaf born, 1641
31	F	Lavoisier born, 1743

August.

Full Moon, 7th day at 6 M.
Last Quarter, 13th „ 11 N.
New Moon, 21st „ 11 N.
First Quarter, 29th „ 10 N.

1	S	
2	**S**	8th Sunday after Trinity
3	M	
4	Tu	Barkow born, 1790
5	W	Duverney born, 1648
6	Th	Woollaston died, 1828
7	F	Botanical Society, 8 p.m.
8	S	Gmelin born, 1748
9	**S**	9th Sunday after Trinity
10	M	
11	Tu	Zoological Society, ½ half 8 p.m.
12	W	Hufeland born, 1762
13	Th	Laennec died, 1826
14	F	
15	S	L'Heritier died, 1800
16	**S**	10th Sunday after Trinity
17	M	
18	Tu	Boyle born, 1774
19	W	Pascal died, 1662
20	Th	
21	F	
22	S	Gall died, 1828
23	**S**	11th Sunday after Trinity
24	M	
25	Tu	Zoological Society, ½ past 8 p.m.
26	W	
27	Th	
28	F	
29	S	Locke born, 1632
30	**S**	12th Sunday after Trinity
31	M	

September.

Full Moon, 5th day at 1 A
Last Quarter, 12th " Noon.
New Moon, 20th " 4 A.
First Quarter, 28th " 7 M.

1	Tu	Keill died, 1721.
2	W	
3	Th	
4	F	Botanical Society, 8 p. m.
5	S	Haen died, 1776.
6	**S**	13th Sunday after Trinity.
7	M	
8	Tu	Zoological Society, ½ past 8 p. m.
9	W	Galvani born, 1737.
10	Th	
11	F	
12	S	Schenck died, 1598.
13	**S**	14th Sunday after Trinity.
14	M	
15	Tu	
16	W	
17	Th	
18	F	
19	S	Monro (1st) born, 1697
20	**S**	15th Sunday after Trinity.
21	M	
22	Tu	Zoological Society, ½ past 8 p. m.
23	W	Boerhaave died, 1738.
24	Th	Paracelsus died, 1590.
25	F	
26	S	Fothergill died, 1780.
27	**S**	16th Sunday after Trinity.
28	M	Medical Society of London, 8 p. m.
29	Tu	Parent du Chatelet born, 1790.
30	W	

October.

Full Moon, 4th day at 10 N.
Last Quarter, 12th „ 4 M.
New Moon, 20th „ 8 M.
First Quarter, 27th „ 3 A.

1	Th	
2	F	Botanical Society, 8 p.m.
3	S	
4	**S**	17th Sunday after Trinity
5	M	Medical Society of London, 8 p.m.
6	Tu	Withering died, 1799
7	W	Hunterian Society, 8 p.m.
8	Th	
9	F	Fallopius died, 1562
10	S	
11	**S**	18th Sunday after Trinity
12	M	Medical Society of London, 8 p.m.
13	Tu	Zoological Society, ½ past 8 p.m.
14	W	Pharmaceutical Society, 9 p.m.
15	Th	Vesalius died, 1544
16	F	John Hunter died, 1793
17	S	Reaumur died, 1757
18	**S**	19th Sunday after Trinity
19	M	Medical Society of London, 8 p.m.
20	Tu	
21	W	Hunterian Society, 8 p.m.
22	Th	Marcet died, 1821
23	F	Pitcairn died, 1713
24	S	Westminster Medical Society, 8 p.m.
25	**S**	20th Sunday after Trinity
26	M	Medical Society of London 8 p.m.
27	Tu	Zoological Society, ½ past 8 p.m.
28	W	Pharmaceutical Society, 9 p.m.
29	Th	
30	F	Scarpa died, 1832
31	S	Westminster Medical Society, 8 p.m.

November.

Full Moon, 3rd day at 9 M.
Last Quarter, 10th „ 12 N.
New Moon, 18th „ 11 N.
First Quarter, 25th „ 11 N.

1	**S**	21st Sunday after Trinity.
2	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
3	Tu	Linnæan Society, 8 p.m.
4	W	Hunterian Society, 8 p.m.
5	Th	Galvani died, 1798
6	F	Botanical Society, 8 p.m.
7	S	Westminster Medical Society, 8 p.m.
8	**S**	22nd Sunday after Trinity
9	M	Medical Society of London, 8 p.m.
10	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
11	W	Pharmaceutical Society, 9 p.m.
12	Th	Medico-Botanical Society, ½ past 8 p.m.
13	F	
14	S	Westminster Medical Society, 8 p.m.
15	**S**	23rd Sunday after Trinity
16	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
17	Tu	Linnæan Society, 8 p.m.
18	W	Hunterian Society, 8 p.m.
19	Th	Royal Society, ½ past 8 p.m.
20	F	
21	S	Westminster Medical Society, 8 p.m.
22	**S**	24th Sunday after Trinity
23	M	Medical Society of London, 8 p.m.
24	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
25	W	Pharmaceutical Society, 9 p.m.
26	Th	Roy. S. ½ p. 8 p.m., Med. Bot. S. ½ p. 8 p.m.
27	F	
28	S	Westminster Medical Society, 8 p.m.
29	**S**	Advent Sunday
30	M	Medical Society of London, 8 p.m.

December.

Full Moon, 2nd day at 11 N.
Last Quarter, 10th " 9 N.
New Moon, 18th " 1 A.
First Quarter, 25th " 7 M.

1	Tu	Linnæan Society, 8 p. m.
2	W	Hunterian Society, 8 p. m.
3	Th	Royal Society, ½ past 8 p. m.
4	F	Botanical Society, 8 p. m.
5	S	Westminster Medical Society, 8 p. m.
6	**S**	2nd Sunday in Advent.
7	M	Med. S., Lond., 8 p. m.; Chem. S., 8 p. m.
8	Tu	Med. Chir. S., ½ p. 8 p. m.; Zool. S., ½ p. 8 p.m.
9	W	Pharmaceutical Society, 9 p. m.
10	Th	Roy. S., ½ p. 8 p. m.; Med. Bot. S., ½ p. 8 p.m.
11	F	
12	S	Westminster Medical Society, 8 p. m.
13	**S**	3rd Sunday in Advent.
14	M	Medical Society of London, 8 p. m.
15	Tu	Linnæan Society, 8 p. m.
16	W	Hunterian Soeiety, 8 p. m.
17	Th	Royal Society, ½ past 8 p. m.
18	F	
19	S	Westminster Medical Society, 8 p. m.
20	**S**	4th Sunday in Advent.
21	M	
22	Tu	Zoological Society, ½ past 8 p. m.
23	W	Pharmaceutical Society, 9 p. m.
24	Th	Rush born, 1745.
25	F	Christmas Day.
26	S	Peyer born, 1653.
27	**S**	1st Sunday after Christmas.
28	M	
29	Tu	
30	W	Boyle died, 1691.
31	Th	Flamstead died, 1710.

CLOUDS.—Against much rain the clouds grow bigger and increase very fast, especially before thunder.—When the clouds are formed like fleeces, but dense in the middle, and bright toward the edges, with the sky bright, they are signs of a frost, with hail, snow or rain.—If clouds breed high in air, in thin white trains, like locks of wool, they portend wind, and probably rain.—When a general cloudiness covers the sky, and small black fragments of clouds fly underneath, they are a sure sign of rain, and probably it will be lasting. Two currents of clouds always portend rain, and, in summer, thunder.——WIND.—If the wind veers about, much rain is pretty sure. If in changing it follows the course of the sun, it brings fair weather; the contrary, foul.—Whistling, or howling of the wind, a sure sign of rain.——METEORS.—The Aurora Borealis, after warm days, are generally succeeded by cooler air.—Shooting stars are supposed to indicate rain.

Universities, Colleges, Hospitals, Schools of Medicine, &c.

ENGLAND.

UNIVERSITY OF LONDON, SOMERSET HOUSE (1837).

Chancellor, the Earl of Burlington, L.L.D., F.R.S.
Vice-Chancellor, J. G. S. Lefevre, Esq., M.A., F.R.S.
Registrar, R. W. Rothman, M.A., M.D.
Clerk to the Senate, Mr. H. Moore.
Examiners.—Faculty of Medicine. Intellectual Philosophy, Logic, and Moral Philosophy: Rev. Henry Alford, M.A.; T. B. Burcham, Esq., M.A. Medicine: Arch. Billing, M.D.; Alex. Tweedie, M.D., F.R.S. Surgery: John Bacot, Esq.; Sir Stephen L. Hammick, Bart. Anatomy and physiology: Francis Kiernan, Esq., F.R.S.; Professor Sharpey, M.D., F.R.S. Physiology and Comparative Anatomy: Professor Rymer Jones. Midwifery: Edward Rigby, M.D. Chemistry: W. Thos. Brande, Esq., F.R.S. Botany: Rev. Professor Henslow, M.A. Materia Medica and Pharmacy: Jonathan Pereira, M.D., F.R.S.

Examinations for the Degree of Bachelor of Medicine.—Candidates for the degree of bachelor of medicine are required, 1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this university. 2. To have spent, one year, at least, of the four, in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

The first examination takes place once a year, and commences on the first Monday in August. No candidate is admitted to this examination unless he produces certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in arts in this university, or in a university the degrees granted by which are recognised by the senate of this university; or of having passed the matriculation examination. 3. Of having been a student during two years at one or more of the medical institutions or schools recognised by this university, subsequently to having taken a degree in arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—descriptive and surgical anatomy, general anatomy and physiology, comparative anatomy, pathological anatomy, chemistry, botany, materia medica and pharmacy, general pathology, general therapeutics, forensic medicine, hygiene, midwifery and diseases peculiar to women and infants, surgery, medicine. 5. Of having dissected during nine months. 6. Of having attended a course of practical chemistry, comprehending practical exercises in conducting the more important processes of general and pharmaceutical chemistry; in applying tests for discovering the adulteration of articles of the materia medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 7. Of having attended to practical pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee is five pounds.

Candidates are examined in anatomy, physiology, chemistry, botany, materia medica, and pharmacy.

Examination for Honours.—Any candidate who has been placed in the first division at the first examination, may be examined for honours in any or all of the following subjects:—anatomy and physiology, chemistry, materia medica, and pharmaceutical chemistry. The examinations take place in the week following the commencement of the first examination. They are conducted by means of printed papers; but the examiners are not precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. If, in the opinion of the examiners, sufficient merit be evinced, the candidate who distinguishes himself the most in anatomy and physiology, or chemistry, materia medica, and pharmaceutical chemistry, will each receive an exhibition of thirty pounds per annum for the next two years, and under the same circumstances, the first and second candidates in each subject will each receive a gold medal of the value of five pounds.

Second Examination.—The second examination takes place once a year, and commences on the first Monday in November. No candidate is admitted to this examination within two academical years of the time of his passing the first examination, nor unless he produces certificates to the following effect:—1. Of having passed the first examination. 2. Of having, subsequently to having passed the first examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the candidate did not present certificates at the first examination. 3. Of having, subsequently to having passed the first examination, dissected during six months. 4. Of having conducted at least six labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine). 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. (Certificates on this subject will be received from any legally-qualified practitioner having the care of the poor of a parish). The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he studied, so far as the teacher's opportunity of knowledge has extended. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee is five pounds.

Candidates are examined in physiology (the papers in physiology include questions in comparative anatomy), general pathology, general therapeutics, hygiene, surgery, medicine, midwifery, and forensic medicine.

Examination for Honours.—Any candidate who has been placed in the first division at the second examination, may be examined for honours in any or all of the following subjects:—physiology and comparative anatomy, surgery, medicine, midwifery, structural and physiological botany. The examinations take place in the week following the second examination. They are conducted by means of printed papers; but the examiners are not precluded from putting viva voce questions upon the written answers of the candidates when they appear to require explanation. If, in the opinion of the examiners, sufficient merit be evinced, the candidate who distinguishes himself the most in physiology and comparative anatomy or surgery, and in medicine, will each receive an exhibition of fifty pounds per annum for the next two years, with the style of University Medical Scholar; and under the same circumstances, the first and second candidates in each of the preceding subjects, will receive a gold medal of the value of five pounds. Under the same circumstances, the candidate who distinguishes himself the most in midwifery, or in structural and physiological botany, will each receive a gold medal of the value of five pounds.

Examination for the Degree of Doctor of Medicine.—The examination for the degree of doctor of medicine commences on the fourth Monday in November. Candidates must produce certificates to the following effect:—1. Of having taken the degree of bachelor of medicine in this university, or a degree in medicine or in surgery at a university, the degrees granted by which are recognised by the senate of this university. (Those candidates who have not taken the degree in this university must produce a certificate of having completed their twenty-third year). 2. Of having attended, subsequently to having taken one of the above degrees in medicine (*a*), to clinical or practical medicine during two years in a hospital or medical institution recognised by this university; (*b*) or, to clinical or practical medicine during one year in a hospital or medical institution recognised by this university, and of having been engaged during three years in the practice of his profession; (*c*) or, if he have taken the degree of bachelor of medicine in this university, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two of practice, will be dispensed with in the case of those candidates, who, at the second examination, have been placed in the first division). 3. Of moral character, signed by two persons of respectability. The fee is ten pounds.

Candidates are examined in the elements of intellectual philosophy, logic and moral philosophy, and medicine. If sufficient merit be evinced, the authors of the best commentary on the case in medicine, surgery, and midwifery, will each receive a gold medal of the value of five pounds. Any candidate may present a thesis on a subject of his own choice; and, if sufficient merit be evinced, a gold medal of the value of ten pounds will be awarded.

Examination for Honours.—Any candidate who has been placed in the first division may be examined for honours in any or all of the following subjects:—surgery, medicine, midwifery. If sufficient merit be evinced, the first candidate in each subject will receive a gold medal of the value of five pounds.

Regulations relating to Practitioners in Medicine or Surgery desirous of obtaining the Degrees in Medicine.

Degree of Bachelor of Medicine.—Candidates will be admitted to the two examinations for the degree of bachelor of medicine on producing certificates.—1. Of having been admitted, prior to the year 1840, members of one of the legally constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or of having served, previously to 1840, as surgeons or assistant-surgeons in her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the university. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

Degree of Doctor of Medicine.—Candidates who have been engaged during five years in the practice of their profession will be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of bachelor of medicine in this university. Candidates who have not taken a degree in arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

UNIVERSITY OF OXFORD.

Chancellor, His Grace the Duke of Wellington, K.G., D.C.L., elected 1834.
High Steward, The Earl of Devon, D.C.L., 1838.
Registrar, Philip Bliss, D.C.L., 1824—Clerk, Mr. G. Purdue.

Regius Professor of Medicine, Tomlins Prælector of Anatomy, Lee's Lecturer on Anatomy, Aldrichian Professor of Anatomy: John Kidd, M.D., 1822.
Sherardian and University Professor of Botany. Aldrichian Professor of Chemistry: C. G. B. Daubeny, M.D., 1834.
Litchfield Professor of Clinical Medicine, Aldrichian Professor of Medicine: J. A. Ogle, M.D., 1830.
Sedleian Professor of Natural Philosophy: G. L. Cooke, B.D., 1810
Savillian Professor of Astronomy: W. F. Donkin, M.A., 1842.
Reader in Experimental Philosophy: R. Walker, M.A., 1839.
Reader in Mineralogy, Reader in Geology: W. Buckland, D.D., 1813-1818.

A candidate for the degree of bachelor in medicine, before he can be admitted to examination for that degree, must have kept four whole years, or sixteen terms, in the university, in like manner as is required by candidates for a degree in arts (that is, he must be of sixteen terms' standing, and have actually *resided* in the university twelve terms); must have passed the examination for the degree of bachelor in arts; and, subsequently to that examination, must have studied medicine during three whole years, or twelve terms; and must also have

completed seven years, or twenty-eight terms, from his matriculation. In testimony of his having fulfilled the above conditions, he is required to produce his matriculation paper, together with the "testamur" of his examination for the degree of bachelor of arts, and the requisite medical certificates.

The medical examination takes place only once in the course of the year—namely, in the second week of full Trinity term, commencing usually on the *second Tuesday* after Trinity Sunday. The candidate is examined, principally "vivâ voce," but partly in writing, in the theory and practice of medicine, in anatomy, physiology, pathology, and materia medica; and also in chemistry and botany, as far as they elucidate the art of medicine. He is required to be conversant with the works of Aretæus and Celsus; the aphorisms and epidemics of Hippocrates; and that portion of Galen's writings, entitled "De usu Partium;" in two, at least, of which authors, the statute directs that the examiners fail not to test his attainments. He must express his intention of being examined, to the regius professor of medicine, full fourteen days before the day of examination, sending at the same time certificates of three years' attendance on the medical practice of some accredited hospital, and on the usual lectures on anatomy, &c. With respect to attendance on lectures, certificates are required for two courses of anatomy and physiology, each course extending through the usual winter session, from October till the following April or May; two courses on the the theory and practice of medicine, each course of the same extent as those of anatomy and physiology; one course in materia medica; one course in botany; one course in chemistry, provided the course extend through the usual winter session, otherwise two courses will be required.

A candidate for the degree of doctor of medicine must have pursued the study of medicine during three years after he has graduated as bachelor in medicine, and must give at least a fortnight's previous notice of his intention to the professor of medicine, at the same time submitting to his approbation a subject for a medical dissertation, which dissertation must be read in the public schools of the university within a few days of taking the degree of M.D., and a fair copy of it delivered to the professor immediately after it has been read. No graduate in medicine from another university can be incorporated at Oxford, unless he produce testimonials by which it may clearly appear that he has kept by residence terms equal to those required to be so kept in this university; has completed all the exercises prescribed by the university, from which he migrates, for the degree of B.A.; has previously undergone the medical examination above described; and has fulfilled all the other conditions of the present statute. The fees for a bachelor of medicine are £23; for a doctor in medicine, £40.

UNIVERSITY OF CAMBRIDGE.

Chancellor, His Grace the Duke of Northumberland, K.G., LL.D., F.R.S., 1840.
High Steward, Lord Lyndhurst, LL.D., 1840.
Registrar, Joseph Romilly, M.A., 1832.
Regius Professor of Physic: John Haviland, M.D., 1817.
Professor of Anatomy: W. Clark M.D., 1817.
Professor of Chemistry: J. Cumming, M.A., F.R.S., 1815.
Professor of Botany: J. S. Henslow, M.A., 1825.
Downing Professor of Medicine: Dr. Fisher, 1841.
Woodwardian Professor of Geology: A. Sedgwick, M.A., F.R.S., 1818.
Professor of Mineralogy: W. H. Miller, M.A., 1832.
Plumian Professor of Astronomy: James Challis, M.A., 1836.
Lowndean Professor of Astronomy: G. Peacock, D.D., F.R.S., 1837.
Jacksonian Professor of Natural and Experimental Philosophy: R. Willis, M.A., F.R.S., 1837.
Curator of the Botanic Garden: A. Biggs, F.L.S.
Curator of the Fitzwilliam Museum: Mr. W. K. Ridgway.

PROCEEDINGS IN PHYSIC. M.B.—A student before he can become a bachelor of physic, must have entered on his sixth year, computed from the date of his first admission at the university, have resided nine terms, and have passed the previous examination. A bachelor of arts may become a bachelor of physic after having entered on his sixth year, computed from the date of his first admission at the university, provided that one year at least has intervened between his final determination in arts and his admission to the degree of bachelor of physic. The exercises for this degree are one act and one opponency.

Candidates for the degree of bachelor of physic must, previously to the performance of these exercises, in addition to the examination by the regius professor of physic, be examined by the professors of anatomy, chemistry, and botany, and by the Downing professor of medicine. This examination may take place any time in the fifth year after admission, but not earlier. They must have diligently attended the lectures of the regius professor of physic for two terms, and must bring to him certificates of examination by the above professors, and of attendance on their lectures, in case the course of lectures of the professor of botany consist of not less than twenty lectures, and the courses of lectures of the professors of anatomy and chemistry, and of the Downing professor of medicine, of not less than fifty lectures each. They must also deliver to the regius professor of physic, certificates of having been diligently employed in attendance on medical lectures, and the practice of some well-known hospital, for two years, or for as long a time as they have been absent from the university during their undergraduateship. Fee £10 16s.

L.M.—A licence *ad practicandum in medicinâ* may be granted to a bachelor of physic in the term subsequent to that in which he has taken the degree, or to a master of arts of two years' standing. Candidates for a licence *ad practicandum in medicinâ*, being previously bachelors of physic, are required to produce to the regius professor of physic, certificates of their having attended on hospital practice for three years, exclusive of the nine terms which they kept by residence for the degree of bachelor of physic, and of their having attended lectures on the following subjects—namely, practice of physic and pathology, anatomy and physiology, chemistry, botany, medical jurisprudence, materia medica and pharmacy, principles of surgery, principles of midwifery, practical anatomy for two seasons. If the candidate for licence is a bachelor of physic, he cannot be examined for the said licence until the examination which shall occur next but one after his having passed the examination required for the degree of bachelor of physic. If the candidate is a master of arts, he will be required to bring satisfactory evidence to the regius professor of physic of his having been employed in the study of physic for five years after he became a bachelor of arts; and to produce certificates of his having attended on hospital practice for three of the said five years, and of his having attended lectures on the subjects before mentioned. Every candidate for a licence *ad practicandum in medicinâ* is required to pass an examination to the satisfaction of the regius professor of physic, the professor of anatomy, the Downing professor of medicine, and a doctor of physic to be nominated by the vice-chancellor, and approved by the senate at the first congregation after the 10th of October in each year. There are two such examinations in every year: one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of the Easter term falls. Fee £11 6s.

M.D.—The degree of doctor of physic is granted to a bachelor of physic of five years', or to a master of arts of seven years' standing. The exercises are two acts and one opponency.

Every candidate for the degree of doctor of physic, who has not previously obtained a licence *ad practicandum in medicinâ*, is required to produce to the regius professor of physic the same certificates, and pass the same examination, as are required in the case of candidates for a licence *ad practicandum in medicinâ*. Fee £11 12s.

ROYAL COLLEGE OF PHYSICIANS, PALL MALL EAST, LONDON.

President, John Ayrton Paris, M.D.
Treasurer, Dr. Monro.
Censors, Dr. Babington, Dr. Ferguson, Dr. Page, Dr. Budd.
Elects, Dr. Lambe, Dr. Turner, Dr. Hume, Dr. Hue, Dr. Bright, Dr. Monro, and Dr. ——.
Registrar, Dr. F. Hawkins.

Candidates for the licence must be twenty-six years of age, and present a certificate of good moral conduct. The medical certificates must comprise anatomy, the theory and practice of medicine, forensic medicine, chemistry, materia medica, natural history, principally botany, midwifery, and the principles of surgery, attendance upon which for five years is required. Practical medicine must be studied for three years in a hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education, according to the usual course of study, are required to present testimonials of a twelvemonth's medical practice at any hospital in Great Britain, having the qualifications as above.

Every candidate must undergo three examinations. The first comprises physiology, the second pathology, and the third therapeutics. The candidate is examined in Greek works on medicine, to wit, Hippocrates, Galen, or Aretæus. If the candidate be deficient in Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English, at the pleasure of the censors.

Persons who have attained their fortieth year, seeking to become licentiates of the college, but whose medical education is not altogether in accordance with the regulations already stated, must present testimonials of professional knowledge and good moral conduct; and if these are satisfactory, they will be admitted to examination.

The examinations for the licence are conducted by the president and censors. The periods at which they take place are Michaelmas, Christmas, Easter, and in the month of June.

The college fees are £56 17s for the licence, including the Government stamp of £15; the fellow pays, in addition, £55 1s., including the Government stamp of £25, on his admission. The extra licence costs £17 9s.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LINCOLNS-INN-FIELDS.

President, Samuel Cooper, Esq.
Vice-presidents: W. Lawrence, B. Travers, Esqs.
Court of Examiners.—The president, vice-presidents, Robert Keate, J. Painter Vincent, G. J. Guthrie, Anthony White, J. G. Andrews, Sir B. C. Brodie, and E. Stanley, Esq.
Professors: Anatomy and Surgery: John Flint South, Esq.; Hunterian, R. Owen, Esq.; Secretary, Edmund Balfour, Esq.; Conservators, W. Clift, Esq., Professor Owen; Assistant-conservator, J. T. Quekett, Esq.

Bye-laws and Ordinances relating to the Fellowship.

CANDIDATES FOR THE FELLOWSHIP.—1. That, except in the cases and instances hereinafter provided for to the contrary, every candidate for the fellowship, whether a member of the college or not, shall produce certificates satisfactory to the court of examiners;—that he is twenty-five years of age, that he is (if found qualified upon his examination) a fit and proper person to be admitted to the fellowship, the certificate of which shall be signed by three fellows; that he possesses a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics; that he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom of Great Britain and Ireland, or in foreign countries; and that three of such years at least have been passed in one or more of such recognised hospitals or schools in London; that he has attended the surgical practice of a recognised hospital or hospitals during four years, and the medical practice of a recognised hospital or hospitals for one year; that he has studied anatomy and physiology by attendance on lectures, and demonstrations and by dissections, during three winter sessions of not less than six months each, at one or more recognised school or schools; that he has attended lectures on the theory and practice

of medicine, and on clinical medicine, and also on the theory and practice of surgery, and on clinical surgery, during two sessions of six months each, at one or more recognised school or schools; that he has attended one course of lectures on each of the following subjects :—viz., chemistry, materia medica, midwifery, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. And that he has served the office of house-surgeon or dresser in a recognised hospital in the United Kingdom. Every such candidate (except in the cases and instances hereinafter provided for to the contrary) shall also present for examination clinical reports with observations of six or more surgical cases taken by himself at a recognised hospital or hospitals, within the United Kingdom, with sufficient certificates of their authenticity and genuineness, and shall leave such reports at the college.

That, as to any candidate, who shall have taken the degree of bachelor of arts in an English university. and shall produce satisfactory evidence thereof, it shall be sufficient for him to produce a satisfactory certificate or certificates that he has been engaged for five years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom, or in foreign countries, and that three of such years at least have been passed in one or more of the recognised hospitals and schools of London; and such candidate is not to produce any certificate of having acquired a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

Each candidate for the fellowship shall be examined on two days.

The subjects of the first day's examination, anatomy and physiology; of the second, pathology, therapeutics, and surgery.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma of Membership. August 15th, 1843.

I. Candidates will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof—1. Of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studied practical pharmacy for six months, and have attended one year on the practice of physic, and three years on the practice of surgery, at a recognised hospital or hospitals in the United Kingdom;—three months being allowed for a vacation in each year. (By a resolution of the council on the 7th of November, 1839, no provincial hospital will in future be recognised by this college which contains fewer than 100 patients, and no metropolitan hospital which contains fewer than 150 patients.) 2. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections during three winter sessions, of not less than six months each. 3. Of having attended at least two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons; and one course on each of the following subjects—viz., the practice of physic, chemistry, materia medica, and midwifery with practical instruction. Cards of admission to these lectures must be registered at the proper times, in January, April, and October, at the college, or if in the provinces, at the appointed registrars.

II.—Members and licentiates in surgery of any legally-constituted college of surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proofs of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally-constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school of the university where they have graduated, or at a recognised school or schools in the United Kingdom.

Fee for the diploma, (including stamp) £22; for an articled student (allowed in the diploma fee,) £10 10s; for a certificate of having had the diploma, £5 5s; for being disfranchised, £10 10; a certificate for a surgeon in the Royal Navy, or East India Company's service (allowed in diploma fee), £5 5s; for an assistant-surgeon, £2 2s; for a candidate calling a special court, £5 5s.

The college has in its gift three studentships in anatomy, and once in three years an assistant-surgeoncy in the Army, Navy, and East India Company's service.

THE SOCIETY OF APOTHECARIES, 1815.

Master, John Bacot, Esq.

Wardens, John Ridout, Esq. and Edward Bean, Esq.

The Court of Examiners: Thomas Lowe Wheeler, Chairman. Henry Combe, John Hunter, Edward Tegart, Henry Morley, William Dickinson, Thomas Ansell, Alfred Mayor Randall, William Perrin Brodribb, Charles Smith, Richard Radford Robinson, Robert Norton, Esqs.

Secretary to the Court of Examiners, H. Blatch, Esq.

Clerk, Robert Brotherson Upton, Esq.

Professor of Botany, John Lindley, Ph D., F.R.S.

Superintending Chemical Operator and Professor of Chemistry and Materia Medica, William Thomas Brande, Esq., F.R.S., L. and E.

Chemical Operator, Mr. Robert Warington.

Regulations.—Every candidate will be required to produce testimonials—of having served an apprenticeship of not less than five years to a legally qualified apothecary: (a testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person.) And of having pursued a course of medical study in conformity with the regulations of the court.

Course of Study.—Every candidate whose attendance on lectures commenced on or after the 1st of October, 1835, must have attended the following lectures and medical practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st, nor later than the 15th October; and each summer session to extend from the 1st of May to the 31st of July:—*First winter session:* Chemistry, anatomy, and physiology, anatomical demonstrations, materia medica, and therapeutics; this course may be divided into two parts, of fifty lectures each, one of which may be attended in the summer. *First summer session:* Botany and vegetable physiology, either before or after the first winter session. *Second winter session:* Anatomy and physiology, anatomical demonstrations, dissections, principles and practice of medicine. *Second summer session:* Forensic medicine. *Third winter session:* Dissection, principles and practice of medicine. Midwifery and the diseases of women and children, two courses in separate sessions, subsequently to the termination of the first winter session. Practical midwifery at any time after the conclusion of the first course of midwifery lectures. Medical practice during the full term of eighteen months, from or after the commencement of the second winter session; twelve months at a recognised hospital, and six months at a recognised hospital or dispensary; in connection with the hospital attendance, a course of clinical lectures and instruction in morbid anatomy will be required. The tickets of admission to the lectures and the certificates must be duly registered at the hall, or at the appointed registrars. The latter must be written on a schedule furnished by the society.

The examination of the candidate for a certificate of qualification to practise as an apothecary will be as follows:—In translating portions of the first four books of Celsus de Medicinâ and of the first twenty three chapters of Gregory's Conspectus Medicinæ Theoreticæ: in physicians' prescriptions, and the pharmacopœia Londinensis: chemistry: materia medica and therapeutics: botany: anatomy and physiology: and the principles and practice of medicine. This branch of the examination embraces an inquiry into the pregnant and puerperal states, and also into the diseases of children. Fee, for London and ten miles around, £10 10s, elsewhere, £6 6s.

The examination of the candidate for a certificate of qualification to act as assistant to an apothecary, in compounding and dispensing medicines, will be as follows: in translating physicians' prescriptions, and the pharmacopœia Londinensis: in pharmacy and materia medica. Fee £2 2s.

SCHOOLS OF MEDICINE IN LONDON.

King's College.—Medicine, one course, £5 5s; perpetual, £7 7s. Surgery, one course, £4 4s; perpetual, £6 6s. Materia Medica and Therapeutics, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £8 8s; perpetual, £9 9s. General Anatomy and Physiology, one course, £8 8s; perpetual, £9 9s. Comparative Anatomy, one course, £3 3s; perpetual, £4 4s. Chemistry, one course, £7 7s; perpetual. £10 10s. Practical Chemistry, £5 5s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

University College.—Medicine, half-term, £3; perpetual, £8. Surgery, one course, £4 10s; perpetual, £6. Materia Medica and Therapeutics, half-term, £3; perpetual, £9. Descriptive and Surgical Anatomy, half-term, £3; perpetual, £9. General Anatomy and Physiology, half-term, £3; perpetual, £9. Comparative Anatomy, one course, £4. Zoology, £3. Chemistry, half-term, £3; perpetual £9. Midwifery, one course, winter, £4 10s; ditto summer, £3; perpetual, £6 10s. Botany, one course, £3; perpetual, £6 Dental Surgery, £1 1s. Forensic Medicine, £4.

Guy's Hospital School.—Medicine, one course, £4 4s: perpetual, £8 8s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, £4 4s. Descriptive and General Anatomy and Physiology, one course, £5 5s; perpetual, £10 10s. Anatomical Demonstrations, one course, £5 5s; perpetual, 10 10s. Chemistry, one course, £6 6s; perpetual, £8 8s. Practical Chemistry, £2 2s. Midwifery, one course, £3 3s; perpetual, £6 6s. Botany, £3 3s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s. Practical Toxicology, £1 1s. Dental Surgery, £2 2s. Pathological Anatomy, £3 3s.

St. Thomas's Hospital School.—Medicine, one course, £4 4s; perpetual, £6 6s. (Dr. Gregory lectures on the Exanthemata.) Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, £4 4s. Ophthalmic Surgery, £2 2s. Descriptive and Surgical Anatomy, one course, £4 4s; perpetual, £9 9s. General Anatomy and Physiology, one course, £5 5s; perpetual, £9 9s. Comparative Anatomy, £2 2s. Chemistry and Practical Chemistry, one course, £6 6s; perpetual, £8 8s. Midwifery, one course, £3 3; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s Forensic Medicine, one course, £3 3s; perpetual, £4 4s. Dental Surgery, £2 2s.

London Hospital School.—Medicine, one course, £4 4s; perpetual, £7 7s. Surgery, one course,£3 3s; perpetual, £5 5s Materia Medica, one course, £4 4s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £6 6s; perpetual £10 10s. General Anatomy and Physiology, one course, £6 6s; perpetual, £10 10s. Chemistry, £7 7s. Toxicological Chemistry, £2 2s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

St. Bartholomew's Hospital School.—Medicine, one course, £5 5s; perpetual, £7 7s. Surgery, one course, £5 5s; perpetual, £7 7s. Materia Medica, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £10 10s. General Anatomy and Physiology, one course, £5 5s; perpetual, £10 10s. Comparative Anatomy, £1 1s. Chemistry, one course, £4 4s; perpetual, £8 8s. Practical Chemistry, £3 3s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

Middlesex Hospital School.—Medicine, one course, £3 3s; perpetual £6 6s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £3 3s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £3 3s; perpetual, £9 9s. General Anatomy and Physiology,

one course, £3 3s; perpetual, £9 9s. Chemistry, one course, £5 5s; perpetual, £6 6s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

St. George's Hospital School.—Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £4 4s; perpetual, £6 6s. Materia Medica, one course, £5 5s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £6 6s; perpetual, £8 8s. General Anatomy and Physiology, one course, £6 6s; perpetual, £8 8s. Chemistry, one course, £6 6s; perpetual, £8 8s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

Westminster Hospital School.—Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £4 4s; perpetual, £5 5s. Materia Medica, one course, £4 4s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £7 7s. General Anatomy and Physiology, one course, £5 5s; perpetual, £7 7s. Chemistry, one course, £5 5s; perpetual, £6 6s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £2 2s; perpetual, £3 3s.

Charing-cross Hospital School.—Medicine, one course, £4 4s; perpetual, £7 7s. Surgery, one course, £3 3; perpetual, £6 6. Materia Medica, one course, £4 4s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £8 8s. General Anatomy and Physiology, one course, £5 5s; perpetual, £8 8s. Chemistry, one course, £5 5s; perpetual, £7 7s. Midwifery, one course, £3 3s; perpetual, £6 6s. Botany, one course, £2 2s; perpetual, £4 4s. Forensic Medicine, one course, £2 2s; perpetual £4 4s. Pathological Anatomy, one course, £2 2s; perpetual, £4 4s.

Aldersgate-street School.—Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £4 4s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £7 7s. General Anatomy and Physiology, one course, £5 5; perpetual, £7 7s. Chemistry, one course, £5 5s; perpetual, £7 7s. Practical Chemistry, £2 2s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £2 2s; perpetual, £3 3s.

Grosvenor-place School. — Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £5 5s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £6 6s; perpetual, £8 8s. General Anatomy and Physiology, one course, £6 6s; perpetual, £8 8s. Chemistry and Practical Chemistry, one course, £5 5s; perpetual, £6 6s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £2 2s; perpetual, £3 3s.

Mr. Dermott's School.—Medicine, one course, £3 3s; perpetual, £5 5s. Surgery, one course, £3 3s; perpetual, £4. Materia Medica, one course, £3 3s; perpetual, £4. General and Surgical Anatomy, and Physiology, one course, £5 5s; perpetual, £7. Chemistry, one course, £4 4s; perpetual, £5. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3. Forensic Medicine, one course, £2 2s; perpetual, £3.

Royal Polytechnic Institution.—Lectures on Chemistry, £3 3s. Laboratory Practice, for any period, at the rate of £52 10 per annum.

Royal College of Chemistry.—Practical Chemistry. To students working daily for the session of five months, including the use of apparatus and materials, with some trifling exceptions, £12 10s; a corresponding reduction in the amount of the fee made to students working for a shorter time.

School of Pharmacy, Bloomsbury-square.—Materia Medica, £1 1s; to non-members of the Pharmaceutical Society, £2 2s. Chemistry, £1 1s; non-members, £2 2s. Organic Chemistry, 10s 6d; to non-members, £1 1s. Practical Pharmacy, 10s 6d; non-members, £1 1s.

LONDON HOSPITALS.

Guy's Hospital.—Medical Practice, eighteen months, £15 15s; perpetual, £24 4s. Surgical Practice, six months, £20; three years, £26 6s.

St. Thomas's.—Medical Practice, eighteen months, £15 15s; two years, or more, £24 3s. Surgical Practice, nine months, £20; perpetual, £26 6s.

St. Bartholomew's.—Medical Practice, nine months, £12 12s; eighteen months, £15 15s; perpetual, £31 10s. Surgical Practice, six months, £18 18s; twelve months, and more, £26 5s.

London.—Medical Practice, eighteen months, £10 10s; perpetual, £21. Surgical Practice, £21.

King's College.—Medical Practice, three months, £6 6s; six ditto, £10 10s; twelve or eighteen ditto, £15 15s; perpetual, £21. Surgical Practice, three months, £10 10s; six ditto, £15 15s; twelve or twenty-one, £21; perpetual, £26 5s.

University College.—Medical Practice, six months, £10 10s; twelve ditto, £15 15s. Surgical Practice, six months, £10 10s; twelve ditto, £15 15s; perpetual to both, £26 5s.

Middlesex.—Medical Practice, three months, £6 6s; six ditto, £10 10s; eighteen ditto, £15 15s; perpetual, £22 1s. Surgical Practice, three months, £10 10s; six ditto, £15 15s; three years, £21.

St. George's.—Medical Practice, eighteen months, £16 16s; perpetual, £25 4s. Surgical Practice, six months, £15 15s; one year, £21; perpetual, £52.

Westminster.—Medical Practice, six months, £10 10s; twelve ditto, £12 12s; eighteen ditto, £15 15s; perpetual, £21. Surgical Practice, six months, £12 12s; twelve ditto, £21; perpetual, £31.

Charing Cross.—Medical Practice, six months, £10 10s; perpetual, £15 15s. Surgical Practice, six months, £10 10s: perpetual, £15 15s.

Royal London Ophthalmic Hospital.—Three months, £5 5s; six months, £8 8s; perpetual, £10 10s.

Royal Westminster Ophthalmic Hospital.—Six months, £5 5s; perpetual, £10 10s.

Lock Hospital.—Six months, £6 6s; twelve ditto, £10 10s; perpetual, £31 10s.

General Lying-in Hospital, York Road.—Resident pupils, three months, £33 12s.

Orthopedic Institution.—Three months, £33s; perpetual, £5 5s.

Bethlem Hospital.—Six months, £15 15s; twelve ditto, £21.

Seaman's Hospital, Dreadnought.—Resident pupils, £8 per month; non-resident, three months, £5; perpetual, £10.

London Institution for Diseases of the Teeth.—Six months, £5 5s; perpetual, £10 10s.

Westminster General Dispensary.—Medical Practice, eighteen months, £5 5s.

Metropolitan Free Hospital.—Medical Practice, fifteen months, £6 6s.

ROYAL COLLEGE OF VETERINARY SURGEONS OF GREAT BRITAIN, 1844.

President, T. Turner, Esq., Croydon.

Vice-Presidents: Mr. Sewell, Mr. Cherry, Mr. Goodwin, sen., Mr. E. Turner, Mr. Spooner, Mr. J. Turner.

Treasurer, Mr. F. King.

Secretary, Mr. Gabriel.

Examiners—For England: Messrs. B. Cooper, R. Liston, E. Stanley, Professor Brande, Messrs. R. Field, E. Gabriel, J. Turner, W. Percival, G. Baker, H. J. Goodwin.

For Scotland:—Dr. Knox, Dr. Mercer, Dr. Me Gregor, Dr. Lyon, Messrs. Williamson, Gray, sen., Tindall, Mather, Lyon, and the Veterinary Surgeon of the Regiment at Edinburgh.

Candidates are required to have served an apprenticeship of three years, to be twenty-one years of age, and to present certificates of having attended, during two sessional years, lectures delivered at the Royal Veterinary College of London, the Veterinary College of Edinburgh, or at some recognised school on the anatomy, physiology, and pathology of the horse, and other domesticated animals, on veterinary medicine and surgery, and on chemistry, materia medica, and pharmacy; also of having diligently dissected during the period of pupilage, and of being able to take off and put on a shoe, to drive the nails skilfully, pare out a foot, and search for its diseases. These certificates, which are required from candidates commencing their studies after the commencement of the present year, must be deposited with the secrerary fourteen days before the examination takes place, the fee for which will be £5 5s.

Royal Veterinary College, Camden Town. President: H. R. H. the Duke of Cambridge. Professor of Pathology and Surgery: Mr. Sewell. Professor of Anatomy and Physiology: Mr. Spooner. Dissections and Demonstrations: Mr. Mayhew. Lecturer on Chemistry and Veterinary Materia Medica: Mr. W. J. T. Morton. Lecturer on Speeial Pathology and Surgery: Mr. J. B. Simonds. Hospital practice and clinical instruction daily, by Messrs. Sewell, Spooner, and Simonds. Perpetual fee for lectures and hospital practice, £21. The pupil must attend two sessional courses of lectures, and be twenty-one years of age, before he can be admitted for examination for the diploma, the fee for which is £5 5s.

MEDICAL AND SCIENTIC SOCIETIES OF LONDON.

Royal Society, Somerset-house.—Days of meeting, Thursday at half-past 8, p. m., from the third week in November to the third week in June, with the exception of Christmas, Passion, and Easter weeks. Anniversary, 30th of November. Fees, £4 annually; £10 admission; £60 composition.

Royal Institution, Albemarle-street.—Evening meetings on Friday, at 9, p.m., commencing the third week in January and continuing until the first week in June, with the exception of three weeks at Easter. Fees £5 5s annually; £6 6s admission; £63 composition.

Royal Medical and Chirurgical Society. 53, Berners-street.—Days of meeting, the second and fourth Tuesdays, at half-past 8, p.m., from November to June, Christmas and Easter weeks excepted. Anniversary the 1st of Mareh. Fees £3 3s annually; £3 3s admission-fee; non-resident members composition, £6 6s without the transactions; £12 12s with.

Zoological Society, 11, Hanover-square.—Days of meeting, the second and fourth Tuesdays in the month, at half-past 8, p.m., and the first Thursday at 3, p.m., throughout the year. Anniversary the 29th of April. Fees, £3 annually; £5 admission-fee; £35 composition.

Linnæan Society, Soho-square.—Days of meeting, the first and third Tuesdays at 8, p.m., commencing in November and terminating in June, the first week in January and the third in May excepted. Anniversary, 24th of May. Fees, £3 annually; £6 admission-fee; £36 composition.

Royal Medico-Botanical Society, 32, Sackville-street.—Days of meeting, second and fourth Thursdays at 8, p.m., commencing in November and ending the second week in July, omitting Christmas, Passion, and Easter weeks, and the second week in January. Anniversary, 16th of January. Fees, £2 2s annually; £2 2 admission-fee; £21 composition; composition fee for country members £5 5s

Botanical Society, 20, Bedford-street, Covent-Garden.—Days of meeting, the first Friday in the month at 8, p.m., throughout the year. Anniversary, 29th of November. Fees, £1 1s annually; £7 7s eomposition for resident members: 10s 6d annually, £3 13s 6d eomposition, non-resident members. Admission-fee £1 1s.

Pharmaceutical Society, 17, Bloomsbury-square.—Days of meetings, second and fourth Wednesday at 9, p.m. throughout the year, exeept August and September. Anniversary, 21st of May. Fees, £1 11s 6d resident members; £1 1s non-resident members; 10s 6d associates.

Medical Society of London, Bolt-eourt, Fleet-street.—Days of meeting, Monday at 8, p.m., from the last week in September to the last week in May, exeept Christmas week. Anniversary, 8th of Mareh. Fees, £1 1s annually; £1 1s admission-fee; £10 10s composition.

Hunterian Society, Bloomfield-street, Finsbury.—Days of meeting, alternate Wednesdays at 8, p.m. from October to June. Anniversary, 19th of February. Fees, £1 1s annually; £2 2s admission.

WESTMINSTER MEDICAL SOCIETY, 32, Sackville-street.—Days of meeting, Saturday at 8, p.m., from the third week in October to the last week in April, excepting Christmas and Easter weeks. Fees, 10s 6d annually; 10s 6d admission fee.

HARVEIAN SOCIETY, 17, Edward-street, Portman-square.—Days of meeting, the first and third Saturdays at 8, p.m., from October to May. Fees, £1 1s annually for three years.

CHEMICAL SOCIETY, Society of Arts, Adelphi.—Days of meeting, the first and third Monday at 8, p.m., from November to May. Anniversary, 31st of March. Fees, £2 annually for a resident member; £1 annually for one non-resident.

GEOLOGICAL SOCIETY, Somerset-house.—Days of meeting, alternate Wednesdays at half past 8, p.m., from November to June. Anniversary, 21st of February. Fees, £3 3s annual; £6 6s admission; £31 10s composition; £10 10s composition for non-resident members.

STATISTICAL SOCIETY, 11, Regent-street.—Days of meeting, the third Monday in the month, at 8, p.m., from November to June. Anniversary, 15th of March. Fees £2 2s annually; £21 composition.

ENTOMOLOGICAL SOCIETY, 17, Old Bond-street.—Days of meeting, the first Monday in the month, at 8, p.m., from November to June. Anniversary, 27th of January. Fees, £1 1s annually; £2 2s admission fee.

MICROSCOPICAL SOCIETY, 21, Regent-street.—Days of meeting, the second Wednesday in the month, at 8, p.m., from October to June. Anniversary, 19th of February.

ETHNOLOGICAL SOCIETY, 27, Sackville-street.—Days of meeting, the third Wednesday, 8, p.m., from November to June. Fee £2 2s annually.

ASTRONOMICAL SOCIETY, Somerset-house.—Days of meeting, the second Friday in the month, at 8, p.m., from November to June. Anniversary, 14th of February. Fees, £2 2s annually; £2 2s admission fee; £21 composition.

SCHOOLS OF MEDICINE IN THE PROVINCES.

QUEEN'S COLLEGE, BIRMINGHAM.—Medicine, one course, £4 4s; perpetual, £7 7s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £4 4s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £3 3s; perpetual, £6 6s. General Anatomy and Physiology, one course, £5 5s; perpetual, £9 9s. Chemistry, one course, £4 4s; perpetual, £7 7s. Practical Chemistry, £2 2s. Midwifery, one course, £3 3s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s. College fee, £2 2s.

YORK.—Medicine, one course, £5 5s; perpetual, £8 8s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £4 4s; perpetual, £7 7s. General Anatomy and Physiology, one course, £6 6s; perpetual, £10 10s. Chemistry, one course, £5 5s.; perpetual, £7 7s. Midwifery, one course, £3 3s.; perpetual, £5 5s. Botany, one course, £2 12s. 6d.; perpetual, £4 4s. Forensic Medicine, one course, £2 12s 6d; perpetual, £4 4s.

LIVERPOOL.—Medicine, one course, £5 5s. Surgery, one course, £4 4s. Materia Medica, one course, £5 5s. Descriptive and Surgical Anatomy, one course, £3 3s. General Anatomy and Physiology, one course, £5 5s. Chemistry, one course, £5 5s. Midwifery, one course, £3 3s. Botany, one course, £3 3s. Forensic Medicine, one course, £3 3s.

LEEDS.—Medicine, first course, £5 5s; second ditto, £3 3s. Surgery, first course, £3 3s; second ditto, £2 2s. Materia Medica, first course, £5 5s; second ditto, £3 3s. Descriptive and Surgical Anatomy, first course, £4 4s; second ditto, £3 3s. General Anatomy and Physiology, first course, £6 6s; second ditto, £4 4s. Chemistry, first course, £4 4s; second ditto, £3 3s. Midwifery, first course, £3 3s; second ditto, £2 2s. Botany, first course, £2 12s 6d; second ditto, £1 11s 6d. Forensic Medicine, first course, £2 12s 6d; second ditto, £1 11s 6d.

NEWCASTLE-UPON-TYNE.—Medicine, one course, £3 3s. Surgery, one course, £3 3s. Materia Medica, one course, £3 3s. Descriptive and Surgical Anatomy, one course, £3 3s. General Anatomy and Physiology, one course, £4 4s. Chemistry, one course, £3 3s. Practical Chemistry, £3 3s. Midwifery, one course, £3 3s. Botany, one course, £3 3s. Forensic Medicine, one course, £3 3s. Operative Surgery, one course (summer), £1 11s 6d.

MANCHESTER.—Medicine, one course, £4 4s. Surgery, one course, £4 4s. Materia Medica, one course, £4 4s. Descriptive and Surgical Anatomy, one course, £2 2s. General Anatomy and Physiology, one course, £4 4s. Ophthalmic Surgery, one course, £1 1s. Chemistry, one course, £4 4s. General Pathology and Morbid Anatomy, one course, £1 1s. Midwifery, one course, £4 4s. Botany, one course, £3 3s. Forensic Medicine, one course, £3 3s.

HULL AND EAST RIDING.—Medicine, one course, £5 5s; perpetual, £7 7s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £4 4s; perpetual, £6 6s. General Anatomy and Physiology, one course, £5 5s; perpetual, £8 8s. Chemistry, £5 5s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, £3 3s. Forensic Medicine, £3 3s.

SHEFFIELD.—Medicine, first course, £5 5s; second ditto, £3 3s. Surgery, one course, £3 3s. Materia Medica, first course, £5 5s; second ditto, £3 3s. Descriptive and Surgical Anatomy, first course, £4 4s; second ditto, £3 3s. General Anatomy and Physiology, first course, £6 6s; second ditto, £4 4s. Chemistry, first course, £5 5s; second ditto, £3 3s. Midwifery, one course, £3 3s. Botany, £2 12s 6d. Forensic Medicine, £2 12s 6d.

BRISTOL.—Medicine, one course, £4 4s; perpetual, £6 6s. Surgery, one course, £4 4s; perpetual, £6 6s. Materia Medica, one course, £4 4s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £9 9s. General Anatomy and Physiology, one course, £5 5s; perpetual, £9 9s. Chemistry, one course, £5 5s; perpetual, £8 8s. Practical Chemistry, £3 3s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £5 5s. Forensic Medicine, one course, £3 3s; perpetual, £5 5s.

PROVINCIAL RECOGNISED HOSPITALS.

BATH UNITED HOSPITAL—(100 beds)—Dresser's or pupil's fee, £26 5s.

GENERAL HOSPITAL, BIRMINGHAM.—Medical practice, eighteen months, £12. Surgical practice, three years, £50.

QUEEN'S HOSPITAL, BIRMINGHAM.—Medical practice, six months, £5 5s; twelve ditto, £10 10s; perpetual, £12 12s. Surgical practice, six months, £10 10s; twelve ditto, £16 16s; perpetual, £21 5s.

BRISTOL INFIRMARY.—Medical practice, twelve months, £15. Surgical practice, twelve months, £25. Dresser for the same period, £52 10s.

ST. PETER'S HOSPITAL.—Medical practice, twelve months, £20.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—Medical and Surgical practice, six months, £8 8s; twelve ditto, £10 10s; perpetual, £15 15s.

KENT AND CANTERBURY HOSPITAL.—Medical and Surgical attendance gratuitous.

DERBYSHIRE GENERAL INFIRMARY.—Medical and Surgical practice, £5 5s annually.

DEVON AND EXETER HOSPITAL.—Medical practice, twelve months, £31 10s.

GLOUCESTER INFIRMARY.—Medical practice, twelve months, £10 10s. Surgical practice. Dressers and apprentices pay from £30 to £40 a-year.

HULL GENERAL INFIRMARY.—Medical and Surgical practice, perpetual, £23 2s.

LEEDS INFIRMARY.—Medical practice, six months, £9 9s; twelve ditto, £12 12s; eighteen ditto, £15 15s; perpetual, £21. Surgical practice, twelve months, £12 12s; two years, £15 15s; perpetual, £21.

LIVERPOOL INFIRMARY.—Medical and Surgical practice, eighteen months, £26 5s; three years, £42. Dresser, £21; for three years, £42.

LIVERPOOL NORTHERN HOSPITAL.—Medical and Surgical practice, twelve months, £10 10s; three years, £31 10s.

MANCHESTER ROYAL INFIRMARY.—Medical Practice, three years, £15 15s. Surgical Practice, pupil, three years, £21; Dresser, three years, £31 10s.

NEWCASTLE INFIRMARY.—Medical and Surgical Practice, six months, £3 3s; twelve ditto, £5 5s.

NORTHAMPTON INFIRMARY.—Medical and Surgical Practice, £30 a-year.

SALOP INFIRMARY.—Medical and Surgical Practice, £21 per annum.

SHEFFIELD INFIRMARY.—Medical Practice, one year, £10 10s; two years, £15 15s. Surgical Practice, one year, £10 10s; two ditto, £15 15s; three ditto, £21. Dressership, one year, £10 10s additional.

STAFFORDSHIRE GENERAL INFIRMARY.—Medical and Surgical Practice, £5 5s. annually.

WORCESTER INFIRMARY.—Pupil's fees, £31 10s for twelve months.

YORK COUNTY HOSPITAL.—Medical Practice, eighteen months, £12 12s; perpetual, £15 15s. Surgical Practice, twelve months, £12 12s; perpetual, £15 15s; perpetual to both, £26 5s.

Regulations of the Army Medical Department.

13, ST. JAMES' PLACE.

A candidate for an assistant-surgeoncy in the army is required to fill up a blank form of certificate, which may be obtained at the office by written application to the director-general. The candidate is, in addition, to sign and forward the following declaration:—

"I [Christian name and surname at full length], years of age, a candidate for employment in the medical department of the army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted. I declare my age not to exceed twenty-six years, that I am unmarried, and that I labour under no mental or constitutional disease, nor physical disability, that can interfere with the most efficient discharge of the duties of a medical officer in any climate." [Signature.] .....

In selecting from among the candidates for the medical department of the army, a preference is given to those who can fill up all the blanks in the printed form; but the name of no gentleman can be placed on the list who does not possess the diploma of either of the colleges of surgeons of London, Edinburgh, or Dublin, and who cannot produce the following testimonials:—Eighteen months' attendance at a hospital of celebrity, where the average number of in-patients is not less than 100; twenty-four months' anatomy; twelve months' practical anatomy; twelve months' surgery, or (what is preferred) six months' surgery, and six months' military surgery; eight months' clinical surgery, a complete course of two or three lectures during the week; twelve months' practice of physic, or six months' of practice of physic, and six months' of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; four months' materia medica; three months' practical pharmacy, or apprenticeship; five months' natural history; five months' midwifery; five months' natural philosophy.

The candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

Candidates who have had an university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred, but a liberal education, and a competent knowledge of the Greek and Latin languages are indispensably requisite in every candidate, and the greater the attainments of the candidates in various branches of science, in addition to competent professional knowledge, the more eligible will they subsequently be deemed for promotion in the service; for selections to fill up vacancies will be guided more by reference to such acquirements than to mere seniority. Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

All communications to be forwarded "unsealed," under cover, to "the Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Although, in the examination of candidates, gentlemen are expected to be qualified in every branch of study required, they are requested to be particularly conversant in the knowledge of: 1. Tropical diseases, and the diseases to which soldiers are the most liable; 2. Military surgery, and works on the habits of soldiers and the rules of the service; 3. Cullen's Nosology, being that adopted in all returns and reports; 4. Willan's Classification of Cutaneous Diseases; 5. The latest authors on the diseases of the eye. They are expected readily to translate a passage from a Greek or Latin author; to be conversant with Baillie and the later authors on morbid anatomy; with Cullen's, Mason Good's, and Gregory's Practice of Physic, the latter giving an account of tropical diseases, and those most commonly met with in the army; with the works of Hunter, Hennen, Dr. John Thompson, Guthrie, Samuel Cooper, Millingen, Ballingall, Marshall, and Baron Larrey, on Military Surgery; with the works of Chisholm, Bancroft, Lind, Blane, Burnet, Johnstone, and Annesley, on the diseases of warm climates; but Baillie's Morbid Anatomy, Hennen's and Ballingall's Military Surgery, 3rd edition, with his valuable work on Medical Topography, Guthrie on gun-shot wounds and on the eye, and Gregory's Practice of Physic, should form part of the baggage of every military surgeon.

Candidates, after passing their examination, will not have any leave of absence granted, but will be stationed at Chatham for two or three months previously to being gazetted, and on their conduct there will depend their obtaining their commissions. The appointment of army assistant-surgeons rests with the director-general, Sir James M'Grigor, Bart., by whom the examinations are generally conducted.

NAVAL MEDICAL DEPARTMENT,

ADMIRALTY OFFICE, SOMERSET HOUSE.

Director-General of the Medical Department of the Navy, Sir William Burnett, M.D., Knt., K.C.H., F.R.S.

Candidates must possess a diploma, or a certificate of qualification, from one of the Colleges of Surgeons, and in every case will also undergo a further examination before the director-general touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service; and further, previously to the admission of assistant-surgeons into the navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also, that they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district. That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy. That their age be not less than twenty years, nor more than twenty-four, and that they are unmarried. That they have actually attended a hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen, for two years, subsequently to the age of eighteen. in which the average number of patients is not less than 150. That they have been engaged in actual dissections of the human body twelve months; the certificate of which, from the teacher, must state the number of subjects or parts dissected by the candidate. That they have attended lectures, &c., on the following subjects, at established schools of eminence, by physicians or surgeons of the recognised colleges of physicians and surgeons in the United Kingdom, for periods not less than hereunder stated, observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine, be not attended during three distinct winter sessions of six months each.

. Anatomy (or general anatomy twelve months, and comparative anatomy six months), eighteen months. Surgery (or general surgery twelve months, and millitary surgery six months), eighteen months. Theory of medicine, six months. Practice of ditto, twelve months. If the lectures on the theory and practice of medicine are given in conjunction, then the period required is eighteen months (six months' lectures on pathology, if given at a university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine). Clinical lectures, at a hospital as above (or the practice of medicine six months, and the practice of surgery six months), twelve months. Chemistry (or lectures on chemistry three months, and practical chemistry three months), six months. Materia Medica, six months. Midwifery (accompanied by certificates stating the number of midwifery cases personally attended), six months. Botany (or general botany three months, and medical botany three months), six months.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of assistant-surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London, or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the service, no assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved, that not any diploma or certificate of examination from either of the aforesaid royal colleges shall be admitted toward the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for surgeon unless he be a member of one of the above-named royal colleges, and whenever assistant-surgeons, already in the service (whose professional education may not be in accordance with the above), obtain leave to study previously to their passing for surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations.

It is also to be observed, that candidates who may be admitted into the naval medical service must serve in whatever ships, &c., they may be appointed to, and that, in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they, of course, be allowed half-pay

ORDNANCE MEDICAL DEPARTMENT.

WOOLWICH.

Director-General, Sir John Webb, K.C.H.

Regulations for the Admission of Candidates.—Provisional List.—Medical students who have completed their twentieth year, who have been well instructed in the Latin and Greek languages, the elements of mathematics and natural philosophy, and who can produce satisfactory proofs of being of good moral character, and diligent in the study of their profession and the sciences connected with it, may be entered in the provisional list of gentlemen desirous to be admitted candidates for employment in the Ordnance Medical Department. A knowledge also of modern languages, though not indispensable at the time of provisional reception, is highly desirable, and will be duly appreciated.

The candidate must be twenty-two years of age, and under twenty-five. He must also be unmarried, and in the full enjoyment of health, both bodily and mental.

Qualifications.—Every candidate must produce a diploma from one of the colleges of surgeons of London, Edinburgh, or Dublin; and a certificate of qualification from the society of apothecaries in London. He must also bring proof of having diligently gone through the following branches of professional education, viz:—Of having served an apprenticeship of five years to a surgeon and apothecary, if educated in England; but if not, qualification in the practice of medicine and pharmacy equivalent thereto; of having attended the practice of surgery in a recognised hospital or hospitals, where clinical instruction is constantly given, for three years, three months being allowed for a vacation in each year; of having attended the undermentioned lectures, &c.:—Three sessions of anatomical lectures, demonstrations, and dissections; one course of morbid anatomy and pathology; two of lectures on surgery, or one course of surgery and one of military surgery; one of natural history or comparative anatomy; one of chemistry; one of botany; one of materia medica and therapeutics; two of eighteen months' medical practice, with clinical lectures, commencing the second session—viz., twelve months in a recognised hospital, and the remaining six months either in a recognised hospital or a dispensary; one course of medical jurisprudence, with toxicology; two of midwifery; not less than thirty cases of practical midwifery; and one course on diseases of the eye.

He must produce a diploma from either of the colleges of London, Edinburgh, or Dublin; and if not a graduated M.D. of Scotland or Ireland, after having actually passed an examination in the university where he has obtained his degree; a certificate of qualification also from the Society of Apothecaries in London. It is likewise expected that candidates shall have attended establishments for the cure of diseases of the ear and skin; and for the treatment of patients affected with mental derangement. The moral conduct and character of each individual must be certified by the gentleman to whose care his education was confided; and also by a clergyman who, if practicable, should be the incumbent or officiating minister of the parish in which the applicant usually resides. The full qualification being required on admission, a second examination is deemed unnecessary.

EAST INDIA COMPANY'S SERVICE.

Examiner in Medicine, Dr. Scott, of Barnes.

Candidates must be twenty-two years of age, and in possession of a surgical diploma, or else undergo an examination before the College of Surgeons. They are also required to produce a certificate from the cupper of a public hospital in London, of having acquired the art of cupping, and being capable of practising it with proper dexterity.

Qualification in Physic.—The candidate will also be required to pass an examination by Dr. Scott in the practice of physic, in which examination will be included as much anatomy and physiology as is necessary for understanding the causes and treatment of internal diseases, as well as the art of prescribing and compounding medicines; and Dr. Scott will require him to produce satisfactory proof of having attended at least two courses of lectures on the practice of physic; and, above all, that he should produce a certificate of having attended diligently the practice of the physicians at a general hospital in London for six months, or at a general hospital in the country (within the United Kingdom) for six months, provided such provincial hospital contains at least, on an average, one hundred in-patients, and has attached to it a regular establishment of physicians as well as surgeons. No attendance on the practice of a physician at any dispensary will be admitted. Candidates are desired to present themselves to Mr. T. R. Clarke, clerk for passing cadets and assistant-surgeons, at the East India House, with their certificates, as underneath, properly filled up and signed, by ten o'clock in the morning, or as soon after as possible, in order that they may have their nominations prepared against the committee meet, or the nominating director arrives; in failure of which they may have to wait for several hours, or to come another day.

Should it be discovered at the time the assistant-surgeon is appointed, or at any subsequent period, that his appointment has been obtained by purchase or agreement to pay any pecuniary or valuable consideration whatsoever, either directly or indirectly, when the appointment is completed, he will not only be dismissed, and rendered ineligible to hold an situation in the East Company's service, under th. court's resolution of the 9th August, 1809, but all the parties concerned in procuring the appointment surreptitiously, or in disposing of, or receiving the same under such circumstances, will subject themselves individually and collectively to a criminal

prosecution for a misdemeanour, under the Act of the 49th of George the Third, cap. 126; and the Court of Directors of the East India Company do hereby declare that they will prosecute any person or persons who shall hereafter be detected in such illicit traffic. If an assistant-surgeon produces a false certificate, or the dates are found to have been altered for the purpose of making him appear to be of a proper age, he is rendered ineligible to hold any situation in the company's service.

SCOTLAND.

UNIVERSITY OF EDINBURGH, 1582.

Principal, Rev. John Lee, D.D.
Secretary to the Senate, Sir W. Hamilton, Bart.
Court of Examiners in Medicine: Dr. Monro, Sir G. Ballingall, Drs. Thompson, Graham, Alison, Christison, Simpson, Traill, Henderson, Gregory, Messrs. Miller, Syme, Jameson.
Professors: Dietetics, Materia Medica, and Pharmacy, Dr. Christison. Medical Jurisprudence and Police, Dr. Traill. Chemistry, Dr. Gregory. Surgery, Mr. Miller. Practice of Physic, Dr. Alison. Anatomy and Physiology, Dr. Monro. Military Surgery, Sir G. Ballingall. General Pathology, Dr. Henderson. Natural History, Mr. Jameson. Institutes of Medicine, or Physiology, Dr. A. Thomson. Midwifery and Diseases of Women and Children, Dr. Simpson. Clinical Medicine, Drs. Alison, ———, Traill, and Christison. Clinical Surgery, Mr. Syme. Botany, Dr. ———. Royal Infirmary, noon, daily. Practical Anatomy, (under the superintendence of Dr. Monro.) Practical Chemistry and Pharmacy.
Fee for each course, £4 4s.

Statutes relative to the Degree of M.D.

Candidates for the degree of M.D. must have studied anatomy, chemistry, materia medica and pharmacy, institutes of medicine, practice of medicine, surgery, midwifery and diseases peculiar to women and children, general pathology, practical anatomy, during courses of six months. Clinical medicine, that is, the treatment of patients in a public hospital, under a professor of medicine, by whom lectures on the cases are given, during courses of six months, or two courses of three months. Clinical surgery, medical jurisprudence, botany, natural history, including zoology, during courses of at least three months. Besides the course of clinical medicine already prescribed, he must attend for at least six months, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, containing not fewer than eighty patients. And he must also have attended to practical pharmacy, for at least six months. The candidate for the degree of doctor must also have studied in the manner already prescribed, for at least one year previously to his graduation, in the University of Edinburgh.

Every candidate must deliver, before the 24th of March of the year in which he proposes to graduate, to the dean of the faculty of medicine.—1. A declaration, in his own hand-writing, that he is twenty-one years of age, or will be so before the day of graduation, and that he will not be then under articles of apprenticeship to any surgeon or other master. 2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates. 3. A medical dissertation, composed by himself in Latin or in English, to be perused by a professor, and subject to his approval. He will be examined first as to his proficiency in Latin, and afterwards on anatomy, chemistry, botany, institutes of medicine, and natural history bearing chiefly on zoology; and on materia medica, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence. He may also be called upon to defend hitherto. The calling day is the first lawful day in August. Fee for graduation £25.

UNIVERSITY OF GLASGOW, 1450.

Chancellor, Duke of Montrose.
Vice-Chancellor, The Principal.
Rector, Mr. Rutherford, M.P.
Principal, Duncan M'Farlan, D.D.
Secretary, W. Meiklelham, jun., L.L.D.
Professors: Materia Medica, John Couper, M.D. Chemistry, Thomas Thomson, M.D. Demonstrations, Dr. Jeffray and Dr. Marshall. Surgery, John Burns, M.D. Practice of Physic, William Thompson, M.D. Midwifery, John M. Pagan, M.D. Anatomy, James Jeffray, M.D. Practical Chemistry, Dr. R. D. Thomson. Botany, John Hutton Balfour, M.D. Institutes of Medicine, A. Buchanan, M.D. Forensic Medicine, Harry Rainy, M.D. Natural History, William Couper, M.D. Waltonian Lecturer, Eye, William Mackenzie, M.D.
Examiners appointed: Professors J. Jeffray, W. Thomson, John Burns, T. Thomson, J. Cooper, A. Buchanan, J. H. Balfour, J.M. Pagan, and H. Rainy.
Fees, £3 3s each course.

Candidates for the degree in medicine must be twenty-one years of age, and produce a certificate of moral character, and evidence of four years' medical study, one of which must be passed at this university.

Certificates are required of having attended one or more courses of lectures on the following subjects, each course, except forensic medicine and botany, being of six months' duration; if of less extent, then two courses will be deemed equivalent to one of six months:—Anatomy and physiology; chemistry; the theory or institutes of medicine; practice of medicine; materia medica and pharmacy; midwifery; surgery; forensic medicine; botany (no course of botany attended previously to 1839-40 is received, unless delivered in a university); anatomical dissections; and two years' practice of a general hospital, containing eighty beds, and in which the student must spend at least one-half of the period of attendance in the physicians' wards. Neither hospital attendance nor anatomical dissections shall be considered as equivalent to a course of lectures. A schedule of the course of study, with an English essay on some medical subject must be delivered to the clerk of the senate two months before the time of graduation, that is, on or before the 1st of March or 10th of June. The examination will comprise Latin, and all the subjects included in the curriculum.

Candidates for the degree in surgery, besides the certificate of age and moral character, must produce evidence that they have attended medical lectures in one or other of the universities or schools already specified for four years, during which they must have attended one or more courses on the following subjects, the extent of each course, with the exception of forensic medicine, being six months, or the equivalent two courses of a shorter duration. The candidate must have attended not less than three courses of medical lectures in the University of Glasgow. In each year of his study he must attend at least two or more courses of lectures, of six months' duration, on anatomy, surgery, chemistry, theory or institutes of medicine, practice of medicine, midwifery, materia medica and pharmacy, forensic medicine, anatomical dissections, and two years' practice of a general hospital, in which the student must attend one-half of the prescribed period in the surgical wards, and the other half in the medical.

Fee to library, &c. for the degree of M.D.	£15	0	0
Duty on stamp for ditto	10	3	0
	£25	3	0
Fee for the degree of Chirurgiæ Magister	10	10	0

UNIVERSITY AND KING'S COLLEGE, ABERDEEN, 1494.

Chancellor, Earl of Aberdeen, K.T.
Principal, William Jack, D.D.
Sub-Principal, H. Macpherson, M.D.
Librarian, G. Dickie, M.D.
Secretary, A. Fyfe, M.D.
Professors: Mathematics, John Tullock, A.M. Moral Philosophy, H. Scott, A.M. Natural Philosophy, J. Fleming, D.D. Medicine and Chemistry, A. Fyfe, M.D.
University Lecturers: Materia Medica, W. Templeton, M.D. Anatomy and Physiology, Edward B. Shirreff, Esq. Practice of Medicine, A. Kilgour, M.D. Surgery, David Kerr, M.D. Midwifery, A. Fraser, Esq. Institutes of Medicine, W. Mitchell, Esq. Medical Jurisprudence, W. C. Fowler, Esq. Botany, G. Dickie, M.D.
Fees for each course, £3 3s.

Regulations to be observed in granting Degrees of Medicine.

All candidates for the degree of M.D. must be of the age of twenty-one years, and must produce satisfactory certificates of moral character, and exhibit the diploma of A.M. from some university.

All candidates, with the exceptions mentioned below, must have been engaged in the study of medicine for at least four years, one of which must be passed in Aberdeen, and must produce evidence of having attended, in some recognised school of medicine, the following courses of lectures:—Six months' courses—anatomy, two courses; chemistry, one course; materia medica, one course; surgery, one course; institutes of medicine and physiology, one course; practice of medicine, one course; midwifery, one course. Three months' courses—dissections, two courses; practical chemistry, one course; medical jurisprudence, one course; clinical surgery, one course; botany, one course; clinical medicine, two courses. He must also have attended for two years the wards of a hospital containing 100 beds; and during three months, a shop or dispensary for the compounding of medicines. The preceding regulations are strictly enforced in the case of all students who have commenced their medical studies at a period subsequent to 1st October, 1840, but gentlemen who possess a licence or diploma from any of the royal colleges of physicians or surgeons, and who have been engaged for at least five years in the practice of medicine, are admitted to examination, on producing their licence or diploma, along with satisfactory evidence of sufficient preliminary education and of good moral character. In the case of students who have commenced their medical education previously to the above period, and who have not the degree of A.M., the senatus reserves the power of judging of their preliminary education by examination, or otherwise. Diploma fee, £26 5s 6d.

Degrees in medicine are conferred at two stated periods annually—viz., at the end of April, and at the end of July.

MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN. (1593.)

Chancellor, Duke of Richmond.
Principal, Daniel Dewar, LL.D. and D.D.
Secretary, John Cruickshank, LL.D.
Professors: Natural History, W. M'Gillivray, LL.D. Mathematics, John Cruickshank, LL.D. Natural Philosophy, William Knight, LL.D. Moral Philosophy and Logic, George Glenny, D.D. Chemistry, Thomas Clarke, M.D. Anatomy, Alex. J. Lizars, M.D. Surgery, William Pirrie, M.D. Practice of Medicine, John Macrobin, M.D.
Lecturers: Botany, William M'Gillivray, LL.D. Materia Medica, William Henderson, M.D. Institutes of Medicine, Alex. Harvey, M.D. Midwifery, Robert Dyce, M.D. Medical Jurisprudence, Francis Ogston, M.D. Chemistry. Dr. Clark and Mr. Shier, £2 2s. Practical Chemistry, Dr. Clark and Mr. Shier, £3 3s. Anatomy, elementary course, Dr. Lizars, £3 3s. Anatomy, advanced course, Dr. Lizars, £3 3s. Materia medica, Pharmacy, and Dietetics, Dr. Henderson, £3 3s. Institutes of Medicine, Dr. Harvey, £3 3s. Principles, Practice, and Operations of Surgery, Dr. Pirrie, £3 3s. Principles and Practice of Medicine, Dr. Macrobin, £3 3s. Midwifery and Diseases of Women and Children, Dr. Dyce, £3 3s. Medical Jurisprudence, Dr. Ogston, £2 2s. Botany, Dr. McGillivray, £1 11s 6d.

Students are entitled to attend both courses of anatomy, with dissections, for one fee of three guineas.

Regulations for granting Medical Degrees.

Curriculum.—Four years of attendance on medical classes, of which one year may be passed at any recognised medical school; but three, at least, must be passed in a university, including one, at least, in this university. The attendance, in each year, to embrace not fewer than two medical classes of six months each; or one of six months, with two of three months each. The university attendance to include the following eight classes, each for a course of six months:—Anatomy, practical anatomy, che-

mistry, materia medica, institutes of medicine, surgery, practice of medicine, midwifery, and the following three classes, each for a course of three months—botany, practical chemistry, medical jurisprudence. Eighteen months' attendance on the medical and surgical practice of a hospital containing not fewer that eighty beds, along with attendance for six months on lectures on clinical medicine, and for three months on lectures on clinical surgery. Six months of compounding and dispensing medicines in the laboratory of a hospital, or of a public dispensary, or of a licensed general practitioner, or of a regular dispensing druggist. Qualified medical practitioners are admitted to examination, on presenting their diploma, after one winter's attendance on the university classes.

Examinations.—The examination terms are two in each year—the *first* to commence on the 20th of April, if a Wednesday, but if not, on the first Wednesday thereafter; the *second* on the 13th of October, if a Wednesday, but if not, on the first Wednesday thereafter. Every candidate to undergo at least three separate professional examinations—the first, pharmaceutical; the second, surgical; the third, medical; to be conducted partly in writing, as well as *viva voce*, and partly by demonstration. The *first* to include chemistry, botany, materia medica, pharmacy, and the doctrines of physics relating to specific gravities, to gases and vapours, and to climate. The *second* to include anatomy, institutes of medicine, surgery, and the doctrines of chemistry and physics illustrative of animal structure and function. The *third* to include the practice of medicine, midwifery, and medical jurisprudence. Candidates not M.A. are also examined in the fourth book of Celsus.

Fees.—For the degree of bachelor of medicine, expense of diploma, £1; for the degree of doctor of medicine, expense of diploma, £1; government stamp, £10—£11. There are not any examiners' fees.

UNIVERSITY OF ST. ANDREWS, 1412.

Chancellor, Lord Melville.

Principal of the United College of St. Salvador and St. Leonard, Sir David Brewster, LL.D., F.R.SS.L. and E.

Professors: Natural Philosophy, Adam Adamson, LL.D., F.R.S.E. Moral Philosophy and Political Economy, George Cook, D.D., F.R.S.E. Mathematics, Thomas Duncan, A.M. Anatomy and Medicine, John Reid, M.D. Chemistry, Arthur Connel, F.R.S.E. Fees £3 3s each class.

Principal of St. Mary's, or New College, Robert Haldane, D.D. Secretary, James Hunter, LL.D.

Board of Examiners for Degrees in Medicine: Dr. W. Pyper, Professor of Humanity; John Reid, M.D., Professor of Anatomy and Medicine; Arthur Connel, F.R.S.E., Professor of Chemistry; David Skae, F.R.C.S.E., Lecturer on Forensic Medicine; J. Argyll Robertson, M.D., F.R.S.E., Lecturer on Surgery, Edinburgh; Alexander J. Hannay, M.D., F.F.P. and S., and Professor of the Practice of Physic, Andersonian University, Glasgow.

Regulations for granting Medical Degrees.

The candidate must produce evidence of unexceptionable moral character, and that he is twenty-one years of age. He must produce certificates that he has regularly attended lectures for at least four complete winter sessions, or three winter and three summer sessions, on the following branches:—1. anatomy, two courses of six months each; 2. practical anatomy, twelve months; 3. theory of medicine, or physiology, one course of six months; 4. chemistry, one course of six months; 5. practical chemistry, one course of three months; 6. materia medicine and pharmacy, one course of six months; 7. surgery, one course of six months; 8. clinical medicine, one course of six months; 9. practice of medicine, one course of six months; 10. clinical surgery, one course of six months; 11. midwifery, and diseases of women and children, one course of three months; 12. an apprenticeship, or six months' attendance in the shop of an apothecary, or in the laboratory of a public hospital or dispensary; 13. attendance at a public hospital, containing not less than eighty beds, for at least eighteen months. These regulations will be invariably observed, except when the candidate is possessed of a surgeon's diploma or license from the colleges of London, Edinburgh, or Dublin, or the Faculty of Physicians and Surgeons of Glasgow, or a license from the Apothecaries' Company, in which case he has merely to present such diploma or license previous to examination for M.D.

Diploma fees £25 3s.

ROYAL COLLEGE OF PHYSICIANS. EDINBURGH.

President, Dr. Beilby.

Vice-president, Dr. Renton.

Treasurer, Dr. Ransford.

Censors, Drs. Davidson and Wood.

Secretary, Dr. Craigie.

Librarian, Dr. Seller.

Examiners of Foreign Graduates: Drs. Beilby, Renton, Davidson, Christison, Craigie, Ransford, and Paterson.

The members of the college are respectively entitled ordinary fellows, non-resident ordinary fellows, and licentiates. Foreign graduates only undergo an examination, and that may be avoided, even in this case, by a ballot among the fellows. If an examination take place, it will consist of three trials; the first by two fellows appointed by the college, on any part of medicine; the second by two others, on two aphorisms of Hippocrates; and the third by two others, on two medical cases. All these trials are in presence of the college, and in the Latin language.

Fees.—The fee to be paid by a resident licentiate is £100; by a non-resident £55, exclusive of any tax payable to government now existing, or which may hereafter be imposed, and must be lodged with the treasurer previously to presenting the petitions. Every resident fellow pays an annual subscription of £1 1s to defray the college expenses.

ROYAL COLLEGE OF SURGEONS, EDINBURGH, 1505.

President, Dr. James Simson.

Treasurer, Dr. Alexander Macaulay.

Librarian, Dr. Robert Ormond.

Secretary, John Scott, W.S.

Examinators: Drs. John Gairdner, William Brown, John M'Farlan, James Pitcairn, Richard Huie, John Campbell, Archibald Inglis, William Dumbreck, Andrew Wood, Francis Farquharson, John Scott, Robert Ormond.

Assessors to Examinators: W. Wood, Drs. Adam Hunter, David Maclagan, Sir G. Ballingall.

Regulations for Fellows.—The candidate is required to present an essay on some surgical subject, which, if approved of, he must print for circulation among the fellows. He must then undergo three examinations—1. On anatomy and surgery; 2. On chemistry, materia medica, &c.; 3. On the essay he has written. If these are satisfactorily passed he is admitted to the fellowship. Fee £250; to apprentices of fellows, £100.

Course of Study — Preliminary Instruction.—Every candidate for the diploma of the royal college must, either previously to or during his medical education, have received regular instruction in the elements of mathematics, and must have subsequently attended a course of mechanical philosophy of at least three months' duration, and of not fewer than sixty lectures.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each:—Anatomy, two courses of six months each; practical anatomy, twelve months; chemistry, one course of six months; practical chemistry (the number of pupils in each class being limited to twenty-five), one course of three months; materia medica and pharmacy, one course of six months; practical pharmacy,[1] one course of six months; institutions of medicine, or physiology, one course of six months; practice of medicine, one course of six months; clinical medicine, one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered; principles and practice of surgery, two courses of six months each, or principles and practice of surgery, and military surgery,[2] one course of six months each; clinical surgery,[3] one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered; midwifery, and diseases of women and children, one course of three months; medical jurisprudence, one course of three months.

The six months' courses delivered in Edinburgh must consist of not fewer than one hundred and ten lectures, with the exception of clinical medicine, clinical surgery, and military surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each on any of the above subjects will be taken as equivalent to one six months' course.

The candidate must also have attended for twenty-one months a public general hospital containing at least eighty beds. Students must register their cards of admission to the lectures, and also their certificates at the college; the registration fee is 5s.

Exemptions.—Candidates who have commenced attendance on their medical classes, or at a hospital containing at least eighty beds, or who have entered into indentures of apprenticeship to a regular surgeon, previously to the following dates, are entitled to the exemptions which are here specified:—

Date.	Exemptions.
Previously to 29th Sept. 1838.	1. From more than four winter sessions' attendance on a school of medicine.
Do.	2. From more than eighteen months of hospital attendance.
Do.	3. From more than six months of practical anatomy.
Do.	4. From the necessity of producing a certificate of age.
September 1833.	5. Also from practical pharmacy.
1st Aug. 1831.	6. Also from medical jurisprudence.

Examinations.—The days of examination are the first and third Tuesdays of every month. The fees must be lodged, before the examination, in the hands of the treasurer, who will certify this, after inspecting and being satisfied with the certificates. They will be returned to unsuccessful candidates, whose names will be concealed, and who will be remitted to their studies, for a period to be determined by the judgment of the examinators, but not, in any case, for less than three months. Every candidate, at the commencement of his examination, will be required to translate into English some portion of a Latin author; and if he be unable to do so, his examination cannot proceed. He is also expected to possess such a knowledge of drugs, and of the art of prescribing, as to be able to name particular substances that may be exhibited to him, and to write out formulæ for their administration. The president, if he judge it proper, may order a meeting for examination on any day at the request of a candidate; but in that case, the candidate must pay two guineas in addition to the customary fees; and this money will not be returned to him in the event of his being remitted.

Fees payable by Candidates.—For a diploma, ordinary candidates pay the sum of 7*l* 5s. Apprentices of fellows of the college, bound for the

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[1] This is required of every candidate who does not produce a certificate of having been for the space of two years the private pupil or apprentice of a regularly licensed medical practitioner, keeping a laboratory for the dispensing of medicines. It must be attended at the laboratory of a surgeon or apothecary, or of a chemist and druggist recognised by the college on special application, or of a public hospital or dispensary, and the candidate must produce evidence that he has been engaged in compounding and dispensing medicines.

[2] The course of military surgery must be delivered by a professor of that branch in a university, or by a lecturer who, in addition to the other requisite qualifications, has served in the medical department of the army or navy, and the course must be of at least six months' duration, and comprehend not fewer than sixty lectures.

[3] Clinical medicine and clinical surgery must not be attended at the same time.

freedom, pay 1*l* 5s; other apprentices pay 2*l* 16s 6d. Assistant-surgeons in the navy, having previously obtained certificates from the college, pay 2*l* 11s 6d. Surgeons in the navy, having obtained certificates from the college, pay 15s 6d. For the certificate of qualification as assistant-surgeon in the navy, candidates not having paid for any previous qualification, 4*l* 19s 6d. For the certificate of qualification as full surgeon in the navy, assistant-surgeons who have already obtained certificates from the college, pay 3*l* 18s 6d, and those who have previously obtained the diploma of the college, pay 2*l* 17s 6d. These sums include fees of every kind.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

President, Dr. Perry.
Visitor, Dr. Weir.
Collector, Dr. James Wilford.
Seal-keeper, Dr. Pagan.
Librarian, Dr. Anderson.
Visitors of Drugs, Dr. McDowal, Mr. McGregor.
Assistant-Examinators, Drs. Laurie, Fleming, Douglas, Panton, Davidson, and Adams.

Regulations for the Surgical Diploma—Curriculum.—Anatomy, two courses of six months. Practical anatomy, one course of six months; enacted 7th June, 1830. Surgery, two courses of six months. Chemistry, one course of six months. Practical chemistry, one course of three months; enacted 8th November, 1831. Theory of medicine, one course of six months. Practice of medicine, one course of six months. Materia medica, one course of six months. Midwifery, one course of six months. Clinical medicine, one course of six months; enacted 7th June, 1830. Clinical surgery, one course of six months; enacted 7th June, 1830. Medical jurisprudence and police, one course of six months; enacted 4th April, 1831. Botany, one course of three months; enacted 3rd February, 1834. A public hospital, eighteen months; enacted 3rd February, 1834. A surgeon's or apothecary's shop, six months; enacted 3rd February, 1834. Every candidate must have been employed in the above course of studies for four winter sessions, or for three winter sessions and two summer sessions, so that the whole period of attendance shall not be less than three years complete. An essay, the subject to be fixed by the examinators, to be written by the candidate, in his own handwriting; and no essay to be submitted for a shorter period than twenty-four hours. Specimens of bones, or other anatomical or surgical preparations, or specimens from the materia medica, may be used at the discretion of the examinators. The diploma fee of seven guineas must be deposited with the president previous to the examination.

EXTRA-ACADEMICAL LECTURERS RECOGNISED BY THE COLLEGE OF SURGEONS, EDINBURGH.

Natural Philosophy—George Lees, A.M., School of Arts; Mr. George Glover, 6, Infirmary-street, £3 3s.

Anatomy and Physiology—Dr. Mercer, 4, Surgeons'-square; Drs. Handyside and Lonsdale, 1, Surgeons'-square; Dr. Skae, 11, Argyle-square; Mr. Hunter, 31, Nicolson-street, £3 3s.

Anatomical Demonstrations—Messrs. Mercer, Gunning, and Fowler, 4, Surgeons'-square; Dr. Handyside, Dr. Lonsdale, and Mr. Spence, 1, Surgeons'-square; Drs. Skae and Keiller, 11, Argyle-square; Messrs. Hunter, Clark, and Young, 31, Nicolson-street, 4*l* 4s, if taken conjointly.

Practical Anatomy—The above-named teachers of anatomy, 3*l* 5s.

Chemistry—Dr. Reid, Roxburgh-place, 3*l* 3s; Dr. Wilson, 24, Brown-square; Dr. Anderson, 3, Surgeons'-square, 3*l* 5s.

Practical Chemistry (three months' courses)—The above-named teachers of chemistry, 3*l* 5s.

Materia Medica and Dietetics—Dr. Seller, 11, Argyle-square; Dr. Douglas Maclagan, 9, Surgeons'-square, 3*l* 5s.

Institutes of Medicine—Dr. Howison, 8, Nicolson-square, 3*l* 5s.

Practice of Medicine—Dr. Craigie, 9, Surgeons'-square; Dr. Alexander Wood, 11, Argyle-square; Dr. Bennett, 1, Surgeons'-square, 3*l* 5s.

Clinical Medicine—Dr. Paterson, Royal Infirmary, 3*l* 5s.

Surgery—Drs. Argyll Robertson and Duncan, 11, Argyle-square, 3*l* 5s.

Clinical Surgery—Dr. Duncan, Royal Infirmary, 3*l* 5s.

Midwifery—Dr. W. Campbell, 11, Argyle-square; Dr. Marr (Midwife Dispensary), High School-yards, 3*l* 5s, perpetual.

Forensic Medicine—Dr. Cormack, Infirmary-street, 2*l* 5s.

All the courses are for six months, if not otherwise specified.

HOSPITALS AND DISPENSARIES IN EDINBURGH.

Royal Infirmary.—Medical and surgical practice, annual ticket, 5*l* 7s 6d; additional six months, 3*l* 5s 6d; ditto, three months, 1*l* 13s; perpetual, 12*l* 17s; certificate, 5s. Clinical lectures on medicine for six months, 3*l* 3s. On surgery for six months, 3*l* 3s. Dressers, six months, 3*l* 3s. Clinical clerks for three months, 3*l* 3s. Physicians' and surgeons' clerks, pay 52*l* 10s per annum, for board. The office is held for two years.

Surgical Hospital.—Surgical practice, three months, including clinical surgery, 3*l* 3; six months ditto, 5*l* 5s.

Maternity Hospital.—Six months, 1*l* 3s.

Lock Hospital.—Three months, 1*l* 1s.

Royal Dispensary.—First three months, 2*l* 2s; additional three months, 1*l* 1s. Clinical lectures, 2*l* 2s.

Newtown Dispensary.—Three months, 2*l* 4s; six months, 3*l* 5s. Instruction in pharmacy, one month, 1*l* 1s; three ditto, 2*l* 2s.

Minto-House Hospital and Dispensary.—Medical practice, three months, 2*l* 2s; six ditto, 3*l* 3s; perpetual, 6*l* 6s. Instructions in pharmacy, three months, 2*l* 2s; six ditto, 3*l* 3s.

Eye Infirmary.—Three months, 1*l* 1s.

Eye Dispensary.—Three months, 1*l* 1s.

MEDICAL SCHOOL, GLASGOW.

Anderson's University, George-street.—Surgery, chemistry, practical chemistry, midwifery, practice of physic, demonstrations and surgical anatomy, materia medica, descriptive and physiological anatomy, medical jurisprudence, institutes of medicine, each one course of six months, 2*l* 2s. Mechanical philosophy, six months' course, 1*l* 5s. Library fee, 2s 6d.

INFIRMARY IN GLASGOW.

Royal Infirmary.—Medical and surgical practice, two years, 7*l* 7s; perpetual, 8*l* 8s. Clinical clerks, eight months' fever wards, 5*l*; ditto, medical wards, 15*l*; ditto, surgical wards, 25*l*.

INFIRMARY, ABERDEEN.

Royal Infirmary.—Perpetual, 7*l* 7s. Clinical clerks, &c., no fee.

IRELAND.

UNIVERSITY OF DUBLIN. (TRINITY COLLEGE.) 1591.

Chancellor, His Majesty the King of Hanover.
Vice-Chancellor, his Grace the Lord Primate of Ireland.
Provost, Dr. Sadleir.

The days of graduation are, Shrove Tuesday, and the first Tuesday in July. The degree of bachelor of medicine may be obtained in two modes:—

1. Graduates in arts can obtain the degree at any of the half-yearly periods of graduation, provided the requisite medical education and examination shall have been accomplished. Fee for entrance, £15; fees for study in arts during four years, £7 10s each half year. Fees for graduation in arts, £8 17s 6d.

2. Candidates are admissible to the degree of M.B., without previous graduation in arts, at the end of five years from the July following the Hilary examination of the first undergraduate year, provided the usual education and examinations in arts of the first two years of the undergraduate course shall have been completed, as also the medical education and examinations, as in the case of other candidates. Fees for two years' study in arts (besides the usual entrance payment of £15) are £7 10s each half year. The graduation fees for the degree of bachelor of medicine are £11 15s. The medical education of a bachelor of medicine comprises attendance on the following courses of lectures in the School of Physic, provided that one, and not more than three, of the courses which begin in November be attended during each of four sessions. Three of these courses, at the discretion of the candidate, may be attended in the university of Edinburgh. The courses are on—anatomy and surgery; chemistry; botany; materia medica and pharmacy; institutes of medicine; practice of medicine; midwifery (by the professor to the college of physicians); clinical lectures at Sir Patrick Dun's hospital, during at least one session (six months), as delivered by the professors in the School of Physic; the attendance on such clinical lectures by the professors to be extended to three additional months of a summer session commencing in May. The examinations are conducted by the regius professor of physic of the university, the six professors of the School of Physic, and the professor of midwifery to the college of physicians. No further examination is requisite for the degree of doctor of medicine, which may be taken at the expiration of three years from having taken the degree of M.B., provided the candidate has graduated in arts. The fees for the degree of doctor of medicine are £22.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND. 1667—1692.

President, Dr. R. J. Graves.
Vice-President, Dr. George A. Kennedy.
Censors, Dr. George A. Kennedy, Dr. Hunt, Dr. Labatt, Dr Thomas Brady.
Treasurer, Dr. Collins.
Librarian, Dr. John O'Brien.
Registrar, Dr. Jonathan Labatt.

Professors (on the foundation of Sir Patrick Dun.)
Queen's Professors: Institutes of Medicine, Dr. Robert Law; Practice of Medicine, Dr. George Greene; Materia Medica and Pharmacy, Dr. Jonathan Osborne.
College of Physicians' Professors (elected by the College): Midwifery, Dr. William F. Montgomery; Medical Jurisprudence, Dr. Thomas Brady.

Qualifications of Candidates for Licence.—Candidates must produce evidence of having been engaged in the study of medicine for four years, and of having attended two at least of the required courses in each year. Candidates, except those who have taken a medical degree prior to 1840, must produce certificates of attendance on one or more courses of lectures on the following subjects, each course being of six months' duration, with the exception of botany and forensic medicine, which must include at least fifty lectures:—Anatomy and physiology, chemistry, materia medica and pharmacy, botany, institutes of medicine, practice of medicine, principles and practice of surgery, midwifery, and forensic medicine. Certificates must also be produced of six months' attendance on anatomical demonstrations and dissections, and of at least two years' hospital practice; one year in the hospital of the School of Physic in Dublin or Edinburgh, the other in any recognised medico-chirurgical hospital. The certificates must include attendance on the entire practice of the hospital, and on all the clinical lectures delivered in the hospital during such attendance. Candidates who have taken a medical degree in an university will be admitted to examination upon such degree alone. Every candidate for licence, except those who have taken a medical degree prior to 1840, is examined on two separate days: on the first day on anatomy and physiology, chemistry, botany, materia medica, and pharmacy; and on the second day on acute and chronic diseases, midwifery, and non-naturals, and on the translating of one or more of the following books from the original Greek—viz., Hippocrates, Aretæus, and Galen. Graduates in medicine are only required to undergo the second day's examination. The examinations, which are public, are conducted in the English language; but every candidate, except graduates in arts of Oxford, Cambridge, or Dublin, is required to translate medical cases from the English into the Latin language, before he is admitted to examination as to his professional acquirements. Fee for licence, £30.

ROYAL COLLEGE OF SURGEONS.
(1784—1828.)

President, Sir Philip Crampton, Bart.
Vice-President, Richard Carmichael, Esq.
Council: Samuel Wilmot, Alex. Read, Wm. Auchinleck, James W. Cusack, James Kerin, Arthur Jacob, Thomas Runsley, W. Tagert, John Peebles, J. O. Beirne, John Hart, T. E. Beatty, W. Hargrave, Chas. Benson, Andrew Ellis, Robt. C. Williams, Francis White, Robt Harrison, Esqs.
Secretary, Dr. Cusack.
Registrar, C. O'Keeffe, Esq.

Bye-laws relative to Education and Examination of Candidates for Letters Testimonial and for the Fellowship.

Qualification for Letters Testimonial.—Every candidate must produce a receipt for 21*l*, paid into the Bank of Ireland on account of the college; and a certificate of his knowledge of Latin and Greek from the college examiners; certificates, showing that he has been engaged in the study of his profession for not less than four years, three of which shall have been passed in attendance on lectures or hospitals, in Dublin, London, Edinburgh, or Glasgow; certificates of attendance on a hospital recognised by the council, where clinical instruction is given, during three years; also on three courses on anatomy and physiology, three on surgery, and three courses of dissection, accompanied by demonstrations; two on chemistry, or one on general, and one on practical chemistry; one on materia medica; one on medicine; one on midwifery; and one on medical jurisprudence. Previous to the 1st June, 1845, candidates for letters testimonial, not educated in strict conformity with the foregoing regulations, may be admitted to examination, provided they can satisfy the council by documentary evidence, that they have gone through an equivalent course of study.

Qualifications for the Fellowship.—Every registered pupil or licentiate is admitted to examination for the fellowship on producing a receipt, showing that he has lodged in the Bank of Ireland, for the use of the college, the sum of ten guineas, in case he is a licentiate, or of twenty-five guineas, in case he is a registered pupil; provided, in either case, he intends to reside beyond ten miles from Dublin; otherwise, if he is a licentiate, twenty guineas, or if a registered pupil, thirty-five guineas. A certificate that he is twenty-five years of age. A certificate of a liberal preliminary education. A certificate signed by two or more fellows of the college, of good general conduct during his professional education. Certificates that he has been engaged in the acquisition of professional knowledge for a period of not less than six years; during three of which he must have studied in one or more of the schools and hospitals of Dublin. He may have studied for the other three years in any school or schools of the United Kingdom, which shall be approved by the council, or in any foreign school of repute. It is also required that the candidate shall have had opportunities of practical instruction as house-surgeon or dresser in a recognised hospital. Certificates of attendance on the several courses of lectures required to be attended by candidates for letters testimonial, together with one course of lectures on comparative anatomy, one on botany, and one on natural philosophy. A thesis on some medical subject; or clinical reports, with observations, of six or more medical or surgical cases taken by himself. Candidates of the required age, who shall have taken the degree of bachelor of arts in a British or Irish university, and have complied with the foregoing regulations in other respects, will be admitted to examination at the end of five years of professional study, of which three years must have been passed in one or more of the recognised schools or hospitals of Dublin. Licentiates of the college who may not be able to show that they have followed the course of study specified in the preceding regulations, may, at the expiration of ten years from the date of their diploma, be admitted to the examination required for the fellowship, provided they produce such evidence as shall be satisfactory to the council that they have conducted themselves honourably in the practice of their profession.

Qualifications for the Diploma in Midwifery.—Any fellow or licentiate of the college shall be admitted to an examination for the diploma in midwifery, on producing a certificate showing that he has attended one course of lectures on midwifery and diseases of women and children; a certificate, that he has attended the practice of a lying-in hospital for a period of six months; or, the practice of a dispensary for lying-in women and children; and a certificate that he has conducted thirty labour cases at least. Candidates for the midwifery diploma will be publicly examined on the organisation of the female; the growth and peculiarities of the fœtus; the practice of midwifery; and the diseases of women and children; and, if approved of, will receive a licence or diploma certifying the same.

APOTHECARIES' HALL OF IRELAND, 1791.

Court of Directors and Examiners.

Governor, T. Collins, Esq.
Examiners: Dr. Atkinson, Richard Barker, Esq., Dr. Betty, Ralph Mac Dermott, Esq., Dr. Leet, Dr. Mc Mann, Dr. Madden, sen., Dr. Madden, jun., James Mac Donough, Esq., Dr. Mullock, Dr. Moore, John Bellew, Esq., Dr. Holmes.
Secretary, Dr. Leet.

Candidates for the licence must produce the certificate of apprentice, and the indenture of apprenticeship, the latter bearing the certificate of his master that he is of good moral character, and has fulfilled the period of his apprenticeship, and certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects, delivered at the school of Apothecaries' Hall, or at some other school of medicine recognised by the court. Chemistry, anatomy, and physiology, six months; practical chemistry and botany, three months; materia medica, demonstrations and dissections, theory and practice of physic, surgery, midwifery, and the diseases of women and children, six months; medical jurisprudence, three months. A certificate of twelve months' attendance on the entire practice of a medico-chirurgical hospital, recognised by the court, containing not less than fifty beds, and where clinical instruction is regularly given, and a certificate of having assisted in at least thirty cases of midwifery, twenty of which must be attended in a recognised hospital. The examination for the licence to practise as an apothecary will be as follows:—In translating and explaining the processes of the British pharmacopœias and extemporaneous prescriptions; in chemistry and general physics; in materia medica and therapeutics; in natural history and medical botany; in anatomy and physiology; in the theory and practice of medicine; in midwifery; and in medical jurisprudence. Examinations on Friday, at two, p.m.

The examination for the licence to act as assistant to an apothecary in compounding and dispensing medicines will be confined to the following subjects:—To translate the Dublin pharmacopœia, and extemporaneous prescriptions; pharmacy, botany, materia medica, and mechanical philosophy.

The candidate for the assistant's licence may present himself for examination at the termination of five years' apprenticeship. Apprentices are examined as to their classical knowledge.

SCHOOLS OF MEDICINE IN DUBLIN.

School of Physic.—Medicine, 4*l* 4s. Materia medica, 4*l* 4s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 2*l* 2s. Practical anatomy, 2*l* 2s. Chemistry, 4*l* 4s. Midwifery, 4*l* 4s. Botany, 4*l* 4s. Forensic medicine 4*l* 4s.

School of Surgery.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, first course, 3*l* 3s; second ditto, 2*l* 2s. Anatomy and physiology, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical anatomy, 4*l* 4s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical chemistry, 2*l* 2s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Botany, 3*l* 3s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Natural philosophy, 2*l* 2s. Comparative anatomy, 1*l* 1s.

School of Medicine, Apothecaries' Hall.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, first course, 3*l* 3s; second ditto, 2*l* 2s. Anatomy and physiology, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical anatomy, 4*l* 4s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical chemistry, three months, 3*l* 3s; six ditto, 5*l* 5s (one guinea less with the general course). Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Botany, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

School of Medicine, Park-street.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 2*l* 2s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

Richmond Hospital School of Anatomy.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 2*l* 2s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Midwifery, first course, 3*l* 3s; seeond ditto, 2*l* 2s. Botany, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

Original School of Anatomy, Peter-street.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 4*l* 4s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

HOSPITALS, &c., IN DUBLIN.

Sir P. Dun's Hospital.—Medical practice, 3*l* 3s annually.

Meath Hospital.—Fee 25*l*.

Jervis-street Hospital.—Medical and surgical practice, six winter months, 6*l* 6s; six summer ditto, 4*l* 4s; or three months, 2*l* 2s; nine ditto, 8*l* 8s.

City of Dublin Hospital.—Medical and surgical practice, six winter months, 6*l* 6s; six summer ditto, 4*l* 4s; nine months, 8*l* 8s.

St. Vincent's Hospital.—Medical and surgical practice, six winter months, 6*l* 6s; six summer ditto, 4*l* 4s; nine months, 8*l* 8s; three months additional, 2*l* 2s.

Steveus' Hospital.—Medical and surgical practice, six winter months, 8*l* 8s; six summer ditto, 5*l* 5s; house dressers, six winter months, 21*l*; six summer ditto, 15*l* 15s

Mercer's Hospital.—Medical and surgical practice, the same as Jervis-street Hospital.

Richmond Hospital.—Medical and surgical practice, six winter months, 8*l* 8s; six summer ditto, 5*l* 5s.

Dublin Lying-in Hospital.—Extern pupils, six months, including lectures, 10*l* 10s; intern pupils, ditto, ditto, 21*l*.

Anglesey Lying-in Hospital.—Extern pupils, six months, including lectures, 7*l* 7s; intern ditto, ditto, 13*l* 13s; lectures, 3*l* 3s; diploma, 10s 6d.

South Eastern Lying-in Hospital.—Extern pupils, six months, 4*l* 4s; intern pupils, 10*l* 10s; lectures, 3*l* 3s; diploma, 10s 6d.

Coombe Lying-in Hospital.—Fees the same as the preceding.

Wellesley Lying-in Hospital.—Extern pupils, six months, including lectures, 6*l* 6s. Intern pupils, ditto, ditto, 12*l* 12s. Diploma 10s 6d.

Western Lying-in Hospital.—Fees the same as the preceding.

Victoria Lying-in Hospital.—Extern pupils, six months, 4*l* 4s. Intern ditto, 10*l* 10s. Lectures, 2*l* 2s. Diploma, 10s.

PROVINCIAL SCHOOLS OF MEDICINE, IRELAND.

South Mall, Cork.—Medicine, 2*l* 2s. Materia medica, 2*l* 2s. Surgery, 2*l* 2s. General and descriptive anatomy, 3*l* 3s. Physiology and pathology, 3*l* 3s (both 5*l* 5s). Institutes of medicine, 2*l* 2s. Chemistry, 2*l* 2s. Midwifery, 2*l* 2s. Botany, 2*l* 2s. Forensic medicine, 2*l* 2s.

Belfast Medical School—Lectures are delivered on medicine, materia medica, surgery, general and descriptive anatomy, demonstrations and dissections, chemistry, midwifery, and botany.

PROVINCIAL INFIRMARIES, IRELAND.

North Infirmary, Cork.—Medical and surgical practice, six months, 5*l* 5s; twelve ditto, 8*l* 8s.

South Infirmary, Cork.—Fees the same as the preceding.

Lying-in Hospital, Cork.—Fee 5*l* 5s.

Eye Infirmary, Cork.—Fee 2*l* 2s.

Belfast Hospital.—Medical and surgical practice, six months, 1*l* 1s; twelve ditto, 2*l* 2s; clinical lectures, 1*l* 1s.

Barington's Hospital, Limerick—Twelve months, 8*l* 8s.

CHRONOLOGICAL NOTES FOR THE YEAR 1846.

Golden Number	4
Epact	3
Solar Cycle	7
Roman Indiction	4
Julian Period	6559
Dominical Letter	D
Easter Sunday	April 12
Septuagesima Sunday	February 8
Shrove Tuesday	February 24
Whit Sunday	May 31
Trinity ditto	June 7
Advent ditto	November 29

ECLIPSES IN 1846.

April 25, SUN.—An annular eclipse *visible* in Greenwich. Begins on the earth generally at 2h. 2·4m. p. m., mean time at Greenwich, in longitude 119° 40′ W. and latitude 6° 15′ S.; ends at 7h. 38·5m., in longitude 20° 4′ W., and latitude 20° 52′ N. Central eclipse begins generally at 3h. 3·3m. p. m. in longitude 135° 51′ W., and latitude 2° 11′ S.; ends generally at 6h. 37·6m. p. m., in longitude 3° 43′ W., and latitude 24° 56′ N. At Greenwich this eclipse is partial, beginning at 5h. 31·7m. p. m.; greatest phase at 6h. 13·8m.; ends at 6h. 54m. Magnitude of the eclipse (sun's diameter = 1), 0·277, on the southern limb.

October 20, SUN.—An annular eclipse, *invisible* at Greenwich. Begins on the earth generally at 4h. 46·7m. a.m., mean time at Greenwich, in longitude 16° 21′ E. and latitude 9° 50′ N.; ends at 10h. 44·1m. in longitude 109° 6′ E. and latitude 20° 47′ S. Central eclipse begins generally at 5h. 52m. a. m., in longitude 0° 32′ W. and latitude 6° 44′ N.; ends generally at 9h. 38·9m., in longitude 126° 5′ E. and latitude 23° 51′ S.

THE FOUR QUARTERS OF THE YEAR.

Spring Quarter begins	March	20	11h 46m	afternoon.
Summer	"	June	21 8 32	afternoon.
Autumnal	"	Sept.	23 10 30	morning.
Winter	"	Dec.	22 4 12	morning.

TERMS AND RETURNS.

HILARY TERM begins Jan. 11—Ends Jan. 31.
EASTER TERM begins April 15—Ends May 8.
TRINITY TERM begins May 22—Ends June 12.
MICHAELMAS TERM begins Nov. 2—Ends Nov. 25.

The first General Return Day for every term is the fourth day before the first day of the term, both days being reckoned in the computation. In Hilary Term, therefore, the first General Return Day will be January 8; Easter Term, April 12; Trinity Term, May 19; and Michaelmas Term, Oct. 30. There were also three other General Return Days in the term upon which certain writs were returnable; but now, by the statute 1 Wm. IV., cap. 3, sec. 2, "all writs now usually returnable before any of his Majesty's Courts of King's Bench, Common Pleas, or Exchequer, respectively, on General Return Days, that shall be made *returnable* after the 1st of January, 1831, may be made returnable on the third day exclusive before the commencement of each term, or on any day (not being Sunday) between that day and the third day exclusive before the last day of the term; and the day for appearance shall, as heretofore, be the third day after such return, exclusive of the day of return; or, in case such third day shall fall on a Sunday, then on the fourth day after such return, exclusive of such day of return." When the terms themselves commence on a Sunday, the term is dated from such day, although the sittings do not commence till the following day. In the calendar the duration of the term is marked by a strong line.

OXFORD TERMS.

	Begins.	Ends.
Lent Term	Jan. 14	April 4
Easter Term	Apr. 22	May 30
Trinity Term	June 3	July 11
Michaelmas Term	Oct. 10	Dec. 17

The Act will be July 7.

CAMBRIDGE TERMS.

	Begins.	Divides.	Ends.
Lent	Jan. 13	Feb. 22, n	Apr. 3
Easter	Apr. 22	May 31, m	July 10
Michaelmas	Oct. 10	Nov. 12, m	Dec. 16

The commencement will be July 7.

TERMS IN ENGLAND.

Usually taken in Leases.

25 March	Lady Day	29 Sept	Mich. Day
24 June	Midsum.	25 Dec.	Christmas

IN SCOTLAND.

Candlemas	Feb. 2	Lammas	Aug. 1
Whitsund.*	May 15	Martinmas	Nov. 11

* This term, in Scotch leases, does not depend upon the moveable feast of Whitsuntide, but is permanent.

CALENDAR OF THE JEWS FOR THE YEAR 1846.

5606		1845		NEW MOONS AND FEASTS.
Tebeth	1	December	30	
"	5	1846	3	Sabbath
"	10	January	8	Fast: Siege of Jerusalem
Sebebat	1	"	28	
"	5	"	1	Elias
"	9	February	5	Xylophoria
"	23	"	19	Fast: Memory of the War of the Ten Tribes against Benjamin
Adar	1	"	27	
"	7	"	5	Fast for the Death of Moses
"	13	March	11	Fast: Esther
"	14	"	12	Purim: Feast of Haman
"	15	"	13	Schuschan Purim
Nisan	1	"	28	
"	15	"	11	Passover begins
"	16	April	12	Second day
"	21	"	17	Seventh day
"	22	"	18	Passover ends
"	26	"	22	Fast: the Death of Joshua
Ijar	1	"	27	
"	7	"	3	Consecration of the Temple
"	14	May	10	Passah Schemi
"	18	"	14	Lag Beomer
Sivan	1	"	26	Feast of the New Moon
"	6	"	31	Penteeost Holid.; Feast of Weeks
"	7	"	1	Second day
"	15	June	9	Victory of Maccabeus
Tamuz	1	"	25	
"	18	"	12	Fast: Seiz. of the Temple by Titus
Ab	1	July	21	
"	10	"	2	Fast: Tishabeab. Destruction of the Temple
Elul	1	August	23	Selihot: begin. of the 40 days pray.
"	3	"	25	Consec. of the walls of Jerusalem
"	7	"	29	Fast of the end of the year 5606
"	29	"	31	
5607		"	21	Feast of the new year 5607
Tisri	1			
"	2	September	22	Second day
"	3	"	23	Fast: Death of Gedaliah
"	7	"	27	Fast: Worship of the Golden Calf
"	10	"	30	Fast: Day of Atonement
"	15	October	5	Feast of Tabernacles
"	16	"	6	Second day of the Feast
"	21	"	11	Feast of Branches
"	22	"	12	End of the Feast of Tabernacles
"	23	"	13	Feast of the Law
Marchesvan	1	"	21	
"	6	"	26	Fast: Destruction of Jerusalem
Kislev	1	November	20	
"	25	December	14	Feast: Dedication of the Temple
Tebeth	1	"	20	
"	8	"	27	Fast
"	9	"	28	Fast
"	10	"	29	Fast: the Siege of Jerusalem

THE MONTHS OF THE TURKISH CALENDAR.

		[Hegira.]			
1262	Moharrem 1	(New year)	falls on	Dec. 30,	1845
..	Safar 1	..	..	Jan. 29,	1846
..	Rebi el-Awwel 1	..	..	Feb. 27,	..
..	Rebi el-Accher 1	..	..	March 29,	..
..	Dschemadi el-Awwel 1	..	..	April 27,	..
..	Dschemadi el-Accher 1	..	..	May 27,	..
..	Redscheb 1	..	..	June 25,	..
..	Schaban 1	..	..	July 25,	..
..	Ramadin 1	(Month of Fasting)	..	August 23,	..
..	Schewal 1	(Bairam)	..	Sept. 22,	..
..	Dsù'l-Kade 1	..	..	October 21,	..
..	Dsù'l-hedsche 1	..	..	Nov. 20,	..
		[Hegira.]			
1263	Moharrem 1	(New year)	..	Dec. 20,	..

TRANSFER DAYS.

The transfer days are now Tuesdays, Wednesdays, Thursdays, and Fridays. Dividends are due at the following dates, and are receivable at any time subsequently.

AT THE BANK.

Bank Stock	April 5, Oct. 10
3 per Cent. Cons. / 3 per Cent. 1726	Jan. 5, July 5
3 per Cent. Reduced	April 5, Oct. 10
New 3½ per Cent. Annuities / New 5 per Cent. Annuities	April 5, Oct. 10
3½ per Cent. Reduced / 3½ per Cent. 1818	April 5, Oct. 10
Con. Long Annuities	April 5, Oct. 10
Annuities for Terms of Years, ending 10th Oct. 1859, pursuant to 10th George IV	April 5, Oct. 10
Annuities for Terms of Years, ending 5th Jan. 1860, pursuant to 10th Geo. IV.	Jan. 5, July 5
Life Annuities, if purchased between Jan. 5, and April 4, or between July 5 and Oct. 9	Jan. 5, July 5
If purchased between April 5 and July 4, or between Oct. 10 and Jan. 4	April 5, Oct. 10

AT THE SOUTH SEA HOUSE.

South Sea Stock / New 3 per Cent. Annuities	Jan. 5, July 5
Old 3 per Cent. Annuities	April 5, Oct. 10
3 per Cent, 1751	Jan. 5, July 5

AT THE EAST INDIA HOUSE.

Stock	Jan. 5, July 5
Interest on India Bonds, due	Mar. 31, Sep. 30

Tickets for preparing transfer of stock must be given in at each Office before 1 o'clock.—At the East India House before 2.

Private transfers may be made at other times than as above, the Books not being shut, by paying at the Bank, India House, and South Sea House 2s 6d extra for each transfer; but no transfer can be made after 1 o'clock on Saturdays.

Transfer at the Bank must be made by half-past 2 o'clock; at India House by 3; at South Sea House by 2.

Expense of Transfer in

Bk. Stock, £25 and under, 9s; above that sum, 12s
Ind. do. £10 " £1 10s; " £1 10s
S. Sea do. if under £100 9s 6d; " 12s

Powers of attorney for the sale or transfer of stock must be deposited at the Bank, &c., for examination, one day before they can be acted upon; if for receiving dividends, it is sufficient to present them at the time the first divdend becomes payable.

The expense of a power of attorney is £1 1s 6d for each stock separately, but for Bank, India, and South Sea Stock, £1 11s 6d; and when required to be made out on the same day, half-past twelve o'clock is the latest time for receiving orders. The boxes for receiving powers of attorney for sale close at two o'clock.

All probates of wills, letters of administration, and other proof of decease, are required to be left at the Bank, &c., for registration from two to three clear days, exclusive of holidays.

HOLIDAYS KEPT AT THE PUBLIC OFFICES IN 1846.

By an Act of Parliament passed in 1834, much of the money business of the Exchequer is removed to the Bank of England. At the EXCHEQUER all holidays are abolished except Christmas Day and Good Friday.

CUSTOM-HOUSE, EXCISE, STAMPS AND TAXES OFFICES.

Good Friday, April 10. Queen's Birth-day, May 24. Prince of Wales's Birth-day, Nov. 9. Christmas, Day Dec. 25.

All the above days are also ordered to be kept as holidays by the officers and servants of the Dock Companies of the United Kingdom. At the Stamps and Taxes Office, the Restoration of Charles II., May 29; Whit Monday and Tuesday, are kept in addition.

INDIA HOUSE.

Good Friday, April 10 | Christmas Day, Dec. 25

BANK OF ENGLAND.

Good Friday, April 10 | Christmas Day, Dec. 25

And, in the Transfer Offices, 1st May and 1st November in addition.

N.B.—Whenever the 1st May or 1st November falls on a Sunday the holiday will be kept on the Monday following.

SOUTH SEA HOUSE.—Same as Bank of England.

RATE OF ALLOWANCE TO WITNESSES.

For Attendance and Expenses.

	per day.
Surgeons, Surveyors, and Attorneys	2 2 0
Merchants	1 1 0
Tradesmen	0 15 0
Journeymen Mechanics	0 7 0
For Travelling. per mile	0 1 0
The Attorney in the cause	0 1 3

STAMPS.

Bills, Promissory Notes, &c.

		Not exceeding 2 months after date, or 60 days after sight.			Exceeding 2 months after date, or 60 days after sight.		
		£	s.	d.	£	s.	d.
If 40s	£5 5s	0	1	0	0	1	6
Above £5 5s	£20	0	1	6	0	2	0
£20	30	0	2	0	0	2	6
30	50	0	2	6	0	3	6
50	100	0	3	6	0	4	6
100	200	0	4	6	0	5	0
200	300	0	5	0	0	6	0
300	500	0	6	0	0	8	6
500	1000	0	8	6	0	12	6
1000	2000	0	12	6	0	15	0
2000	3000	0	15	0	1	5	0
3000	—	1	5	0	1	10	0

and not exceeding

Penalty for post-dating bills, £100.

Bills of Lading 3s

Foreign Bills of Exchange, in Sets.

For every Bill of each set, not exceeding—	s.	d.
£100	1	6
Above 100 and not exceeding £200	3	0
200 ,, 500	4	0
500 ,, 1000	5	0
1000 ,, 2000	7	6
2000 ,, 3000	10	0
3000	15	0

Receipts.

If £5 and under	£10	0	3
10 ,,	20	0	6
20 ,,	50	1	0
50 ,,	100	1	6
100 ,,	200	2	6
200 ,,	300	4	0
300 ,,	500	5	0
500 ,,	1000	7	6
1000 and upwards		10	0
For any sum expressed in full of all demands		10	0

Penalty for giving receipts without a stamp, £10 under £100; and £20 above that sum.

Appraisements.

Not exceeding	£50	2	6
Above £50 and not exceeding	£100	5	0
100 ,,	200	10	0
200 ,,	500	15	0
500 ,,	—	20	0

Bonds given as a Security for Money.

Not exceeding	£50	£1	0	0
Above £50 and not exceeding	£100 ...	1	10	0
100 ,,	200 ...	2	0	0
200 ,,	300 ...	3	0	0
300 ,,	500 ...	4	0	0
500 ,,	1000 ...	5	0	0
1000 ,,	2000 ...	6	0	0
2000 ,,	3000 ...	7	0	0
3000 ,,	4000 ...	8	0	0
4000 ,,	5000 ...	9	0	0
5000 ,,	10,000 ...	12	0	0
10,000 ,,	15,000 ...	15	0	0
15,000 ,,	20,000 ...	20	0	0
20,000 ,,	— ...	25	0	0

Progressive duty, 25s.

Mortgages same duty as Bonds.

Apprentices' Indentures.

		£	s.	d.
When the premium is under	£30	1	0	0
If £30 and under	50	2	0	0
50 ,,	100	3	0	0
100 ,,	200	6	0	0
200 ,,	300	12	0	0
300 ,,	400	20	0	0
400 ,,	500	25	0	0
500 ,,	600	30	0	0
600 ,,	800	40	0	0
800 ,,	1000	50	0	0
1000 and upwards		60	0	0

If no premium, £1; or £1 15s if more than 1080 words.

Probates of Wills, and Letters of Administration.

		With a Will.		Without a Will.	
		£	s.	£	s.
Above the value of					
£20 and under	£50	—		0	10
50 ,,	100	—		1	0
20 ,,	100	0	10	—	
100 ,,	200	2	0	3	0
200 ,,	300	5	0	8	0
300 ,,	450	8	0	11	0
450 ,,	600	11	0	15	0
600 ,,	800	15	0	22	0
800 ,,	1,000	22	0	30	0
1,000 ,,	1,500	30	0	45	0
1,500 ,,	2,000	40	0	60	0
2,000 ,,	3,000	50	0	75	0
3,000 ,,	4,000	60	0	90	0
4,000 ,,	5,000	80	0	120	0
5,000 ,,	6,000	100	0	150	0
6,000 ,,	7,000	120	0	180	0
7,000 ,,	8,000	140	0	210	0
8,000 ,,	9,000	160	0	240	0
9,000 ,,	10,000	180	0	270	0

Continuing to increase up to £1,000,000.

AGREEMENT.

Of the value of £20 and upwards, containing only 1080 words, £1; more than 1080 words, £1 15s; and for every further 1080 words, £1 5s.

DUTIES ON LEGACIES,

Of the Value of £20 or upwards, out of Personal Estate, or charged upon Real Estate, &c.; and upon every share of Residue:—

To a child or parent, or any lineal descendant or ancestor of the deceased, £1 per cent.—To a brother or sister, or their descendants, £3 per cent.—To an uncle or aunt, or their descendants, £5 per cent.—To a great uncle or great aunt, or their descendants £6 per cent. To any other relation, or any stranger in blood, £10 per cent.—Legacy to husband or wife exempt.

If the deceased died prior to the 5th April 1805, the duty only attaches on Personal Estates, and by a lower scale.

SPOILED STAMPS.

The days for claiming the allowance at Somerset-house are Tuesdays, Thursdays, and Saturdays, from 12 to 2 o'clock. If parties reside within ten miles of London, application must be made within six calendar months from the time the stamps became spoiled, when not executed upon instruments; and when upon such instruments, within six months from their date. If parties reside beyond the said limit of ten miles, the application must also be made within six months from the date, when the stamps are upon executed instruments; but in all other cases, within twelve months from the date of the stamps becoming spoiled. The affidavit in support of the application, when not made before a Commissioner at Somerset-house, or a Distributor of Stamps in the country, when such Distributor is authorised to administer the same, must be upon a stamp of 2s 6d, and made before a Master Extraordinary in Chancery.

ASSESSED TAXES.

DUTIES ON MALE SERVANTS.

No.	At per Servant. £	s.	d.	Bachelor's ditto. £	s.	d.	
1	1	4	0*	2	4	0	for each servant.
2	1	11	0	2	11	0	
3	1	18	0	2	18	0	
4	2	3	6	3	3	6	
5	2	9	0	3	9	0	
6	2	11	6	3	11	6	
7	2	12	6	3	12	6	
8	2	16	0	3	16	0	
9	3	1	0	4	1	0	
10	3	6	6	4	6	6	
11	3	19	6	4	16	6	

All above 11 at the rates last mentioned.

* This Rate of Duty (£1 4s) is payable for any male servant, being only an occasional servant to his employer, if the employer shall otherwise be chargeable to the above duties on servants, or for any carriage, or for more than one horse kept for riding or drawing any carriage; and if the employer shall not be chargeable to such other duties, then the sum of 10s is payable for every such male person employed.

DUTIES ON CARRIAGES WITH FOUR WHEELS,

Drawn by more than one Horse, where kept for private use.

No.	£	s.	d.		No.	£	s.	d.	each
1 . .	6	0	0		6 . .	8	4	0	,,
2 . .	6	10	0	each	7 . .	8	10	0	,,
3 . .	7	0	0	,,	8 . .	8	16	0	,,
4 . .	7	10	0	,,	9 . .	9	1	6	,,
5 . .	7	17	6	,,					

(And so on at the same rate for any number of such carriages.)

For every additional body, £3 3s.

Exemption.—Such carriages of any construction, driven by one horse, if the price or value has never exceeded £21, and if marked with the name, address, and occupation of the owner, in the manner prescribed by 6 and 7 Wm. IV., c. 65, and 1 Victoria, c. 61, are exempted from duty, provided they are kept for party's own use, and not let out for hire. If a carriage be hired for the conveyance of prisoners or paupers, such hiring does not render it liable to duty, whether it have 2 or 4 wheels.

DUTIES ON HORSES.

Horses for Riding or Drawing Carriages.

No.	Each Horse. £	s.	d.	No.	Each Horse. £	s.	d.
1	£1	8	9	11	£3	3	6
2	2	7	3	12	3	3	6
3	2	12	3	13	3	3	9
4	2	15	0	14	3	3	9
5	2	15	9	15	3	3	9
6	2	18	0	16	3	3	9
7	2	19	9	17	3	4	0
8	2	19	9	18	3	4	6
9	3	0	9	19	3	5	0
10	3	3	6	20	3	6	0

(And so on at the same rate for any number of Horses.)

GAME DUTY.

On a gamekeeper, acting under a deputation duly registered with the clerk of the peace.

If assessed as a servant to his employer	£1	5	0
If not so assessed	3	13	6
On every other person using dog, gun, net, or engine, for the taking or killing of game	3	13	6

In case of any person omitting to take out the proper certificate, the surveyor of taxes will bring him into charge, and the assessment must be double in every case.

By 1 and 2 Will. IV., cap. 32, persons licensed to deal in game are to take out a certificate, charged with a duty of £2; but certificated persons may sell game to licensed dealers, if paying a duty of £3 13s 6d.

Note.—By the 3rd Vic., c. 17, sec. 8, an additional duty of 10 per cent. is imposed on all assessments made after the 6th April, 1840, except on carriages let to hire with horses, and chargeable to the duty of £3.

STAGE-COACH DUTIES.

These duties are collected under 2 and 3 Will. IV., c. 120, 3 and 4 Will. IV., c. 48, and 5 and 6 Vict., c. 79.

By the above acts, every stage-carriage is required to be licensed, either at the Stamp Office, or by a distributor of stamps, before it is used.

For every original license £3 3s.

For every supplementary license 5s.

Every stage-carriage is also chargeable with a mileage duty of 1½d.

Duties on Passengers conveyed for hire by Carriages travelling upon Railways.

£5 per cent. on the gross amount of fares.

HACKNEY-CARRIAGE FARES.

All vehicles, whether on two or more wheels, plying for passengers in any part of the metropolis, within five miles of the General Post Office, with the exception of those licensed as stage-coaches, are deemed hackney-carriages within the provisions of the act.

Fares according to Distance.—For every hackney-carriage drawn by two horses any distance not exceeding one mile, one shilling, and sixpence for every additional half-mile, or fractional part of half a mile.

Fares according to Time.—For every hackney-carriage drawn by two horses any time not exceeding half an hour, one shilling, and sixpence for every additional quarter of an hour, or fractional part thereof.

CABRIOLETS.

For every hackney-carriage drawn by one horse only, two-thirds of the rates and fares above-mentioned.

Persons using armorial bearings, and keeping a coach, or other taxable carriage, £2 8s. Persons not keeping such carriage, but charged to the window duty, £1 4s. Persons not keeping such carriage, nor being chargeable to the window duty, 12s.

THE ROYAL FAMILY OF GREAT BRITAIN AND IRELAND.

QUEEN VICTORIA, born May 24, 1819; succeeded June 20, 1837; married, February 10, 1840, to Albert Francis Augustus Charles Emanuel, Duke of Saxe Coburg and Gotha, born August 26, 1819. Issue, Victoria Adelaide Mary Louisa, Princess Royal, born November 21, 1840; Prince of Wales, born November 9th, 1841; Princess Alice, born April 25th, 1843; Prince Alfred Albert Ernest, born August 6th, 1844.

Dowager-Queen Adelaide, born August 13, 1792.

King of Hanover	born June	5, 1771
Duke of Cambridge	Feb.	24, 1774
Duchess of Gloucester	April	25, 1776
Princess Sophia	Nov.	3, 1777
Duchess of Kent	Aug.	17, 1786
Duchess of Cambridge	Mar.	25, 1797
Crown Prince of Hanover	May	27, 1817
Prince George of Cambridge	Mar.	26, 1819
Princess Augusta of Cambridge	July	18, 1822
Princess Mary of Cambridge	Nov.	27, 1833

THE QUEEN'S HOUSEHOLD.

Lord Chamberlain's Department.

Hered. Joint Great Chamberlain of England: Lord Willoughby D'Eresby.

Secretary: Robert Burrell, esq.

Hered. Earl Marshal: Duke of Norfolk.

Secretary: W. A. Blount, esq.

Lord Chamberlain: Earl Delawarr.

Vice-Chamberlain: Lord Ernest Bruce.

Keeper of the Privy Purse: Major-General Sir H. Wheatley, G.C.H.

Groom of the Robes: Capt. Seymour.

Lords in Waiting: Marquis of Ormonde, Earl of Warwick, Earl of Hardwicke, Earl of Morton, Viscount Sydney, Viscount Hawarden, Lord Byron, Lord Rivers.

Grooms in Waiting: Admiral Sir R. Otway, bart., Sir H. Seton, Sir F. Stovin, Hon. Capt. A Duncombe, Hon. Capt. A. N. Hood, Capt. H. Meynell, J. R. O. Gore, esq.

Extra Groom in Waiting: Hon. Col. Berkeley Drummond, Gen. Hon. Sir W. L. Lumley, G.C.B.

Gentlemen Ushers of the Privy Chamber: W. C. Master, esq, Hon. F. Byng, C. Heneage, esq., Lieut. Col. Sir F. Smith, G. Barton, esq., J. Neeld, esq.

Gentlemen Ushers, Daily Waiters: Sir Aug. W. Clifford, (Black Rod) Sir William Martins, T. Ramsden, esq., H. W. Des Voeux, esq.

Grooms of the Privy Chamber: W. Beresford, esq., Capt. Courtenay Boyle, A. Blackwood, esq., Sir T. Noel Harris

Lord Steward's Department.

Lord Steward: Earl of Liverpool.

Treasurer, Earl Jermyn.

Comptroller: Rt. Hon. G. L. Dawson Damer.

Master of the Household: Hon. C. A. Murray.

Sec. to Board of Green Cloth: Sir T. Marrable.

Paymaster: T. Shiffner, esq.

Captain of Yeomen of Queen's Guard: Earl of Beverley

Capt. of Hon. Corps of Gentlemen at Arms: Lord Forester.—Lieut.: Hon. Sir Edward Butler:—Ensign: Sir G. Houlton.

Medical Department.

Physicians: Sir J. Clark, bart., M.D., W. F. Chambers, MD., K.C.H.

Physician Accoucheurs: Dr. Locock, Dr. Ferguson.

Surgeon-Accoucheur: R. Blagden, Esq.

Serjeant Surgeons: Sir B. C. Brodie, bart,, Robert Keate, esq.

Physician to the Household: Dr. John Forbes.

Surgeon to the Household: C. H. Phillips, esq.

Apothecary to the Person: J. Nussey, esq., and E. D. Moore, esq.

Apothecary to the Household: J. Nussey, esq. and C. Craddock, esq.

Aurist: W. Maule, esq.

Oculist: H. Alexander, esq.

Dentist: C. Dumergue, esq.

Chiropodist: Louis Durlacher, esq.

Cupper: J. Mapleson, esq.

Chemist and Druggist: Mr. Squire

PRINCE ALBERT'S HOUSEHOLD.

Groom of the Stole: Marquis of Exeter

Treasurer and Private Secretary: George Edward Anson, Esq.

Gentlemen of the Bedchamber: Lord G. Lennox and Marquis of Granby

Equerries: Lieutenant-Colonel Bouverie, Lieutenant-Colonel Wylde, and Sir Edward Bowater

Grooms of Bedchamber: Sir G. Anson and Lieutenant F. Seymour

Physicians: Sir James Clark, Dr. Holland, Dr. Forbes

Surgeons: Sir B. C. Brodie, B. Travers, C. Aston Key, Esqs.

Surgeon-Dentist: A. Nasmyth, Esq.

Chemist and Druggist: Mr. Squire

THE QUEEN DOWAGER'S HOUSEHOLD.

Lord Chamberlain: Earl Howe

Ladies of the Bedchamber: Marchioness of Ormonde, Marchioness of Wellesley, Countess of Brownlow, Lady Clinton, Countess of Sheffield, Viscountess Barrington, Marchioness of Ely

Master of the Horse: Earl of Denbigh

Vice-Chamberlain and Treasurer: Honourable W. Ashley

Physicians, W. F. Chambers, M.D., Sir D. Davies

Apothecary: E. D. Moore, Esq.

DUCHESS OF KENT'S HOUSEHOLD.

Comptroller: Colonel Sir G. Couper, Bart.

Physician: Isaac Wilson, M.D.

Surgeon: Richard Blagden, Esq.

THE QUEEN'S MINISTERS.

First Lord of the Treasury—Sir Robert Peel, Bart.

Chancellor of the Exchequer—Right Honourable H. Goulburn

Lord Chancellor—Lord Lyndhurst

Lord President of the Council—Lord Wharncliffe

Lord Privy Seal—Duke of Buccleuch

Home Secretary—Sir J. R. Graham

Foreign Secretary—Earl of Aberdeen

Colonial Secretary—Lord Stanley

First Lord of Admiralty—Earl of Haddington

Commander-in-Chief—Duke of Wellington

President of the Board of Control—Earl of Ripon

President of the Board of Trade—Lord Dalhousie

Paymaster-General—Honourable W. B. Baring

Chancellor of the Duchy of Lancaster—Lord G. W. Somerset

Chief Secretary for Ireland—Sir Thos. Freemantle

The above form the Cabinet.

Postmaster-General—Earl Lonsdale

Lord Chamberlain—Earl Delawarr

Lord Steward—Earl of Liverpool

Master of the Horse—Earl of Jersey

President of the Board of Trade—Earl of Dalhousie

First Comptroller of Land Revenue—Earl of Lincoln

Master of the Mint—Sir George Clerk

Secretary at War—Honourable Sidney Herbert

Master-General of Ordnance—Right Honourable Sir G. Murray

Attorney-General—Sir Frederick Thesiger

Solicitor-General—Sir Fitzroy Kelly

OFFICERS OF STATE IN SCOTLAND.

Hereditary Lord High Constable, and *Knight Marischal*—Earl of Errol

Hereditary Royal Standard Bearer—H. S. Wedderburn

Lord President, and *Lord Justice General*—Right Honourable Duncan Mc Neil

Lord Privy Seal—Viscount Melville

Lord Register—Right Honourable William Dundas

Hereditary Master of Household—Duke of Argyll

Hereditary Standard Bearer—Earl of Lauderdale

Hereditary Armour Bearer—Lady Seton Steuart of Touch-Seton

Hereditary Usher of White Rod—Heirs of the late Sir P. Walker, Knight

Physicians in Ordinary—James Home, M.D., John Thomson, M.D., W. P. Alison, M.D.

Lord High Commissioner to the General Assembly—The Marquis of Bute

Deans of Chapel Royal—John Lee, D.D., Rev. Arch. Bennie, and Norman M'Leod, D.D.

Dean of the Thistle—George Cook, D.D.

Captain-General of Queen's Body-Guard—Duke of Buccleuch

Commander of Forces—Maj.-Gen. Sir Neil Douglas

OFFICERS OF STATE IN IRELAND.

Lord Lieutenant—Lord Heytesbury

Lord High Chancellor—Right Honourable Sir Edward B. Sugden

Chief Secretary, and *Keeper of Privy Seal*—Sir T. Freemantle

Under Secretary—Mr. Pennefather

Private Secretary—H. W. A'Court, Esq.

Lord Almoner—Archbishop of Armagh

State Steward—Captain Francis H. G. Seymour

Keeper of Records, and *Ulster King at Arms*—Sir W. Betham

Chamberlain—G. L'Estrange, Esq.

Dean of the Chapel—Rev. H. W. Tighe

Gentleman Usher—F. Willis, Esq.

Master of the Horse—J. W. Williams, Esq.

Commander of the Forces—Right Honourable Lieutenant-General Sir E. Blakeney, K.C.B.

Military Secretary—Lieutenant-Colonel Greaves

Commander of the Artillery—Colonel A. Munro, K.H.

Commander of the Engineers—Colonel Lewis, C.B

SOVEREIGNS OF EUROPE.

		Born.	Accss.
Austria—Bohemia	Ferdinand I.	1793	1835
Baden	Charles Leopold	1790	1830
Bavaria	Louis Charles	1786	1826
Belgium	Leopold I.	1790	1831
Denmark—Holstein	Christian VIII.	1786	1839
England	Victoria	1819	1837
France	Louis Philippe I.	1773	1830
Greece	Otho	1815	1832
Hanover	Ernest	1771	1837
Hesse Darmstadt	Louis II.	1777	1830
Hesse Cassel	William II.	1777	1821
Lucca	Charles Louis	1799	1824
Modena	Francis IV.	1779	1815
Naples and Sicily	Ferdinand II.	1810	1830
Netherlands	William II.	1792	1840
Parma	Maria Louisa	1791	1814
Portugal	Maria da Gloria	1819	1826
Prussia—Brandenburg	Frederick IV.	1795	1840
Rome	Gregory XVI.	1765	1830
Russia and Poland	Nicholas I.	1796	1825
Sardinia	Charles Albert	1800	1831
Saxony	Frederick Augustus	1797	1836
Spain	Isabella II.	1830	1833
Sweden and Norway	Oscar		1844
Switzerland	Confederate Cantons		—
Turkey	Abdul Medjid	1823	1839
Tuscany	Leopold II.	1797	1824
Wurtemberg	William I.	1781	1816

FOREIGN AMBASSADORS AND CONSULS IN ENGLAND.

UNITED STATES OF AMERICA.

Consulate Office, 1, Bishopsgate-churchyard.

Envoy Extraordinary and Minister Plenipotentiary his Excellency Louis Mc Lane, Esq., 38, Harley-street, Cavendish-square.

Consul, Colonel Thomas Aspinwall, 1, Bishopsgate-churchyard.

Agent for the Legation, Mr. J. Miller, 26, Henrietta-street, Covent-garden.

AUSTRIA.

Ambassador Extraordinary and Plenipotentiary, his Excellency Count Maurice Dietrichstein, Chandos-house.

Consul General, Lionel L. de Rothschild, New-court, St. Swithin's-lane.

BRAZILS.

Minister, Commandeur Jose Marques Lisboa.

Vice Consul in London, Antonio da Costa, 148, Fenchurch-street.

BAVARIA.

Consulate Office, 11, Bury-court, St. Mary Axe.

Envoy Extraordinary and Minister Plenipotentiary, Baron de Cetto, 3, Hill-street, Berkeley-square.

Consul General, Adolphus Frederick Schaezler, Esq.

BADEN.

Consulate, 1, Riches-court, Lime-street.

Consul, John Simson.

BELGIUM.

Consulate Office, 3, Copthall-court, Throgmorton-street.

Envoy Extraordinary and Minister Plenipotentiary, M. Sylvain Van de Weyer, K.C.H., 50, Portland-place.

Consul, H. Castellain.

BUENOS AYRES.

Consular Office, 1, Winchester-buildings, Old Broad-street.

Minister Plenipotentary, Don Manuel Moreno, 23, Upper Wimpole-street, Cavendish-square.

Consul General, G. F. Dickson, 20, Hanover terrace, Regent's-park.

DENMARK.

Minister, his Excellency Count Reventlow, 52, Wilton-crescent.

Consul General, Fletcher Wilson, 6, Warnford-court, Throgmorton-street.

FRANCE.

Consulate Office, 3, Copthall-buildings, Throgmorton-street.

Ambassador Extraordinary and Minister Plenipotentiary, his Excellency Count St. Aulaire.

Consul General, Durant St. André, 44, Montague-square.

FRANKFORT-ON-THE-MAINE.

Consulate Office, 12, Broad-street-buildings.

Consul, John George Behrends.

GREECE.

Consulate Office, 25, Finsbury-circus.

Consul General, Pandia Ralli, 25, Finsbury-circus.

HANOVER.

Consulate Office, 6, Circus, Minories.

Minister, Count Kielmannsegge, 44, Grosvenor-place.

Consul General, Sir J. Hall, K.C.H., St. Catherine's Dock-house.

MEXICO.

Consulate Office, 1, Great Winchester-street, City.

Minister and Envoy Extraordinary, Don Tomas Murphy, 7, Sussex-place, Regent's-place.

NETHERLANDS.

Envoy Extraordinary and Minister Plenipotentiary, M. Dedel, 25, Wilton-crescent.

Consul General, J. W. May, 123, Fenchurch-street.

NEW GRANADA.

Chargé d'Affaires, M. M. Mosquera, 52, Baker-street, Portman-square.

Consul, Im. Suenz, Esq., 3, Winchester-buildings, Great Winchester-street, Old Broad-street.

OLDENBURG.

Consulate Office, 48, Fenchurch-street.

Consul General, H. F. Tiarks.

PORTUGAL.

Consular Office, 5, Jeffrey's-square.

Envoy Extraordinary, Baron da Torre de Moncorvo, 57, Upper Seymour-street.

Consul General, F. I. van Zeller, 40, Dorset-square.

PRUSSIA.

Consulate Office, 106, Fenchurch-street

Envoy Extraordinary and Minister Plenipotentiary, Chevalier Bunsen.

Consul General for Great Britain and Ireland, Chevalier B. Hebeler, K.R.E., 15, York-place, Baker-street.

RUSSIA.

Consulate Office, 2, Winchester-buildings, Old Broad-street.

Ambassador Extraordinary and Plenipotentiary, Baron de Brunow, Ashburnham-house, Dover-street, Piccadilly.

Consul General, George Krehmer, Esq.

SARDINIA.

Consulate Office, 31, Old Jewry.

Minister, H. E. the Count de Pollon, 11, Lower Grosvenor-street.

Consul General, J. B. Heath, 66, Russell-square.

SAXONY.

Consulate Office, 76, Cornhill.

Resident Minister, Baron de Gersdorff, Chester-square, Pimlico.

Consul General, James Colquhoun, 12, St. James's-place.

HANSEATIC REPUBLICS OF LUBECK, BREMEN, AND HAMBURGH.

Diplomatic Agent and Consul General, James Colquhoun, Esq., 12, St James's-place.

Consulate Office, 76, Cornhill.

SICILY.

Consulate Office, 15, Cambridge-street, Hyde-park-square.

Ambassador Extraordinary, Prince de Castelcicala, 15, Princes-street, Cavendish-square.

Consul General, Henry Swenburn Minasi.

SPAIN.

Envoy Extraordinary and Minister Plenipotentiary, the Duke of Sotomayor, 9, Cavendish-square.

Consulate, 37, Old Broad-street.

Consul General, Chevalier Don Jose Maria Barriero.

SWEDEN AND NORWAY.

Consulate Office, 2, Crosby-square.

Chargé d'Affaires, Baron de Rehausen, 14, Halkin-street West.

Consul General, Charles Tottie, Esq., 52, Montague-square.

SWITZERLAND.

Consul Office, a 24, Gresham-street.

Agent and Consul General, J. L. Prevost.

Vice-Consul, G. Prevost.

TURKEY.

Ambassador Extraordinary, his Excelleney Ali Effendi.

Consulate Office, 1, Bryanstone-square.

Consul General, Edward Zohrab, Esq., 1, Bryanstone-square.

TUSCANY.

Consulate Office, 15, Angel-court, Throgmorton-street.

Consul, James Christian Clement Bell.

WURTEMBURG.

Consul General, Bernard Hebeler, 15, York-place, Baker-street.

Consulate Office, 106, Fenchurch-street.

PASSPORT OFFICES.

America (United States and Central America).—No passport required.

Austria.—Embassy, 7, Chandos-street, Cavendish-square, between 12 and 2.

Bavaria.—The Minister, 3, Hill-street, Berkeley-square, when personally known to him; or the Consul, 11, Bury-street, St. Mary-axe.

Belgium.—Legation, 9 A, Weymouth-street, Portland-place, between 11 and 3; delivered next day between 11 and 2, gratis; or the Consul's office, 3, Copthall-court, between 10 and 4—fee, 5s.

Brazil.—Legation, 10, York-place, Portman-square, between 12 and 2, gratis.

Denmark.—Consul's office, 6, Warnford-court, between 10 and 4—fee, 10s 6d.

France.—French passport-office, 6, Poland-street, Oxford-street, from 11 to 5; delivered next day between 1 and 3, on personal application, gratis; also at the Consul's office, 3, Copthall-buildings, between 12 and 4—fee, 10s.

Greece.—Consul's office, 25, Finsbury-circus, between 11 and 4—fee, 2s 6d.

Hanover.—Secretary to Embassy, 4, Hobart-place, Eaton-square, between 10 and 3; and at the Consul's office, 6, Circus, Minories, between 10 and 3, gratis.

Mexico.—Legation, 7, Sussex-place, Regent's-park, between 12 and 4; delivered following day.

Naples and Sicily.—Passport-office, 2, Old Cavendish-street, Mondays and Thursdays, between 10 and 12; delivered following day between 2 and 3, gratis; for persons *going by sea*, Consul's office, 15, Cambridge-street, Hyde Park-square, between 10 and 12—fee, 10s.

Portugal.—Embassy, 57, Upper Seymour-street, Bryanstone-square, between 11 and 4, delivered following day; also at Consul's office, 15, St. Mary-axe.

Prussia.—Consul's office, 106, Fenchurch-street, between 10 and 6—fee, 7s.

Russia.—Consul's office, 2, Winchester-buildings, between 10 and 4; delivered following day—fee, 6s 4d.

Spain.—Visas to Foreign Office. Passports to British subjects, at the Legation, between 11 and 3, gratis; passports to natives at the same time and place.

Sweden and Norway.—Embassy, 66, Mount-street, Berkeley-square, between 9 and 1; delivered following day—fee, 5s.

Turkey.—Embassy, 1, Bryanstone-square, between 12 and 3 every day, except Friday and Sunday, gratis.

Tuscany.—Consul's office, 15, Angel court, Throgmorton-street, between 10 and 4, gratis.

PUBLIC DEPARTMENTS.

HOME OFFICE.

Secretary of State—Right Honourable Sir James Graham
Under Secretaries—S. M. Phillips, Esq., Honourable H. M. Sutton
Chief Clerk—T. H. Plasket, Esq.
Private Secretary—Captain O'Brien

FOREIGN OFFICE.

Secretary of State—Earl of Aberdeen
Under Secretaries—Viscount Canning, H. U. Addington, Esq.
Chief Clerk—T. Bidwell, Esq.
Private Secretary—C. G. Dawkins, Esq.

COLONIAL OFFICE.

Secretary of State—Lord Stanley
Under Secretaries—G. W. Hope, Esq., James Stephen, Esq.
Chief Clerk—Peter Smith, Esq.
Private Secretary—Colonel the Honourable E. B. Wilbraham

ADMIRALTY.

Lords Commissioners—Earl of Haddington, Honourable Sir G. Cockburn, Bart., Sir W. H. Gage, Admiral W. Bowles, Honourable W. Gordon, Honourable Henry Fitzroy
Secretaries—Honourable H. T. L. Corry, Sir John Barrow, Bart.
Private Secretary—Captain Hamilton, R.N.
Chief Clerk—H. F. Amedros, Esq.
Hydrograph—Captain Francis Beaufort
Assistant—M. Walker, Esq.
Civil Architect—Captain Brandreth
Astronomer Royal—G. B. Airy, Esq.
Assistant—Reverend R. Main, M.A.

WAR OFFICE.

Secretary at War—Honourable Sidney Herbert
Deputy—L. Sulivan, Esq.
Examiner—E. Marshall, Esq.
First Clerk—J. Borrow, Esq.
Senior Clerks—H. Milton, R. C. Kirby, J. M. Sandham, J. Crooms, F. Kimpton, G. White, W. Anderson, J. Hanby, Esqs.
Private Secretary—Captain R. B. Wood

COMMANDER IN CHIEF'S OFFICE.

Commander in Chief—Duke of Wellington
Private Secretary—Alegro Greville, Esq.
Military Secretary—Lieutenant General Lord F. Somerset
Aides-de-Camp—Colonel Honourable G. Anson, Lieutenant Colonel Marquis of Douro, Cornet Earl of March, Cornet Marquis of Worcester
Assistants to Military Secretary—F. H. Lindsay, Esq., F. Fergusson, Esq.

BOARD OF ORDNANCE.

Master General—Sir G. Murray
Surveyor General—Colonel J. Peel
Clerk—Lord Arthur Lennox
Storekeeper—Sir Thomas Hastings
Secretary to Master General—Major-General Sir F. Trench
Secretary to Board—R. Byam, Esq.
Aide-de-camp—Captain H. W. Paget

GENERAL POST-OFFICE.

Postmaster-General—Earl St. Germains
Secretary—Colonel Maberley
Assistant Secretary—T. Lawrence, Esq.
Surv. of M. Co.—G. Stow, Esq.
Supervisor of Foreign and India Offices—W. Bockenham, Esq.
Accomptant General—Charles T. Court, Esq.
Solicitor—M. B. Peacock, Esq.

POOR LAW COMMISSION.

Commissioners—G. Nichols, Esq., G. C. Lewis, Esq. Sir E. W. Head, Bart.
Secretary—E. Chadwick, Esq.
Assistant Secretaries—G. Coode, Esq., W. G. Lumley, Esq.
Assistant Commissioners—E. Gulson, Esq., Alfred Power, Esq., W. H. T. Hawley, Esq., W. J. Gilbert, Esq., *R. Hall, M.D., R. Wealc, Esq., E. C. Tuffnel, Esq., Sir J. Walsham, Bart., E. Senior, Esq., *Honourable C. S. Clements, *W. J. Hancock, Esq., *J. O'Donoghue, Esq., *R. M. Muggeridge, Esq., *C. G. Otway, Esq., *J. Burke, Esq., E. T. B. Twisleton, Colonel Thomas Francis Wade
Chief Clerk—*A. Moore, Esq.
Those distinguished by a * are serving in Ireland.

BOARD OF SUPERVISION FOR THE RELIEF OF THE POOR IN SCOTLAND.

Commissioners—Sir J. M'Neill, Henry Home Drummond, Esq., Sir J. Macpherson Grant
Secretary—W. Smythe, Esq.

GENERAL REGISTER OFFICE.

Register General—G. Graham, Esq.
Chief Clerk—Thomas Mann, Esq.
First Clerk of Record—E. Edwards, Esq.

Courts of Law.

ENGLAND.

COURT OF CHANCERY.

Lord High Chancellor—Lord Lyndhurst.
Chief Secretary—H. J. Perry, Esq.
Secretary of Bankrupts—Richard Clarke, Esq.
Master of the Rolls—Lord Langdale.
Chief Secretary—G. W. Sanders, Esq.
Under-Secretary—J. A. Murray, Esq.
Vice-Chancellor of England—Right Hon. Sir L. Shadwell.
Vice—Chancellors—Right Hon. Sir J. L. Knight Bruce, Right Hon. Sir James Wigram.
Accountant-General—William Russell, Esq.
Masters in Chancery—J. E. Dowdeswell, Esq., William Wingfield, Esq., J. W. Farrer, Esq., Sir Giffin Wilson, William Brougham, Esq., N. W. Senior, Esq., A. H. Lynch, Esq., Samuel Duckworth, Esq., Sir William Horne, Sir George Rose, and Richard Richards, Esq.

COURTS OF LAW.

Queen's Bench—Lord Chief Justice, Lord Denman; Judges, Sir J. Paterson, Sir J. Williams, Sir J. T. Coleridge, and Sir William Wightman.

Common Pleas—Lord Chief Justice, Right Hon. Sir N. C. Tindal; Judges, Sir Thomas Coltman, Sir W. H. Maule, Sir C. Creswell, and Sir W. Erle.

Exchequer—Lord Chief Baron, Right Hon. Sir Frederick Pollock; Barons, Right Hon. Sir James Parke, Sir E. H. Alderson, Sir R. M. Rolfe, Sir T. J. Platt.

Cursitor Baron—G. Bankes, Esq.

Queen's Remembrancer—H. W. Vincent, Esq.

LAW OFFICES.

Attorney-General—Sir Frederick Thesiger.
Solicitor-General—Sir Fitzroy Kelly.

ECCLESIASTICAL COURTS.

Vicar-General's Office—Vicar-General, S. B. Burnaby; Dean of Peculiars, Sir H. Jenner Fust; Registrar, F. H. Dyke, Esq.

Court of Arches—Official Principal, Right Hon. Sir H. Jenner Fust; Registrar, William Townsend, Esq.

Prerogative Court—Master, Right Hon. Sir H. Jenner Fust;

Registrars, Rev. G. Moore and Rev. R. Moore; Deputy Registrars, Charles Dyneley, John Iggulden, and W. F. Gostling, Esqs.

Faculty Office—Master, Sir John Dodson, D.C.L.; Registrar, Viscount Canterbury; Deputies, Philip Charles Moore and Joseph Sharpe, Esqs.

Consistory Court—Judge, Right Hon. S. Lushington, D.C.L.; Registrar, Rev. Rd. Watson, M.A.; Deputy-Registrar, J. Shepherd, Esq.

ADMIRALTY COURT.

Judge of the Admiralty—Right Hon. S. Lushington, D.C.L.
Queen's Advocate-General—Sir J. Dodson, D.C.L.
Admiralty Advocate—J. Phillimore, D.C.L.
Counsel to Admiralty and Navy—R. Godson, Esq.
Deputy-Registrar—H. B. Swabey, Esq.
Marshal—J. Deacon, Esq.

COURT OF BANKRUPTCY.

Chief Judge—Vice-Chancellor Bruce.
Chief Registrar—Mr. Serjeant Edward Lawes.
Commissioners—J. Evans, J. S. M. Fonblanque, R. G. C. Fane, E. Holroyd, Esqs., Mr. Serjeant Goulburn, and H. J. Shepherd, Esq.

Country Commissioners.

Birmingham—J. Balguy, Q.C., and E. R. Daniell, Esqs.
Bristol—Mr. Serjeant Stephen and R. Stevenson, Esq.
Exeter—Montagu B. Bere, Esq.
Leeds—M. J. West, Esq., and ————
Liverpool—Mr. Serjeant Ludlow and C. Phillips, Esq.
Manchester—W. Skirrow, Q.C., and W. T. Jemmett, Esq.
Newcastle—N. Ellison, Esq.

INSOLVENT DEBTORS COURT.

Chief Commissioner—H. R. Reynolds, Esq.
Commissioners—J. G. Harris, William J. Law, and D. Pollock, Esqs.
Provisional Assignee—S. Sturgis, Esq.
Chief Clerk—J. Massey, Esq.
Clerk of the Rules—C. V. White, Esq.

MARSHALSEA AND PALACE COURTS.

Knight Marshal—Sir Charles M. Lamb, Bart.
Steward of the Court—W. Brent Brent, Esq,
Deputy-Steward—William Corrie, Esq.
Prothonotary—Sir H. F. Campbell.
Deputy—J. C. Hewlitt, Esq.

COURTS OF REQUESTS.

City, near Guildhall—Court-days, Wednesday and Saturday, at 11; office hours on other days, 10 till 1.

Southwark, Swan-street, Trinity-square—Court-days, Tuesday and Friday, at 10, other days 9 till 2.

Tower Hamlets, Osborne-street, Whitechapel—Court-days, Tuesday and Friday, at 11, other days 9 till 3.

Westminster, Castle-street, Leicester-square — Court-days, Tuesday and Thursday, at 3, other days at 10.

Middlesex (Ossulstone Hundred), Kingsgate-street, Holborn—Court-days, Thursday and Friday, at 9.

METROPOLITAN POLICE COURTS.

City { Mansion House—Lord Mayor.
Guildhall—An Alderman.

Bow-street—T. J. Hall, S. Twyford, and D. Jardine, Esqs.
Queen-square—J. P. Burrell, Esq. and — Bond, Esq.
Marlborough-street—E. H. Maltby and J. Hardwick, Esqs.
Marylebone—John Rawlinson and George Long, Esqs.
Clerkenwell—J. Greenwood and Boyce Combe, Esqs.
Worship-street—R. E. Broughton and P. Bingham, Esqs.
Lambeth—Hon. G. C. Norton, and T. Henry, Esq.
Southwark—J. Traill and J. Cottingham, Esqs.
Thames Police—W. J. Broderip and W. Ballantine, Esqs.
Greenwich and Woolwich—H. Jeremy and W. Grove, Esqs.
Wandsworth—G. Clive, Esq.
Kensington—T. Paynter, Esq.

N.B.—The City Police is under the controul of the City authorities, and directed by D. W. Harvey, Esq.; and the Metropolitan Police under that of the Commissioners, Lieut.-Col. Rowan and Richard Mayne, Esq., whose office is in Scotland-yard, Charing-cross.

SCOTLAND.

COURT OF SESSION.

Inner House—First Division.

† The Lord President—Right Hon. David Boyle.
† J. H. Mackenzie, Lord Mackenzie; J. Fullerton, Lord Fullerton; Francis Jeffrey, Lord Jeffrey.
Principal Clerks—Macvey Napier, and James Walker, Esqs.
Jury Clerks—W. Clerk, and Joseph Murray.

Second Division.

† The Lord Justice Clerk—Right Hon. John Hope.
† J. H. Forbes, Lord Medwyn; † Sir J. W. Moncreiff, Bart., Lord Moncreiff; † H. Cockburn, Lord Cockburn.

Outer House.

Permanent Ordinaries attached equally to both Divisions of the Court—J. Cuninghame, Lord Cuninghame; Sir J. A. Murray, Lord Murray; James Ivory, Lord Ivory; Alexander Wood, Lord Wood; Patrick Robertson, Lord Robertson.

Principal Clerks—Thomas Thomson, and John Russell, Esqs.

N.B.—The Jury Court, erected in 1815, is now abolished, and merged in the Court of Session, by 1 Will. IV., c. 69.

The judges marked thus † are Lords of the Justiciary or chief criminal court.

COURT OF EXCHEQUER.

Judges from 12th August, 1845, to 12th August, 1846—Lords Jeffrey and Cuninghame; from 12th August, 1846, to 12th August, 1847—Lords Fullerton and Robertson.

Queen's Remembrancer—J. Henderson.
Auditor—Hon. G. Murray.

LAW OFFICERS.

Lord Advocate—Duncan M'Neill.
Solicitor-General—Adam Anderson.
Advocates-Depute—David Milne, David Mure, John Inglis, and Charles Baillie.
Crown Agent—James Tytler, Esq.
Clerk of Justiciary—Patrick Boyle.

Scotland is divided into three Circuits—namely, the South, West, and North, which take place in spring and autumn, and an additional West Circuit at Christmas.

IRELAND.

COURT OF CHANCERY.

Lord Chancellor—Right Hon. Sir Edw. Sugden, Knt.
Secretary—H. Sugden, Esq.
Master of the Rolls—Right Hon. Francis Blackburne.
Deputy—Robert Wogan, Esq.
Masters in Chancery—W. Henn, J. S. Townsend, Thomas Goold, and Edw. Litton, Esqs.
Accomptant-General—Samuel Barrington, Esq.
Clerk of the Crown and Hanaper—C. Fitzsimon, Esq.

COURT OF QUEEN'S BENCH.

Lord Chief Justice—Right Hon. E. Pennefather.
Judges—Charles Burton, P. C. Crampton, Right Hon. Louis Perrin.
Clerk of the Crown—Walter Bourne, Esq.

COURT OF COMMON PLEAS

Lord Chief Justice—Right Hon. John Doherty.
Judges—Robert Torrens, Right Hon. Nicholas Ball, J. D. Jackson,

COURT OF EXCHEQUER.

Lord Chief Baron—Right Hon. Maziere Brady.
Barons—R. Pennefather, Right Hon. John Richards, Right Hon. Thomas Lefroy.
Chief Remembrancer—A. Lyle, Esq.
Second Remembrancer—W. T. Hamilton, Esq.
Accountant-General—P. K. Mahony, Esq.

ECCLESIASTICAL COURTS.

Vicar-General of the Consistorial Court—Jos. Radcliffe, LL.D.
Judge of the Prerogative Court—Right Hon. R. Keatinge, LL.D.
Registrar of the Consistorial Court—Rev. C. C. Beresford, A.M.
Registrar of the Prerogative Court—W. Stuart, Esq.

COURT OF ADMIRALTY.

Judge—Joseph Stock, LL.D., M.P.
Surrogate—Joseph Radcliffe, LL.D.
Queen's Advocate-General—Sir T. Staples, Bart.
Registrar—John Anster, LL.D.

INSOLVENT DEBTORS' COURT.

Commissioners—Richard Farrell, Q.C., and W. H. Curran, Esqs.
Chief Clerk—P. Burrowes, Esq.

BANKRUPTCY COURT.

Commissioners—John Macan, Esq., Q.C., and Hon. P. Plunket.
Registrars—Barry Collins, and John O'Donoghue, Esqs.

LAW OFFICERS.

Attorney-General—Right Hon. T. B. C. Smith.
Solicitor-General—R. W. Greene, Esq.
Sergeants—Joseph Stock, LL.D., M.P., R. B. Warren Esq., Q.C., and John Howley, Esq, Q.C.

BANK DIRECTORS.*

Governor—John Benjamin Heath, Esq.
Deputy—Wm. R. Robinson, Esq.
Directors—Edward Henry Chapman, Esq., William Cotton, Esq., Charles Pascoe Grenfell, Esq., Abel Lewes Gower, Esq., John Oliver Hanson, Esq., Kirkman Daniel Hodgson, Esq., Henry Lancelot Holland, Esq., John Gellibrand Hubbard, Esq., Thos. Newman Hunt, Esq., Chas Fred. Huth, Esq., Alfred Latham, Esq., Wm. Little, Esq., James Malcolmson, Esq., James Morris, Esq., George Warde Norman, Esq., James Pattison, Esq., Christ. Pearse, Esq., Sir John Henry Pelly, Bart, David Powell, Esq., Sir John Rae Reid, Bart., Thos. Chas. Smith, Esq., Ald. Wm. Thompson, Thos. Matthias Wequelin, Esq., Francis Wilson, Esq.
Secretary—John Knight, Esq.
Deputy Secretary—John Watts, Esq.

EAST INDIA COMPANY.*

Six Directors go out by rotation every year. The figure prefixed denotes the number of years they have each to serve.

Directors.

Chairman—3 Sir Henry Willock.
Deputy Chairman—3 Jas. Weir Hogg, Esq., M.P.
2 Henry Alexander, Esq., 1 Wm. Astell, Esq, M.P., 1 Wm. Butterworth Bailey, Esq., 3 Sir Rob Campbell, Bart., 1 Russell Ellice, Esq., 1 Major-gen. Archibald Galloway, 1 Sir Richard Jenkins, 4 Major-gen. Sir Jas. Law Lushington, 4 George Lyall, Esq., M.P., 4 Elliot Macnaghten, Esq, 1 John Masterman, Esq., M.P., 2 Hon. Wm. Henry Leslie Melville, 4 John Petty Muspratt, Esq., 2 Major Jas. Oliphant, 3 Major-gen. Archibald Robertson, 2 John Shepherd Esq., 4 Martin Tucker Smith, Esq., 3 Lieut-col. William Henry Sykes, 2 Francis Warden, Esq., 3 John Clarmont Whiteman, Esq., 4 Wm. Wigram, Esq., 2 Sir Wm. Young, Bart.
Secretary—Jas. Cosmo Melville, Esq.
Deputy Secretary—John D. Dickinson, Esq.

BANKERS IN LONDON.

Bank of Australasia, 8, Austin Friars
Bank of British North America, 7, St. Helen's-place
Barclay, Bevan, Tritton, and Co., 54, Lombard-street
Barnard, Barnard, and Dimsdale, 50, Cornhill.
Barnett, Hoares, and Co., 62, Lombard-street
Biggerstaffs, W. and J. 8, West Smithfield
Bosanquet, Franks, and Whatman, 73, Lombard-street
Bouverie, Norman, and Murdoch, 11, Haymarket
British Colonial Bank and Loan Company, 50, Moorgate-street
Brown, Janson, and Co, 32, Abchurch-lane
Call (Sir W. P., Bart.), Marten and Co., 25, Old Bond-street
Child and Co., 1, Fleet-street
Cockburns and Co., 4, Whitehall
Cocks, Biddulph, Biddulph, and Co., 43, Charing Cross
Commercial Bank of London, Lothbury, and 6, Henrietta-street Covent Garden
Colonial Bank, 13, Bishopsgate Within
Coutts and Co., 59, Strand
Cunliffes, Brooks, Cunliffe, and Co., 24, Lombard-street
Cunliffe, Roger, 24, Bucklersbury
Currie and Co., 29, Cornhill
Davies, R. and Co., 187, Shoreditch
Denison, Heywood, Kennards, and Co., 4, Lombard-street
Dixon, Brooks, and Dixon, 25, Chancery-lane
Drewett and Fowler, 4, Princess-street, Mansion House
Drummond, Messrs., 49, Charing-cross
Fullers and Co, Moorgate-street
Glyn, Hallifax, Mills, and Co., 67, Lombard-street
Goslings and Sharpe, 19, Fleet-street
Hanburys, Taylor, and Lloyd, 60, Lombard-street
Hankey and Co., 7, Fenchurch-street
Herries, Farquhar, Davidson, Chapman, and Co., 17, St. James's-street
Hill and Sons, 17, West Smithfield
Hoare, Messrs., 37, Fleet-street
Hopkinson, Chas., and Co., 3, Regent-street
Ionian Bank, 6, Winchester-street
Johnston, H., J. and Co., 15, Bush-street
Jones, Loyd, and Co., 43, Lothbury
Jones and Son, 41, West Smithfield
London and County Bank, 21, Lombard-street, and 37, West Smithfield.
London and Dublin Bank, 46, Piccadilly
London and Westminster Bank, Lothbury; Charles-street, St. James-square; 3, Wellington-street, Borough; 213, High Holborn, 87, High-street, Whitechapel; and Stratford-place, Oxford-street
London Joint Stock Bank, 5, Princess-street, Mansion House, and 69, Pall Mall
Lubbock (Sir J. W., Bart.), Forster, and Co., 11, Mansion House-street
Martin, Stone, and Co., 68, Lombard-street
Masterman, Peters, Mildred, Masterman, and Co., 35, Nicholas-lane, Lombard-street
National Provincial Bank of England, 112, Bishopsgate-street Within
National Bank of Ireland, 13, Old Broad-street
Oriental Bank, 7, Walbrook
Pocklington and Lacy, 60, West Smithfield
Praeds, Fane, Praed, and Johnston, 189, Fleet-street
Prescott, Grote, Cave, Ames, and Cave, 62, Threadneedle-street
Price (Sir C.), Marryat, and Price, King William-street
Provincial Bank of Ireland, 42, Old Broad-street
Puget, Bainbridges, and Co., 12, St. Paul's Churchyard
Ransom and Co., 1, Pall Mall East
Robarts, Curtis, Robarts, Curtis, and Co., 15, Lombard-street
Rogers, Olding, Sharpe, and Boycott, 29, Clement's-lane, Lombard-street
Royal Bank of Australia, 2, Moorgate-street
Sapte, Banbury, Muspratt, and Co., 77, Lombard-street
Scott (Sir Claude, Bart.), and Co., 1, Cavendish-square
Smith, Payne, and Smiths, 1, Lombard-street
South Australian Banking Company, 54, Old Broad-street
Spooner, Attwoods, and Co., 27, Gracechurch-street
Stevenson, Salt, and Sons, 20, Lombard-street
Strahan, Paul (Sir J. D., Bt), and Paul (J. D.), 217, Strand
Twining, Richard, and Co., 215, Strand
Union Bank of Australia, 38, Old Broad-street
Union Bank of London, 12, Princes-street, Bank; Argyll-place, Regent-street; and 4, Pall Mall East
Weston and Young, 6, Wellington-street, London Bridge
Williams, Deacon, Labouchere, Thornton, and Co., 20, Birchin lane
Willis, Percival, and Co., 76, Lombard-street

* The alterations in the Bank Directions, and in that of the East India Company, take place in April.

ARMY AGENTS.

Atkinson, John, Ely Place, Dublin
Barron and Smith, 4, Upper Charles-street, Westminster
Sir E. R. Borough, Armit, and Co., Leinster-street, Dublin
Cane, Richard, and Co., Dawson-street, Dublin
Collyer, George Samuel, 9, Park-place, St. James's
Cox and Co., Craig's-court, Charing-cross
Downes, C., and Son, 14, Warwick-street, Charing-cross
Hopkinson, Chas. and Co., 3, Regent-street, Waterloo-place
Kirkland, Sir John, 80, Pall Mall
Lawrie, John, 10, Charles-street, St. James's-square
Price, W. F. and Son, 34, Craven-street, Strand
M'Grigor, C. K., 17, Charles-street, St. James's-square

NAVY AGENTS.

Barwis, W. H. B., 1, New Boswell-court, Carey-street
Chard, W. and E., 3, Clifford's Inn, Fleet-street
Chippendale, John, 10, John-street, Adelphi
Collier Thomas, and John Adolphus Snee, 3, Brick-court, Temple
Copland and Burnett, 22, Surrey-street, Strand
Cox and Son (for Royal Marines), 44, Hatton-garden
Dufaur, Fred., 13, Clement's Inn, Strand
Goode and Lawrence, 15, Surrey-street, Strand
Halford and Co., 41, Norfolk street, Strand
Hallet and Robinson, 14, Great George-street
Hinxman, J., 34, Soho-square
Holmes and Folkard, 3, Lyon's Inn, Strand
Loudonsack and Case, 1, James-street, Adelphi
Muspratt, John P., 34, Abchurch-lane
Ommanney, Sir F. M., Son, and Co., 22, Norfolk-street
Pettet, W. G. Newton, 10, Lancaster-place
Slade, Wm. 21, Cecil-street, Strand
Stilwell, Thomas, John, and Thomas, 22, Arundel-street Strand
Woodhead, Joseph, 1, James-street, Adelphi

*** There are also twenty-three Agents for Petty Officers and Seamen, who are licensed for a period of three years—for whose addresses see the Navy Lists.

LIFE ASSURANCE.

Companies in which the Assured do not participate in the Profits.

Argus—39, Throgmorton street
Asylum—70, Cornhill, and 5, Waterloo-place, Pall-mall
Farmers' and General—346, Strand
General Reversionary—5, Whitehall
Globe—89, Pall-mall, and 5 and 6, Cornhill
Yorkshire—46, Watling-street

Companies in which the Assured and the Proprietary participate in the Profits.

Alliance—1, Bartholomew-lane, Bank
Atlas—92, Cheapside, corner of King-street
Crown—33, Bridge-street, Blackfriars
Eagle, United Empire—3, Crescent, Bridge-street, Blackfriars
European—10, Chatham-place, Bridge-street, Blackfriars
Guardian—11, Lombard-street
Hope—1, Furnival's-inn, Holborn
Law Life Assurance—187, Fleet-street
Norwich Union—6, Crescent, Bridge-street, Blackfriars
Rock—14, Bridge-street, Blackfriars
Royal Exchange—29, Pall-mall, and 8, Royal Exchange
Sun—Corner of Threadneedle-street, Craig's-court, Charing-cross, and 65, Welbeck-street.
Universal—1, King William-street.
University—24, Suffolk-street, Pall Mall East.
Westminster—429, Strand.
West of England—20, Bridge-street, Blackfriars.

Companies in which participation or non-participation in the Profits is optional with the Assured.

Albion—42, Bridge-street, Blackfriars.
Alfred—7, Lothbury.
Amicable—Serjeants'-inn, Fleet-street.
Anchor—30, Sackville-street, Piccadilly.
Australasian—126, Bishopsgate-street.
Britannia—1, Princes-street, Bank.
British Commercial—35, Cornhill.
Caledonian—27, Moorgate-street.
Church of England—Lothbury. (One-tenth of profits set aside for the benefit of Clergy assuring).
City of Glasgow—120, Pall Mall.
Clerical, Medical, &c.—78, Great Russell-street, Bloomsbury.
Commercial and General—112, Cheapside.
Dissenters' and General—62, King William-street. (One-tenth of profits set aside for reducing premiums, or otherwise for the benefit of Dissenting Ministers assuring).
Edinburgh—11, King William-street.
English and Scottish Law—12, Waterloo place.
Equity and Law—26, Lincoln's inn-fields.
Experience—58, King William-street.
Family Endowment—12, Chatham-place, Bridge-street, Blackfriars.
Freemasons'—11, Waterloo-place, Pall Mall.
Hand-in-Hand—1, Bridge-street, Blackfriars.
Imperial—Sun-court, Cornhill, and 16, Pall-mall.
Legal and General—10, Fleet-street.
Licensed Victuallers'—4, Adelaide-place, London-Bridge, and 444, West Strand.
London Assurance—7, Royal Exchange, and 10, Regent-st.
London, Edinburgh, and Dublin—3, Charlotte-row, Poultry, and 18, Chancery-lane.
Mariners' and General—Arthur-street East, London-bridge.
Medical, Invalid, and General—25, Pall Mall.
Minerva—84, King William-street.
National—2, King-William-street.
National Loan Fund—26, Cornhill.
National and Mercantile—Arthur-street West, London-bridge.
National of Scotland—7, Old Jewry.
North British—4, New Bank Buildings, and 10, Pall Mall East.
North of Scotland—1, Moorgate-street.
Palladium—7, Waterloo-place, Regent-street.
Pelican—70, Lombard street, and 57, Charing-cross.
Promoter—9, Chatham-place, Bridge-street, Blackfriars.
Protector—35, Old Jewry.
Provident—50, Quadrant, Regent-street.
Royal Naval, Military, and East India—13, Waterloo-place, Pall Mall.
Scottish Union—37, Cornhill.
Scottish Widows' Fund—7, Pall Mall West.
Sovereign—5, St. James's-street.
Standard—82, King William-street.
Star—44, Moorgate-street.
Union—81, Cornhill, and 70, Baker-street, Portman-square.
United Kingdom—8, Waterloo-place, and 2, Charlotte-row, Mansion House.
Victoria—18, King William-street.
Western—3, Parliament-street, Westminster.
Westminster and General—27, King-street, Covent-garden.
York and London—5, George-yard, Lombard-street.

Companies in which there is no Proprietary, and where the Contributors are consequently Mutual Assurers.

British Mutual—17, New Bridge-street, Blackfriars.
Clergy Mutual—41, Parliament-street.
Economic—6, New Bridge-street, Blackfriars.
Equitable—26, and 27, Bridge-street, Blackfriars.
General Annuity Endowment—40, King William-street.
General Benefit—4, Farringdon-street.
Great Britain Mutual—17, Waterloo-place, Pall Mall.*
London Life Association—81, King William-street.*
Merchant Tradesmen's and General Mutual—5, Chatham-place.
Metropolitan—3, Princes-street, Bank*
Mutual—37, Old Jewry.
National Provident—48, Gracechurch-street.
Provident Clerks—42, Moorgate-street,
Reliance—71, King William-street.
Scottish Equitable—61 A, Moorgate-street,*
Temperance Provident—39, Moorgate-street.
Widows' National and General—3, Adelaide-place, London-bridge.

* In these the mutual assurers also assure other parties who do not participate in the profits.

GENERAL POST OFFICE, LONDON.

EVENING MAILS.

The Receiving Houses are open for general post letters till half-past five, and at St. Martin's-le-Grand and the Branch Offices at Charing-cross, Old Cavendish-street, Blackman-street, Southwark, and Lombard-street, till six, without fee; at the three first Branch Offices till a quarter to seven; and at Lombard-street and the General Post Office, St. Martin's-le Grand, till seven, paying 1d each; the extra penny on all inland letters to be paid by a stamp, but upon foreign, colonial, or ship letters the penny must be paid in money.

General post letters are charged by weight, as follows:—

Letters not exceeding ½ oz., one postage
Do. 1 oz., two postages
Do. 2 oz, four postages
Do. 3 oz., six postages

and so on, adding two postages for every ounce up to 16 ounces, beyond which no packet subject to postage will be received; but parliamentary papers are an exception. The price of a postage is one penny, which must be prepaid, either by money or the use of a stamp, or it will be charged double, and if the weight of the letter should exceed the value of the stamps attached, the excess will be charged double: thus, a letter weighing more than half an ounce, but not exceeding an ounce, if bearing one penny stamp only, will be charged an additional twopence on delivery. Stamped envelopes are to be purchased at every post office, as well as at most stationers, at the rate of 1s 1½d per doz. of penny and 2s 2d per doz. of two-penny envelopes, and this rate is most rigidly ordered to be observed in all fractional parts of the dozen.

Newspapers. to go the same day, must be put into the General Post Office before six o'clock; but those put in before half-past seven o'clock will go the same evening by paying a halfpenny with each. In the branch offices they must be put in before five. They must be sent in covers, open at the sides, and no words or communication must be printed on such paper after the same shall have been published, nor any writing or marks upon such printed paper, or the cover thereof, other than the name and address of the person to whom it is sent. If addressed to persons who have removed, they may be re-directed, and sent free of extra charge. Such papers may be examined by the Post Office officers; and, if there be any breach of the above regulations, the packet shall be charged with treble letter postage; and, if it shall appear not to have been duly stamped, shall be stopped and sent to the Commissioners of Stamps.

British newspapers sent to foreign countries (where they are permitted to go free through the foreign post) go free: but if otherwise, they are charged a British postage of 2d each, or a rate equivalent to the foreign rate. French newspapers are subject to a postage in England of one halfpenny. English papers pay in France a postage of 5 centimes.

Newspapers to and from the Colonies are transmitted free (unless sent by private ships), and must be posted within a week of their publication.

MORNING MAILS.

The following is a list of the morning mails which leave the General Post-office, London:—List of post towns to which letters and newspapers are transmitted by the morning mails, viz., Abingdon, Accrington, Alnwick, Andover-road, Appleby, Ashford, Attleborough, Banbury, Bangor, Bath, Barnsley, Basingstoke, Battle; Beaumaris, Belford, Belper, Berwick, Berkhampstead, Bilston, Birmingham, Bishop's Stortford, Blackburn, Bolton, Bradford (Yorkshire), Brackley, Brandon, Bridgwater, Brentwood, Bristol, Brough, Buckingham, Burnley, Bury (Suffolk), Cambridge, Canterbury, Carlisle, Carnarvon, Chatham, Chepstow, Cheltenham, Chester, Chesterfield, Chippenham, Chelmsford, Chester-le-street, Cirencester, Clitheroe, Cockermouth, Chorley, Colchester, Conway, Coventry, Cowes, Cranbrook, Cuckfield, Darlington, Dartford, Daventry, Derby, Dorking, Dover, Dunmow, Dursley, Durham, Ely, Exeter, Farnham, Fairford, Farringdon, Feiton, Fenny Stratford, Feversham, Folkstone, Gateshead, Godalming, Gloucester, Gosport, Grantham, Gravesend, Guildford, Guernsey, Halifax, Hastings, Hemel Hempstead, Hertford, Highworth, Hoddesden, Holyhead, Holywell, Huddersfield, Hurst Green, Hythe, Jersey, Ipswich, Kendal, Kelvedon, Kenilworth, Lancaster, Leeds, Leamington, Leicester, Lechlade, Leighton Buzzard, Lewes, Liverpool, Loughborough, Maidenhead, Maidstone, Manchester, Margate, Maryport, Melton Mowbray, Milnethorpe, Mold, Monmouth, Morpeth, Newcastle (Stafford), Newcastle-on-Tyne, Newmarket, Newport (I. W.), Newport Pagnel, North Shields, Northampton, Nottingham, Norwich, Oxford, Penkridge, Penrith, Portsmouth, Preston, Preston Brook, Pwllheli, Ramsgate, Reading, Reigate, Rickmansworth, Rochdale, Rochester, Rotherham, Rugby, Ryde, Saffron Walden, Sevenoaks, Sheffield, Shiffnall, Sittingbourne, Shoreham, Shrewsbury, Slough, Sunderland, South Shields, Southampton, Staplehurst, St. Asaph, St. Alban's, St. Leonard's, Stafford, Stockport, Stone, Stroud, Stony Stratford, Stratford-on-Avon, Swinton, Tenterden, Taunton, Thirsk, Tetbury, Thetford, Towcester, Tring, Tunbridge, Tunbridge Wells, Ulverston, Uxbridge, Wakefield, Wallingford, Walsall, Ware, Warrington, Warwick, Watford, Wednesbury, Weedon, West Bromwich, Wellington (Salop), Wellington (Somerset), Whitehaven, Wigan, Witham, Wigton, Winchester, Windsor, Wolverhampton, Workington, Worthing, Wootton-under-Edge, Wymondham, Yarmouth, York, and all Ireland and Scotland. For all the above places the letter boxes at the receiving house will be open until seven o'clock, a.m., for newspapers, and eight o'clock for letters; and at the branch offices Charing-cross, Cavendish-street, and the Borough, until half-past seven for newspapers, and eight o'clock, a. m., for letters; and at the General Post-office and branch in Lombard-street, until a quarter to eight for newspapers, and half-past eight, a. m., for letters.

No person will be permitted hereafter to send or receive letters free of postage. Members however of either House of Parliament will be entitled to receive, free of charge, petitions addressed to either House of Parliament, provided they are sent without covers, or in covers open at the sides, and do not exceed the weight of thirty-two ounces. Addresses to her Majesty will likewise go free of postage.

The rates on newspapers and letters of soldiers and sailors will remain unaltered, with the exception, however, that the privilege now given to soldiers' and sailors' letters will be restricted to the cases in which they shall not exceed half an ounce in weight.

Letters and packets exceeding sixteen ounces in weight, with the exception of those classes mentioned below, cannot be forwarded to their destination, but will be sent to the Dead Letter Office.

The following are the exceptions to this rule:—Parliamentary Petitions and Addresses to Her Majesty, Parliamentary proceedings, letters and packets addressed to or received from places beyond sea, letters and packets to and from Public Departments, and to and from Public Officers; Deeds, if transmitted under such regulations as the Postmaster-General may consider necessary. The rate of postage for Parliamentary Papers is one penny for every four ounces.

Letters containing coin or articles of value are recommended to be registered. Such letters and any others may be registered at any of the receiving-houses in London till five o'clock, for the evening mail, and at any post-office in the country until within half an hour of the closing of the bag to the place for which they are directed. The registration only extends, if a foreign letter, to the port of despatch, except to France. The fee in any case in Great Britain is a shilling and the postage, and to France a shilling and double the French postage. Such letters bearing a sufficient number of stamps will pass as paid letters, but the registration fee must in every case be paid in money.

Money orders for sums under £5 are granted by every post-town upon every other post-town in the United Kingdom, on application at the various offices; and also by and upon certain offices in the metropolis, of which the postmasters are furnished with a list, for which a commission of 3d for £2, and 6d for any sum above £2 and not exceeding £5, is charged. Post Office Orders are recommended for small sums; and, if neither that nor registration be adopted, that all bills, notes, &c., be cut in halves, and sent by different posts; the numbers, dates, &c., should also be carefully taken.

SUPPLY OF MEDICINES IN THE MERCANTILE SHIPPING.

The Lords Commissioners of Her Majesty's Treasury having had under their consideration a representation of the Commissioners of the Customs, relative to the evasion of the clause in the Merchant Seamen's Act, requiring merchant vessels to take on board and have in store certain quantities and descriptions of medicines, and their Lordships have communicated to the Lords Commissioners of the Admiralty on the subject, have approved of the suggestion of the Board, that vessels required to carry medicines by the act 7 and 8 Victoria, chap. 112, are to be occasionally boarded or visited by the revenue officers for the purpose of ascertaining the quantities of medicines, &c., shipped for the use of the crew; and directions have been issued to the principal officers of the revenue at the several ports of the United Kingdom, and other places traded to by British vessels, to take care that their Lordships' orders are duly carried into effect from the present time. The 18th section of the act alluded to directs that every ship navigating between the United Kingdom, and any place out the same, shall have and keep constantly on board a sufficient supply of medicines and medicaments suitable to accidents and diseases arising on sea voyages, in accordance with the scale which shall, from time to time, or at any time, be issued by the Admiralty; and every ship (except those bound to European ports, or to ports in the Mediterranean Sea) is also to have on board a sufficient quantity of lime or lemon-juice, sugar, and vinegar, the same being served out to the crew whenever they shall have been consuming salt provisions for ten days: the lime or lemon-juice and sugar daily, after the rate of half an ounce each per day, and the vinegar weekly, at the rate of half-a-pint per week to each person, so long as the consumption of salt provisions is continued; and in case of default in keeping the articles mentioned in store, the owner of the vessel incurs a penalty in each instance of £20; and in default of serving them out as stated, a penalty in each instance of £5; and in case the master or any seaman receives any hurt or injury in the service of the ship, the expense of providing the necessary surgical and medical advice, with attendance and medicines, and for his subsistence until cured or brought back to some port of the United Kingdom, is, together with the costs of his conveyance home, to be defrayed by the owner of the ship, without any deduction whatever on that account from the wages of the master or seaman.

To make this regulation more valuable, no vessel should be allowed to leave England for a longer voyage than within the four seas, without carrying an experienced surgeon. It is but of little use providing the tools, unless the master be there to use them.

PATENT MEDICINE LICENCES.

If a general practitioner, chemist and druggist, or other person, sell patent or proprietary medicines without having a licence, he is liable to a fine of £20; if there be not also a stamp so affixed to the article that it cannot readily be removed, he will forfeit £10. The licence will cost £2, if the medicines are sold within the cities of London and Westminster, the borough of Southwark, and the limits of the Two-penny Post; £1 in any other city, 10s in a borough, and 5s for towns and villages.

TO SUBSCRIBERS OF THE MEDICAL TIMES.

The ALMANACK is this year published as a substitute, not as an accompaniment, of the ordinary number. The next number will be paged from that of last week.

THE MEDICAL TIMES,

With the beginning of the New Year, viz.,

SATURDAY, JANUARY THE 3RD, 1846,

Will commence the publication of three new Series of Lectures—

I.

A COURSE OF LECTURES ON PRACTICAL MIDWIFERY,

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

II.

A COURSE OF LECTURES ON THE ANATOMY AND PHYSIOLOGY OF THE PELVIS,

By ROBERT KNOX, M.D., F.R.S.E.,

Corresponding Member of the French Academy of Medicine, Fellow of the Royal College of Surgeons, Edinburgh, &c.

III.

A COURSE OF LECTURES ON DISEASES OF THE SKIN,

By JAMES STARTIN, Esq.,

Surgeon to the London Cutaneous Institution.

The large experience of Dr. Startin in different countries, extending through a number of years closely devoted to this department of medicine, will give to this course of lectures extreme value

A COURSE OF PAPERS ON ORGANIC CHEMISTRY,

Having immediate reference to Medical Practice, is also in course of preparation for this Journal.

Gentlemen may procure the MEDICAL TIMES by an order on any Newsman or Bookseller, or it will be sent direct from the Office to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-yearly Subscription, 13s.; Quarterly, 6s. 6d.

EASE IN WALKING AND COMFORT TO THE FEET.

HALL AND CO., WELLINGTON-STREET, STRAND, NEAR WATERLOO-BRIDGE.

THE PANUS OORIUM, OR LEATHER CLOTH, BOOTS and SHOES are the softest and easiest ever worn; they yield to the action of the feet without the slightest pressure or drawing effect on the most sensitive corns, bunions, gout, or tenderness from any other cause; they resemble the finest leather, and are more durable. H. and Co.'s Spring Boots supersede lacing or buttoning, and are a great comfort to the ankles. Their Waterproof Portable Dresses for Gentlemen, 21s. Ladies Cardinal Cloaks, with Hoods, 18s., which can be carried in the pocket with convenience.

THE EIDER DOWN QUILT.

Is the warmest, the lightest, and the most elegant covering; it is suitable for either the Bed, the Couch, or the Carriage, and from its extreme warmth is peculiarly adapted for invalids; also good Goose Down Quilts, very comfortable, at half the price of Eider Down. List of prices of the above, and also of every description of Bedding, sent free by post on application to HEAL and SON, Bedding Manufacturers, 196 (opposite the chapel), Tottenham-court-road

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SILVERLOCK'S
MEDICAL LABEL WAREHOUSE,
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ESTABLISHED FOR THE SALE OF

MODERN & ELEGANT LABELS

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DR. JAMES'S FEVER POWDER, prepared by Messrs. NEWBERY, is found by experience to be more mild and certain in its effects than any other preparation, as testified by the most eminent of the Faculty, and when freely given on the attack of Fever, Measles, Influenza, and other Inflammatory Disorders, it arrests the progress of the disease, and has been found of essential service in preventing the return of Apoplexy. The great success attending the use of this invaluable Medicine for a century, has given rise to several imitators, whose productions are merely the common Antimonial Powder, and cannot be given with any certainty of effect, though too often used as a substitute, in dispensing, to the great disappointment of the practitioner, and danger to the patient: it is necessary, therefore, to see that the name "F. NEWBERY, 45, St. Paul's Church Yard," is engraved in the Government Stamp affixed to each Packet and Bottle. Without this none is the genuine preparation of Messrs. Newbery, by whomsoever offered under any specious pretext whatever.

Sold in Packets at 2s. 9d., and Bottles 24s. each, by Messrs. Newbery, 45, St. Paul's Church-yard; J. Sanger, 150, Oxford-street, and most Vendors throughout the country.

TO THE MEDICAL PROFESSION, MERCHANTS, SHIPOWNERS, CAPTAINS, &c.

JOHN MORTON, Medical Fitter, Writer on Glass, and Labeller, 21, Great Charlotte-street, Blackfriars-road, London—Established 1825—respectfully solicits the attention of the Medical Profession to examine his unprecedented low prices.

Quart Stoppered Rounds, 11s. per doz.; Pints ditto, 9s. 3d. per doz.; Confectionary Jars and Covers, 10s. per lb.; 1 Gallon Show Carboys, 5s. each; 2 Gallon Show Carboys, 7s. each; Labelling Shops, large and small, 3s. per doz.; Medical Drawers, Mahogany Fronts, from 1s. 6d. per drawer.

Ship Surgeries Plain and Elegantly Fitted.

Shops Elegantly Fitted from 50*l.*—Surgeries from 15*l.*

ROYAL BATHS, YORK-TERRACE, REGENT'S PARK.

THE Proprietors of this splendid and commodious Establishment take this medium of apprising the Medical Gentry that, having purchased the above property, they are determined to render them the most replete and clean in the Metropolis. Portable Baths of every description sent out at five minutes' notice. Elegant Bed Chambers to Let. Coffee and Reading-rooms. Experienced Male and Female Attendants.

W. WATSON, Manager.

HER MAJESTY'S Physicians continue strongly to recommend DALE and SON'S DOUBLE STRONG JAMAICA GINGER WINE as a sure preventive of the spasms, gout, and cramp, and is extremely serviceable to all persons afflicted with indigestion, peculiarly mild and cheerful as a stomachic, and an admirable stimulant in cases of weakness. Price 18s. per dozen, or 20s. hamper and bottles included. Foreign and country orders, accompanied with post-office orders, attended to with the utmost fidelity and despatch. To be had only at Dale and Son's British Wine Manufactory, 27, Coventry-street, London.

Established 1795.]

COALS.

DRAWING ROOM COALS, 12s. 6d. the sample half-ton.—Their perfect cleanliness, and freedom from small dirt, slates, or white ash, together with the facilities they afford in cooking, from their strong and uniform heat, render them in high repute amongst the nobility's club-houses, and hotel-keepers. Three tons at 24s 6d per ton, warranted the very best unmixed Sunderland Wallsend; best Newcastle, 23s.; Coke, 17s. 6d.

Metropolitan Coal Company, 279, High Holborn.

PATENT PORTABLE AND FIXED WATER CLOSETS.

THE unceasing demand for MILLIGAN'S Improved PATENT PORTABLE and FIXED WATER-CLOSETS is a convincing proof of their superiority over anything of the kind ever invented. They are more simple in their construction, more durable, and at least one third the expense of those of an inferior manufacture. Also Milligan's newly invented Enema Bidet, with every necessary apparatus attached, which only require inspection to prove the decided advantage they have over any article of the sort ever offered to the public, and at a price that cannot fail to ensure a sale.

Address J. and R. Milligan, 47, Carey-street, Lincoln's-inn London. sole manufacturers.—N.B.—The Trade supplied.

IMMENSE and GRATIFYING SUCCESS

HENRY SHEARD, 166, Strand, Proprietor real Maker and Inventor of the NEW WINTER NOVELTY in OVER-COATS, the best yet ever introduced for the patronage of the Nobility, Gentry, and the Public in general. Those Coats are made of fine Four-cord Lama Wool, light in weight, warm as a blanket, gentlemanly in appearance, and truly comfortable in every respect, varying in price from 37s. to 2*l.* 15s., made and trimmed in the very best manner by clever and experienced workmen. We have superior warm Pilot Coats at One Guinea and 25s. each, lined through with Scotch Wool, warranted not to be equalled in London at the price; in fact, our Show-Rooms are now stocked with all the novelties of the present season, in Trousers and Waistcoats in the newest styles, in French, and other goods, all marked in plain figures (from which no abatement can be made), or made to measure from the same piece. We can with confidence say that we have given general satisfaction to country gentlemen who have sent for patterns and instructions for self-measurement.

All orders punctually attended to from any quarter of the globe.

N.B.—Our goods are purchased for ready money, and sold for the same. The advantage of this mode of doing business needs no comment.

Copy the Address—SHEARD'S, 166, STRAND, LONDON.

ATLAS ASSURANCE COMPANY,

92, Cheapside, London. Established 1808.

Directors.

John Oliver Hanson, Esq. Chairman.
William George Prescutt, Esq. Deputy Chairman.

William Baynes, Bart.	Samuel Eustace Magan, Esq.
Arthur Edward Campbell, Esq.	Moses Mocatta, Esq.
Thomas Chapmen, Esq., F.R.S.	James William Ogle, Esq.
William Laforest, Esq.	Emanul Pacifico, M.D.
Donald Maclean, Esq.	John Peter Rasch, Esq.

Auditors—Francis Bligh Hookey, Esq., and Joseph Pulley, Esq.
Actuary—Charles Ansell, Esq., F.R.S.
Solicitor—Thomas Browning, Esq.
Surveyor—Thomas Hopper, Esq.
Assistant Surveyor.—Thomas Lloyd, Esq.

FIRE DEPARTMENT.

Returns.—The Directors request reference to the fact, that twenty per cent. was returned by this Company on the amount of Premiums paid for the Five Years up to Christmas 1841, on all Policies for 300*l.* and upwards, which had been in force for one year at that time.

The next periodical Accounts for Returns will be made up to Christmas 1846.

Rent.—This Office (independent of the Returns) offers to persons effecting Assurances, the further advantage of an allowance for the loss of Rent on Buildings rendered untenantable by Fire.

LIFE DEPARTMENT.

Persons assured for the whole term of Life in Great Britain or Ireland respectively, will have an addition made to their Policies every seventh year, or an equivalent reduction in the future payments of Premium, at the option of the Assured.

The fourth septennial valuation has been completed, and the following table exhibits the result.

Total additions made to Life Policies for 1,000*l.* effected in London, or through an Agent in Great Britain, which had been in force for the twenty-eight years ending at Christmas, 1844.

Date of Policy.	Age at commencement.	Annual Premium.	BONUS. Gross additions to the Sum assured.	BONUS. Equivalent to the following per centage on the Premiums paid to the Company.
		l. s. d.	*l.*	*l.* s. d.
Dec. 25, 1816	25	24 0 10	481	71 9 0
do	30	26 14 2	515	68 17 4
do	35	29 18 4	560	66 17 0
do	40	33 19 2	625	65 14 8
do	45	38 19 2	717	65 14 7
do	50	45 6 8	879	69 5 0
do	55	53 3 4	1123	75 8 9
do	60	63 13 4	1638	91 17 8

The fifth septennial valuation will be made up to Christmas 1851.

Assurances for short periods may now be effected in this Office at considerably reduced rates of Premium.

The Company's Rates and Proposals may be had at the Office in London, or of any of the Agents in the country, who are authorised to report on the appearance of Lives proposed for Assurance.

HENRY DESBOROUGH, Secretary.

92, Cheapside, Nov. 1845.

EDINBURGH LIFE ASSURANCE

COMPANY, Established in 1823, and Incorporated by Act of Parliament.

Capital, 500,000*l.*

22, GEORGE-STREET, EDINBURGH, and 11, KING WILLIAM-STREET, CITY, LONDON.

President—The Right Hon. Lord Viscount Melville.
Vice President—Alex. Pringle, Esq., of Whytbank, M.P.

London Board.

Right Hon. Lord Reay.	W. A. Eade, Esq.
Hon. Robert Dundas.	James Bonar, Esq.
John Abel Smith, Esq., M.P.	Hugh Johnston, Esq.
George Mackintosh, Esq.	Arthur J. Blackwood, Esq.
Francis Whitmarsh, Esq., Q.C.	Charles Staniforth, Esq., *Resident.*
Henry Barkly, Esq., M.P.	

Secretary—Thomas Marshall, Esq.
Medical Officer—Robert Dickson, M.D., 5, Curzon-street, May Fair.
Bankers—Messrs. Smith, Payne, and Smiths.
Solicitor—David Rowland, Esq., 38, Threadneedle-street.

The mode in which this Company is constituted presents to the assured the benefits of Mutual Assurance, combined with the influence and security of a large proprietary all assured with the Company.

Perfect security to the assured, and freedom from all liability.

A right of participating in the whole Profits of the Company to the extent of four-fifths.

A principle of division, making the distribution among those who participate in proportion to the amount severally contributed by them.

The highest benefits to all First Class Lives, by no unjust liberality being shown to those who die early.

Very Moderate Rates, without participation, which, on young lives, are equivalent to a present bonus of very considerable amount.

No Entry-Money or other charge beyond Policy Stamp.

Assurances effected on equal, or ascending or descending scales, or in any other way that the interests of parties may require.

Specimen of Rates for Insuring 100*l.* on a Single Life.

Without Participation. Age.	One Year.	Seven Years.	For Life.	With Participation. Age.	For Life.
	l. s. d.	*l.* s. d.	*l.* s. d.		*l.* s. d.
20	0 17 3	0 19 11	1 14 2	20	1 17 4
30	1 1 3	1 4 8	2 3 7	30	2 7 7
40	1 6 10	1 11 10	2 17 11	40	3 3 2
50	1 15 1	2 4 5	4 1 7	50	4 9 0
60	3 1 8	3 18 11	6 4 4	60	6 15 8

Tabular views of Additions to Policies of 1,000*l.* opened at the commencement of the Company.

Age of Assuring.	Sum Assured.	Bonus in 1835.	Bonus in 1842.	Sum now Payable.
	l.	*l.* s. d.	*l.* s. d.	*l.* s. d.
20	1,000	100 0 10	87 3 3	1,187 4 1
30	1,000	104 3 0	89 8 0	1,193 11 0
40	1,000	113 11 11	103 11 7	1,217 3 6
50	1,000	142 8 8	148 9 11	1,290 18 7
60	1,000	186 17 2	245 16 8	1,432 13 10

Edinburgh.

G. L. FINLAY, *Manager.*
WM. DICKSON, *Secretary.*

PRELIMINARY ANNOUNCEMENT.

"THE ENGLAND" LIFE and INVALID HAZARD ASSURANCE COMPANY.

CAPITAL 1,000,000*l.* in 20,000 shares of 50*l.* each;
DEPOSIT 1*l.* 5*s.* per share.

This Company is provisionally registered under an Act of Parliament of the 7th and 8th Victoria, cap. 110, which provides "for opening Subscription Lists," to allot Shares and receive Deposits, at a rate not exceeding Ten Shillings for every 100*l.* amount of capital. Five Shillings per Share, in accordance with the stipulation, is to be paid on allotment, and the remaining One Pound on complete Registration, and execution of the Deed of Settlement, when the Company, under the Act, will become a corporate body.

It is not anticipated that more than Five Pounds per Share will be required to be paid up.

Most eligible premises have been secured by the promoters of the Company, in the best part of Fleet-street, nearly opposite the Banking-house of Messrs. Hoare, where, by a trifling outlay, the Company will be able, without loss of time, to commence business.

Life Assurance Societies have resulted in such numerous and important advantages to the Public, that experience has placed these establishments amongst the most valuable of modern institutions, and a reference to the subjoined Comparative Table at once will establish the fact of their rapid and increasing prosperity and utility. The table may be extended so as to show similar results in every well-conducted company of the kind.

Office.	Established.	Amount of Shares.	Amount per Share paid up.	Present Price per Share.	Profit per cent.
		l.	*l.* s. d.	*l.* s. d.	*l.* s. d.
Atlas, Fire and Life	1808	50	5 0 0	17 0 0	240 0 0
Economic, Life	1823	10	250 0 0		Shareholders paid off in 1844, upwards of 100 per cent. premium.
Guardian, Fire and Life	1821	100	36 10 0	50 15 0	40 0 0
Imperial, Fire and Life	1820	100	10 0 0	16 10 0	67 0 0
Law, Life	1823	100	10 0 0	49 0 0	330 0 0
Legal and General	1836	50	2 0 0	6 10 0	225 0 0
Rock Life	1806	5	0 10 0	4 17 0	375 0 0
Sun, Life	1810	100	10 0 0	47 0 0	370 0 0
Universal, Life	1834	100	6 15 0	18 0 0	166 0 0
Royal Exchange, Fire, Marine, and Life	1820	Stock. 100		188 0 0	88 0 0

The Plan upon which this Company is based, has been adopted, after the most minute and careful investigation of the operations of those above-named, and the Promoters contemplate that they will be able to secure advantages through this Company which no other has yet offered. One of its immediate objects will be to effect assurances on lives, deviating in various degrees from a state of full health to a precarious and even dangerous condition.

Most of the Life Assurance Companies refuse to take risks on persons unless in full health. Hence many are shut out from the ability to prepare for the support or assistance of dependants. Yet Fire-offices will insure against damage by fire, and Underwriters will insure against losses from the dangers of the seas, under any risk, such insurance being made at premiums proportionate to the risk.

This Company will adopt the same principles, by assuring such risks at fair remunerating premiums, for which purpose Medical Superintendants of first-rate talent are to be appointed in the principal towns in the United Kingdom and in the Colonies, to aid the Company with their valuable advice and assistance in each individual case; and it is intended that such Medical Superintendants shall be proprietors of not less than Five shares of the Capital Stock of the Company.

The Company will have separate tables for effecting assurances on lives in full health: for hazardous, double, treble, and quadruple hazardous; and also for effecting assurances, for certain periods, on lives which may be considered almost hopeless.

In numerous cases, even under the last-named position, the effecting such assurance will be a great object to the parties. Supposing, for instance, the person whose life is proposed to be assured, should be entitled to an estate, should he attain a certain age, shortly to arrive, or to an annuity or the like, should he live to a certain day, it would be highly important to his friends to pay a liberal premium to assure his surviving till the arrival of that period. There are innumerable cases ineligible to be assured by other offices where the risk is little more than imaginary, and such persons would gladly pay an increased premium. These profitable risks, therefore, will form the peculiar objects of this company. Persons engaged in dangerous undertakings, engineers, and persons undertaking long voyages, also, will be assured by this institution.

The general benefit of Life Assurance is, that it enables every one to provide for those whom the ties of affection or duty have rendered dependant. To those holding public offices, medical men, to men in the professions, the Church, the Law, the Army, the Navy, to Tenants for Life, to persons engaged in mercantile transactions and in trade generally, and, in fact, to all whose incomes depend upon their own lives or personal exertions, or upon the lives of others, it holds out peculiar advantages, inasmuch as it enables them to secure a future provision for their wives and families, without materially retrenching those comforts and conveniences which habit or station in life has rendered necessary. It enables persons to make marriage settlements, to borrow money, where personal security would be insufficient, to provide renewals or fines of Leases at a small expense, to obtain security for debts, and to secure the return of advances to children, in the event of premature death; in short, it affords the means of indemnifying every one from the money loss to which he may be subjected by the death of another.

The general business of the Company, in addition to the assurance on lives, will comprise the granting of immediate, deferred, and contingent annuities, the purchase of life interests and reversionary property, the advance of money upon freehold, leasehold, and copyhold, and upon other approved securities; and, also, upon the deposit of Railway Shares, Scrip, and upon Railway Contracts.

The tables of premiums have been calculated with the greatest care for this Company, from the transactions and events of seventeen of the oldest Life Assurance offices, and carefully arranged by a committee of eminent actuaries, showing the law of mortality existing among upwards of eighty thousand assured lives, extending over a series of years.

Interest, at the rate of 5*l.* per cent per annum will accrue to the shareholders upon the paid up capital, from the time of the execution of the deed of settlement, besides a bonus of the profits every year. The assurers paying the prescribed premium *for profits* also, after being assured for a certain period, are to participate in the benefit of such bonuses.

One half of the shares will be allotted to gentlemen of the medical and legal professions, and to the clergy throughout the kingdom, who, more or less, will be interested in the prosperity of the Company.

A Committee of respectable and influential individuals is being formed. In the meantime, applications for shares may be made, in the subjoined form, to the solicitors of the Company.

Messrs. GARRATT and Co., Queen-street-Chambers.
A. R. BUNN, Secretary pro tem. Queen-street, Cheapside, London.

FORM OF APPLICATION.

To the Directors of "The England" Life and Invalid Hazard Assurance Company.

Gentlemen,—I request you will allot me shares of 50*l.* each, or any less number, in this Company; and I undertake to pay the deposit of 1*l.* 5*s.* per share thereon; namely, 5*s.* on the allotment, and the remaining 1*l.* on exchanging the allotment letter for scrip, and executing the deed of the Company.

Dated this day of 184

Name (in full)
Residence
Trade or Profession
Place of business (if any)
Reference

MEDICAL REFEREES AND AGENTS.

"THE ENGLAND" LIFE and INVALID HAZARD INSURANCE COMPANY.

The Directors of this Company are desirous of appointing one or more Gentlemen (Physicians, Surgeons, or General Practitioners) as Medical Referees in each of the principal towns in Great Britain and Ireland, and also in Foreign Countries, to whom applicants for Assurance, residing in their districts, may refer. It will be the duty of the Gentleman appointed to ascertain and report to the Company the state of the health of such applicant, and to visit the Assured in certain cases of illness.

The Directors will appoint Agents to transact their Country and Foreign Business, who, as well as the Medical Referees, will be required to hold not less than five shares in the Company.

A Scale of Fees and Allowances to Medical Referees and Agents will be forwarded previous to the Company commencing business.

Gentlemen desirous of being appointed, are requested to make immediate application to A. R. Bunn, Esq., Secretary, pro tem., at the Company's Offices, Queen-street-chambers, Cheapside, London.

EQUITY and LAW LIFE ASSURANCE

SOCIETY, No. 26, LINCOLN'S INN FIELDS, LONDON.

Capital, 1,000,000*l.*, in 10,000 Shares of 100*l.* each.

TRUSTEES.

The Right Hon. Lord Montcagle.

The Right Hon. the Lord Chief Baron	Nassau W. Senior, Esq., Master in Chancery
The Hon. Mr. Justice Coleridge	C. P. Cooper, Esq., Q.C.LL.D.F.R.S.
The Hon. Mr. Justice Erle	George Capron, Esq.

DIRECTORS.

J. E. Armstrong, Esq.	John H. Koe, Esq., Q.C.
Thomas Wm. Capron, Esq.	Henry H. Oddie, Esq.
Mr. Serjeant Clarke.	Sir Francis Palgrave, F.R.S.
John E. Clowes, Esq.	J. Phillimore, D.C.L., F.R.S.
William I. Denne, Esq.	George W. K. Potter, Esq
Sir Fortunatus Dwarris.	F. Newman Rogers, Esq., Q.C.
Francis Ewart, Esq.	George Rooper, Esq.
Samuel I. Fearon, Esq.	Nassau W. Senior Esq.
N. Hollingsworth, Esq.	E. Wilbraham, Esq., Q.C.

AUDITORS.

J. T. Graves, Esq., F.R.S.	R. J. Phillimore, D.C.L.
C. H. Moore, Esq.	Eric Rudd, Esq.

Bankers—Messrs. Hoare, Fleet-street.
Solicitors—Messrs. Lucas and Parkinson, Argyll-street, Regent-street.
Physician—Robert Willis, M.D., Dover-street, Picadilly.
Surgeon—B. Atkinson, Esq., King William-street, City.
Actuary and Secretary—J. J. Sylvester, Esq., M.A., F.R.S.

This Society grants Assurances to meet every kind of Pecuniary risk contingent upon the duration of human life.

The advantages of the Mutual System of Association are afforded to persons insuring in this Office, by the division of four-fifths of the Profits among the Assured: the remaining fifth being applied to meet the risk incurred, and the share of the expenses borne by the Proprietary. Lower rates of premium are charged to Assurers desirous to commute the prospective advantages of Profits, for a higher fixed sum Assured to them in their Policies.

A Capital of One Million, constantly augmenting by the Returns of the business, provides the most ample security for the protection of the Assured; this is further guaranteed by the constitution of the Proprietary, all of whom, as provided by the Deed of Settlement, must be Members of the Legal Profession, and as such, known and responsible parties.

The Legal connexion of the Society leads to the further important result of affording peculiar facilities for investing on the most favourable terms, the Funds accumulating for the benefit of the Assured.

The Tables are calculated on the lowest scale consistent with security from the Recent Government Returns, and the mode of payment of the Premium may be modified in a great variety of ways to meet the convenience of parties about to Assure.

Applications from Solicitors in the country, desirous of acting as Corresponding Agents of the Society, may be addressed to the Actuary, as above, and all enquiries, whether by letter, or personal attendance at the Office, between the hours of Ten and Four, relative to the business of the Society or Life Assurance in general, will meet with immediate attention.

The usual Commission allowed to all Solicitors.

THE FIRE PROTECTIVE and GENERAL

BUILDINGS IMPROVEMENT COMPANY, on principles combining the PRESERVATION of LIFE from FIRE, PROPERTY from ROBBERY, and IMPROVED VENTILATION.

Office: No 9, Lincoln's-inn-fields.

This company is established for the purpose of carrying into effect various Improvements in the mode of erection of Dwelling Houses and other Buildings, for the PROTECTION of LIFE from FIRE, by granting Licenses to Builders and others to use the various Patents, secured to this Company by Royal Letters Patent, in the use of which the greatest possible protection to Human Life from Fire will be attained, as well as prevention of Robbery, and a better Ventilation; and also with a view of assisting Persons who may from time to time invent other Improvements, either by purchasing their interest, or affording facilities for introducing them to the public notice such as no individual can possess.

Application for Licences to be made to the Secretary,

Mr. BRAY,
At the Office, 9, Lincoln's-inn-fields.

No. 314. SUMMARY. SEPT. 27.

THE RULES AND REGULATIONS OF EXAMINING MEDICAL BODIES IN ENGLAND, SCOTLAND, IRELAND, AND FRANCE 1

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THE RULES AND REGULATIONS OF EXAMINING MEDICAL BODIES IN ENGLAND, SCOTLAND, IRELAND, AND FRANCE.

UNIVERSITY OF LONDON.

EXAMINERS. *Faculty of Medicine. Intellectual Philosophy, Logic, and Moral Philosophy*, Rev. Henry Alford, M.A., T. B. Burcham, Esq., M.A. *Medicine*, Arch. Billing, M.D., Alex. Tweedie, M.D., F.R.S. *Surgery*, John Bacot, Esq., Sir Steph. L. Hammick, Bart. *Anatomy and Physiology*, Francis Kiernan, Esq., F.R.S., Professor Sharpey, M.D., F.R.S. *Physiology and Comparative Anatomy*, Prof. Rymer Jones, F.R.S. *Midwifery*, Edw. Rigby, M.D. *Chemistry*, W. T. Brande, Esq., F.R.S. *Botany*, Rev. Professor Henslow, M.A. *Materia Medica and Pharmacy*, Jonathan Pereira, M.D. F.R.S. *Forensic Medicine*, W. T. Brande, Esq., F.R.S., Edw. Rigby, M.D., Jonathan Pereira, M.D. F.R.S.

Examinations for the Degree of Bachelor of Medicine.—Candidates for the degree of Bachelor of Medicine shall be required, 1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this university. 2. To have spent one year at least, of the four, in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

The first examination shall take place once a year, and commence on the first Monday in August. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in arts in this university, or in a university the degrees granted by which are recognised by the senate of this university; or of having passed the matriculation examination. 3. Of having been a student during two years at one or more of the medical institutions or schools recognised by this university, subsequently to having taken a degree in arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Chemistry, Botany, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 5. Of having dissected during nine months. 6. Of having attended a course of Practical Chemistry, comprehending practical exercises in conducting the more important processes of general and pharmaceutical chemistry; in applying tests for discovering the adulteration of articles of the materia medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 7. Of having attended to practical pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines.

These certificates shall be transmitted to the registrar at least fourteen days before the examination begins, and the fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the registrar; and if he fail to pass the examination, the fee shall be returned to him.

The candidates shall be examined in the following subjects:—Anatomy, Physiology, Chemistry, Structural and Physiological Botany, Materia Medica and Pharmacy.

The examinations shall be conducted in the following order:—Morning, 10 to 1: Monday, Anatomy and Physiology, by printed papers; Tuesday, Chemistry, by experiment and printed papers. Afternoon, 3 to 6: Monday, Anatomy and Physiology, by printed papers; Tuesday, Botany, Materia Medica and Pharmacy, by printed papers. To commence on Friday at 10. Chemistry, Materia Medica and Pharmacy, by *viva voce*, and demonstration from specimens. To commence on Monday, in the following week, at 10: Anatomy and Physiology, by *viva voce*, demonstration from preparations, and dissection.

On the Wednesday morning in the week following the commencement of the examination, the examiners shall arrange, in two divisions, each in alphabetical order, such of the candidates as have passed; and a pass certificate, signed by the registrar, shall be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the examination for honours, shall be placed in the first division.

Examination for Honours.—Any candidate who has been placed in the first division at the first examination, and who has produced a certificate shewing that he has not completed his twenty-second year, may be examined for honours in any or all of the following subjects:—Anatomy and Physiology (candidates may illustrate their answers by sketching the parts they describe), Chemistry, Materia Medica, and Pharmaceutical Chemistry.

The examinations shall take place in the week following the commencement of the first examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. The examinations shall be conducted in the following order:—Morning 10 to 1: Thursday, Anatomy and Physiology; Friday, Chemistry. Afternoon, 3 to 6: Thursday, Anatomy and Physiology; Friday, Materia Medica and Pharmaceutical Chemistry.

If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Anatomy and Physiology, the candidate who shall distinguish himself the most in Chemistry, and the candidate who shall distinguish himself the most in Materia Medica and Pharmaceutical Chemistry, shall each receive an exhibition of thirty pounds per annum for the next two years. Under the same circumstances, the first and second candidates in each subject shall each receive a gold medal of the value of five pounds.

Second Examination.—The second examination shall take place once a-year, and commence on the first Monday in November. No candidate shall be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he have produced certificates to the following effect:—1. Of having passed the first examination. 2. Of having subsequently to having passed the first examination, attended a course of lectures on each of two of the subjects comprehended in the foregoing list, and for which the candidate had not presented certificates at the first examination. 3. Of having subsequently to having passed the first examination, dissected during six months. 4. Of having conducted at least six labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine.) 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. (Certificates on this subject will be received from any legally-qualified practitioner having the care of the poor of a parish.) The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended.

The certificates shall be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination shall be five pounds.

Candidates shall be examined in the following subjects:—Physiology (the papers in Physiology shall include questions in Comparative Anatomy), General Pathology, General Therapeutics, Hygiene, Surgery, Medicine, Midwifery, Forensic Medicine. The examination shall be conducted in the following order:—First Week. By printed papers. Morning, 10 to 1: Monday, Physiology; Tuesday, Surgery; Wednesday, Midwifery. Afternoon, 3 to 6: Monday, General Pathology, General Therapeutics, and Hygiene; Tuesday, Medicine; Wednesday, Forensic Medicine.—Second Week. By *viva voce* interrogation. To commence on Monday morning, at 10.

On the Monday morning in the following week, the examiners shall arrange, in two divisions, each in alphabetical order, such of the candidates as have passed; and a certificate under the seal of the university, and signed by the chancellor, shall be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the examination for honours, shall be placed in the first division.

Examination for Honours.—Any candidate who has been placed in the first division at the second examination, and has produced a certificate shewing that he has not completed his twenty-fifth year, may be examined for honours in any or all of the following subjects:—Physiology and Comparative Anatomy (candidates may illustrate their answers by sketching the parts they describe),

Surgery, Medicine, Midwifery, Structural and Physiological Botany.

The examination shall take place in the week following the second examination. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation. The examination shall be conducted in the following order:—Morning, 10 to 1: Tuesday, Physiology and Comparative Anatomy; Wednesday, Surgery; Thursday, Medicine; Friday, Midwifery. Afternoon 3 to 6: Tuesday, Physiology and Comparative Anatomy; Wednesday, Surgery; Thursday, Medicine; Friday, Structural and Physiological Botany.

If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Physiology and Comparative Anatomy, the candidate who shall distinguish himself the most in Surgery, and the candidate who shall distinguish himself the most in Medicine, shall each receive an exhibition of fifty pounds per annum for the next two years, with the style of University Medical Scholar. Under the same circumstances, the first and second candidates in each of the preceding subjects, shall each receive a gold medal of the value of five pounds. Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery, and the candidate who shall distinguish himself the most in Structural and Physiological Botany, shall each receive a gold medal of the value of five pounds.

Examination for the Degree of Doctor of Medicine.—The examination for the Degree of Doctor of Medicine shall take place once a year, and commence on the fourth Monday in November. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in medicine or in surgery at a university, the degrees granted by which are recognised by the senate of this university. Those candidates who have not taken the degree in this university shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in medicine, (*a.*) to clinical or practical medicine during two years in a hospital or medical institution recognised by this university; (*b.*) or, to clinical or practical medicine during one year in a hospital or medical institution recognised by this university, and of having been engaged during three years in the practice of his profession; (*c.*) or, if he have taken the degree of Bachelor of Medicine in this university, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who, at the second examination, have been placed in the first division.) 3. Of moral character, signed by two persons of respectability.

These certificates shall be transmitted to the registrar at least fourteen days before the examination begins. The fee for the degree of Bachelor of Medicine shall be ten pounds.

Candidates shall be examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy; Medicine. The examinations shall be conducted in the following order:—By printed papers, Morning, 10 to 1. *Monday*, Elements of Intellectual Philosophy, Logic, and Moral Philosophy. (Candidates who have taken a degree in arts in this university, or in a university, the degrees granted by which are recognised by the senate of this university, shall be exempted from this part of the examination. The degrees in arts of all universities in the United Kingdom are recognised by the senate for this purpose.) *Tuesday*, Medicine. Afternoon, 3 to 6. *Monday*. A Commentary on a Case in Medicine, Surgery, or Midwifery, at the option of the candidate. *Tuesday*, Medicine.—By *viva voce* interrogation, *Friday* Morning, at 10. Examination on the answers to the Printed Papers, and on the Commentaries; and the examination for a certificate of Special Proficiency in Medicine, Surgery, or Midwifery, as determined by the candidate's choice of the case for commentary.

On the Monday morning in the following week, the examiners shall arrange in two divisions, each in alphabetical order, such of the candidates as have passed; and a certificate under the seal of the university and signed by the chancellor, shall be delivered to each candidate. Such candidate only as, in the opinion of the examiners, are admissible to the examination for honours, shall be placed in the first division. If, in the opinion of the examiners, sufficient merit be evinced, the author of the best Commentary on the Case in Medicine, the author of the best Commentary on the Case in Surgery, and the author of the best Commentary on the case in Midwifery, shall each receive a gold medal of the value of five pounds. Any candidate may present a thesis on a subject of his own choice. If, in the opinion of the examiners, sufficient merit be evinced, a gold medal, of the value of ten pounds, shall be given to the author of the best thesis. The examiners shall not be precluded from examining the author on the subject of his thesis.

Examination for Honours.—Any candidate who has been placed in the first division, may be examined for honours in any or all of the following subjects:—Surgery, Medicine, Midwifery. The examinations shall take place in the week following. They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *viva voce* questions upon the written answers of the candidates when they appear to require explanation.

The examinations shall be conducted in the following order:—Morning, 10 to 1: Tuesday, Surgery; Wednesday, Medicine; Thursday, Midwifery. Afternoon, 3 to 6: Tuesday, Surgery; Wednesday, Medicine; Thursday, Midwifery.

If, in the opinion of the examiners, sufficient merit be evinced, the first candidate in each subject shall each receive a gold medal of the value of five pounds.

Institutions and Schools.—No medical institution or school shall be recognised by the senate of this university, which does not possess ample means of illustrating the instruction given at it. *Forms of Certificates:* The teacher shall certify for—*Lectures*,—That in the year 18 , the pupil attended . . . his course of instruction on . . . . which commenced on . . . . and terminated at . . . . and which consisted of . . . . . lectures and . . . . . examinations. *Practical Anatomy*,—That from . . . to . . . the pupil dissected . . . . under his superintendence. *Practical Chemistry*,—That the pupil operated . . . during his course of Practical Chemistry, which consisted of . . . . lessons. *Practical Pharmacy*,—That the pupil prepared . . . . medicines under his superintendence from . . . . to . . . . *Clinical Instruction in Surgery*,—That the pupil attended . . . . the surgical practice of this hospital, and the course of lectures on Clinical Surgery, consisting of . . . . lectures, from . . . . to . . . . *Clinical Instruction in Medicine*,—That the pupil attended . . . . the medical practice of this hospital, and the course of lectures on Clinical Medicine, consisting of . . . . lectures, from . . . . to . . . . *Practical Medicine*,—That the pupil attended . . . . to Practical Medicine at . . . . and was entrusted with the treatment of patients under . . . . superintendence, from . . . . to . . . . (Certificates on this subject will be received from any legally qualified practitioner, having the care of the poor of a parish.) *Practical Midwifery*,—That the pupil conducted . . . . labours under his superintendence. Any legally qualified practitioner shall be competent to give this certificate.

Regulations relating to Students who commenced their Medical Studies in or before January, 1840.

Degree of Bachelor of Medicine.—Candidates who commenced their professional studies in or before Jan., 1840, shall be admitted to the first examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during two years in their professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the former list. 3. Of having dissected during nine months. 4. Of having attended to practical pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines.

Candidates who commenced their professional studies in or before January, 1840, shall be admitted to the second examination for the degree of Bachelor of Medicine on producing certificates to the following effect.—1. Of having been engaged during four years in their professional studies. 2. Of having passed the First Examination. 3. Of having attended a course of lectures on each of two of the subjects comprehended in the former list. 4. Of having dissected during twelve months. 5. Of having attended to practical pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines. 6. Of having conducted at least six labours. 7. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months. 8. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of moral character, from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended.

Candidates who have not taken a Degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of CELSUS *de Re Medicâ.*

Regulations relating to the Practitioners in Medicine or Surgery desirous of obtaining Degrees in Medicine.

Degree of Bachelor of Medicine.—Candidates shall be admitted to the two examinations for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted, prior to the year 1840, members of one of the legally constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or of having served, previously to 1840, as surgeons, or assistant-surgeons, in her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the university. 3. Of moral character, signed by two persons of respectability.

Candidates who have not taken a Degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of CELSUS *de Re Medicâ.*

Degree of Doctor of Medicine.—Candidates who have been engaged during five years in the practice of their profession, shall be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of Bachelor of Medicine in this university.

Candidates who have not taken a Degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of CELSUS *de Re Medicâ.*

The regulations respecting the transmission of the certificates to the registrar, the fees, the periods, and the mode of conducting the examinations, and the arrangement of the candidates after examination, are the same for all candidates for the same degrees.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

According to the regulations of this College, no one will be admitted as a candidate for the licence, unless he shall have attained the age of six and twenty, and shall present a certificate of good moral conduct. His medical education must comprise Anatomy, the Theory and Practice of Medicine, Forensic Medicine, Chemistry, Materia Medica, Natural History, principally Botany, Midwifery, and the Principles of Surgery, and must extend over the period of five years. Practical Medicine must be studied for three years in a hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education, according to the usual course of study, are required to present testimonials of a twelvemonth's medical practice

at any hospital in Great Britain, having the qualifications as above.

No one will be admitted as a Licentiate (*Permissus*) who is accustomed to use any secret medicine or nostrum in the treatment of disease, unless, previously to his first examination, he make known to the president and censors its composition and the manner in which it is employed. Every Candidate must undergo three examinations, each conducted at different times, before the president and censors in *comitia minora*. The first examination comprises Physiology, the second Pathology, and the third Therapeutics. After the first examination, the president may inquire of the candidate where he studied polite literature and the principles of science, and what honours he has obtained, whether in Philosophy, Arts, or Medicine, in order that the answers may be recorded by the registrar. The candidate will also be examined in Greek works on medicine, to wit, Hippocrates, Galen, or Aretæus. Passages from the aphorisms of Hippocrates or Galen will be brought forward during the first examination; and during the second and third, passages from Hippocrates, Galen, or Aretæus, which must be translated into Latin, and illustrated with a brief commentary. If the candidate be deficient in his knowledge of Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on Medicine into English. The examinations are conducted in Latin or English, at the pleasure of the censors.

Whenever a candidate has passed the prescribed examinations, and has been approved, he will be proposed at the next *comitium majus* (a meeting of the Fellows at large) to be admitted as a licentiate; and if the majority present consent, he will be admitted accordingly. If, however, the candidate is rejected, he cannot present himself for re-examination for a twelvemonth.

Before the licentiate is admitted, he is required to plight his faith to the College according to a formula, pronounced by the President before the Fellows assembled in *comitium majus*.

If any one holding the licence of the College practise Pharmacy afterwards, or engage in merchandise, he is liable to expulsion; and any person practising medicine in London, or within seven miles thereof, without having previously obtained the collegiate licence, is to be admonished by letter to cease his practice, until after he has passed the required examinations, and if he continues to practice despite this admonition, then *legibus regni obnoxuus erit*.

Persons who have attained their fortieth year, seeking to become Licentiates of the College, but whose medical education is not altogether in accordance with the regulations already stated, must present testimonials of professional knowledge and good moral conduct, and if these are satisfactory, they will be admitted to examination, the same as for licentiates in general.

The old regulation restricting the fellowship, as a matter of right, to the graduates of Oxford, Cambridge, and Trinity College, was repealed in the latter part of 1835; and after Easter, 1836, all candidates were declared to be admissible as licentiates only, from which class, when duly qualified, a certain number are to be annually elected fellows in *comitia majora*. The advantages derived by graduates of the English universities, and by the Irish graduate who possesses an *ad eundem* degree from an English university, is, that they are eligible a year after they have obtained the licence; the Scotch graduate, being M.A. or B.A., five years later. If the latter does not possess any degree in arts, his eligibility for the fellowship does not occur until after the lapse of seven years. The Irish graduates who do not possess an *ad eundem* degree are not eligible for two years after they are licensed. The president and censors propose the candidates for the fellowship, but the *comitia majora* may reject the proposition, and choose their nominees. The election is by ballot.

The president of the college is *ex-officio* president of the vaccine board, a trustee of the British and Hunterian Musea, physician to the Queen, and an elector to the Tancred scholarships. The college has the power of recommending a physician to Christ Church, St. Thomas's, and St. Bartholomew's Hospitals; but if the recommendation succeed, it is then required to pay an annual stipend of £30 or £40 to the physician. The college also appoints the professor of botany to the University of Oxford.

The examinations for the license are conducted by the president and censors. The periods at which they take place are, Michaelmas, Christmas, Easter, and in the month of June. The new censors are elected on the 24th of June, when the Harveian oration is delivered. The lectures are delivered in the early part of the year. There are about fifteen delivered; three Gulstonian, three Croonian, and three Lumleian, so called from the names of those who left endowments to the college for the purpose; and six lectures on Materia Medica. The museum and library are attached to the institution, to which the fellows, and, by permission, their friends, have access.

The president may each year propose one candidate for the licence, he being an M.D., but not otherwise eligible; and he may also name annually a licentiate of ten years' standing for the fellowship. The fellows have also the power of proposing a licentiate of seven years' standing, who is thirty-six years of age, for the fellowship; but this has been done so rarely, as to be, in fact, obsolete.

The college fees are £56 17s. for the license; the fellow pays in addition, £1 1s. annually to the collegiate fund.

If any fellow or licentiate can be proved, to the satisfaction of the president and censors, to have wilfully accused any other fellow or licentiate of professional ignorance, &c., unless it be before the legally-constituted judges, he shall be fined £4 for the first offence, and £8 for the second; if he offend a third time, if a fellow, he shall be expelled, and if a licentiate, fined £10. This last fine is to be enforced every time afterwards the licentiate shall so offend. If any fellow or licentiate shall offer his professional assistance to any patient whom he shall know to be under the care of another physician, whether fellow or licentiate, without having been called in to see the patient professionally, he shall be fined 40s.

If any fellow be proved to have made any arrangement with a druggist, to share with him the proceeds in his prescriptions, he shall be expelled; if a licentiate have entered into a similar arrangement, he shall be fined £10 every time he shall so offend.

Every physician, whether fellow or licentiate, shall attach to each prescription which he writes the day of the month, the name of the sick man, and his own initials. When a consultation takes place, it is to be carried on with modesty, not in the presence of the sick; and if any difference of opinion occurs, it is to be stated with prudence and moderation, so that it may not be noticed by the patient or the friends, but, if requisite, should be mentioned by the ordinary medical attendant. Whoever infringes these regulations will be fined £5 by the president and censors.

No fellow or licentiate may consult, in London, or within seven miles thereof, with a physician who does not belong to the college, under a penalty of £5 fine.

All fines are to be paid immediately.

The president and court of the college have the power of committing individuals condemning their authority to Newgate. This power has been exercised by the court, but not of late years.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

New Regulations for Candidates for the Fellowship of the Royal College of Surgeons of England.

1. That every candidate for the fellowship, whether a member of the college or not, shall produce certificates satisfactory to the court of examiners,—

That he is twenty-five years of age.

That he is (if found qualified upon his examination) a fit and proper person to be admitted to the fellowship, and the certificate of which shall be signed by three fellows.

That he has attained a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

That he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom of Great Britain and Ireland, or in foreign countries; and that three of such years at least have been passed in one or more of such recognised hospitals or schools in London.

That he has attended the surgical practice of a recognised hospital or hospitals during four years, and the medical practice of a recognised hospital or hospitals for one year.

That he has studied anatomy and physiology by attendance on lectures and demonstrations and by dissections, during three winter sessions of not less than six months each, at one or more recognised school or schools.

That he has attended lectures on the theory and practice of medicine, and on clinical medicine, and also on the theory and practice of surgery, and on clinical surgery, during two sessions of six months each, at one or more recognised school or schools.

That he has attended one course of lectures on each of the following subjects, viz.: chemistry, materia medica, midwifery, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. And that he has served the office of house surgeon or dresser in a recognised hospital in the United Kingdom. Every such candidate (except in the case and instances hereinafter provided for to the contrary) shall also present for examination clinical reports, with observations of six or more surgical cases taken by himself at a recognised hospital, or recognised hospitals within the United Kingdom, with sufficient certificates of their authenticity and genuineness, and shall leave such reports at the college.

3. That as to any candidate, who shall have taken the degree of bachelor of arts in an English university, and shall produce satisfactory evidence thereof, it shall, instead of the certificate or certificates that he has been engaged for six years in the acquirement of the professional knowledge as before mentioned, be sufficient for him to produce a satisfactory certificate or certificates that he has been engaged for five years in the acquirement of professional knowledge in recognised hospitals and schools of surgery and medicine within the United Kingdom, or in foreign countries, and that three of such years at least have been passed in one or more of the recognised hospitals or schools of London; and that it shall not be necessary for any candidate having so taken the degree of bachelor of arts to produce any certificate of his having acquired a competent knowledge of the Greek, Latin and French languages, and of the elements of mathematics.

4. That upon the 1st day of January, 1850, or at any earlier period which may be thought proper, the council shall, under such regulations, and for such time or period as to them shall seem proper (but always subject to removal at the pleasure of the council), appoint three persons, and being, or not being, and either all, or in part, members of the college, as the council shall think proper for the purpose of examining persons intending to become candidates for the fellowship, and required to be examined in the Greek, Latin, and French languages, and in the elements of mathematics; and the said council, from time to time after the first appointment of such persons for such purpose as aforesaid, and as often as shall be necessary, or to the said council shall seem proper in their behalf, shall appoint such other person and persons as to them shall seem fit and proper to succeed or supply the place or places of any person or persons previously appointed for such purpose, and that from and after the first appointment of any such persons for the purpose of making such examination as aforesaid, no certificate of a candidate having competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics, shall be received or allowed by the court of examiners, except the certificate or certificates of the persons for the time being so appointed as aforesaid.

5. That all members of the college, future as well as present, shall be entitled to be admitted to the examination for the fellowship according to the foregoing bye-laws and ordinances.

6. That any person who shall have been a member of the college on the 14th day of September, 1844, shall, after the expiration of eight years from the date of his diploma, also be entitled to be

admitted to the examination for the fellowship upon the production of a certificate signed by three fellows that he has been eight years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified.

7. That any person who shall have become a member of the college after the said 14th day of September, 1841, shall, after the expiration of twelve years from the date of the diploma, also be entitled to be admitted to the examination for the fellowship upon the production of a certificate signed by three fellows that he has been for twelve years in the practice of the profession of surgery, and that he is a fit and proper person to be admitted a fellow, if upon examination he shall be found qualified, and also if he have not taken the degree of Bachelor of Arts in an English university, of a certificate or certificates that he has a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

EXAMINATION OF CANDIDATES FOR THE FELLOWSHIP.

1. The examination for the fellowship shall be held three times in the year, at or within such periods as the council shall from time to time determine.

2. Each candidate shall be examined on two days, either successive or at such an interval as the Court of Examiners may appoint.

3. The subjects for the first day's examination shall be anatomy and physiology, those of the second pathology, therapeutics, and surgery.

4. The time allowed for examination each day shall be from ten o'clock in the forenoon until five o'clock in the afternoon.

5. The examinations shall be conducted in the following manner. Each candidate shall, upon going in for examination, have delivered to him a written or printed copy of such questions as shall have been previously determined upon by the Court of Examiners, and to which questions he shall give written answers, and which answers shall be considered by the Court of Examiners.

The court may, however, if they should think fit, interrogate any candidate on any matters connected with the questions or answers. In the anatomical examination, the candidate shall also perform dissections and operations on the dead body in the presence of the Court of Examiners, or of such members thereof as may be deputed by the court to superintend the same. Candidates whose qualification shall be found insufficient, shall not be allowed to present themselves a second time until after the expiration of one year from their first examination.

The Court of Examiners shall report in writing to the council the names of such persons as they shall have found upon examination to be qualified for the fellowship.

*** Members of the college will pay ten guineas besides charges for status, and non-members thirty guineas.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma who commenced their Studies before the year 1838.

I. Candidates will be required to bring proof—1. Of being twenty-two years of age. 2. Of having been engaged five years in the acquirement of professional knowledge. 3. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during two anatomical seasons. 4. Of having attended at least two courses of lectures on surgery, delivered in two distinct periods or seasons; each course to comprise not less than sixty lectures. 5. Of having attended lectures on the practice of physic, on chemistry, and on midwifery, during six months, comprising not less than sixty lectures respectively, and on botany and materia medica, during three months. 6. Of having attended during twelve months the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or, for six months, in any one of such hospitals, and twelve months in any recognised provincial hospital.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma, after the termination of the Session, 1839-1840.

I. Candidates will be required to bring proof—1. Of being not less than twenty-one years of age. 2. Of having been engaged in the acquirement of professional knowledge for not less than four years, three of which shall have been passed in a recognised school or schools of surgery; three months of vacation being allowed in each year, and in the event of absence or absences from such school or schools during the said term of three years (exclusive of the vacations), the full term being completed in a subsequent year. 3. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during two anatomical seasons. 4. Of having attended at least two courses of lectures on surgery, delivered in two distinct periods or winter seasons of six months, each course to comprise not less than seventy lectures. 5. Of having attended one course of lectures on the practice of physic, and one on chemistry, during six winter months, comprising not less than seventy lectures respectively; one course on materia medica with medical botany during six months, and one on midwifery during six months, each comprising not less than sixty lectures; and at least twenty-five lectures on medical jurisprudence. Certificates of attendance on these lectures during the summer season will be received, provided they are equally divided over a period of four months. The lectures on medical jurisprudence may be delivered three days in the week. 6. Of having attended, during twenty-one months, the surgical practice of a recognised hospital in London, Dublin, Edinburgh, Glasgow, or Aberdeen; or for twelve months in any one of such hospitals, and twelve months in any recognised provincial hospital. 7. Of having attended the medical practice of a hospital or dispensary during six months.

II. Members and licentiates in surgery of any legally constituted college of surgeons in the United Kingdom, and graduates in surgery of any university, requiring residence to obtain degrees, will be admitted for examination on producing their diploma, license, or degree, together with proofs of being twenty-two years of age, and of having been occupied five years in the acquirement of professional knowledge.

N.B. Certificates will not be recognised from any hospital, unless the surgeons thereto, or a majority of them, be members of one of the legally constituted colleges of surgeons in the United Kingdom; nor from any school of anatomy, physiology, or midwifery, unless the respective teachers be members of some legally constituted college of physicians or surgeons in the United Kingdom; nor from any school of surgery, unless the respective teachers be members of some legally constituted college of surgeons in the United Kingdom. Certificates will not be received on more than two branches of science, from one and the same lecturer; but anatomy and physiology—demonstrations and dissections—materia medica and botany—will be respectively considered as one branch of science.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma. August 15, 1843.

I. Candidates will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof—1. Of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studied practical pharmacy for six months, and have attended one year on the practice of physic, and three years on the practice of surgery, at a recognised hospital or hospitals in the United Kingdom;—three months being allowed for a vacation in each year. (By a resolution of the council, on the 7th of November, 1839, no provincial hospital will, in future, be recognised by this college, which contains fewer than 100 patients, and no metropolitan hospital which contains fewer than 150 patients.) 2. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections, during three winter sessions, of not less than six months each. 3. Of having attended at least two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons; and one course on each of the following subjects—viz., the practice of physic, chemistry, and materia medica, and midwifery with practical instruction.

Certificates will not be received unless the candidate have duly registered his tickets. The other regulations are virtually the same as before.

These three forms of regulations are in force respecting candidates for the diploma, according to the period when they commenced their studies.

Fee for the diploma (including stamp), £22; for an articled student (allowed in the diploma fee), £10 10s.; for a certificate of having had the diploma, £5 5s.; for being enfranchised, £10 10s.; a certificate for a surgeon in the Royal Navy, or East India Company's service (allowed in diploma fee), £5 5s.; for an assistant surgeon, £2 2s.; for a candidate calling a special court, £5 5s.

Studentships in Anatomy.—Three studentships in human and comparative anatomy have been instituted by the college, to be held by each student for the term of three years, at a salary of one hundred pounds per annum. And with the view of promoting the objects of the college, in the institution of these studentships, the commander-in-chief of the army, the lords commissioners of the admiralty, and the court of directors of the East India Company, have placed at the disposal of the president and the council, an assistant-surgeoncy in each service, once in three years, for such of the said students as may be considered worthy of these honourable distinctions. 2. Candidates to be members of the college, under twenty-six years of age. 3. The council will determine annually whether one or more of such appointments shall take place during the current year; and will notify its resolution by public advertisement. 4. The appointment is made in the month of June, or as soon after as possible. 5. The students are subject to such duties and restrictions as the council shall from time to time direct; and in case of misconduct are liable to dismissal. 6. Candidates are required to transmit to the secretary, on or before the 1st of May, their applications for the appointment, together with certificates of general good character, and of fair acquirements in general learning, signed by two qualified members of the medical profession. 7. A meeting of the museum committee will be held as soon after the 1st of May as conveniently may be, at which the applications of the persons offering themselves will be examined, and, if approved, the applicants will be admitted as candidates. 8. The museum committee will determine the merits of the several candidates, and report to the council which, in their opinion, possess the highest merit. 9. The students are required to attend in the museum daily (Sundays excepted), from ten till four o'clock, and are under the immediate direction of the museum committee.

JACKSONIAN prizes of twenty guineas. The prize for the year 1845, is Tumours of the Uterus and its Appendages, their Structure, Pathology, and Treatment.

Candidates to be members of the college, not of the council.

The dissertations to be in English; and the number and importance of *original facts* will be considered principal points of excellence. Recited cases to be placed in an appendix.

Each dissertation to be distinguished by a motto or device; and accompanied by a sealed paper, containing the name and address of the author, and having, on the outside, a motto or device corresponding with that on the dissertation.

The dissertations to be addressed to the secretary, and delivered at the college before Christmas-day, 1845.

The manuscript prize dissertations, and every accompanying drawing and preparation, will become the property of the college.

Those dissertations which shall not be approved, with their accompanying drawings and preparations and correspondent sealed papers, will be returned upon authenticated application within the period of three years; and those manuscripts which shall remain three years unclaimed, and every accompanying drawing and preparation, will become the property of the college; at which period their accompanying papers, containing the names of the respective authors, will be burned, unopened.

The subject of the COLLEGIAL Triennial Prize of Fifty Guineas is, the Anatomy of the Fibres of the

Cerebrum, Cerebellum, and Spinal Cord in the Human Subject; together with the origin of the Cerebral, Spinal, and Sympathetic Nerves; specially illustrated by the Anatomy of the same Parts in the lower Vertebrate Animals.

Candidates to be members of the college, not of the council.

The dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the author, and having on the outside a motto or device corresponding with that on the dissertation.

The dissertations to be addressed to the secretary, and delivered at the college before Christmas-day, 1845.

The manuscript prize essay, with every accompanying drawing and preparation, will become the property of the college; the other dissertations and their corresponding sealed papers will be returned, upon authenticated application, within the period of three years; after which period, the papers containing the names of the respective authors will be burned, unopened, and the manuscripts will become the property of the college.

The *museum* is opened to visitors on Monday, Tuesday, Wednesday, and Thursday, from 12 till 4, except during the month of September; on Friday, to gentlemen for studying in it; and on Saturday, from 10 till one, to gentlemen desirous of comparing specimens with those in the museum. The *library* is open to members and students of the college, and visitors having tickets of admission, daily (Sundays excepted), from the 1st of October to the 1st of April, from 10 till 4; and from the 1st of April to the 1st of September, from 10 till half-past 5.

The lectures at the college by the professors are delivered in the spring of the year, the Hunterian oration on the 14th of February.

APOTHECARIES' HALL.

Every candidate for a certificate of qualification to practise as an apothecary, will be required to produce testimonials:—1. Of having served an apprenticeship of not less than five years to an apothecary. 2. Of having attained the full age of twenty-one years. 3. Of good moral conduct. 4. And of having pursued a course of medical study, in conformity with the regulations of the court.

Course of Study.

Every candidate whose attendance on lectures commenced on or after the 1st of October, 1835, must have attended the following lectures and medical practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st, nor later than the 15th October; and each summer session to extend from the 1st of May to the 31st of July.

First Winter Session.—Chemistry; Anatomy and Physiology; Anatomical Demonstrations; Materia Medica and Therapeutics: this course may be divided into two parts of fifty Lectures, each one of which may be attended in the summer.

First Summer Session.—Botany and Vegetable Physiology; either before or after the first Winter Session.

Second Winter Session.—Anatomy and Physiology; Anatomical Demonstrations; Dissections; Principles and Practice of Medicine.

Second Summer Session.—Forensic Medicine.

Third Winter Session.—Dissections; Principles and Practice of Medicine.

Midwifery, and the Diseases of Women and Children, two courses in separate sessions, and subsequent to the termination of the first Winter Session. Practical Midwifery, at any time after the conclusion of the first course of Midwifery Lectures.

Medical Practice during the full term of eighteen months, from or after the commencement of the second Winter Session; twelve months at a recognised hospital, and six months at a recognised hospital, or a recognised dispensary; in connection with the hospital attendance, a course of Clinical Lectures, and instruction in Morbid Anatomy will be required.

The sessional course of instruction in each subject of study is to consist of not less than the following number of lectures:—One hundred on Chemistry—One hundred on Materia Medica and Therapeutics—One hundred on the Principles and Practice of medicine—Sixty on Midwifery and the Diseases of Women and Children—Fifty on Botany and Vegetable Physiology.

Every examination of an hour's duration will be deemed equivalent to a lecture. The lectures required in each course must be given on separate days. The lectures on Anatomy and Physiology, and the Anatomical Demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of London in every respect. Students must also produce testimonials of attendance on a course of Clinical Lectures; of instruction in Practical Chemistry and Morbid Anatomy; and of having dissected the whole of the human body once at least; without which testimonials the candidate cannot be admitted to examination.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the prescribed order and in the required sessions.

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1835, will be allowed to complete their studies in conformity with the previous regulations of the court.

No member of the court of examiners will be recognised as a lecturer on any branch of Medical Science. The court will not recognise any lecturer unless he lectures in connection with a recognised medical school; nor will they recognise a lecturer on more than *two* branches of medical science; nor until he has produced very satisfactory testimonials of his attainments in the science he purposes to teach, and of his ability as a teacher thereof, from at least two persons of acknowledged talents and distinguished acquirements in the particular branch of science in question; and also given a public course of lectures on the subject he purposes to teach; but if, after such preliminary course, the lecturer shall be recognised, certificates of attendance on that course will be received.

Satisfactory assurance must also be given that the teacher is in possession of the means requisite for the full illustration of his lectures, viz., that he has, if lecturing—On Chemistry, a laboratory and competent apparatus — On Materia Medica, a museum sufficiently extensive—On Botany, a hortus siccus, plates or drawings, and recent plants—On Midwifery, a museum, and such appointment in a public institution as may afford the means of practical instruction to the pupils.

No hospital will be recognised by the court unless:—1. It contain at least one hundred beds. 2. It be under the care of two or more physicians, members of the Royal College of Physicians of London, or graduated doctors of medicine of a British university. 3. The physicians give a regular course of clinical lectures and instruction in Morbid Anatomy. 4. The apothecary be legally qualified, either by having been in practice prior to the 1st of August, 1815, or by having received a certificate of qualification from this court. No dispensary will be recognised by the court unless it be situated in some town where there is a recognised medical school, and be under the care of at least two physicians and an apothecary legally qualified. No medical practice will be available, unless it be attended in conformity with the course of study prescribed for pupils.

Names of Gentlemen having the Care of the Registers.

Birmingham: W. Sands Cox, Esq., Lecturer on Anatomy. Bristol: Dr. Wallis, and Henry Clark, Esq., Lecturers on Anatomy. Hull: Edward Wallis, Esq, Lecturer on Anatomy. Leeds: Thomas Nunneley, Esq., Lecturer on Anatomy. Liverpool: Dr. Malins, Medical Jurisprudence. Manchester: Thomas Turner, Esq., Anatomy Newcastle: William Dawson, Esq., Midwifery. Sheffield: W. Jackson, Esq., Anatomy. York: John Hopps, Esq., Anatomy.

Registration of Testimonials.

All testimonials must be given on a printed schedule,[1] with which students will be supplied at the time of their first registration:—

In London, at this hall.

In Edinburgh, Messrs. Mac Lachlan and Stewart's, booksellers.

In Dublin, at Messrs. Hodges and Smith's, booksellers.

In the provincial towns, from the gentlemen who keep the registers of the Medical Schools.

All students, in London, are required *personally* to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the court, whose names and classes in the register correspond with their schedules.

Tickets of admission to Lectures and Medical Practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within *seven* days of the commencement of the course: and certificates of attendance must be registered in the months of April and August. Due notice of the days and hours of such registrations will be given from time to time.

The court also require students at the Provincial Medical Schools to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended Lectures or Medical Practice within fourteen days of the completion of such attendance.

The registrars are requested to furnish the court of examiners with a copy of each registration *immediately* after its close, as those students only will be admitted to examination whose registrations have been *duly* communicated to the court.

Examination.

Every person intending to offer himself for examination must give notice in writing to the clerk of the society on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock.

The examination of the candidate for a certificate of qualification to practise as an apothecary, will be as follows:—

[2] In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ.

In Physicians' Prescriptions, and the Pharmacopœia Londinensis.

In Chemistry.

In Materia Medica and Therapeutics.

In Botany.

In Anatomy and Physiology.

In the Principles and Practice of Medicine, including Midwifery and the Diseases of Children.

The examination of the candidate for a certificate of qualification to act as assistant to an apothecary, in compounding and dispensing medicines, will be as follows:—

In translating Physicians' Prescriptions, and the Pharmacopœia Londinensis.

In Pharmacy and Materia Medica.

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary, can be re-examined *until the expiration of six months* from his former examination; and no rejected candidate as an assistant *until the expiration of three months.*

The court meet in the hall *every Thursday*, where candidates are required to attend at a quarter before four o'clock.

The Act directs the following sums to be paid for certificates.

For London, and within ten miles thereof, ten guineas.

For all other parts of England and Wales, six guineas.

Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition.

For an assistant's certificate, two guineas.

By an order of the Court,

HENRY BLATCH, Sec.

Apothecaries' Hall,
Aug. 1845.

[1] It is particularly requested that the lecturer himself will fill up the blanks in the schedule, specifying the mode of attendance.

[2] By an order of the court, in future the Latin language will form part of the general examination.

UNIVERSITY OF OXFORD.

Full term is understood to begin on the first day of the week after the congregation has been held; so that if the congregation be held on the Monday, the Sunday after is considered the first day of full term

According to the lately altered statute respecting medical degrees, a candidate for the degree of bachelor in medicine, before he can be admitted to examination for that degree, must have kept four whole years, or sixteen terms, in the university, in like manner as is required by candidates for a degree in arts;[1] must have passed the examination for the degree of bachelor in arts; and subsequently to that examination, must have studied medicine during three whole years, or twelve terms; and must also have completed seven years, or twenty-eight terms, from his matriculation.

The medical examination takes place only once in the course of the year—namely, in the second week of full Trinity term, commencing usually on the *second* · *esday* after Trinity Sunday. The candidate *xamined*, principally "viva voce," but partly *writing*, in the theory and practice of medicine, in anatomy, in physiology, pathology, and materia medica; and also in chemistry and botany, as far as they elucidate the art of medicine. He is required to be conversant with the entire works of Aretæus and Celsus; the aphorisms and epidemics of Hippocrates; and that portion of Galen's writings, entitled "De usa Partium;" in two, at least, of which authors the statute directs that the examiners fail not to test the candidate's attainments. He must send fourteen days before the day of examination, certificates of three years' attendance on the medical practice of a hospital, with the usual lectures.

Certificates are required for two courses of anatomy and physiology, each extending from October till the following April or May; two courses on the theory and practice of medicine, each course of the same extent; one course in materia medica; one course in botany; one course in chemistry, provided the course extend through the usual winter session, otherwise two courses will be required.

A candidate for the degree of doctor in medicine must have pursued the study of medicine during three years after he has graduated as bachelor in medicine, and must give at least a fortnight's previous notice of his intention to the professor of medicine, at the same time submitting to his approbation a subject for a medical dissertation, which dissertation must be read in the public schools of the university within a few days of taking the degree of M.D., and delivered to the professor immediately after it has been read. No graduate in medicine from another university can be incorporated at Oxford, unless he produce testimonials by which it may clearly appear that he has kept by residence terms equal to those required to be so kept in this university; he has completed all the exercises prescribed by the university, from which he migrates, for the degree of bachelor of arts; and shall have previously undergone the medical examination above described; and shall have fulfilled all the other conditions of the present statute. The fees for a bachelor of medicine are £23; for a doctor in medicine £40.

The University of Oxford is in possession of the Bodleian library (librarian, B. Bandinel, M.A.); of the Radclyffe library (librarian, Dr. Kidd); of the Ashmolean museum (keeper, P. B. Duncan, M.A.); and of botanic gardens, founded by the Earl of Danby in 1632. All these are open to students under certain restrictions.

Radclyffe Travelling Fellows.—Dr. Radclyffe left by will an endowment of £600 per annum, to be paid to two persons, to be chosen out of the University of Oxford, when they are M.A., entered on the study of physic, for their maintenance for ten years and no longer, the half of which time, at least, they are to travel in parts beyond sea, for their better improvement. In case of vacancy by death, or at the expiration of the ten years, a new election is to take place within six months.

[1] That is, he must be of sixteen terms' standing, and have actually *resided* in the university twelve terms.

UNIVERSITY OF CAMBRIDGE.

Dr. Haviland delivers a course of fifty lectures on the principles of pathology and the practice of physic; £5 5s. first course, afterwards gratis. The professor of chemistry delivers thirty lectures, on the general principles of that science, during Lent term, and twenty lectures, principally on organic chemistry, during Easter term. Lectures on experimental philosophy, to illustrate the laws of hydrostatics, pneumatics, and optics, with particular reference to the mathematical theories of light and sound, are delivered in Easter term. Above fifty lectures on anatomy, by Dr. Clark, are delivered in Michaelmas and Lent terms. The terms of attendance are £5 5s. for each of two courses, afterwards gratis. The pupils have the opportunity of dissecting in private. Botanical lectures are given during the Easter term, with herborising excursions occasionally. Professor Willis' lectures on natural and experimental philosophy are during the Michaelmas term; the subjects being statics, dynamics, and mechanism, with their practical illustrations; first course, £3 3s.; second, £2 2s.; afterwards gratis. The Downing professor of physic delivers a course of fifty lectures on some medical subject. A certificate of attendance is required of persons proceeding to the degree of M.B. Lectures are also delivered on crystallography and mineralogy during the Lent term. Addenbrooke's hospital, which is connected with the university, is recognised by the Colleges of Physicians and Surgeons, and by Apothecaries' Hall. It contains 100 beds, and has a department reserved for cases of midwifery. The physicians are, Dr. Thackeray, Dr. Bond, and Dr. Paget. Dr. Haviland is the consulting physician. The surgeons are, Mr. Lestourgeon, Mr. Hammond, and Mr. Humphry. Mr. Okes is the consulting surgeon.

A student, before he can become a bachelor of physic, must have entered on his sixth year, computed from the date of his first admission at the university, have resided nine terms, and have passed the previous examination.

A bachelor of arts may become a bachelor of physic after having entered on his sixth year, computed from the date of his first admission at the university, provided that one year at least has intervened between his final determination in arts and his admission to the degree of bachelor of physic.

The exercises for this degree are one act and one opponency.

Candidates for the degree of bachelor of physic must, in addition to the examination by the regius professor of physic, be examined by the professors of anatomy, chemistry, and botany, and by the Downing professor of medicine. This examination must not take place before the fifth year after admission. They must have diligently attended the lectures of the regius professor of physic for two terms, and must bring to him certificates of examination by the above professors, and of attendance on their lectures, in case the course of lectures of the professor of botany consist of not less than twenty lectures, and the courses of lectures of the professors of anatomy and chemistry, and of the Downing professor of medicine, of not less than fifty lectures each. They must also deliver to the regius professor of physic certificates of having been diligently employed in attendance on medical lectures, and the practice of some well-known hospital, for two years, or for as long a time as they have been absent from the university during their undergraduateship. Fee, £10 16s.

A licence *ad practicandum in medicina*, may be granted to a bachelor of physic in the term subsequent to that in which he has taken the degree, or to a master of arts of two years' standing.

Candidates for a licence *ad practicandum in medicina*, being previously bachelors of physic, are required to produce to the regius professor of physic certificates of their having attended on hospital practice for three years, exclusive of the nine terms which they kept by residence for the degree of bachelor of physic, and of their having attended lectures on the following subjects—practice of physic and pathology, anatomy and physiology, chemistry, botany, medical jurisprudence, materia medica and pharmacy, principles of surgery, principles of midwifery, practical anatomy for two seasons.

Candidates for a licence *ad practicandum in medicina*, being previously masters of arts, are required to bring satisfactory evidence to the regius professor of physic of their having been employed in the study of physic for five years after they became bachelors of arts; and to produce to him certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned.

Every candidate for a licence *ad practicandum in medicina* is required to pass an examination to the satisfaction of the regius professor of physic, the professor of anatomy, the Downing professor of medicine, and a doctor of physic, to be nominated by the vice-chancellor, and approved by the senate, at the first congregation after the 10th of October in each year.

There are two such examinations in every year; one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of the Easter term falls.

A candidate for a licence *ad practicandum in medicina*, being previously bachelor of physic, cannot be examined for the said licence until the examination which shall occur next but one after his having passed the examination required for the degree of bachelor of physic. Fee, £11 6s.

M.D.—The degree of doctor of physic is granted to a bachelor of physic of five years', or to a master of arts of seven years' standing.

The exercises for this degree are two acts and one opponency.

Every candidate for the degree of doctor of physic, who has not previously obtained a licence *ad practicandum in medicina*, is required to produce to the regius professor of physic the same certificates, and pass the same examination, as are required in the case of candidates for a licence *ad practicandum in medicina*. Fee, £11 12s.

The university possesses an anatomical museum, to which has been added the valuable collection of the late Dr. Macartney, the Fitzwilliam, Mesman, Mineralogy, and Geological museums, an extensive botanic garden, and the university library. To all these the students have ac c

UNIVERSITY OF EDINBURGH (1582.)

Matriculation.—Every student in the faculties of arts, law, and medicine, before entering with any professor, must produce a matriculation ticket for the ensuing session. Tickets will be issued at the matriculation-office, in the college, every lawful day, from ten till three. Enrolment in the general album is the only legal record of attendance in the university.

Library.—The library will be open for the purpose of giving out books to students, either on loan or for reference, in the hall appropriated for that purpose, every lawful day during the winter session, from ten a.m. till four p.m., except on Saturdays, when it will be shut at one precisely.

Every student applying for books must present to the librarian his matriculation ticket for the session, with the ticket of at least one professor.

Every book taken out must be returned within a fortnight, uninjured.

Fee for each course, £4 4s. For graduation £25.

STATUTES OF THE UNIVERSITY OF EDINBURGH RELATIVE TO THE DEGREE OF M.D.

Sect. 1. No one shall be admitted to the examinations for the degree of doctor of medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh, or in some other university where the degree of M.D. is given; unless, in addition to three Anni Medici in an university, he has attended, during at least six winter months, the medical or surgical practice of a general hospital, which accomodates at least eighty patients, and during the same period a course of practical economy, in which case three years of university study shall be admitted.

Sect. II. No one shall be admitted to the examinations for the degree of doctor who has not given sufficient evidence—1. That he has studied,

once at least, each of the following departments of medical science, under professors of medicine, in this or some other university, as already defined—viz.:—

During Courses of Six Months.—Anatomy, chemistry, materia medica and pharmacy, institutes of medicine, practice of medicine, surgery, midwifery and the diseases peculiar to women and children, general pathology, practical anatomy (unless it has been attended in the year of extra-academical study allowed by Sect. I.)

During Courses of Six Months, or Two Courses of Three Months.—Clinical medicine, that is, the treatment of patients in a public hospital, under a professor of medicine, by whom lectures on the cases are given.

During Courses of at least Three Months.—1. Clinical surgery, medical jurisprudence, botany, natural history, including zoology.

2. That in each year of his academical studies in medicine, he has attended at least two of the six months' courses of lectures above specified, or one of these and two of the three months' courses. 3. That besides the course of clinical medicine already prescribed, he has attended, for at least six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, which accommodates not fewer than eighty patients. 4. That he has attended, for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of a hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist. 5. That he has attended, for at least six months, by apprenticeship or otherwise, the out practice of a hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

Sect. III. No one shall obtain the degree of doctor who has not studied, in the manner already prescribed, for at least one year previously to his graduation, in the University of Edinburgh.

Sect. IV. Every candidate for the degree in medicine must deliver, before the 24th of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—1. A declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation, and that he will not be then under articles of apprenticeship to any surgeon or other master. 2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates. 3. A medical dissertation, composed by himself, in Latin or English, to be perused by a professor, and subject to his approval.

Sect. V. Before a candidate be examined in medicine, the medical faculty shall ascertain, by examination, that he possesses a competent knowledge of the Latin language.

Sect. VI. If the faculty be satisfied on this point, they shall proceed to examine him, either *viva voce*, or in writing,—1. On anatomy, chemistry, botany, institutes of medicine, and natural history bearing chiefly on zoology; and, 2. On materia medica, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence.

Sect. VII. Students who profess themselves ready to submit to an examination on the first division of these subjects, at the end of the third year of their studies, shall be admitted to it at that time.

Sect. VIII. If any one, at these private examinations, be found unqualified for the degree, he must study, for another year, two of the subjects prescribed in Section II., under professors of medicine, in this or in some other university, as above defined, before he can be admitted to another examination.

Sect. IX. Should he be approved of, he will be allowed, but not required, to print his thesis; and, if printed, forty copies of it must be delivered, before the 25th day of July, to the Dean of the Medical Faculty.

Sect. X. If the candidate have satisfied the medical faculty, the dean shall lay the proceedings before the Senatus Academicus, by whose authority the candidate shall be summoned, on the 31st of July, to defend his thesis; and finally, if the senate think fit, he shall be admitted, on the first lawful day of August, to the degree of doctor.

Sect. XI. The Senatus Academicus, on the day here appointed, shall assemble, at ten o'clock, a.m., for the purpose of conferring the degree; and no candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his degree for that year.

Sect. XII. Candidates for graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in an university.

JAMES SYME,
Professor of Clinical Surgery,
Dean of the Faculty of Medicine.
W. HAMILTON,
Secretary to the Senatus Academicus.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The members of the college are respectively entitled Ordinary Fellows, Non-resident Ordinary Fellows, and Licentiates.

Ordinary Fellows.—No one shall be elected an ordinary fellow of the college, till he has obtained the degree of doctor of medicine.

Every motion for the election of a fellow shall be made, at a quarterly meeting, by one of the fellows present, seconded by another, and determined by ballot—a majority of three-fourths being necessary to carry it in the affirmative.

No physician residing in Edinburgh shall be proposed for a resident fellowship, till he has been a licentiate for nine months, or, in case of his not being a licentiate, till nine months after his petition to be admitted a resident fellow shall have been presented, unless an urgent reason be assigned; in this case, he may be proposed even on the same day on which he becomes a licentiate, or at any other quarterly meeting, or at a meeting specially called for the purpose, if this proposal shall be agreed to by every member present.

No fellow shall engage himself to any candidate before the ballot; nor shall he reveal to any person in what manner he did ballot, under the pain of being considered as one who has broken his faith and honour to the college.

No fellow shall take his seat in the college, till the quarterly meeting after that on which he is elected, intimation to attend being then sent to him by the clerk.

The fellows shall be placed on the roll according to the dates of their admissions; and, when two or more fellows are admitted on the same day, they shall be entered on the roll according to the dates of their diplomas; and, if their diplomas be of the same date, they shall be enrolled according to their ages.

Every fellow, before taking his seat in the college, must sign a promissory engagement.

It shall be in the power of any fellow of the college to move that a candidate having a foreign degree be admitted without a previous examination; and, if the motion shall be seconded, it shall be determined by ballot at next quarterly meeting, a majority of three-fourths of the fellows present being necessary to carry it.

If an examination shall take place, it shall consist of three trials; the first by two fellows appointed by the college, on any part of medicine; the second, by two other fellows, on two aphorisms of Hippocrates; and the third, by two other fellows, on two medical cases. All these trials shall be in the presence of the college, and in the Latin language.

Non-resident Fellows.—No physician residing in Edinburgh is eligible for a non-resident fellowship.

The mode of election of a non-resident fellow is the same as that of a resident fellow; and the laws regarding examination, in the case of a foreign degree, also apply to him.

Fees.—The fee to be paid by a resident licentiate is £100.

The fee to be paid by a non-resident licentiate is £55.

The fees are exclusive of any tax payable to government now existing, or which may hereafter be imposed

ROYAL COLLEGE OF SURGEONS, EDINBURGH.
(1505.)

Regulation for Fellows.—The candidate is required—To present an essay on some surgical subject, which, if approved of, he must print for circulation among the fellows. He must then undergo three examinations—1. On anatomy and surgery; 2. On chemistry, materia medica, &c.; 3. On the essay he has written. If these are satisfactorily passed, he is admitted to the fellowship. Fee, £250; to apprentices of fellows, £100.

School of Medicine.—Every candidate for a surgical diploma must have followed the course of study, to be specified afterwards, in a university; or at the seat of an established school of medicine, as defined below; or in a provincial school, specially recognised by the college.

Under the title, established school of medicine, are comprehended all places in this kingdom where diplomas in surgery are granted, and such foreign schools as are acknowledged by the constituted authorities of the countries in which they exist.

The extent and period of study allowed to be gone through at a provincial school will be regulated by the means and facility of study which the college receive evidence of its affording; but the lectures delivered at a provincial school will be held as qualifying for only one year's course of study, unless specially recognised for more.

Qualifications of Teachers.—The following classes of persons shall be entitled to give lectures, which may be attended as part of the course of study:—1. In the universities of Great Britain and Ireland, and in University College and King's College, London, the professors of these institutions. 2. In Edinburgh, resident fellows of the Royal College of Physicians of Edinburgh, and fellows of the Royal College of Surgeons of Edinburgh. 3. In London, fellows and licentiates of the Royal College of Physicians of London, and members of the Royal College of Surgeons of London, whose status as teachers has been admitted by that college. 4. In Dublin, fellows of King's and Queen's College of Physicians in Ireland, and members of the Royal College of Surgeons in Ireland. 5. In Glasgow, members of the Faculty of Physicians and Surgeons of that city. 6. In recognised provincial schools, teachers whose status as such has been admitted by the college, on special application. 7. In any of the above schools, teachers, who, having acquired a status as such in one of the four established schools, in conformity with the above regulations, shall have been subsequently admitted, on application to the college, to the enjoyment of the same privileges in another school.[1]

The following branches of instruction may be conjoined:—Anatomy and practical anatomy, chemistry and practical chemistry, practice of medicine and clinical medicine, practice of surgery and clinical surgery, mathematics and mechanical philosophy; and, for the present, clinical medicine or clinical surgery may be taught in conjunction with any one of the other courses of education prescribed in the curriculum, by a physician or surgeon qualified according to the regulations of the college, and attached to a public hospital of the size which these regulations prescribe.

Course of Study—Preliminary Instruction.—Every candidate for the diploma of the royal college must, either previously to, or during his medical education, have received regular instruction in the elements of mathematics; and must have subsequently attended a course of mechanical philosophy of at least three months' duration, and of not fewer than sixty lectures.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period

[1] The only lectures expected from this law are those on mechanical philosophy and on chemistry. The former may be professors in universities, lecturers in public institutions, or teachers specially recognised by the college; and the latter may be persons not medical, if recognised by the college on special application, in conformity with a resolution of the college on the 25th October, 1838. In all cases of special recognitions, proof of capability, and of the applicant possessing the requisite apparatus for illustrating his lectures, will be required.

of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each. Anatomy, two courses of six months each. Practical anatomy, twelve months. Chemistry, one course of six months. Practical chemistry (the number of pupils in each class being limited to twenty-five), one course of three months. Materia medica and pharmacy, one course of six months. Practical pharmacy, one course of six months. Institutions of medicine, or physiology, one course of six months. Practice of medicine, one course of six months. Clinical medicine, one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered. Principles and practice of surgery, two courses of six months each, or, principles and practice of surgery, and military surgery, one course of six months each. Clinical surgery, one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered. Midwifery and diseases of women and children, one course of three months. Medical jurisprudence, one course of three months.

The six months' courses delivered in Edinburgh must consist of not fewer than one hundred and ten lectures, with the exception of clinical medicine, clinical surgery, and military surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each on any of the above subjects will be taken as equivalent to one six months' course.

The candidate must also have attended for twenty-one months a public general hospital containing at least eighty beds.

Fees payable by Candidates.—For a diploma, ordinary candidates pay the sum of £7 5s. (Apprentices of fellows of the royal college, bound for the freedom, pay 25s.; their other apprentices pay £2 16s. 6d. Assistant-surgeons in the navy, having previously obtained certificates from the college, pay £2 11s. 6d. Surgeons in the navy, having obtained certificates from the college, pay 15s. 6d.)

For the certificate of qualification to act as assistant-surgeon in the navy, candidates not having paid for any previous qualification, pay £4 19s. 6d.

For the certificate of qualification to act as full surgeon in the navy, assistant-surgeons who have already obtained certificates from the college, pay £3 18s. 6d., and those who have previously obtained the diploma of the college, pay £2 17s. 6d.

UNIVERSITY OF GLASGOW.—REGULATIONS REGARDING DEGREES IN MEDICINE AND SURGERY, TO CANDIDATES ENTERING THE UNIVERSITY IN, OR SUBSEQUENT TO, 1839-40.

Medicine.—Every candidate for a medical degree must lodge with the clerk or senate—

1. A certificate of moral character, by two respectable persons, with evidence of having attained the age of 21.

2. Evidence of having attended, for four years, an university in which medicine is regularly taught, or medical lectures delivered in London or Dublin; and at least one year of the four must be spent at the University of Glasgow. In each year he must have attended at least two courses of lectures of six months' duration, but if he shall spend one year only at the University of Glasgow, then he must attend three courses of lectures delivered there, two of them, at least, being of six months' duration.

3. Certificates of having attended one or more courses of lectures on the following subjects, each course, except forensic medicine and botany, being of six months' duration; if of less extent, then two courses shall be deemed equivalent to one of six months:—Anatomy and physiology; chemistry; the theory or institutes of medicine; practice of medicine; materia medica and pharmacy; midwifery; surgery; forensic medicine; botany;[2] anatomical dissections; and two years' practice of a general hospital, containing eighty beds, and in which the student must spend at least one-half of the period of attendance in the physicians' wards. Neither hospital attendance nor anatomical dissections shall be considered as equivalent to a course of lectures.

[2] No course of botany attended previously to 1839-40 is received, unless it shall have been delivered in an university.

4. Each candidate must lodge with the clerk of senate with the above certificates, a schedule of his course of study, properly filled up, together with an English essay on some medical subject chosen by himself, two months before the time of graduation—that is, on or before the 1st of March, or the 10th of June, yearly, otherwise he cannot be admitted for examination till the following term. All tickets of attendance lodged by candidates must be certified, not excepting those of the current session; but the certified botanical tickets of the current session shall not be received until the 1st of April.

5. No student entered in any medical class later than the 1st of December, without special permission of the senate. And it is strictly required of every candidate for graduation that he produce evidence of his name having been enrolled in the library book, on or before that day, as well as an express certificate of his regular attendance by each professor on whose lectures he attends. In order, further, to insure attendance, all students must inscribe their names, once a fortnight, in a register kept for the purpose, stating the lectures, &c., which they attend.

6. Every candidate shall prove that he has a competent knowledge of Latin, and shall undergo full examinations on all the subjects included in the curriculum.

Surgery.—The regulations respecting certificates of age and moral character are the same as those under the head of degrees in medicine.

Candidates for the degree of master of surgery shall produce evidence that they have attended medical lectures in one or other of the universities or schools already specified for four years, during which they must have attended one or more courses on the following subjects, the extent of each course, with the exception of forensic medicine, being six months, or the equivalent two courses of a shorter duration. The candidate must have attended not less than three courses of medical lectures in the University of Glasgow. In each year of his study he shall have attended at least two or more courses of lectures, of six months' duration, on anatomy, surgery, chemistry, theory or institutes of medicine, practice of medicine, midwifery, materia medica and pharmacy, forensic medicine, anatomical dissections, and two years' practice of a general hospital, in which the student must attend one-half of the prescribed period in the surgical wards, and the other half in the medical.

The regulations as to lodging certificates of attendance, and an essay in English, and as to the candidate's knowledge of Latin, are the same as under the head of medical degrees, only the essay is to be on a surgical subject. The days of graduation are the last Wednesday of April and the first Wednesday of August.

Fee to the library, &c., for the degree of M.D.	£15	0	0
Duty on stamp for ditto	10	3	0
	£25	3	0
Fee for the degree of Chirurgiæ Magister	£10	10	0

N.B. Candidates for degrees who attended classes in the University of Glasgow previously to 1839-40, admitted to examination, according to the regulations which existed at the time when they began to study medicine.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

Regulations for the Surgical Diploma.—The faculty recommend that candidates should attend elementary courses of study in mathematics and natural philosophy. These branches, however, are not imperative. Every candidate's knowledge in Latin should be tested, at his examination, by being required to construe some part of Gregory's Conspectus Medicinæ Theoreticæ.

Curriculum.—Anatomy, two courses of six months. Practical anatomy, one course of six months; enacted 7th June, 1830. Surgery, two courses of six months. Chemistry, one course of six months. Practical chemistry, one course of three months; enacted 8th November, 1831. Theory of medicine, one course of six months. Practice of medicine, one course of six months. Materia medica, one course of six months. Midwifery, one course of six months. Clinical medicine, one course of six months; enacted 7th June, 1830. Clinical surgery, one course of six months; enacted 7th June, 1830. Medical jurisprudence and police, one course of six months; enacted 4th April, 1841. Botany, one course of three months; enacted 3rd February, 1834. A public hospital, eighteen months; enacted 3rd February, 1834. A surgeon's or apothecary's shop, six months; enacted 3rd February, 1834.

The above lectures must have been delivered by professors or lecturers in an university; or by resident members of the Royal Colleges of Physicians or Surgeons respectively of London, Edinburgh, or Dublin; or by means of the faculty. Every candidate must have been employed in the above course of studies for four winter sessions, or for three winter sessions and two summer sessions, so that the whole period of attendance shall not be less than three years complete. An essay, the subject to be fixed by the examiners, to be written by the candidate, in his own handwriting; and no essay to be submitted for a shorter period than 24 hours. Specimens of bones, or other anatomical or surgical preparations, or specimens from the materia medica, shall be used at the discretion of the examiners. The fee of seven guineas shall be deposited with the president previous to the examination, and at the same time satisfactory documents shall be produced, that the above curriculum of education has been duly completed by certified attendance.

N.B. These branches, whose dates are specified, are not required by those students who commenced their studies anterior to these enactments. The commencement of education is ascertained by the date of the first ticket.

The fees for the diploma are £7 7s. The president, visitor, collector, box-masters, and seal-keeper, form, along with the assistant-examiners, the examining court. The diploma of the faculty is recognised by all the licensing bodies in the three kingdoms, and by the poor-law commissioners in England and Ireland.

KING'S COLLEGE, ABERDEEN.—REGULATIONS TO BE OBSERVED IN GRANTING DEGREES IN MEDICINE AT KING'S COLLEGE.

All candidates for the degree of M.D. must be of the age of twenty-one years, and must produce satisfactory certificates of moral character, and exhibit the diploma of A.M. from some university.

All candidates, with the exceptions mentioned below, must have been engaged in the study of medicine for at least four years, one of which must be passed in Aberdeen, and must produce evidence of having attended, in some recognised school of medicine, the following courses of lectures:—Six months' courses: anatomy, two courses; chemistry, one course; materia medica, one course; surgery, one course; institutes of medicine and physiology, one course; practice of medicine, one course; midwifery, one course. Three months' courses: dissections, two courses; practical chemistry, one course; medical jurisprudence, one course; clinical surgery, one course; botany, one course; clinical medicine, two courses.

In addition to the above, the candidate must have attended for two years the wards of a hospital containing 100 beds; and, during three months, a shop or dispensary for the compounding of medicine.

The preceding regulations are strictly enforced in the case of all students who shall commence their medical studies at a period subsequent to 1st October, 1840. But gentlemen who possess a licence or diploma from any of the royal colleges of physicians or surgeons, and who have been engaged for at least five years in the practice of medicine, may be admitted to examination on producing their licence or diploma, along with satisfactory evidence of sufficient preliminary education and of good moral character.

Previously to examination each candidate must lodge with the secretary £26 5s. 6d., the same to be returned to him should he not obtain his degree.

Degrees in medicine are conferred at two stated periods annually—viz., at the end of April, and at the end of July.

REGULATIONS FOR GRANTING MEDICAL DEGREES IN MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.

Curriculum.—Four years of attendance on medical classes, of which one year may be passed at any recognised medical school; but three, at least, must be passed in a university, including one, at least, in this university. The attendance, in each year, to embrace not fewer than two medical classes of six months each; or one of six months, with two or three months each. But it will be held equivalent to *one* of four years of such attendance in a university—1st, in a master of arts, to have attended one medical class while passing through the curriculum of arts; or, 2ndly, in any student, to have attended a medical class, in each of two years, along with classes in the curriculum of arts. The university attendance to include the following eight classes, each for a course of six months:—anatomy, practical anatomy, chemistry, materia medica, institutes of medicine, surgery, practice of medicine, midwifery, and the following three classes, each for a course of three months—botany, practical chemistry, medical jurisprudence.

Eighteen months of attendance on the medical and surgical practice of a hospital containing not fewer than eighty beds, along with attendance for six months on lectures on clinical medicine, and for three months on lectures on clinical surgery.

Six months of compounding and dispensing medicines in the laboratory of a hospital, or of a public dispensary, or of a licensed general practitioner, or of a regular dispensing druggist.

Exemption to Practitioners.—It will be held equivalent to the curriculum prescribed in the three foregoing regulations, to have obtained, upon examination, a diploma or a license, in medicine or in surgery, from a university or other authority established by law within the United Kingdom, and to have subsequently attended medical classes in this university during one winter session.

Examinations.—The examination terms to be two in each year—the *first* to commence on the 20th of April, if a Wednesday, but if not, on the first Wednesday thereafter; the *second* on the 13th of October, if a Wednesday, but if not, on the first Wednesday thereafter.

Every candidate to undergo at least three separate professional examinations—the first, pharmaceutical; the second, surgical; the third, medical; to be conducted partly in writing, as well as *vivâ voce*, and partly by demonstration. The *first* to include chemistry, botany, materia medica, pharmacy, and the doctrines of physics relating to specific gravities, to gases and vapours, and to climate. The *second* to include anatomy, institutes of medicine, surgery, and the doctrines of chemistry and physics illustrative of animal structure and function. The *third* to include the practice of medicine, midwifery, and medical jurisprudence.

Every candidate, not a master of arts, must undergo a preliminary examination on the Latin language (the book to be used being *Celsus de Medicina*), and on the etymology of such terms in the medical sciences as are derived from the Latin and the Greek.

Any candidate that so desires shall be admitted to each one, or to any two, of his three professional examinations, at different terms; but not to the first examination, until the beginning of his third year of medical classes; nor to the second until the end of his third year; nor to the third until the end of his fourth year, and until he be twenty-one years of age; nor shall a greater interval than eighteen months be allowed between two successive professional examinations, without a full renewal of the previous one or two. The preliminary examination must be passed at the same term as the first professional examination.

In order to be received for examination, certificates must have been lodged with the professor of medicine on the first day of the month of the examination term, shewing that the candidate is of the required age, that he is of good moral character, and that he has passed through the requisite course of professional education. Along with such certificates must be lodged a schedule, filled up in his own handwriting, containing a list of them, and specifying such additional branches of education, professional and general, as he may have studied.

UNIVERSITY OF ST. ANDREW'S. (1412.) REGULATIONS FOR GRANTING MEDICAL DEGREES.

The candidate must produce evidence of unexceptionable moral character, and before being admitted to examination must subscribe a declaration that he is twenty-one years of age.

The candidate must have had a liberal and classical education, and if he be not in the possession of the degree of A.M., must be ready to undergo an examination as to his proficiency in the Latin language.

The candidate must produce certificates that he has regularly attended lectures delivered by professors in some university, or by resident fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, Glasgow, Aberdeen, or Dublin, for at least four complete winter sessions, or three winter and three summer sessions, on the following branches:—1, anatomy, two courses of six months each; 2, practical anatomy, twelve months; 3, theory of medicine, or physiology, one course of six months; 4, chemistry, one course of six months; 5, practical chemistry, one course of three months; 6, materia medica and pharmacy, one course of six months; 7, surgery, one course of six months; 8, clinical medicine, one course of six months; 9, practice of medicine, one course of six months; 10, clinical surgery, one course of six months; 11, midwifery, and diseases of women and children, one course of three months; 12, an apprenticeship, or six months' attendance in the shop of an apothecary, or in the laboratory of a public hospital or dispensary; 13, attendance at a public hospital, containing not less than eighty beds, for at least eighteen months.

These regulations will be invariably observed, except when the candidates are possessed of a surgeon's diploma or licence from the colleges of London, Edinburgh, or Dublin, or the Faculty of Physicians and Surgeons of Glasgow, or a license from the Apothecaries' Company, in which case they have merely to present such diploma or licence previous to their examination for M.D.

UNIVERSITY OF DUBLIN (TRINITY COLLEGE). 1591.

Chancellor, his Majesty the King of Hanover; *Vice-Chancellor*, his Grace the Lord Primate of Ireland; *Provost*, Dr. Sadleir.

The days of graduation are, Shrove Tuesday, and the first Tuesday in July. The degree of bachelor of medicine may be obtained in two modes:—

1. Graduates in arts can obtain the degree at any of the half-yearly periods of graduation, provided the requisite medical education and examination shall have been accomplished. Fee for entrance, £16; fees for study in arts during four years, £7 10s. each half year; fees for graduation in arts, £8 17s. 6d.

2. Candidates are admissible to the degree of M.B., without previous graduation in arts, at the end of five years from the July following the Hilary examination of the first undergraduate year, provided the usual education and examinations in arts of the first two years of the undergraduate course shall have been completed, as also the medical education and examinations, as in the case of other candidates. Fees for two years' study in arts (besides the usual entrance payment of £16) are £7 10s. each half year. The graduation fees for the degree of bachelor of medicine are £11 15s. The standing of the first undergraduate year may be obtained by attending the October examination of that year, if the student has entered not later than the first Monday of the July of the same year, and has completed the payments due since the ordinary period of entrance in the preceding November. The medical education of a bachelor of medicine comprises attendance on the following courses of lectures in the school of physic established by act of parliament, provided that one, and not more than three, of the courses which begin in November be attended during each of four sessions. Three of these courses, at the discretion of the candidate, may be attended at the University of Edinburgh. The courses are on—anatomy and surgery, chemistry, botany, materia medica and pharmacy, institutes of medicine, practice of medicine, midwifery (by the professor to the College of Physicians), clinical lectures at Sir Patrick Dun's hospital, during at least one session (six months), as delivered by the professors in the school of physic; the attendance on such clinical lectures by the professors to be extended to three additional months of a summer session commencing in May. This regulation to affect all students commencing their medical studies after 17th July, 1841, and to be in lieu of attendance on the hospital from 1st May to the 1st November following. The fees for attendance on the clinical lectures are £3 3s. to the professors for each three months' attendance, and (provided the student be of two years' standing in the university) £3 3s. to the treasurer of the hospital for the first year, with a proportionate sum for any longer period. The fee for each of the other courses is £4 4s. The examinations are conducted by the regius professor of physic of the university, the six professors of the school of physic, and the professor of midwifery to the King and Queen's College of Physicians. No further examination is requisite for the degree of doctor of medicine, which may be taken at the expiration of three years from having taken the degree of M.B., provided the candidate shall have graduated in arts. The fees for the degree of doctor of medicine are £22. The degrees are publicly conferred by the vice-chancellor, in the senate or congregation of the university.

COLLEGE TERMS:

Hilary	begins January 10,	ends	March 25.
Trinity	" April 15,	"	June 30.
Michaelmas	October 10,	"	December 20.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Qualifications of Candidates for Licence.—Candidates must produce evidence of having been engaged in the study of medicine for four years, and of having attended two at least of the required courses in each year. Candidates, except those who have taken a medical degree prior to 1840, must produce certificates of attendance on one or more courses of lectures on the following subjects, each course being of six months' duration, with the exception of botany and forensic medicine, which must include at least fifty lectures:—Anatomy and physiology, chemistry, materia medica and pharmacy, botany, institutes of medicine, practice of medicine, principles and practice of surgery, midwifery, and forensic medicine. The lectures on anatomy, chemistry, botany, materia medica, institutes of medicine, and practice of medicine, are required to have been delivered by the respective professors of the school of physic in Dublin, or in an university. The lectures on surgery are required to have been delivered on at least three days in the week, during four months, by a professor of surgery in an university or college of physicians or surgeons in the United Kingdom, or by the surgeon of a medico-chirurgical hospital recognised by the college. These lectures must not form a part of a course of lectures on anatomy. The lectures on midwifery are required to have been delivered by a professor of midwifery in the university, or college of physicians or surgeons in the United Kingdom, or by the master of the lying-in hospital, Dublin. The lectures on medical jurisprudence are required to have been delivered by a professor in an university or college of physicians or surgeons in the United Kingdom. Certificates must also be produced of six months' attendance on anatomical demonstrations and dissections, and of at least two years' hospital practice; one year in the hospital of the school of physic in Dublin or Edinburgh, the other in any recognised medico-chirurgical hospital. The certificates must include attendance on the entire practice of the hospital, and on all the clinical lectures delivered in the hospital during such attendance. Candidates who have taken a medical degree in an university shall be admitted to examination upon such degree alone. Every candidate for licence, except those who have taken a medical degree prior to 1840, is examined on two separate days; on the first day on anatomy and physiology, chemistry, botany, materia medica, and pharmacy; and on the second day on acute and chronic diseases, midwifery, and non-naturals, and on the translating of one or more of the following books from the original Greek, viz.: Hippocrates, Aretæus, and Galen. Graduates in medicine are only required to undergo the second day's examination. The examinations, which are public, are conducted in the English language; but every can-

didate, except graduates in arts at Oxford, Cambridge, or Dublin, is required to translate medical cases from the English into the Latin language, before he is admitted to examination as to his professional acquirements. Fee for licence, £30.

The licence of this college is equivalent to a medical degree, and it confers privileges which a degree does not.

The fellows are chosen from the licentiates of three years' standing; they are required by statute (40 Geo. III., cap. 84, sect. 42) to have taken the degree of M.D. in one of the universities of Dublin, Oxford, or Cambridge; or to have taken the degree of A.B. in one of these universities, and to have received the medical education requisite for obtaining the licence, for which a degree in medicine is not necessary. Fee to the college, on election to the fellowship, £20, with an additional stamp duty of £25.

The act of parliament provides that these qualifications may be dispensed with whenever, at any time, the number of fellows is reduced to six.

The college has the power of conferring the honorary fellowship on any of its own licentiates, who have not the statutable qualifications; on such of its fellows as resign, or vacate the fellowship, and on such eminent medical men, not licentiates, as it may wish to distinguish by its approbation.

ROYAL COLLEGE OF SURGEONS IN IRELAND. (1784—1828.)

Bye-laws respecting the Registry of Pupils.—Every person requiring to be registered as a pupil on the college-books shall be so registered, if he shall have laid before the court of censors the following documents, viz.:—

Provided he be an apprentice, and shall have paid an apprentice fee: 1. A receipt showing he has lodged, to the credit of the president, and for the use of the college, in the bank of Ireland, the registry fee of ten guineas. 2. A receipt showing that the member or licentiate to whom he is indentured has lodged a similar sum of ten guineas. 3. A declaration, subscribed by the member or licentiate to whom he is indentured, stating that he has really and *bonâ fide* received the usual fee of one hundred and fifty guineas, or value to that amount. 4. His indenture of apprenticeship, duly executed, and bearing the requisite stamp.

Provided he be an apprentice, and shall not have paid an apprentice fee, he shall lay before the court: 1. A declaration, subscribed by the member or licentiate to whom he is indentured, that he has not received, or that he does not expect to receive, any apprentice fee. 2. A receipt, shewing that he has lodged, to the credit of the president, and for the use of the college, in the bank of Ireland, the sum of fifty guineas. 3. His indenture of apprenticeship, regularly executed and registered.

Provided he be an apprentice, and be the son, brother, or nephew, of the member or licentiate to whom he is indentured, or the son of some other member or licentiate of the college, and shall not have paid an apprentice fee, he shall lay before the court: 1. A declaration, subscribed by the member or licentiate to whom he is indentured, that he has not received, or that he does not expect to receive, any apprentice fee. 2. A receipt, showing that he has lodged, to the credit of the president, and for the use of the college, in the bank of Ireland, the sum of ten guineas. 3. His indenture of apprenticeship, regularly executed.

Provided he shall not be an apprentice to a member or licentiate of the college: 1. A receipt, showing that he has lodged, to the credit of the president, and for the use of the college, in the bank of Ireland, the registry fee of ten guineas.

Bye-laws relating to Education and the Qualification of Candidates for Letters Testimonial.—Every registered pupil or apprentice shall be admitted to an examination for letters testimonial, if he shall have proved and showed that his professional education has been, in all respects, conformable and agreeable to the provisions and enactments of the bye-laws and rules of the college, and shall have laid before the court the following documents:—1. A receipt, showing that he has lodged, as a registry-fee, the sum of ten guineas in the bank of Ireland, to the credit of the president, and for the use of the college, previously to his being admitted to any examination 2. A receipt, showing that he has lodged a sum of twenty guineas in the bank of Ireland, to the credit of the president, and for the use of the college, previous to his final examination for letters testimonial. 3. A certificate, signed by the president or vice-president, and two of the court of censors, that he has passed an examination as to his acquaintance with the Greek and Latin languages. 4. Certificates, showing that he has been engaged in the study of his profession for not less than four years, three of which shall have been passed in attendance on lectures or hospitals, during the winter sessions, in Dublin, London, Edinburgh, or Glasgow. 5. Certificates of attendance on a surgical hospital where clinical instruction is constantly given, containing fifty patients at least, for a period of not less than twenty-four months. 6. Certificates of attendance on the medical practice of a recognised hospital or dispensary, where clinical instruction is constantly given during twelve months. 7. Certificates of attendance on three courses of lectures on anatomy and physiology, three courses of lectures on the theory and practice of surgery, and of the performance of three courses of dissections, accompanied by demonstrations; also certificates of attendance on two courses of lectures on chemistry, or one course of lectures on general, and one on practical, chemistry; one course of lectures on materia medica; one course of lectures on the practice of medicine; one course of lectures on midwifery, and one course of lectures on medical jurisprudence. 8. A thesis, essay, or dissertation, in Latin or English, on any of the following subjects:—Anatomy, physiology, surgery, the practice of medicine, chemistry, materia medica, midwifery, or medical jurisprudence; or, in the place of such dissertation, a series of cases collected in the hospital in which the candidate has attended, illustrated by comments or observations.

A candidate, being a registered pupil, shall be allowed to pass the first of the two days' examination above-mentioned, on anatomy and physiology, on laying before the court of censors the following documents:—1. A receipt, showing that he has lodged a sum of ten guineas in the bank of Ireland, to the credit of the president, and for the use of the college. 2. Certificates, showing that he has been engaged in the study of his profession for not less than three winter sessions in Dublin, London, Edinburgh, or Glasgow. 3. Certificates of attendance on three courses of lectures on anatomy and physiology, and of the performance of three courses of dissections, accompanied by demonstrations, such candidate not being admissible to the second day's, or the final examination, on the other subjects above specified, until he shall have lodged a further sum of ten guineas in the bank of Ireland, to the credit of the president, and for the use of the college, and shall have laid before the court of censors all the documents enumerated in the bye-laws relative to "qualifications for the letters testimonial." Notice of every examination for letters testimonial is posted in the hall, and the secretary also, by regular summonses, gives notice of such examination to the members resident in Dublin. The examination takes place in the presence of such members and licentiates as choose to attend. The candidate is examined on two several days in anatomy and physiology, on the practice of medicine and surgery, and on any other branch of medical science, and shall perform such surgical operations or dissections, and explain such anatomical preparations, as the court may require.

Fee for letters testimonial or diploma, £31 10s., and for admission as member (which takes place by ballot after three years' standing as a licentiate, and confers corporate rights), £31 10s.

APOTHECARIES' HALL OF IRELAND.—1791.

Laws regarding the Education of Apothecaries.—Every candidate must undergo two separate examinations—one for the certificate of apprentice, the other for the licence to practise.

Every candidate for the certificate of apprentice must have attained the age of fifteen years, and will be examined in the following books:—The works of Sallust; the first six books of the Æneid of Virgil; the Satires and Epistles of Horace; the Greek Testament; the dialogues of Lucian; the first four books of Homer's Iliad; the first six books of Telemachus, or the history of Charles the Twelfth (in French); the first two books of Euclid; and algebra—to simple equations.

Every candidate for the licence to practise as an apothecary must lay before the court the following documents:—1. The certificate of apprentice. 2. The indenture of apprenticeship, enrolled according to the act of parliament and bearing the certificate of the licentiate apothecary to whom he has been indented, that he is of good moral character, and has fulfilled the period of his apprenticeship. 3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects, delivered at the school of Apothecaries' Hall, or at some other school of medicine recognised by the court (the order of the study here laid down is recommended for the guidance of students). Chemistry, anatomy, and physiology, six months; practical chemistry and botany, three months; materia medica, demonstrations, and dissections, theory and practice of physic, surgery, midwifery, and the diseases of women and children, six months; medical jurisprudence, three months.

A certificate of twelve months' attendance on the entire practice of a medico-chirugical hospital, recognised by the court, containing not less than fifty beds, and where clinical instruction is regularly given.

Also, a certificate of having assisted in at least thirty cases of midwifery practice, twenty of which must be attended in a recognised hospital.

The examination for the licence to practise as an apothecary will be as follows:—In translating and explaining the process of the British pharmacopœias and extemporaneous prescriptions; in chemistry and general physics; in materia medica and therapeutics; in natural history and medical botany; in anatomy and physiology; in the theory and practice of medicine; in midwifery; in medical jurisprudence.

The examination for the licence to act as assistant to an apothecary in compounding and dispensing medicine will be confined to the following subjects:—To translate the Dublin pharmacopœia, and extemporaneous prescriptions; pharmacy, botany, materia medica, and mechanical philosophy.

The candidate for the assistant's licence may present himself for examination at the termination of five years' apprenticeship.

The court of examiners sit every Friday, at two o'clock, and proceeds with the examination of candidates, in the order in which their names appear on the list.

A rejected candidate cannot be re-admitted to examination until the expiration of six months, and, after a second rejection, can appeal to be examined by the King and Queen's College of Physicians.

All lecturers are required to furnish the court of examiners with a list of such gentlemen as have taken out admission tickets on or before the first day of January; also a similar list of those who have obtained certificates of having attended their respective courses, with the number of lectures in each course, on or before the 10th May, annually.

REGULATIONS OF THE ARMY MEDICAL DEPARTMENT.—13, ST. JAMES'S PLACE.

Director-General, Sir James M'Grigor, Bart., M.D. (1815). Deputy Inspectors-General of Hospitals, Dr. Gordon (1836), and Dr. Clarke, assistant staff-surgeon. Apothecary, Francis Bassano (1825). Commissioned for Ireland only: Director-General, Dr. Renny (1795). Deputy Inspectors General Dr. Peile, Dublin (1803); Sir James Pitcairn, M.D., Cork, 1803.

A candidate for an assistant-surgeoncy in the army is required to fill up a blank form of certificate which may be obtained at the office by written application to the director-general, specifying by whom he is recommended, his Christian and surname at full length, with the course of study he has pursued. The candidate is, in addition, to sign and forward the following declaration:—

"I [Christian and surname at full length], ... years of age, a candidate for employment in the medical department of the army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted. I declare my age not to exceed twenty-six years, that I am unmarried, and

that I labour under no mental or constitutional disease, nor physical disability, that can interfere with the most efficient discharge of the duties of a medical officer in any climate." [Signature] . . .

In selecting from among the candidates for the medical department of the army, a preference is given to those who can fill up all the blanks in the printed form; but the name of no gentleman can be placed on the list who does not possess the diploma of either of the colleges of surgeons of London, Edinburgh, or Dublin, and who cannot produce the following testimonials:—eighteen months' attendance at an hospital of celebrity, where the average number of in-patients is not less than one hundred; twenty-four months' anatomy; twelve months' practical anatomy; twelve months' surgery, or (what is preferred) six months' surgery, and six months military surgery; eight months' clinical surgery, a complete course of two or three lectures during the week; twelve months' practice of physic, or six months' of practice of physic, and six months of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; four months' materia medica; three months' practical pharmacy, or apprenticeship; five months' natural history; five months' midwifery; five months' natural philosophy.

The candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

Candidates who have had an university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred, but a liberal education, and a competent knowledge of the Greek and Latin languages are indispensably requisite in every candidate, and the greater the attainments of the candidates in various branches of science, in addition to competent professional knowledge, the more eligible will they subsequently be deemed for promotion in the service; for selections to fill up vacancies will be guided more by reference to such acquirements than to mere seniority. Before promotion from the rank of assistant surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

Although the British schools are specified, it is to be understood that candidates who have received regular education in approved foreign universities or schools will be admitted to examination.

With the exception of practice of physic and clinical medicine by one teacher, candidates must have attended separate lectures for each branch of the science. The certificate of the teacher of practical anatomy must state the number of subjects or parts dissected by the pupil. Certificates of lectures and attendance must be from physicians or surgeons of the recognised colleges of physicians and surgeons of the United Kingdom, or of foreign universities. A certificate that the candidate is acquainted with the art of cupping is required.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at this office for examination and registry at least one week before the candidate appears for examination, and likewise certificates of moral conduct and character, one of them by a clergyman, and that of the parochial minister is desirable. Baptismal certificates are required at the same time; if the parish register cannot be resorted to, an affidavit from one of the parents, or some person who can attest the fact, will be accepted.

All communications to be forwarded "unsealed," under cover, to "the Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Although, in the examination of candidates, gentlemen are expected to be qualified in every branch of study required, they are requested to be particularly conversant in the knowledge of—1. Tropical diseases, and the diseases to which soldiers are most liable. 2. Military surgery, and works on the habits of soldiers and rules of the service. 3. Cullen's Nosology, being that adopted in all returns and reports. 4. Willan's Classification of Cutaneous Diseases. 5. The latest authors on the diseases of the eye. They are expected readily to translate a passage from a Greek or Latin author; to be conversant with Baillie and the later authors on morbid anatomy; with Cullen's, Mason Good's, and Gregory's Practice of Physic, the latter giving an account of tropical diseases, and those most commonly met with in the army; with the works of Hunter, Hennen, Dr. John Thomson, Guthrie, Samuel Cooper, Millingen, Ballingall, Marshall, and Baron Larrey, on Military Surgery; with the works of Chisholm, Bancroft, Lind, Blane, Burnet, Johnstone, and Annesley, on the diseases of warm climates; but Baillie's Morbid Anatomy, Hennen's and Ballingall's Military Surgery, 3rd edition, with his valuable work on Medical Topography, Guthrie on gun-shot wounds and on the eye, and Gregory's Practice of Physic, should form part of the baggage of every military surgeon.

Candidates, after passing their examination, will not have any leave of absence granted, but will be stationed at Chatham for two or three months, previously to being gazetted; and on their conduct there will depend their obtaining their commissions. The appointment of army-assistant surgeons rests with the director-general, Sir James M'Grigor, Bart., by whom the examinations are generally conducted.

NAVAL MEDICAL DEPARTMENT.—ADMIRALTY OFFICE, SOMERSET HOUSE.

Director-General of the Medical Department of the Navy, Sir William Burnett, M.D., Knt., K.C.H., F.R.S.

Qualifications. — The Right Hon. the Lords Commissioners of the Admiralty having been pleased to direct "that no person be admitted as an assistant-surgeon in the royal navy who shall not produce a certificate from one of the Royal Colleges of Surgeons of London Edinburgh, or Dublin, of his fitness for that office; nor as a surgeon, unless he shall produce a diploma or certificate from one of the said royal colleges, founded on an examination to be passed subsequently to his appointment of assistant-surgeon, as to the candidate's fitness for the situation of surgeon in the navy; and, in every case, the candidate producing such certificate or diploma, shall also undergo a further examination before the director-general of the medical department of the navy, touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service," the inspector-general doth hereby signify, for the information of those persons to whom it may relate, that these regulations and directions will be strictly adhered to; and further, that previously to the admission of assistant-surgeons into the navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also, that they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district. That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy. That their age be not less than twenty years, nor more than twenty-four, and that they are unmarried. That they have actually attended a hospital in London, Edinburgh, Dublin, Glasgow or Aberdeen, for two years, after the age of eighteen, in which the average number of patients is not less than 150. That they have been engaged in actual dissections of the human body twelve months; the certificates of which, from the teacher, must state the number of subjects or parts dissected by the candidate. That they have attended lectures, &c., on the following subjects, at established schools of eminence, by physicians or surgeons of the recognised colleges of physicians or surgeons in the United Kingdom, for periods not less than hereunder stated, observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine, be not attended during three distinct winter sessions of six months each.

Anatomy (or general anatomy, twelve months, and comparative anatomy, six months), eighteen months. Surgery (or general surgery, twelve months, and military surgery, six months), eighteen months. Theory of Medicine, six months. Practice of medicine, twelve months. If the lectures on the theory and practice of medicine are given in conjunction, then the period required is eighteen months (six months' lecture on pathology, if given at a university where there may be a professorship on that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine). Clinical Lectures, at a hospital as above (or the practice of medicine, six months, and the practice of surgery, six months), twelve months. Chemistry (or lectures on chemistry, three months, and practical chemistry, three months), six months. Materia Medica, six months. Midwifery (accompanied by certificates stating the number of midwifery cases personally attended), six months. Botany (or general botany, three months, and medical botany, three months), six months.

In addition to the tickets for the lectures, certificates must be produced from the professors, &c., by whom the lectures were given, stating the periods (in months) *actually* attended by the candidates. The time, also, of actual attendance at a hospital or infirmary must be certified, and the tickets as well as certificates of attendance, age, moral character, &c., must be produced by the candidate immediately on his being desired to appear for examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of assistant-surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London, or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations

By the rules of the service, no assistant surgeon can be promoted to the rank of surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved that not any diploma or certificate of examination from either of the aforesaid royal colleges shall be admitted toward the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for surgeon unless he be a member of one of the above-named royal colleges, and whenever assistant-surgeons, already in the service (whose professional education may not be in accordance with the above), obtain leave to study previously to their passing for surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education, agreeably to these regulations.

It is also to be observed, that candidates who may be admitted into the naval medical service must serve in whatever ships, &c., they may be appointed to, and that, in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they, of course, be allowed half-pay.

ORDNANCE MEDICAL DEPARTMENT.—63, PALL MALL.

Regulations for the Admission of Candidates.—Provisional List.—Medical students who have completed their twentieth year, who have been well instructed in the Latin and Greek languages, the elements of mathematics and natural philosophy, and who can produce satisfactory proofs of being of good moral character, and diligent in the study of their profession and the sciences connected with it, may be entered in the provisional list of gentlemen desirous to be admitted candidates for employment in the Ordnance medical department. A knowledge also of modern languages, though not indispensable at the time of provisional reception, is highly desirable, and will be duly appreciated.

Candidates.—No applicant is to be received on the list of candidates before he is twenty-two, or retained on it after he is twenty-five years of age. The age of every individual must be verified by a certificate of his baptism, if it can be procured. He must be also unmarried, and in the full enjoyment of health, both bodily and mental.

Qualifications.—Every candidate must produce a diploma from one of the colleges of surgeons of London, Edinburgh, or Dublin; and a certificate of qualification from the Society of Apothecaries in London. He must also bring proof of having diligently gone through the following branches of professional education, nearly all of which are required to enable him to take out the above-mentioned diploma and certificate—viz., of having served an apprenticeship of five years to a surgeon and apothecary, if educated in England; but if not, qualification in the practice of medicine and pharmacy equivalent thereto;—of having attended the practice of surgery in a recognised hospital or hospitals, where clinical instruction is constantly given, for three years, three months being allowed for a vacation in each year;—of having attended the undermentioned lectures, &c.

Anatomical lectures . . } Three anatomical seasons
Ditto - - demonstrations } or sessions.
Ditto - - dissections . . }
Morbid anatomy and pathology . . . . . } one course.
Lectures on the principles and practice of surgery, delivered in two distinct periods or sessions . . . . . } two courses, each comprising seventy lectures, on one course of surgery, and one of military surgery.
Natural history, or comparative anatomy . . } one course.
Chemistry . . . . . } one course of a hundred lectures.
Botany . . . . . one course.
Materia medica and therapeutics . . . . . } one course of a hundred lectures.
Lectures on the principles and practice of medicine . . . . . } two courses, each a hundred lectures; second and third winters.
Medical practice, with clinical lectures, eighteen months, commencing the second session, viz., twelve months in a recognised hospital, and the remaining six months either in a recognised hospital or a dispensary.
Medical jurisprudence, with toxicology . . . } one course of fifty lectures.
Midwifery . . . . . } two courses each of lectures, second and third sessions.
Practical midwifery (not less than thirty cases) } After the conclusion of the first course of midwifery lectures, a certificate of having passed the usual examination is to be produced.
Diseases of the eye } with attendance on patients of that class, } one course.

He must produce a diploma from either of the colleges in London, Edinburgh, or Dublin, and if not a graduated M.D. of Scotland or Ireland, after having actually passed an examination in the university where he has obtained his degree; a certificate of qualification also from the Society of Apothecaries in London. It is likewise expected that candidates shall have attended establishments for the cure of diseases of the ear and skin, and for the treatment of patients affected with mental de-

A SESSIONAL SYNOPSIS FOR LONDON.

	Anatomical Demonstration.	Anatomy, Descriptive and Surgical.	Structural and General Anatomy and Physiology.	Chemistry.	Materia Medica and Therapeutics.	Theory and Practice of Medicine.	Principles and Practice of Surgery.	Midwifery and Diseases of Women and Children.	Botany.	Medical Jurisprudence.	Comparative Anatomy.
Aldersgate St...		Mr. Chance	Mr. Holthouse	Mr. Makins	Dr. A. B. Garrod	Dr. Aldis and Dr. K. Grant	Alfred Smee, F.R.S.	Dr. B. Sewell	Dr. W. Brown, F.L.S.	Dr. J. J. Davies	Dr. Brown
Bartholomew's.	Mr. M'Whinnie and Mr. Holdin	Fred. C. Skey, F.R.S.	Mr. J. Paget	Mr. T. Griffiths	G. L. Roupell, M.D., F.R.S.	Dr. G. Burrows	Wm. Lawrence, F.R.S.	Edward Rigby, M.D., F.L.S.	Fred. J. Farre, M.D., F.L.S.	W. Baly, M.D.	A. M. Mac Whinnie
Charlotte Street	Mr. Dermott	Mr. Dermott	Mr. Dermott	J. Scoffern, M.D. Practical, Drs. Ryan & Mitchell	G. Smyth, M.D.	C. J. B. Aldis, M.D.	Mr. Dermott	T. Smith, M.D.	Mr. B. Clarke	John J. Davies, M.D.	
Guy's	Mr. J. Birkett and Mr. A. Poland	Mr. Cock and Mr. Hilton	Mr. J. Birkett	Mr. Aikin and Mr. Taylor	Dr. Addison, and Dr. G. Bird	Dr. Addison	Mr. Morgan and Mr. B. Cooper	Dr. Lever and Dr. Oldham	Mr. Johnson	Mr. Taylor	Dr. Gull
King's College..	Mr. Simon and Mr. Bowman	Prof. Rd. Partridge, F.R.S.	Dr. R. B. Todd, F.R.S.	Dr. W. A. Miller Demonstrator, J. Bowman, Esq.	J. F. Royle, M.D., F.R.S.	Prof. G. Budd, M.D., F.R.S.	Prof. W. Fergusson, F.R.S.E	Prof. A. Farre, M.D., F.R.S.	Prof. E. Forbes, F.R.S., F.L.S.	Prof. W. A. Guy, M.D.	T. R. Jones, F.R.S.
Middlesex	Mr. Campbell De Morgan, and Mr. H. M. Rowdon	Mr. Campbell De Morgan	Erasmus Wilson F.R.S.	Mr. Makins	George Edward Day, M.A., Cantab.	M. A. N. Crawford, M.D.; Pathology & Morbid Anatomy, S. Thompson, M D	Jas. M. Arnott, F.R.S., and Mr. A. Shaw	Charles West, M.D.	Mr. Rodgers	R. J. Latham	
St. George's ..	Dr. Handfield Jones and Mr. Osbert Cundy	Mr. Henry C. Johnson	Mr. Tatum and Mr. Henry J. Johnson	Mr. Brande, F.R.S., and Mr. Solly	Dr. Nairne and Dr. Page	Dr. Nairne and Dr. Page	Mr. C. Hawkins and Mr. Tatum	Dr. Robt. Lee. F.R.S.	Dr. Dickson, F.L.S.	Dr. Page	
School adjoining St. George's	Mr. W. Pettigrew	Mr. Lane, Mr. W. V. Pettigrew	Mr. Lane, Mr. W. V. Pettigrew	Mr. Rodgers	Dr. Laukester, F.L.S.	Dr. Goolden	Mr. Lane and Mr. Pilcher	Mr. Bloxam	Dr. Cooke, F.L.S.	Aural Surgery, Mr. Pilcher	
London	Mr. G. Crichett and Mr. Ward	Mr. J. Adams	W. B. Carpenter M.D., F.R.S.	J. Pereira, M.D. F.R.S. Henry Letheby, B. Lond.	J. Pereira, M.D. F.R.S.	W. J. Little, M.D.	Mr. Jas. Luke and Mr. Thos. B. Curling	H. H. Ramsbotham, M.D.	E. J. Quekett, F.L.S., F.R.S.	F. H. Ramsbotham, M.D., and A. Frampton, M.D.	Dental Surgery, J. J. Craigie
University College	Mr. G. V. Ellis and Dr. J. P. Potter	Professor Rich. Quain, F.R.S.	Prof. Sharpey. M.D., F.R.S.	Prof. Graham, F.R.S.; Practical Chemistry, Professor Fownes, F.R.S.	Professor A. T. Thompson, M.D. F.L.S.	Prof. C. J. B. Williams, M.D. F.R.S.	Prof. S. Cooper. Clinical Surgery, Mr. Liston, F.R.S.	Prof. Murphy, M.D.	Prof. Lindley, M.D., F.R.S.	Professor A. T. Thompson, M.D. F.L.S.	Prof. Grant M.D. FRS.
St. Thomas's ..	Mr. Dixon and Mr. Trew	Mr. F. Le Gros Clarke	Mr. R. D. Grainger	Dr. Leeson	Dr. R. Bennett	Dr. M. Hall and Dr. Barker; the Exanthemata, Dr. G. Gregory	Mr. Green and Mr. B. Travers	Dr. Cape and Dr. Waller		Dr. Leeson and Dr. R. Bennett	
Charing Cross..	Mr. Hird and Mr. E. Canton	Mr. Hird	J. W. Jones, F.R.S.	Dr. Ayres	Dr. Steggall and Dr. Willshire	Dr. Shearman & Dr. Rowland	Mr. Hancock	Dr. Chowne	Dr. Willshire	Dr. Chowne & Dr. Gavin	
Westminster ..		Dr. Hunter and Mr. C. Pennell	Dr. Hunter and Mr. Erichsen	Mr. Lewis	Dr. Basham	Dr. H. Roe and Dr. Kingston	Mr Philips and Mr. Erechsen	Dr. Andrews & Dr. F. Bird	Dr. Basham and Dr. F. Bird	Dr. F. Bird and Dr. Badham	

Westminster School; *Physicians:* Drs. Bright, Roe, Kingston, Basham. *Practice*, £21.—*Surgeons:* Messrs. White, Lynn, Hale Thomson, Phillips. *Practice*, £31.—St. George's Hospital; *Physicians:* Drs. Seymour, Wilson, Maclcod, Nairne, and Page. *Practice*, 24 Guineas.—*Surgeons:* Messrs. Keate, Hawkins, Cutler, Tatum, H. J. Johnson, and H. C. Johnson. *Practice*, 50 Guineas.—St. Thomas's Hospital; *Physicians:* Drs. R. Williams, Burton, Barker, Leeson, Goolden, Risdon Bennet. *Practice*, £24 3s. *Surgeons:* Messrs. Green, South, Macmurdo, Solly, B. Travers, and F. Le Gros Clark. *Practice*, £26 6s.—King's College Hospital; *Physicians:* Drs. Watson, Budd, Todd, Farre, and Guy. *Practice*, £21.—*Surgeons:* Messrs. Arnott, Fergusson, Partridge, Simon, and Bowman. *Practice of both*, £36 15s—Middlesex Hospital; *Physicians:* Drs. Hawkins, Wilson, Crawford, and Ashburner. *Practice*, for eighteen months, £12 12s.—*Surgeons:* Messrs. Arnott, Tuson, and Shaw. *Practice* (not named).—University College Hospital; *Physicians:* Drs. C. J. B. Williams, Thompson, Taylor, and Walshe. *Surgeons:* Messrs. Cooper, Liston, Quain, and Morton. *Practice for both*, £26 5s.—Bartholomew's Hospital; *Physicians:* Drs. Roupell, Hue, Burrows, Farre, Jeffreson, and Black. *Practice*, 30 Guineas.—*Surgeons:* Messrs. Vincent, Lawrence, Stanley, Skey, Lloyd, and Wormald. *Practice*, 25 Guineas.—London Hospital; *Physicians:* Drs. Cobb, Frampton, Little, Pereira, Fraser, and Herbert Davies. *Surgeons:* Messrs. Andrews, J. Scott, Luke, Hamilton, Adams, and Curling. Charing Cross Hospital; *Physicians:* Drs. Shearman, Golding, and Chowne. *Practice*, 15 Guineas.—*Surgeons:* Messrs. Hancock and Avery. *Practice*, 15 Guineas. Guy's Hospital; *Physicians:* Drs. Bright, Addison, Babington, Barlow, Hughes, Owen Rees, and Golding Bird. *Pupil*, for eighteen months, £15 15s.; for longer period, £24 4s.—*Surgeons:* Messrs. B. Cooper, Key, Morgan, Callaway, Cock, and Hilton. *Practice*, 50 Guineas.

rangement. Certificates will not be received on more than two branches of science, from one and the same lecturer; but anatomy and physiology, demonstrations and dissections, materia medica and botany, will be respectively considered one branch of science. In the certificates of attendance on hospital practice, and on lectures, the dates of commencement and termination are to be inserted in words at full length. The moral conduct and character of each individual must be certified by the gentleman to whose care his education was confided; and also by a clergyman, who, if practicable, should be the incumbent or officiating minister of the parish in which the applicant usually resides. The documents above detailed are to be inspected by a board, to consist of not less than five medical officers, after which they are to examine the candidate as to his professional acquirements. If his education has been chiefly medical, the examination will be principally in practical surgery; but if surgical, in the theory and practice of physic, including pharmacy. The full qualification being required on admission, a second examination is deemed unnecessary.

EAST INDIA COMPANY'S SERVICE.—REGULATIONS FOR THE ADMISSION OF MEDICAL GENTLEMEN INTO THE EAST INDIA COMPANY'S SERVICE AS ASSISTANT-SURGEONS FOR INDIA.

Age.—The assistant-surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born.

Qualifications in Surgery.—The assistant-surgeon, upon receiving a nomination, will be furnished with a letter to the Court of Examiners of the Royal College of Surgeons, to be examined in surgery, and their certificate will be deemed a satisfactory testimonial of his qualification; but should the assistant-surgeon be previously in possession of a diploma from the Royal College of Surgeons of London, or of the College of Surgeons of Dublin or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of surgery, without any further examination. He is also required to produce a certificate from the cupper of a public hospital in London, of having acquired and being capable of practising with proper dexterity the art of cupping.

Qualifications in Physic.—The assistant-surgeon will also be required to pass an examination by the Company's examining physician in the practice of physic, and to produce satisfactory proof of his having attended at least two courses of lectures on the practice of physic; and, above all, that he should produce a certificate of having attended diligently the practice of the physicians at some general hospital in London for six months.

The assistant-surgeon is also required, as a condition to his appointment, to subscribe to the Military or Medical, and Medical Retiring Fund at his respective presidency, and also to the Military Orphan Society, if appointed to Bengal.

The assistant-surgeon is required, by a resolution of court of the 21st of May, 1828, to apply at the office for cadets and assistant-surgeons for his orders for embarkation, and actually proceed under such orders within three months from the date of being passed and sworn before the committee for passing military appointments; he will then be furnished with an order to obtain the certificate of his appointment, signed by the secretary, for which he will pay a fee of £5 in the secretary's office.

Assistant-surgeons who shall fail to apply at the cadet apartment for their orders within three months from the date of their being passed and sworn before the committee, or shall not actually proceed under such orders, are considered to have forfeited their appointments, unless special circumstances justify the court's departure from this regulation.

OBITUARY.—On the 19th inst., at his residence, 1 Marine-place, Commercial-road, Dr. W. G. Pater, aged 45.

SOMETHING NEW.—The resident medical officer of one of our London hospitals receives a salary of £120 per annum, with board and lodging, but has to find his own *tea and sugar*.

CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M. R. C. S. E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

CASE.—*Phthisis Laryngea, followed by Œdematous Sore-throat; Antivenereal Treatment; Cure.*

M. B., a veteran soldier, had several attacks of venereal disease, for which he was not treated specifically. After his restoration to health, he left the service, married, and enjoyed perfect health for five or six years; during this time he indulged in violent exercise and the excesses of the table; he then complained of pain in the throat, and, some time after, of pain in the legs, which was ascribed to exposure to cold, or to the abuse of spirituous liquors. These disorders grew gradually worse for two years, at the end of which his voice was nearly lost. Symptoms of phthisis laryngea came on, and was complicated with œdematous sore-throat. It was at this time that M. B. decided on coming to Montpellier. I shall say nothing of the treatment he had previously undergone, because it was very trifling, owing as much to the timidity of his medical attendants, as his own carelessness. On arriving at Lunel, he passed the night at his window in a state of continual agitation from fear of being suffocated; the difficulty of respiration was so great that he could not remain two minutes in the same place, and the noise produced by the entrance of air into the larynx was so great that it attracted the attention of more than 300 people under his window. At Montpellier he was so distinctly heard in the contiguous room, that its occupants were obliged to leave. The dull and melancholy whistling which was produced by the entrance of the air into the larynx was accompanied with such efforts of the respiratory muscles, and with such an expression of general anxiety, that it was painful to look at him; expiration was easy, but very short, and the few words he was capable of articulating during the rapid passage of the air, were dull, hoarse, and masked, as in the last stage of phthisis laryngea. The paroxysm of coughing was very frequent, and aggravated the feeling of suffocation. The expectoration was not in proportion to the severity of the symptoms, and the pain was not severe, and only complained of in the larynx; there was a general feeling of fatigue in the parietes of the thorax, and the suffocation was increased by wind from the sea; it diminished when the wind was dry and came from the mountains. Auscultation could not detect any appreciable alteration in the pulmonary parenchyma, and the seat of the disease was ascertained to be in the larynx. The painful sensation which he complained of in the walls of the chest, depended probably on the fatigue of the pectoral muscles. The patient had, on the anterior part of one of the legs, a suspicious-looking wound, which was accompanied with a swelling of the periosteum, and osteocopic pains, which were more severe at night than during the day. The opinion which I gave him was as follows:—

"There evidently exists phthisis laryngea, which is implicated with œdematous sore-throat, and is probably caused by a venereal virus: four moxas should be placed around the larynx, and when suppuration is set up, an antivenereal treatment should be commenced." As the patient had taken mercury in all, or almost all its preparations, the hydrochlorate of gold was prescribed, and begun in doses of three millimetres, with sudorifics. He became so nervous, and the difficulty of respiration was so great, that he rushed to my house, and fell almost asphyxiated in the room. At the time I was at the hospital, and on learning that a man had suddenly died at my house, I immediately returned, and found the patient in the agony of death; his hands were fixed on his neck. I immediately introduced a large gum elastic catheter through the glottis, and the patient soon became sensible; the catheter caused him much discomfort, and he tore it away; but in half an hour afterwards the suffocation came on again, and he was obliged to have it again introduced; it was retained longer than before, and afforded evident relief. During the rest of the day I remained near him, and passed the sound again, more to favour the subsidence of the œdema than to facilitate respiration. He passed a good night, and, for the first time during three months, enjoyed several hours of uninterrupted sleep. From this time the symptoms decreased in severity—he became more tranquil, and had four moxas applied in eight days. Having undergone four months of antivenereal treatment, he was completely cured of the phthisis laryngea, of the wound on his leg, of the periostosis and the osteocopic pains. From that time to the present day the cure has been perfect; though M. B., notwithstanding the cautions that were given him, has assumed his former habits of intemperance, and led a most irregular life, he has never had the slightest cough, or symptom of his former complaint; his voice, however, continues slightly hoarse.

CASE.—*Phthisis Laryngea; Chronic Ulceration of the Elbow-joint; Constitutional Syphilis; Antivenereals; Improvement; Death.*

The patient who forms the history of this case came to the hospital in the month of May, 1843, in a most deplorable condition: general emaciation; symptoms of phthisis pulmonalis in the third stage; complete loss of the voice, with the characteristic whistling of phthisis laryngea. At the same time there was an ulcer over the left elbow-joint, and from the history furnished by the patient, as well as the appearance of the wound itself, I recognised the effects of constitutional syphilis. A specific treatment, assisted by local measures (issues to the larynx), very soon effected an improvement: when he had taken about fifty pills of Sedillot, his voice was nearly restored to its natural tone, his general health was considerably restored, and the ulcer was of a more satisfactory character. This favourable result was but of short duration, phthisis was too far advanced: the unfavourable symptoms arising from the disorganisation of the lungs obliged me to discontinue the treatment, and the patient died in the following June with all the symptoms of tubercular affection. The post-mortem examination verified the accuracy of the diagnosis. From the rapid and decided improvement which was effected by the antivenereal treatment, we might have been induced to hope that his recovery would have been as fortunate as that of the last case detailed, had it not been for the advanced state of tubercular affection.

CASE.—*Lymphatic Constitution; Chancre; Bubo; Abscess in the Perinæum; Fissure of the Anus; Iodide of Potassium; Sudorifics; Cure.*

Tiple Jean, from Tournemire (Cantal), twenty-one years of age, by trade a shoemaker, of a lymphatic temperament, had contracted chancres in the year 1842, which were treated by antiphlogistics, and followed by a bubo, which suppurated and was opened. The cicatrix ulcerated, and the suppuration continued for six months, although mercurial frictions, sudorifics, and strict diet were observed. Some days after the disappearance of the bubo, the patient noticed a small tumour in the perinæum, which ulcerated; three days afterwards (7th of December, 1842) Tiple came to the hospital of Saint Eloi (emollient poultices, bath). The aperture of the abscess was about the size of a leech-bite, it was now enlarged by an incision, and a profuse collection of pus was evacuated. One gram. of the iodide of potassium night and morning, sudorifics.

December 15.—Expectoration streaked with blood of a florid colour; pain at the back of the throat and in the larynx; difficulty of deglutition; suppuration less abundant; sudden appearance of pimples on different parts of the body (venesection of fifty grammes, sudorifics). The iodide of potassium to be discontinued.

25.—Treatment to be resumed: a fissure of the anus appeared after a severe attack of diarrhœa; the surface was inflamed, and blood flowed from the wound. From this time the perineal suppuration diminished, and the fissure continued, although he used several baths. At the end of January, 1844, the perineal abscess closed; and on the 12th of February the fissure was entirely cicatrised, and the induration of the parts had disappeared. The patient being now cured left the hospital: the treatment consisted of iodide of potassium, which was taken in an infusion of sarsaparilla and a sudorific syrup. Mercurial preparations did not produce their usual beneficial effects in this case, owing to the lymphatic temperament of the subject, and consequently they were replaced by the iodurets these

were obliged to be discontinued occasionally, in consequence of the too great excitement they produced. As to the fissure of the anus, it is curious that it should come on after the attack of diarrhœa; these fissures are generally produced by the effects of obstinate constipation, which causes a tear in the mucous membrane. However, the affection in this case originated from the venereal virus, the proof of which was, that it was cured by the administration of antisyphilitic remedies. We can easily understand that when an organ happens to be accidentally irritated, it is more disposed to be influenced by a general cause than any other part of the economy; consequently we often see the symptoms of secondary syphilis select those organs which are exposed to fatigue or have been repeatedly irritated.

CASE.—*Several Attacks of Syphilis; Stricture; Sondes à Demeure; Orchitis; Inefficacy of Antiphlogistics; Antivenereals; Cure.*

Robert Antoine, forty-five years of age, of a sanguineous temperament, and robust constitution, came to the hospital on the 22nd of November, 1843, having a wound on the head, and a large contusion on the right side. The wound was almost cicatrised, but on the 4th of December he complained of a difficulty in voiding his urine. I then learnt that, being a soldier, he had had syphilis on several occasions, and that he was treated by mercurials and astringent injections. Stricture had come on, and once only he had had retention of urine. For two months the patient suffered no inconvenience in the urethra. The stricture was very long and fusiform, and was situated at the bend of the urethra. It was dilated in five days without giving much pain; but when the use of the sound was discontinued, pain was felt in the whole course of the canal, and a slight paroxysm of fever came on. The 13th of December the patient complained of an unusual feeling of weight in the scrotum; there was swelling of the right testicle, redness of the parts; acute pain along the course of the spermatic cord (suspensory bandage, leeches, emollient poultices).

December 14th.—Orchitis much increased; frequent desire to make water; urine high coloured, and depositing a thick sediment. The inflammation of the testicle came on after leaving off the use of the sound, and the remedies usually put in force were of no avail. The previous history of the patient induced me to have recourse to an antisyphilitic treatment (pills of Sedillot, sudorifics). By this mode of treatment the orchitis quickly disappeared; on the 22nd of December he had not a trace of it left. The treatment was continued for some little time, and the patient left the hospital perfectly well. We daily see orchitis come on from the use of sondes à demeure, but in this instance the inflammation of the testicle only came on after the use of the sound had been discontinued, and it did not yield to the remedies usually successful in these cases, but resolution was quickly obtained by antivenereals. Independently then of the action of the sound, there existed a venereal influence which prevented the recovery. When an accidental cause reacts on an organ, and the entire economy is under the influence of a *general* infection, the local disease is arrested in its course to recovery, until the exciting cause be removed. In the preceding case, the fissure of the anus was not improved by the usual remedies; and in the case of Robert, the orchitis was not relieved by antiphlogistics; the cause was, that a venereal virus exasperated these affections.

Constitutional Syphilis; Ulcers on the Right Leg; Copperish Spots on the Skin; Fungoid State of Testicle; Treatment by the Preparation of Gold; Cure.

Jean Goudouly, fifty years of age, a native of Avez, in the department of Gard, had several venereal diseases, and had, on several occasions, felt osteocopic pains when the left testicle became engorged; at the same time, pustules and gummy tumours appeared all over the body. The symptoms becoming worse, the patient consulted a physician, who prescribed for him whey, and an infusion of sarsaparilla, leeches to the testicle, and emollient applications. He continued in the same state, until inflammation attacked the coverings of the testicle; they became ulcerated in two different places, and fungoid tumours of a large size issued from these ulcerated openings. When he came to the hospital of St. Eloi, in the month of December, 1825, Jean Goudouly presented the following appearance:—On the left side of the scrotum there was a tumour about the size of a large nut, hard, irregular, painful, and constantly covered with a greenish-yellow, ichorous matter. On trying to separate it from the scrotum, it was soon seen to belong to the corresponding testicle. The spermatic chord on the same side was very much engorged; he had acute renal pains, little or no appetite, disordered digestion, pallid countenance; he was thin; had little or no sleep; pulse small and frequent. On the right leg there were three ulcers, and the skin was detached; he had several coppery spots on the body. From the antecedent history of the patient, I considered the whole train of symptoms to be occasioned by the presence of a venereal virus; consequently, emollient poultices and the hydrochlorate of gold were ordered. The tumour appearing stationary, the tunics of the testicle were divided, and the diseased portion protruded through the opening; still the emollient applications and the preparation of gold were continued. During fifteen or twenty days the tumour did not appear to undergo any change, although the incision had nearly become cicatrised. Shortly after, I perceived a slight decrease of size in the tumour, and afterwards we could daily perceive its reduction, and, after a few applications of the nitrate of silver, the testicle resumed its normal position, and the patient had perfectly recovered. The hydrochlorate of gold being still continued, together with the use of general baths, and an infusion of sarsaparilla, the osteocopic pain, and the cutaneous pustular affection, entirely left him, and the wounds on the leg became cicatrised.

In this case the engorgement of the testicle was evidently the result of a venereal cause, and the sole existence of this complication was sufficient to render the local treatment completely abortive; however, when the parts were freely incised its resolution rapidly progressed. If I had not given much attention to the case, how easily might this tumour be confounded with malignant disease, from its form, and the size of the tumour, the nature of the suppuration, the engorgement of the spermatic chord, the insomnia, marasmus, the colour of the skin,—all combined to indicate an encephaloid fungus, which would require the amputation of the testicle, particularly as the patient made no mention of the ulcer which he had on his leg, nor of the copper-coloured spots which were spread all over the body. I have already detailed the history of a case (No. 1) somewhat similar to this, inasmuch as that twenty-five years had elapsed between the discharge and the appearance of this so-called sarcocele. We may know that the disease is not of a cancerous or scrofulous nature when the testicle increases in size, preserving, at the same time, its proportions in all directions, with the smooth and rounded form which it presents in its natural state. We may then suspect that there exists a latent venereal cause, particularly if the tumour is indolent or slightly painful. Where venereal symptoms have already existed, we can have no doubt on the subject. Even in doubtful cases it is better to begin our treatment by antiphlogistics, as they can produce no bad result, rather than have recourse to the removal of the testicle by an operation, particularly as patients do not always know that they have ever been infected, of which I have previously detailed instances.

CASE.—*Syphilitic Cystitis; Antivenereals; Cure.*

In the month of March, 1845, a man, forty years of age, came to the hospital of St. Eloi, complaining of an affection of the bladder. He had frequent desire to make water, which was clear, and without sediment, and did not cause pain or inconvenience in its passage. The neck of the bladder was cauterised without any advantageous result, and the man left the hospital. Some time afterwards he returned, desirous of getting rid of his troublesome complaint. I then learnt that he had suffered from several attacks of syphilis, which had been badly treated. The pills of Sedillot and sudorifics were prescribed, and they quickly removed this morbid state of the bladder.

CASE.—*Chronic Catarrh of the Bladder of a Syphilitic Nature; Antivenereals; Cure.*

Joseph Delons, aged thirty-one, a farmer from Avignon, came to my surgical clinique in the month of November, 1841, complaining of being obliged to make water every half hour, and much pain during its passage; the urine was thick and purulent, and he had a sense of weight in the lumbar region. These symptoms came on after an attack of blenorrhagia, which was accompanied by chancres on the glans penis, and buboes in the groin, for which he had been slightly treated. Antivenereals were prescribed in my usual manner, and induced a complete and rapid recovery. I am not aware of other instances of chronic affections of the bladder that are of a syphilitic nature. However, from the history of these two last patients, the inutility o their former modes of treatment, and the rapid success which followed the use of antivenereals, no uncertainty can remain as to the nature of the affection.

CASE.—*Syphilitic Hemorrhoids disappearing after an Antivenereal Treatment.*

Jalles Joseph, thirty-five years of age, a Spanish refugee, came to the hospital of Saint Eloi, on the 17th January, 1843. He had had syphilis on several occasions, for which he had been treated more or less by mercurials. For about six months, without any appreciable cause, this man felt his strength gradually diminish, and shortly after hemorrhoids appeared, which were preceded by great itching at the margin of the anus; at the same time his voice acquired an unusual degree of hoarseness, so much so that he was scarcely intelligible. He then felt an intolerable sensation of heat and tingling all over the body, which was much worse during the night, and deprived him of sleep. I observed some copperish spots on his body. The hemorrhoids were external, and very turgid; defecation was painful (venesection of 500 gr., baths, rest, pills of Sedillot, sudorifics). In a short time the hemorrhoids diminished in size, the heat and tingling ceased, sleep was obtained, and his voice acquired its natural tone. When he had taken altogether about 200 of the pills, he left the hospital on the 1st of March, perfectly cured.

Here is an example of one of the singular forms which attacks of inveterate syphilis may assume; perhaps the plethoric habit of the patient might have contributed in some degree to the formation of the hemorrhoids; but this is another proof that the venereal virus has a tendency to concentrate its action on parts which may have accidentally become the seat of irritation.

CASE.—*Cancerous Condylomata at the Margin of the Anus; Antivenereal Treatment; Extirpation; Rapid Recovery.*

A man named Pelat, twenty-three years of age, and of a good constitution, came from the venereal wards, where he had undergone an antisyphilitic treatment (bichloride of mercury), and had at the margin of the anus condylomata of an extraordinary size. They looked like a cauliflower, and were arranged all around the orifice of the anus, and entirely covered the region. They afforded a resistance when felt, like that of fibrous tissue which had become carcinomatous; the excretion of the fæces was difficult, and attended with much pain. I considered the venereal virus had been destroyed by the bichloride of mercury, but that this new tissue was incapable of being brought back to its normal condition; consequently I decided on the removal of the cancerous condylomata. The operation was performed on the 17th of August, 1827; in fourteen days afterwards the wound was cicatrised, and on the 3rd of September the patient left the hospital completely cured.

I have already shown how alterations produced by a venereal cause may assume a carcinomatous aspect under the influence of irritating agents, and that they are capable of being cured by the employment of antisyphilitic measures. But in the case of Pelat, although the virus had been destroyed, the new organisation could not disappear, because the morbific agency was too far advanced. When the disorganisation has reached that point that the tissues cannot be restored to their normal condition, there is no other resource but to remove the degenerated parts by an operation. But we must

take care that the operation has been preceded by an antivenereal treatment, so that the virus will not at a later period interrupt the progress of recovery.

CASE.—*Deafness Cured by the Use of Antivenereals.*

A miner came to the hospital of Saint Eloi in the month of June, 1843, for a deafness which dated back about two years. The tonsils were red, inflamed, and ulcerated; there were, also, ulcers on the palatine arch, and on the whole of the back of the throat. The patient reported that he had contracted chancres two years before on the genital organs, also in the mouth, and a bubo which suppurated (mercurial treatment, preparations of gold, sudorifics in large doses). The disorder of the mouth and pharynx soon disappeared, and the function of the ear was completely restored.

Syphilitic Deafness; Cure.

About twelve years ago, an officer came to Saint Eloi for deafness, which had been treated in the ordinary way without success. During this time, gummy tumours appeared on different parts of the body, as well as some pustules, which had a syphilitic character: his throat became red, inflamed, and excoriated. An antivencreal treatment was prescribed, and, in proportion as the syphilitic symptoms disappeared, the patient's hearing became more distinct. The treatment being persevered in, the pharynx got well, and his hearing acquired its original integrity.

CASE.—*Syphilitic Deafness; Cure.*

An officer in the African army became deaf after excessive fatigue, and applied at the hospital of Saint Eloi in the following state:—The pharynx was red, injected, and the voice had a remarkable hoaseness. The patient had suffered from syphilis on several occasions. I concluded he was labouring under a constitutional affection, and prescribed and antivenereal treatment, which he took during three months, and at the expiration of that time the syphilitic symptoms disappeared, and his hearing returned.

CASE.—*Syphilitic Deafness; Cure.*

In the year 1832, a very distinguished physician from Provence, consulted me about his hearing; the usual means had been tried without producing any favourable result. His deafness had become so great, that he could not hear the ticking of a watch when placed near his ear. About this time he was attacked by chronic inflammation of the pharynx, for which he could not assign any cause, and with pustules on the margin of the anus. He underwent a complete treatment, consisting of the pills of Sedillot and sudorifies, which effected the rapid disappearance of the venereal symptoms and the deafness. I saw him some months afterwards, and his recovery was perfect.

It is probable that in all these cases of syphilitic deafness, the immediate cause of the loss of hearing is owing to the difficulty in the entrance of air to the internal ear. The swelling of the amygdalæ, from whatever cause it is produced, is sufficient sometimes to produce a degree of deafness, but will disappear as the affection of these parts gets better. This was the case with several of these patients. In others, the inflammation of the pharynx extended to the Eustachian tube, and added to this state by further obstructing the free passage of the air. In the last case, it is probable that there already existed similar disorders in the Eustachian tube when the deafness came on, as the other consecutive symptoms made their appearance by an attack of inflammation of the pharynx.

CASE.—*Syphilitic Ophthalmia Fourteen Years after Infection; Antivenereals; Cure.*

Cordova, a journeyman, aged thirty-two years, from Sagon-de-Camps (Spain), came to Saint Eloi, on the 14th of August, 1843, to be treated for chronic ophthalmia. Leeches, purgatives, blisters, cauterisation with the nitrate of silver, issues on the temples, a seton to the nucha, were one by one tried and gave much relief; a speedy recovery was now expected, when suddenly the inflammation of the right eye became worse, lachrymation profuse, and ulceration came on in the cornea. The patient now thought that vision was lost for ever; numerous vessels formed a complete arborisation underneath the ocular conjunctiva. These were incised. An intense cephalalgia tormented the patient at the same time, and was always exasperated at night. The many and ineffectual modes of treatment that had been tried, seriously called my attention to his case, and it was then that I learnt that Cordova had contracted about fourteen years ago a bad case of blenorrhagia. An antivenereal treatment was prescribed as a last resource. When he had taken about 265 of the pills of Sedillot, together with sudorifics, he left the hospital; the ophthalmia disappeared, and sight was restored.

CASE.—*Syphilitic Ophthalmia Eight Years after Infection; Antivenereals; Cure.*

Louis Clausel, a shoemaker, from Alais, twenty-four years of age, came to the hospital on the 13th of December, 1843, for ophthalmia of both eyes, from which he had suffered for about a year; the palpebral conjunctiva was particularly congested. Leeches were frequently applied; the use of purgative medicines and blisters was tried, without producing any result, but a momentary relief. Clausel stated, that about seven or eight years ago, he had chancres and buboes, for which he was slightly treated. (Pills of Sedillot, sudorifics in large doses.) Under the influence of these measures, the ophthalmia, which had resisted two years of treatment, now yielded in the space of three months. These syphilitic ophthalmias are frequently met with, and their symptoms are too well known to require explanation. I have shown these two examples, on account of the length of time which intervened between the infection, and the first appearance of the ophthalmia.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, September 20, 1845.

Academy of Sciences; Meeting of Sept. 15th. M. Mathieu, V.P. in the chair.

Toxicology — Elimination of Antimonial Salts through the Kidneys.—MM. Averan and Millon have noted the results of the chemical analysis of the urine in a numerous series of cases in which the tartrate of potash and antimony was exhibited once or twice at farthest, in doses of not less than two grains and not exceeding six grains. The antimony was constantly found in the urine; in some instances the elimination was very slow, the salt being found in the secretion so long as *twenty-four* days in one case, nineteen and eighteen days in others, after the exhibition of the drug. Perhaps a still more remarkable result of MM. Averan and Millon's researches is that, in many instances, the elimination of the antimony began soon after its exhibition—*was suspended*—and resumed, occasionally, after a long intermittence; the metal thus remaining for a certain time in the system contrary to any facts previously observed.

Academy of Medicine; Meeting of Sept. 16th. M. Roche, V.P., in the chair.

Cause of Intermittent Fever—Existence of Miasmata.—A report was read by M. Brieheteau, on a memoir of Dr. Lavielle, relative to the cause of ague. The chief object of Dr. Lavielle's paper is to deny the influence hitherto conceded to marshy emanations in the production of intermittent fevers, which Dr. Lavielle contends are the result of simple exposure to damp and cold. The reporter, without adopting altogether the opinions of the essayist, was, however, inclined to think them correct in many instances. The following debate took place on the report:—M. Dupuy, professor of veterinary surgery at Alfort, expressed his surprise at the existence of miasmata being put in question after the analysis of the air of the Pontine marshes by Vauquelin, and of the fenny districts of Languedoc by Rigault de Lisle.—M. Dupuy stated, that under the influence of damp and cold, sheep become perfect hygrometers, yet they do not suffer from ague unless they graze in the neighbourhood of a bog.—M. Gerardin adhered in some measure to the opinion of the memorialist. He believed that the influence of the Pontine marshes in the production of ague had been much overrated. Folchi, physician to the hospital of St. Esprit, at Rome, is of opinion, that most of the intermittent fevers to which the inhabitants of that city are subject, are due to their habit of imprudently exposing themselves to the night air; and states, that in the very centre of the Pontine marshes there are villages altogether free from intermittents. M. G. added, that previous to the appearance of the cholera in Europe, ague showed itself in a severe form in places where it was until then unknown. Thus, at Baden, near Vienna, one of the most salubrious and beautiful spots in Germany, intermittent fever preceded the cholera; and at St. Petersburgh, M. Sedlitz, surgeon of the Naval Hospital, had not met with ague until shortly before the invasion of the Indian plague.—Professor Velpeau could not understand how any one could deny the existence of marshy effluvia; he would mention a fact which he had witnessed for three consecutive years: the hospital of Tours was built close to a channel of stagnant water, uniting the river Cher with the Loire, and during the autumn the hospital never received less than two or three hundred cases of intermittent fever. The canal has since been dried, *and the fevers have disappeared.* No doubt the marshy emanations are not the only cause of intermittent fever; and Torti, Stoll, and Morton have described the vernal as well as the autumnal fevers, and shown the differences of cause and gravity between the two. In a word, marshy effluvia seems to be the *necessary predisposing* cause of true ague; whereas cold and damp may often be looked upon as the *accidental* cause to which is due the febrile manifestation.—M. Ferrus observed, that when he was surgeon to the chasseurs of the imperial guard he was detached with a body of three hundred troopers near the banks of the Schelde at Flushing. Many of the men who escaped ague in these unhealthy cantonments were affected with intermittents, after an incubation which lasted so long as a month for some of them. How could this incubation be attributed to the mere influence of cold?—M. Bégin, professor at the military hospitals, observed that whenever soldiers are employed to excavate deeply the soil, as, for instance, in building fortifications, intermittents do not fail to appear, and remain so long as the newly moved soil has not been completely dried by evaporation. The influence of dampness *alone* can certainly not be considered as a cause of ague; for when it is found impossible to *dry* bogs producing disease, it is customary to *inundate* the swamps in order to render their neighbourhood more wholesome.

Nerves of Serous Membranes.—M. Bourgery then read to the Academy the Physiological Sequel to the Anatomical Memoir presented last week to the Academy of Sciences. M. Bourgery remarked, that by the demonstration of the anastomosis of the cerebro-spinal and ganglionic systems at their peripheric extremities, on the immense surface afforded by serous membranes, many important and hitherto unexplained facts could be readily accounted for. Amongst others, the connection between the various viscera and the parietes of the body, and their dependence on each other in health and disease; the union of the cerebral, thoracic, and abdominal viscera with each other, and their sympathetic disturbances; the greater influence of local than of general depletion in serous inflammation; and the links of serous surfaces with each other, links which connect their functions and their disorders. In the polyedric interstices, left between the extremities of the nerves of serous membranes, M. Bourgery has detected, with the assistance of a microscope, the presence of a grey gelatinous matter, which he deems one of the first tissues concerned in nutrition. On examination of the inflamed membrane, M. B. has found the nervous fibres grey, thin, and faded, as it were in a state of strangulation—a circumstance which accounts at once for the intense pain and the imminence of danger which accompany in general the inflammation of serous membranes.

Society of Surgery; Meeting of Sept. 3rd, 1845. M. Monod in the chair.

Dr. Jarvis, Connecticut, U. S., presented an apparatus for the reduction of dislocations.

Value of Debilitating Means in the Reduction of Dislocations. M. Malgaigne is now convinced of the efficacy of certain preparations to which patients are generally submitted before the reduction of a dislocated joint is attempted; such as phlebotomy, tartar emetic, &c. M. Malgaigne is of opinion, that if the reduction takes place more easily after this method has been used than before, it is simply

due to this fact, that the mechanical powers have been more judiciously applied, and not to the artificial prostration produced in the patient.—M. Huguier mentioned two cases of dislocation of the maxilla which had resisted well-directed efforts at reduction, and which yielded during the syncope produced by venesection. M. Malgaigne thinks that many cases of spasmodic lowering of the jaw have been described as dislocations; he has *never* been able to produce dislocation on the *dead* subject.

LA CHARITE.

Fibrous Tumours of the Uterus—Clinical Lecture (continued). By Professor Velpeau.—We have examined some of the diagnostic signs of the tumours under consideration. Of the symptoms enumerated, a few are, however, met with in affections of a different nature; but we attach the greatest importance to the *simultaneous* exploration of the uterus through the hypogastrium and per vaginam, and deem that without it the *absolute* distinction between fibrous and other tumours in the abdomen must be very difficult, if not altogether impossible. The simultaneous exploration we alluded to, permits the surgeon to detect, in the shape of the fibrous bodies, irregularities of the highest diagnostic value, which can never, for instance, be mistaken for the smooth and regular form of the gravid uterus. In extra-uterine pregnancy the tumour lies in the iliac region; and the absence of hardness or mobility will assist the diagnosis when the extra-uterine fœtal cyst lies at the back of the vagina—a rare but possible occurrence. A circumstance which might cause serious embarrassment would be the existence of one of those collections of fluid which are occasionally met with on the uterus, and hanging from its walls; but even here the presence of liquid imparts a degree of softness very different from the *ligneous* solidity of fibrous bodies. The fibrous tumours gradually increase in size, and their diagnosis is, apparently, easier at this second stage of their existence. It is not so, however; because voluminous abdominal enlargements, whatever their origin, are generally more or less globular, indolent, and present no other symptoms but those naturally resulting from mechanical pressure on the surrounding organs. The history of the case here may throw light upon its nature. The *uterine tumour* has invariably arisen from the hypogastric region; whereas an *enlargement*, originating *in a disease of any abdominal viscus* other than the womb appears first above the pelvis, into which it is gradually borne down by its size and weight. In an *ovarian growth*, the morbid texture is never very dense; generally, indeed, some spots are found in a state of softening which precludes error. A *tumour of the Fallopian tubes* either results from vicious impregnation, and is irregular in its surface, or from a collection of liquid in the *Fallopian* channel, in which case the consistency of the swelling must prevent confusion. Cancerous, fatty, or epiploic intestinal productions will be distinguished by their history; the symptoms having constantly pointed to an affection of the digestive, not of the genital system. Need we say, that in ascites, the seat of dulness on percussion, its displacement with changes of position of the patient, the shape of the belly, &c., will not allow the possibility of mistake; that in cancer, the peculiar consistency of the swelling, the general condition of the patient, her colour, &c., must, even at an early period, remove the idea of the fibrous tumour of the uterus. The prognosis and treatment of this affection, a treatment we consider as having acquired of late an unwarrantable degree of boldness, we shall inquire into in a subsequent lecture.

LA PITIE.

Malignant Tumour of the Popliteal Region, by M. Lisfranc.—The patient whose case we are about to relate was treated 18 months since by M. Lisfranc, for a tumour of the size of a hen's egg, situated on the inner side of the left knee. It had rapidly diminished under the influence of iodine, internally and locally applied, and the patient had insisted on leaving the hospital before the swelling had quite disappeared. He returned to the hospital about six months since in the following condition:—The tumour had acquired the size of the head of an adult, and occupied now the entire popliteal space. It was extremely hard in the greater part of its surface, but fluctuation was discernible in some spots where the skin was of a deep red colour. The swelling was perfectly immoveable, but the movements of the knee were not altogether impeded, and the patient could walk without much difficulty—he experienced no pain. The popliteal vessels could not be found, but the femoral and both the tibial arteries were carefully examined, and their circulation was natural. No pulsations were detected in the tumour, and no sounds by the application of the ear or stethoscope. The hydriod. of potash was exhibited during six weeks; frictions were made with the plumbi hydriod. ointment, assisted by compression of the joint, with a slight amendment at first. But pain appeared at the end of that period, and the tumour increasing in size, it became absolutely indispensable to come to a determination. This was rendered most arduous by the obscurity of the case, and the impossibility of ascertaining the exact nature of the tumour, and the condition of the vessels and bones. Three punctures were made with the Indian, and two with the hydrocele trocar. At each of these operations a small quantity of *arterial blood* escaped from the tumour, without producing any diminution in its size, or any aggravation of its symptoms. Under these circumstances M. Lisfranc resolved upon the following plan of conduct—viz., to remove the tumour if possible, to take up the femoral artery in case that vessel be found diseased in a small extent, and to amputate the thigh if the artery or bones be altered in their structure in any considerable degree. *Operation.* A crucial incision laid bare the tumour; its adhesions with the sartorius and rectus internus on its inner side, with the semi-tendinosus, semi-membranosus, and biceps on its posterior face, were destroyed by passing the finger between these muscles and the diseased mass. The popliteal nerve and vessels were found *healthy*, and lying on its outer side. The fibrous sheath of the tumour was then divided longitudinally from below upwards, and the softened mass was removed with its prolongations, one of which extended over the internal head of the gastrocnemius, so low as the middle third of the leg. There was no hemorrhage, nor was it necessary to tie or twist a single artery—(time, fourteen minutes). The wound was dressed three hours after, and its lips loosely united. The patient was doing well, and the state of the leg was satisfactory, when fever appeared on the tenth day. The suppuration became less abundant, erysipelas appeared round the wound on the fifteenth day after operation, and the patient expired on the twenty-first, the erysipelas having pursued its course in spite of the usual treatment employed against it; the wound being healed in the two-thirds of its extent. On post-mortem examination, the alterations referable to phlegmonous inflammation of the foot, leg, and thigh were recognised, a small quantity of sero-purulent fluid in the knee-joint, and crude tubercles in the summit of both lungs. The tumour was a cerebriform cancer, containing serous cysts, and several nuclei of distinct erectile tissue.

HOPITAL BEAUJON.

Aneurism of the Aorta communicating with the Vena Cava Descendens, by M. Louis.—A woman, ætat 45, who had never been affected with rheumatism, entered the hospital on the 27th of January, 1845, under the following circumstances:—For fourteen years she had suffered occasional dyspnœa and palpitations, without, however, being under the necessity of suspending her occupations. On the 19th she remarked an unusual swelling of the face and right arm, and was suddenly deprived of consciousness; venesection was performed without any benefit; in the evening the face was enormously distended with the upper extremities, more particularly the right arm. The symptoms having constantly increased in spite of a second emission of blood, she was brought to the hospital. The face, neck, and arms, contrasted by their swollen condition with the perfectly natural state of the feet and legs; great headache and giddiness prevailed. No pulsation was noticed in the jugular veins, and the right arm was distinctly more œdematous than the left. The percussion of the præcordial region yielded a dull sound in a considerable extent. The apex of the heart could be felt beating below the seventh rib. The sounds were regular in their succession. The impulse was not increased. The first sound was covered by a rasping murmur, and the second could be heard only at the basis of the organ. The maximum of intensity of the rasping souffle was clearly situated at the inner extremity of the right clavicle, in which region a dull sound prevailed on percussion, in an extent of five centimetres (two inches) in every direction. In the neck, behind the right clavicle, and as high as the angle of the maxilla, a distinct purring tremor was detected, coinciding with the systolic contraction of the heart; nothing of the kind was perceptible on the left side. The pulse was at 96, weak, small, and equal in both radial arteries. In the right inferior dorsal region the chest was dull on percussion, the respiratory murmur weak, and the voice œgophonous. No change whatever took place in these signs during the three days which preceded death; the patient was bled three times in hospital.

Sectio Cadaveris.—The pericardium contained two ounces of transparent serum. The heart was increased in size, but its orifices and valves healthy. The aortic arch, considerably dilated, presented no less than four inches in circumference at ten lines from the sigmoid valves; its inner face was uneven and rough, containing two ossified plates. Attached to the convex side of the arch of the aorta, before the origin of the arteria innominata, lay an aneurismal tumour of the size of a hen's egg, pressing against the inner face of the upper lobe of the right lung. Its *anterior* face was separated from the sternum and the cartilages of the second and third ribs, by a thin layer of adipose tissue, and its *posterior* face was attached to the upper part of the descending cava. The phrenic nerve, unchanged in structure ran along its external side. The *sac* contained a small quantity of semi-liquid blood, and presented two apertures—viz., one very broad, oval, three inches in circumference, furnished with a soft and even edge, connected the cavity with that of the aorta. It was evidently an orifice of ancient formation. The other irregularly quadrilateral, three lines and a-half by two, led in an obliquely ascending direction into the cava descendens. The walls of this sac were formed of an inner membrane, which it required a very attentive dissection to separate from the internal coat of the aorta—of a condensed cellular layer, and of a prolongation of the fibrous structure of the pericardium. The right vena innominata, subclavian, and internal jugular were very much dilated; the veins of the extremities healthy. The right pleura contained about one pound of transparent liquid. The basis of both lungs was œdematous. The liver was congested by venous blood.—*From the Archives of September.*

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

BY SIGISMUND SUTRO, M.D.

On the Efficacy of Tannate of Quinine in Typic Neuralgia.—In 1831, Ronander cured several obstinate intermittent fevers, which had resisted the sulphate of quinine, and other powerful febrifuges, with this remedy. In 1833, Buchner repeated the proposal to substitute tannate for the sulphate and muriate of quinine. The author tried the tannate in intermittent neuralgia and intermittent fever, in cases where the sulphate of quinine had no effect, or only caused some trifling improvement, and he invariably found the above recommendations confirmed. The dose is about the same as that of the other salts of quinine.—*Dr. Hauff, of Kirckheim, in Oesterlen's Jahrb.*

Beneficial Effect of the Dried Bark of Rhamnus Frangulus in Abdominal Plethora.—The author's experience with this remedy, in more than thirty cases, since its recommendation by Dr. Gumprecht, induces him to propose it as a substitute for rhubarb and senna-leaves; it is even preferable to them, because its action is safer, and it does not cause colic. It has a tonic and laxative, but not a drastic effect, and is particularly indicated in abdominal and hemorrhoidal complaints, especially in venous plethora and habitual obstruction, in blind piles with passive congestion; it agrees best with individuals of torpid habit; fluent piles and hypersthenic conges.

tions contra-indicate its use. It is also useful if piles have appeared and been checked. (For its manner of preparation, see Schmidt's Jahrbuch. 41, 162). The first effect consists in two or three pultaceous stools, with the discharge of much flatus. In severe abdominal obstruction, the addition of an ounce to an ounce and a half of Epsom salt is required. In patients with an irritable abdominal system, the first dose ought not to exceed three tablespoonfuls. In sanguineous constipation, caused by imperfect or suppressed piles, an addition of from 30 to 40 drops of Aq. laurocer. proves very serviceable. In a disposition to hypersthenic congestions, an ounce and a half to two ounces of sulphate of soda ought to be added to the decoction of rhamnus instead of the orange peel. A proper diet, much exercise in the open air, cold water dashed on the abdomen and back, and moderate sleep, must of course increase the efficacy of the remedy. Besides the above advantages, rhamnus is a very cheap remedy. In conclusion, the author communicates a case where piles, suppressed by the action of cold, were restored, and a simultaneous attack of melancholy cured by the use of a decoction of rhamnus frangula.—*Dr. Helmbrecht, of Braunschweig, in Casper's Wochenschrift.*

Clinical Remarks on the Valerianate of Quinine.—The author communicates the results of eighteen cases. The remedy was employed nine times in intermittent fever (quotidian, tertian, and quartan), twice in cephalalgia, twice in rheumatic pains, once in hemicrania, twice in epilepsy, and twice in supra-orbital neuralgia. Fifteen patients were cured within a space of two to eight days; three were only relieved (the case of hemicrania and the two epileptic patients). The dose was half a grain every two hours, with sugar. The smallest quantity required to produce a cure was six grains, the largest thirty-five grains. No remarkable symptom was occasioned by the remedy in the generality of cases; three times it caused burning in the throat and stomach, sickness, and vomiting. The author observed that those only were affected with disagreeable symptoms for whom the remedy was prepared from valerianate of lime and sulphate of quinine, thus probably containing some sulphate of lime, whilst those for whom the remedy was prepared directly from quinine and valerianic acid remained free from all unpleasant symptoms. The remedy produces no local irritation, but only acts as a contra-stimulant, removing the exalted sensibility, and acting as a powerful febrifuge.—*Dr. Castiglioni in Schmidt's Jahrbuch.*

On the Internal Use of Nitrate of Silver in Cutaneous Eruptions and Inveterate Ulcers of the Legs.—The author employed the remedy in the following form (as proposed by Fr. Simon:—R. Argent. nit. crystall. ℥ ss, tere in mortario lapideo.; Aq. destill. pauxill., adde Pulv. rad. alth., Sacchar. alb. āā ℥jss; Aq. destill. q. s. m. exactissime f. pil. N. 90 consp. pulv. rad. alth. dent. in vitro clauss. From the first half of this portion he ordered three pills to be taken two or three times a-day; from the second half he ordered four pills for a dose. From the second portion he ordered five to six pills for a dose. The maximum was eleven pills morning and evening, or nearly one grain and a quarter of the nitrate of silver daily. If the patient could not take pills, the author ordered: R. Argent. nitr. crystall. ℈ss; solve in Aq. destill. ℥ ss. M.; ten to thirty drops to be taken in half a cupful of *unsalted* water-gruel. The remedy must not be taken before breakfast, because the muriatic acid of the gastric juice is wanting which is to transform the nitrate of silver into chloride. To this precaution the author attributes the circumstance of his never observing discoloration of the skin, which is often seen in epileptic patients (but these took larger quantities). The cutaneous eruptions successfully treated, were chronic eczema, psoriasis diffusa, and inveterate and impetiginous crural ulcers. The exanthemata were cured in from two to four weeks. The author employed the remedy with the greatest success, also, in cases in which the eruption suddenly disappeared (in winter, for instance), causing thoracic symptoms. But then he forbade coffee and wine (which is more injurious than beer and brandy), and restricted the patient to a very moderate diet, particularly as regards animal food, and exhibited once ten grains of calomel instead of nitrate of silver.—*Dr. Schweich, of Neuwied, in Oesterlen's Jahrbuch.*

Effects of the External Use of Cinnabar (Vermillion).—The wife of a peasant, who had suffered a long time from scirrhus and cancerous ulcers of the mammary and axillary glands, was advised by a quack to employ fumigations of vermillion, which she did in the following manner:—She sat herself, undressed, upon a chair, fastened a sheet round her neck, and had about three drachms of vermillion spread on a hot stone, from which she allowed the vapours to act on the surface of the body. The effects were dreadful. After three fumigations, severe salivation appeared, with violent fever, which continued for four weeks. The right arm became œdematous, and the surface of the ulcers was covered with a greyish-yellow, fatty mass, which was removed, after proper treatment, and the patient restored to her former state.—*Surgeon Bauer, of Darkehmen, in Pr. Veren's Zeitung.*

Introduction of Extract of Belladonna and Gummy Extract of Opium into the Urethra in Incarcerated Inguinal Hernia.—The taxis, application of ice, venesections, clysters, &c., having all been employed in vain in a case of incarcerated hernia, in which the operation was obstinately refused, the author resorted to the method recommended by Riberi, by injecting into the urethra a mixture of ten grains of extract of belladonna and six grains of gummy extract of opium, by means of an elastic catheter, and applying some of the mixture to the hernia itself. Within a few hours after the injection the hernial swelling had disappeared, and all incarceration was removed.—*Dr. Tronsone, in Schmidt's Jahrbuch.*

Fatal Narcosis through Clysters of Belladonna.—A woman, twenty-seven years of age, married four years, without children, her menstruation regular, complained of plain in the cœcal region and irregular stools, when suddenly, on the 24th of April, after partaking of some dumplings, the pains increased, the abdomen became swollen, sickness and vomiting appeared, with alvine obstruction. A practitioner, who was called two days after, thought he recognised mucous enteritis, and treated the disease accordingly with leeches and the corresponding internal remedies, which latter he discontinued as soon as menstruation appeared. A second practitioner, called in, considered the case as a spasmodic affection, and therefore disapproved of the former treatment. He ordered a concentrated infusion of valerian, with tartrate of potash, and a powder composed of calomel and jalap. The result was, of course, unfavourable. The swelling of the abdomen increased, and became more painful in the cœcal region, where a round elastic swelling had been formed; vomiting became more and more frequent, and at last fœcal masses were discharged. The pulse became very small. A third practitioner, called in, considered the disease as an invagination, and insisted on the immediate employment of belladonna clysters (℈iv of belladonna to ℥iv of water). Scarcely was this done when the most violent narcosis ensued. The patient fell, after some previous stimulation, into a deep sleep; the face swelled, and turned brown-red; the pupils enlarged; the pulse became full and hard at first, and afterwards small, and within five hours the patient died. When the post-mortem examination was made, a large quantity of dark, putrid, dissolved blood flowed from the nose. The distended abdomen displayed a yellowish dark-blue colour; the peritoneum was strongly reddened; all abdominal vessels injected with blood. About lb. iss of thick yeast-like effusion was found in the abdominal cavity, and in the ileo-cœcal region about a tablespoonful of thick whitish-grey pus. The cœcum and adjoining intestines were covered with a thick plastic pap, and the processus vermiformis was brown and brittle, containing a grey purulent mass. No irregularity could be observed in any of the other abdominal organs, nor could any trace of volvulus or intussusception be perceived.—*Surgeon Sharf, of Gebesee, in Casper's Wochenschrift.*

Singultus.—A strong, powerful man complained of gastric symptoms, which the author combatted, with apparently good result, by emetics and purgatives. After a few days singultus appeared, without any other nervous complaint. A mustard poultice applied to the cardiac region removed the affection, but it returned soon after with greater violence. The tongue being still strongly furred, an emetic was again administered, which discharged impurities, but did not remove the singultus. A blister applied to the neck, and the internal use of musk, had no better effect. After the patient had been uninterruptedly teased for ten days and nights with the above complaint, it was at last gradually removed by the use of liq. elleri.—*Dr. Bohr, of Zehdenick, in Pr. Vereinszeitung.*

Cure of an Obstinate Singultus by the Endermic Use of Opium.—In a case of typhus abdominalis, where the intestinal mucous membrane was particularly affected, all food and remedies were vomited, and a singultus tormented the patient for several days. The endermic use of opium proved particularly efficacious. The cuticle was removed from the cardiac region by a small blister, then half a grain of opium was strewed on the wound. After two hours the singultus disappeared, and never returned.—*Dr. Krause, ibidem.*

Peculiar Symptoms from Tape-worm.—The author observed in a woman twenty-two years of age a strange case of vertigo, with continual humming in both ears, for which she could assign no cause whatever. The complaint had already lasted a year, and many internal and external remedies had been employed, but with no benefit. The humming appeared first, increased gradually in strength, and was at last accompanied with the giddiness before-mentioned, which occurred from two to four times a-day. Congestion of blood to the head being the supposed cause, leeches, foot-baths, and purgatives were employed. After the patient had been treated inefficiently by the above remedies for four weeks, the author was called in, and considered the disorder to proceed from abdominal nervous derangement. He ordered, therefore, anti-hysterics, but to no purpose. All on a sudden violent vomiting ensued, which yielded at length to prussic acid. The patient took two drops every two hours, when the vomiting ceased after a few doses, and the patient felt a certain ease, which she had not perceived for two years. The nervous abdominal symptoms—retching, humming, and giddiness—had entirely vanished. The cause of these complaints soon became evident, for on the following day a perfect, dead tapeworm, fifteen yards long, was evacuated, though the want of the usual helminthic symptoms neither suggested to the first physicians nor to the author the proper diagnosis. The strong doses of prussic acid had undoubtedly killed the worm. Since the latter has been evacuated, the woman is perfectly healthy, and no longer suffers from the previous giddiness or humming.—*Dr. Steinbeck, of Brandenburg, ibidem.*

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, Sept. 20.

JERVIS STREET HOSPITAL.

Extensive Injury of the Leg; under the care of Mr. O'Reilly.—Patrick Dearing, employed on the Dublin and Drogheda railway, while in the act of loosening one of the chains of a truck attached to a train, had his leg caught between them, in consequence of the steam having been put on without warning. The leg was driven with great force against one of the buffers, which, in these trains, are not padded. On admission (September 3rd, the day of the accident) the integuments of the leg were found split down nearly its whole length, and to have retracted a couple of inches, exposing the fascia, through a laceration in one part of which some of the muscular fibres protruded. A large wound of the soft parts over the outer ankle exposed to view a fracture of part of the articulation of the tibia, a separation of the fibula at its connection with the astragalus, and fracture of it about an inch above the malleolus, the lower fragment being driven backwards. There was no displacement of the astragalus, but a fissure was observed to have traversed the body of it. The limb was excessively painful. Together with other contusions, there was one situated over the internal malleolus. It was placed on the inclined plane, elevated above the body, dressed with adhesive plaster, and the whole covered with water-dressing.

Mr. O'Reilly, on seeing the patient, freely cauterised the wounds with nit. argenti, and then covered them with a paste composed of white of egg and flour; thirty leeches were ordered to be applied to the other parts of the limb; the cold dressing to be continued, and a powder containing hyd. c. creta and pulv. Doveri, āā gr. v, with ginger; to be given every fourth hour.

4.—Thirty leeches to be applied as before, and pills of calomel and opium to be substituted for those ordered yesterday, which produced sickness.

5.—The whole limb exquisitely painful, with a high degree of inflammation present, which had extended to the absorbents of the thigh and glands of the groin. Diffuse inflammation of the cellular membrane involved the entire of the leg as far as the knee-joint, and there were several large gangrenous patches. Bowels confined; a number of incisions made by Mr. O'Reilly were followed by a discharge of large quantities of sero-purulent matter.

Ordered an oil draught, to be taken immediately; eighteen leeches to be applied to the thigh, and a pill containing sulph. quininæ gr. ij, calomel gr. j, opii gr. ¼, to be given every fourth hour, commencing after the bowels have been moved.

7.—The inflammation arrested at the knee, but below this part the integument is completely dissected from the fascia beneath, and large shreds of cellular membrane are being discharged through the incisions. The wound at the ankle suppurating freely. Pulse quick and weak; tongue clean; appetite bad. The pills to be repeated.

8.—Patient very weak and irritable, there being a profuse discharge from all the openings, together with diarrhœa.

An anodyne enema to be injected: to take a pill containing quinine, opium, and capsicum every fourth hour, washed down with an ounce of wine; ordered also a mixture of camphor, &c., to be taken every third hour. Under this treatment and the use of linseed poultices, the sloughs were cast off, leaving clean and granulating surfaces, to which warm dressing has since been kept applied, with oiled silk externally, and the tailed bandage over the whole. From the complete disorganisation of the soft parts at the external ankle, and the injuries sustained by the fibula, the perinei muscles have induced a tendency to displacement of the foot, in obviating which some difficulty is experienced. A splint and pad, as in an ordinary case of fractured fibula, have been placed on the inside of the limb, but the apparatus is somewhat defective, owing perhaps to the proper adjustment of the pad being interfered with by the existence of an extensive suppurating surface over the internal ankle, consequent on the sloughing of a contusion at that part.

The constitution of the patient being rather irritable, with the co-existence of somewhat profuse night sweats, imperfect sleep, and copious suppuration, renders the issue of the case doubtful, or at best likely to be protracted; however, the man's strength appears to be pretty well sustained by the use of tonics and nutritious diet. His pulse has latterly been stronger, and it may not unreasonably be hoped that Mr. O'Reilly will eventually derive considerable gratification from the preservation of a limb which was subjected to an amount of injury that many surgeons would have considered called for immediate amputation.

RICHMOND HOSPITAL.

The *Hospital Gazette* contains a detail of cases of enlarged bursæ, with observations on their treatment, by Mr. Hamilton. A healthy labourer, aged 40, was admitted to the hospital with a tumour of the size of a small egg on the out side of the right knee, the integuments being of the natural colour. It was first noticed as a small tumour six weeks before admission, and increased in bulk from day to day. Puncture of the sac by Mr. Hamilton gave exit to about an ounce of a pale yellow-coloured fluid, in consistence resembling honey.

A similar operation on four subsequent occasions was followed by the escape of a much thinner fluid, tinged with blood, and resembling currant jelly and water. Inflammation of the sac supervened, which was attributed to an overtight compress and bandage. It was freely opened with a bistoury, and a quantity of purulent matter discharged; the wound healed soon after, and no trace of swelling remained.

When inflammation affects a bursa, involving also the fascia beneath, with evidence of matter effused and spreading under this structure, Mr. Hamilton recommends an early puncture, particularly if there be a small external opening through which a tube can be passed down under the fascia. In the absence of this external opening, and while the redness and swelling are chiefly confined to the bursa, forming a nearly defined, red, painful, tender, fluctuating tumour, too much haste in opening it is to be avoided. He has seen swellings of this kind presenting very marked appearances of purulent deposition, discussed in a few weeks by leeching and cold lotions. Notwithstanding these appearances, then, cases of this kind very frequently contain no matter; as in a woman who came under Mr. Hamilton's care with inflammation of the bursa over the patella, of six weeks' standing, produced by kneeling; from the amount of redness, pain, and thinning at the top, he concluded that it contained matter, and opened it, but a thin bloody serous fluid only escaped.

In the ordinary method of rupturing bursal sacs with the back of a book, there is a trifling caution which, though of apparently little importance, Mr. Hamilton observes it is well to appreciate. It consists, in the case of the back of the hand, in stretching the hand so as to fix the tumour and make it so tense as to be more readily broken. When blistering and subsequent dressing with mercurial ointment, or rest and pressure, fail to discuss these tumours, and puncture becomes necessary, Mr. Hamilton recommends the opening to be a valvular one, and the least possible force to be used in squeezing out the contents, as the puncture of bursæ of a large size is sometimes followed by dangerous results; in a bursa nearly as large as a child's head over the scapula, Sir B. Brodie saw death ensue; extensive suppuration and death followed the puncture of the bursa situated under the extensor tendon, near the patella, by Monro. Opening those bursæ which are formed by the sheaths of tendons, as in the case of the flexor or extensor tendons about the wrist and ankle, Mr. Hamilton has observed to be attended with troublesome consequences; a tedious suppuration took place under these circumstances in a little boy who had enlargement of the bursa over the front of the ankle, containing also foreign bodies of the melon-seed shape described by Sir B. Brodie.

In a young man at the Whitworth Hospital, put under Mr. Hamilton's care by Dr. Banks, the tumour on the back of the hand contained as many as thirty or forty of those foreign bodies, but of a different kind, consisting of various shapes, some round, others nodulated and irregular, of a bluish-white colour, firmest in the centre. Very violent inflammation followed the letting out of these bodies; the inflammation ran up the forearm, along the course of the extensor tendons, and was attended by the formation of a large quantity of matter, requiring free incisions, and accompanied with severe constitutional disturbance. The case, however, terminated well, with a perfectly useful hand, slight stiffness, but no tumour.

In a man who applied at the hospital with enlarged bursa over the olecranon, with thickened parietes, and about the size of a Crofton apple, Mr. Hamilton let out the fluid with a trocar. This was repeated twice with apparent recovery, but the man returned in six or seven months with the tumour as large as ever; a free incision gave exit to a thick transparent oily liquid. The interior of the sac was traversed by numerous columnar bands, and it seemed so slightly adherent to the neighbouring parts, that Mr. Hamilton was induced to attempt its excision, but having removed about two-thirds, the man became so faint that he had to desist. Contrary to his expectations, very little inflammation ensued. The wound shrunk, granulations sprung up, and in about a fortnight after it was nearly healed.

MEDICAL NEWS.—A general court-martial was held at Kurrachee, on the 17th of last June, on Francis Lonsone, assistant-apothecary and steward, attached to the 2nd troop of Bombay Horse, for being drunk in his quarters in camp, near Kurrachee, between the hours of seven and eight on the night of the 6th of the same month. The prisoner was found guilty, and was sentenced to be suspended from rank and pay for six months, which sentence on being reported to Sir Charles Napier, was not confirmed by him, on the ground of being far too lenient; the sentence was accordingly changed to discharge from the service. Sir Charles Napier objected strongly to allow a man capable of getting drunk to resume his official duties in the hospital, in the compounding of medicines, &c. as he might, when intoxicated, endanger the lives of the invalids entrusted to his care. He also alluded to the feelings of the soldiery when they found such an official so lightly punished for such an offence, and he added, that the soldiery were not on the footing of officers who are able to refuse the prescription or the medicine offered by a drunken man, but are obliged by the necessary rules of the service to receive what is ordered, and dare not refuse what is given by one who has voluntarily deprived himself of reason.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

Office, 294, Regent-street,
Sept. 25, 1845.

THE Sub-Committee of this Association hereby inform the Members that the Medical Bill, as re-committed, and ordered to be printed by the House of Commons on the 28th of July last, was not out of the printer's hands until two or three weeks subsequently, and did not reach the Committee until the last Address, bearing date Aug. 6, 1845, had been discussed, agreed upon, and put into type.

The subject of the Bill, as last printed, has been under discussion in the Sub-Council, and it is found that serious discrepancies exist between its clauses and the terms of the arrangement entered into by the Joint Deputation as reported in the last Number of the Association's Transactions.

The Sub-Committee are at the same time enabled to state upon authority that there is no intention to re-introduce a bill into Parliament with such discrepancies, which have been purely accidental, arising from the hurry of Parliamentary business at the termination of the Session, and the difficulty of settling hastily what should be comprised in the *Charter*, and what should be expressed in the *Bill*; but at the first possible moment the bill will be altered, which, together with the Charter, will be made to correspond with the arrangement entered into with the Deputation.

By order of the Sub-Committee,
JAMES BIRD, } Hon. Secs., pro. tem.
HENRY ANCELL, }

NOTICES TO CORRESPONDENTS.

A HANDSOME PORTFOLIO *for holding the "*MEDICAL TIMES*"—very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.*

☞ ☞.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

Old Man.—*A German diploma will confer no legal title to practice medicine under the new bill.*

We are obliged to Mr. Schofield *for his flattering communication, and gratified by the spirit which prompted it. We shall not overlook its contents, but in consequence of the crowded state of our columns, we must postpone its further consideration for the present.*

Mr. Hodgson, 406, *Strand, is a fit person to perform the analysis desired by a* Birmingham Student.

Alpha *by communicating with our publisher may obtain the required numbers.*

We beg to refer many correspondents who have requested a slight extension of the time for receiving Medical Time Prize Reports *to the note added to our advertisement in another page.*

Communications have been received from Dr. Geo. Watson, M. R. C. S., Dr. Rigby, Dr. Costello, and Dr. Wright, *which shall appear in our next. Numerous other papers have arrived which are under consideration.*

H. S.—*The long article on Otiatries in the* Lancet *of a recent date to which our correspondent alludes, was refused insertion in the* Medical Times *some weeks since. It explains the aural practice of the firm of Drs. Johnson and Wolff, Regent Street, and was, therefore, not suited to our pages.*

A Student.—*Either of the schools named will suit our correspondent. We think the first named is rather the less expensive of the two.*

A meeting of the "Herefordshire Medieal Association" *was held in the committee room of the Hereford Infirmary, on Tuesday week last, at which several resolutions were passed on the subject of medical reform.*

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13s.; Quarterly, 6s. 6d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is 6s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 27TH, 1845.

TO THE NOW UNITED BODY OF ENGLISH, IRISH, AND SCOTCH GENERAL PRACTITIONERS.

GENTLEMEN,—We are credibly informed that a nefarious combination exists to destroy, by sophistry and calumny the formidable organisation which now binds you together. For the first time since 1815 do you, twenty thousand gentlemen, form a united body, under a head of your own appointment, a committee of more than a hundred of the purest-minded and most respectable men of your body, men who, with the same interests and feelings as yourselves, are devoting time, thought, labour, and fortune to your discriminating service. Before you be seduced to destroy this unwonted union—alas! now so much needed!—or cajoled to brand with low charges some of the best and most deserving of your own body—men who are casting a lustre about the name of General Practitioner—let us implore you to pause, and to ponder, with all the solemn deliberation befitting a judgment which, if ill-made, may fling us back into our old position of chaotic anarchy, and destroy our prospects of a useful settlement for another century. Scrutinise, we entreat you, the motives and characters of the men who, at this critical conjuncture, would replunge you into your old feebleness and disunion. Who are they? What is their character for honesty, pure-mindedness, or love of you?—Are they not headed by the notorious Wakley?—to whom every interest you have is a mere matter of personal profit or loss—the breath of whose ill repute has blighted all that it has touched, save his own income—a low man, who, connected with a peaceful and learned profession, has lived in a self-engendered atmosphere of vituperation, calumnies, brawls, and fights! Rejected with contumely from the committee's society, his whole code of policy and morality now centres in the wish for vengeance. Who are his few followers? Who are the Falstaffian troop of his supporters, on whose desperate activity he counts for his hopes of nefarious success? Are they not a few *disappointed* and characterless speculators in professional grievances—those dregs of the Protection Bubble, who, betraying everybody and everything they were pledged to, squandered your liberal contributions in a manner nobody knows how, for purposes nobody knows what? And is not their present hope in the assistance of those *pures* who, too proud to associate with them, are not too virtuous to use them, and whose policy is to keep up an everlasting badge of corporate disgrace over that midwifery and pharmacy which form in *one* case the *honourable*, in the other the *necessary* feature of your practice? Such are the men who would betray you into the feebleness of discord, into the powerlessness of confusion! Can you hearken to them? Can you accept them as advisers against yourselves—against men of your own order—living, moving, thinking like yourselves, in the same practice, with the same feelings, interests, and wishes—men whose unsullied character and high social position places them beyond the suspicion of an equivocal action? Their character is beyond aspersion; their abilities not doubtful—for they are of your own order—their industry beyond all price. Believe nothing then on light authority, still less from an enemy—still less if that enemy be unprincipled—of such men. Remember their career of action up to this time. They have surely done enough, in creating and wielding with such sagacity your present organisation, to justify some confidence in their honesty and discretion. We pledge ourselves that the reappearance of the new bill in February will not find them at fault. They will be found then, as they have been found hitherto, on the high ground the Profession marks out for them. They know that to fail would be to abdicate, and to give your vast union a new head. We should be the first to sound the alarm, and to bid you displace them for better men. But we have no fears. *We know the men.* Supported by the profession, they will never cease to labour, nor ever tire, till they have placed the mass of General Practitioners in as high a position as that of Physician in its palmiest days.

Olim et hæc meminisse juvabit.

AGAIN, the near approach of October reminds us of our pleasant duty of giving a hearty welcome to our student-friends—a welcome we feel they will not think the less sincere and well meant because coupled with a few words of advice. To our old friends who have already pursued a part of their ordained career in the murky atmosphere of a London winter, we say to those who have worked well, *persevere*; to those who have failed, *amend.* Returning with fresh health, and spirits invigorated by the summer's relaxation, to renewed scientific toil they should be stimulated by the near approach of practical responsibilities to energetic and assiduous devotion to those labours whose pressure their health is now so well fitted to sustain.

To those who commence with this session their preparation for entering among our ranks, we offer congratulations on their accession, and our best wishes for their success in the field of our common labours.

And now for a few words of advice on the mode which is—as experience has convinced us—best for the attainment of their object. And first we may say a few words with regard to schools. Not that we take on us the odium of pointing out their individual merits or defects. Far from us the attempt at such a task; for we are convinced that in all the schools, public as well as private, a sound professional education maybe obtained by a diligent student. But one caution we may give on this head: let the student attend all his classes in the *same* school, and let that school be sufficiently near to command *clinical instruction*, which is the mainstay of all medical knowledge. One fact properly explained and commented on by a clinical teacher is worth a hundred *read up* without being understood. Clinical instruction is, however, a matter for attention during the second and third years' study more especially; the first being amply employed in laying that foundation in the dissecting room and laboratory of chemical and therapeutic lore on which clinical instruction is to build the superstructure. When our friend has decided on his school his lodging claims consideration. Many advise the student's residence to be at a distance from his place of instruction, urging the necessity of exercise to health. Our experience says emphatically *no* to this. Exercise, it is true, must be taken daily; but to live at a distance from an early morning lecture is an irksome and disagreeable mode of taking it, and one likely to interfere not a little with the due prosecution of study. It is better to choose a residence within a convenient distance, and to take an hour's walk at any time during the day which convenience suggests. These minutiæ may appear of no importance, but on them much of the student's success, and all his comfort, depend. We cannot impress too strongly on our young friends' minds the necessity of habits of regularity during their sojourn in London. A mind actively engaged during many hours daily on subjects which require its best energies, must not be worn out by nightly study. Many branches of study should not be taken at once; rather let little be done, and done well; above all let attention be paid to the weekly examinations held in most of the London schools; from them may be obtained what is highly essential to success—a *knowledge* of what is really *known*. Much has been said on the propriety of taking notes during lecture. We certainly think that they should be taken, but not too fully; rather the heads of subjects and in familiar terms. The matter should be retained in the memory, and this cannot be managed by mechanically copying the lecturer's words. Much benefit, however, accrues from an endeavour after lecture to set down the substance of the discourse from memory. The dissecting room claims the student's best energies and much of his time; without *handling* and examining the actual human anatomy, to attain precision as a surgeon is impossible.

A few words on the student's companions and we have done. Most young men when first thrown on their own resources in London have been accustomed to the society of a comfortable home. What temptations are open to them now for the first time, and to what diminution of comforts they are at the same time exposed! All their firmness and resolution are necessary to avoid falling into the numerous pitfalls with which the metropolis abounds. In the loneliness of its bustle, without one familiar face around, the inexperienced are too apt to make friends of the first who evince a little ordinary civility, and are thus at the mercy of designing persons, many of whom belong, with shame be it admitted, to our own class, men whose days and nights are spent in the lowest, the most degrading debaucheries. How many there are of this class who haunt the neighbourhood of medical schools, seeking to draw the unwary student from his studies! Of such men, we say beware! avoid the vicinity of their haunts—billiard rooms and pot-houses. Lastly, be not over anxious to form acquaintanees, but rather wait till after personal observation with careful wisdom companions may be selected, and friends found, who will so remain through life, and be a source of pleasant reflections years after the scenes enjoyed together have passed away.

"Hæ nugæ seria ducunt
In mala."—HORACE.
"Causa latet, vis est notissima."—OVID.

IN our leader of last week, we adverted, in general terms, to the subject of apoplexy induced by railway travelling. We now proceed to treat the matter more in detail, and to offer some further and concluding observations. And we do this the more willingly, because of the interest which the public and the profession naturally feel in this important topic, and because, as there is a truth to be arrived at, it is desirable that such truth should be elucidated and made generally known.

It is fitting that we should take occasion, *à priori*,

to state, that the notion of railway travelling having a tendency to produce apoplexy in persons predisposed to that ailment, is not the offspring of any idle speculation or conceit, but is indebted for its origin and promulgation to certain matters of fact. These consist of curious and seemingly inexplicable instances of apoplexy, occurring to apparently healthy individuals, during, or shortly after, railway travelling. Almost without an exception, the sufferers were in tolerable health before commencing their journeys, or at least neither complained of nor exhibited any symptoms of cerebral disturbance. This fact, coupled with another of equal importance, viz., that of the sudden deaths (not arising from external injury) of railway travellers, the ascertained cause has almost invariably been apoplexy, will remove the anticipated objections, that, what would appear to be *consequences* are merely *coincidences*—that the individuals might have died at the same time, and of the same disease, had they been placed under other circumstances—and that apoplexy only *shares, with other pathological conditions*, as an agent of death in the instances in question. The removal of the last objection is a matter of much importance, and, indeed, essential to the whole weight and bearing of the arguments about to be offered. Sudden death, from various causes, we know to be one of the common heritages of humanity, and the wonder of its occurrence ceases with advancing pathological knowledge. Apart from relative considerations, it is not more singular that people should suddenly die in railway carriages than in other places, and did the instances of death so happening present *a variety*, instead of preserving *a uniformity of cause*, they would be no matter of surprise, but would be considered as belonging to the common category of calamity "that flesh is heir to." But when, on the contrary, individuals, seemingly healthy, are observed to die under *particular circumstances*, and almost constantly of a *particular disease*, we naturally enough connect these things together in the relation of *cause* and *consequence*.

It is not necessary to our purpose that we should give a history of the apoplectic deaths that have occurred during railway travelling—most of our readers, we presume, are familiar with the chief of them; but to such as may not be, we may observe, that one of the earliest of these melancholy events is memorable from Sir Henry Halford, in his delicacy of etiquette, leaving his friend at a lonely station to be bled by any chance surgeon, rather than delay a dinner-party an hour, by himself staying to render the extreme services of humanity and professional skill. More recently, Viscount Canterbury and Lord Bateman have died under these peculiar circumstances, and to their names might be added many of people in more humble life, who have suffered in like manner and from a like cause.

Before proceeding with a further explanation of these things, we must remind our readers, that, in treating this subject last week, we premised the probability of a *predisposition to apoplexy* on the part of those who had fallen victims to it on railroads. It is only upon people so constituted that we can suppose trifling moral or physical causes to operate with any degree of force in the production of this ailment. Now, we know that in such people, whether owing their peculiarity of condition to birth, to accident, or to disease, the slightest deviations from their ordinary habits and modes of life suffice to place them in jeopardy. Examples of these deviations we shall find, abundantly enough, in railway travelling. For convenience sake we will divide them into *moral* and *physical*.

We should say that *fear* deserves a prominent place in the first division. It is not necessary that we should quote from the many cases on record which prove the influence of this *emotion* upon the functions of the human organism. We know it to be capable of arresting the heart's action in fatal fainting, or of terminating life more slowly, but as surely, by an impression upon the brain. Nor do we think it improbable, that amongst the cases of apoplexy which have happened upon the railroad, some may have been due to this condition of the mind. It has occurred to us, on many occasions, to witness an agonising fear on the part of travellers who have coupled a terrific pace of the engine, or a passage through a tunnel, with a reflection upon the destiny to which either event might tend. Nor should we be inclined to pay a compliment to the sensibility of any man whose mind would be unaffected by a journey in an express train, or by a transit through one of those awful excavations which typify to one's fancy the vestibules of the grave. It was only the other day that we were travelling in the same carriage with a lady, who, whenever we approached a tunnel, buried her face, in an unutterable agony of apprehension, in her husband's lap, and could scarcely be roused from her silent dread until long after the object of her terror had been passed. Who can say that such an amount of fear, in a system less able to resist it, might not have been productive of nervous apoplexy!

There are some people, again, in whom the mind is strongly affected by certain external objects or circumstances operating through the senses. Some cannot listen to a continued murmur, or noise, without experiencing a painful headache; others cannot look upon a dazzling, rapidly-passing, or revolving object, without a sensation of giddiness; and others cannot travel with any degree of velocity but some head trouble or other will be the consequence. What are these various states of the brain but so many advances to a condition that may be fatal? Increase any one of them to a certain extent, and even the strongest will become the victim of apoplexy. And is it any wonder that this should sometimes be the issue of railway travelling in the cases of individuals peculiarly susceptible in temperament? Take, for instance, a man whose head is easily made to ache by monotonous or disagreeable sounds, and subject him to this annoyance on a railroad for five or six hours in succession, with the additional troubles which of necessity await him there, such as absence of diversion, exercise, and uniform ventilation, and it will be no matter of astonishment if he shall suffer from a serious, or even a fatal impression upon his brain. Take another whose head soon becomes disturbed by the sight of objects in rapid motion, and see, after he shall have gazed for hours at the banks and hedges apparently flitting past his carriage, whether he will not be the worse for the experiment. Take a third, who is both morally and physically incapacitated for swift travelling, and depend upon it a ride of one hundred miles in an express train will make an onslaught upon his nervous stamina. We have never seen a complete case of apoplexy consequent upon railway travelling, but we have met with individuals, of the peculiar temperament just mentioned, who have suffered so seriously from this form of locomotion, as to lead to some apprehension of their safety. And we know plenty more, amongst whom, indeed, we may class ourselves, who can never travel by rail without headache, giddiness, or sickness, more or less severe, and entirely owing to the disturbance which the mind suffers through the affected *senses*. This disturbance is not sufficient to be alarming, but, *vis fortior vitium*, it requires no stretch of imagination for the belief, that in persons of greater susceptibility and less vigour, the effects might be fatal.

The mischievous influence which railway travelling may exert *physically*, is perhaps chiefly due to irregular or imperfect ventilation, and to a consequent impediment to the proper performance of the respiratory function. If this be of any continuance, congestion of the brain will of course result, and apoplexy will be the issue of this singly or of one of the consequences to which congestion tends, viz., extravasation, or effusion. And here, again, we must premise, that though people the most hale and healthy might probably suffer in some measure from the irregular respiration caused by railway travelling, yet only in people of particular states and constitutions could it be expected to threaten fatally. These would be chiefly such as were sufferers from organic disease of the heart, or its vessels, giving rise to interrupted return of blood from the head—from disease of the lungs, limiting their extent of surface, and their efficiency for the purposes of complete respiration—from any mechanical impediments to the due action of the heart and lungs, such as tumours, or fatty accumulations in the chest, empyema, hydrothorax, or ascites—from laxity of the bloodvessels, favouring rupture of, or transudation through, their coats—from tendency to determination of blood to the brain, &c. These affections we know to be common enough, and we also know that those who suffer from them are amongst the multitude who are exposed to the vicissitudes and liabilities of railway travelling.

The irregular ventilation we have spoken of, affects, though in different ways, travellers who *face the engine*, as well as those who *ride with their backs to it*. The former, from the pressure of air *against* them, the latter, from the rush of air *from* them. We all know what are the effects of facing a very high wind. Inferior animals instinctively turn their backs upon it, and we ourselves observe a similar precaution by a partial inclination of the head. To breathe in direct opposition to it is next to impossible, from the spasmodic closure of the glottis, which almost invariably accompanies the attempt. And it has been found, that if a strong current of air be continuously directed in an animal's face, he becomes asphyxiated in a few minutes. This is from spasmodic closure of the glottis, as we have said. If the current be of less intensity, so that the respiration of the animal shall be irregular and interrupted, but without becoming actually suspended, then he slowly falls asleep, and by continuing the experiment, he may be rendered apoplectic. Nurse-maids are in the habit of quieting (soporising, we should say,) cross children, by blowing in their faces. Now, the draught of air which meets you in a railway carriage, when your face is to the engine and the window is down, will of course vary with the velocity of transit: in many instances the rate is such that you cannot respire, without extreme difficulty, under the impetus of air, and in most instances the respiratory function meets with a perceptible impediment. We are now speaking of the effects produced upon *healthy individuals*; and surely, upon those who suffer from the organic diseases we have before alluded to, these effects must be proportionally severe. If a man, who, from idiosyncrasy or local ailment, may be unable to mount a flight of stairs, or climb a hill, or face a moderate wind, without a feeling of suffocation and a throbbing headache, shall travel for several hours by rail with the transit current in his face, can it be any wonder if apoplexy be the consequence? Independently of direct proof of the fact, we should say that analogical evidence was very conclusively in its favour.

People who ride with their backs to a railway

engine, of course have the current of air *from* them, and this in proportion to the rate of travel. Under these circumstances respiration is far from natural, and some voluntary effort is required to draw as much air into the lungs as shall suffice for the proper oxygenation of the blood. After a time this effort ceases to be made—it may be from fatigue, it may be from diverted attention, or from diminished sensibility—whatever may be the cause, the effect will be the same, viz., the imperfect decarbonisation of the blood will be followed by sleepiness or stupor. In a healthy individual it may simply be the former; but in one liable to congestion of the brain, the latter would not be an unlikely occurrence.

In making these comments, which are not offered without mature and cautious deliberation, we have been actuated by a single desire to reach and to report the truth. In our endeavour to explain some curious and startling facts, we have reasoned with analogies which have appeared the most likely, and have drawn such inferences as we believe to be correct. That persons labouring under particular ailments should suffer by railway travelling, is as natural and demonstrable, as that the healthiest should be incommoded in the rarefied atmosphere towards the summit of Mont Blanc, or in the denser one of a diving bell fathoms deep in the ocean.

Tempora mutantur et nos mutamur cum illis.

THINGS *legitimate* are now-a-days neither *a la mode nor* legitimate. The "legitimate" drama is defunct. Poor William Shakspeare burked, that Alfred Bunn may have hot rolls. Legitimate kingship is in pretty much the same plight, to judge by the mob of monarchs dodging about the back alleys of Europe's capitals, lucky if with an empire *de jure* over millions of Frenchmen, or Spaniards, or Portuguese, or Brunswickers, they can *de facto* rule over seven dinners a-week. "*Legitimate*" medicine, too, to let our charity stray home (where there is much need of it), is in scarcely better trim than the drama or the monarchy. Fearfully rapidly is it running out of fashion, and with it, alas! we its unhappy professors. We shut our eyes—as the "legitimate" ever do—and won't see the fact; but there it stands, large and palpable notwithstanding. The alienation is a thing visible and opaque as one of our November fogs—thickening, extending. There is no disguising it, that people will tolerate anything better than science and common sense—if they come from us, and it is really wonderful what nonsense—what gigantic nonsense—one specimen after another—they will resort to, if *recommended* to them as *genuine* empiricism, rather than put up with our "legitimate" commonplaces. What more desperate symptom of a cureless distrust or disgust of us? It really is time to put our house in order.

Mesmerism was for a time the "be all and end all" of the admirable *gobe-mouches* who compose the thing we call British Society. But, unfortunately, it has of late shrunk to the dimensions of a new physiological dogma, curious, but of rare curative application. Hydropathy, that was believed, with its wet sheet, to be as effective in ending disease as the shroud it typified, has been—we much fear—found out an impostor, "keeping the word of promise to the ear, and breaking it to the hope." The galvanic ring, that was to marry people to perpetual youth, and *did* typify a union with perennial *verdure*, has had a matrimonial fatality of ill success.

All these, and fifty other essays of things quite new but not true, and things quite *true* but not new, having been thus unfortunate, we should now compliment our brethren on an interregnum of quackery and an establishment of a republic of good sense in the minds of our patients, or rather of those who *should* be our patients (the old difference between *de jure* and *de facto*), if we did not see marching towards us in formidable array and potency, the right royal proportions of the pretender Homœopathy, coming on like Napoleon from Elba, from one pinnacle to another, till at length it has seized the very heart of our capital, fixing its head quarters, in the person of Dr. Quin, in the very *boudoir* of the Duchess or Duke—we forget which—of Cambridge! It is indeed a sad thing, but true, that these patients of ours are no sooner off with one illicit love than they are on with another.

And what is homœopathy? What is the new system of cure found out six thousand years after Adam, which is deemed worthy of royal patronage and court office by a discerning Duke of Cambridge? It is the old thing over again. It is a science that has something *new*, but that something is not true; that has something true, but that something is not new, and like every other good medical pretension has risen into some importance by giving exaggerated value to a principle which we have partially overlooked or undervalued.

Its first fundamental dogma, "similia similibus curantur," or, as Hahnemann expressed it, "Every real remedy produces in the healthy the same sort of malady it would cure in the diseased," is not new, and, secondly, beyond a certain limit, not true. We have long known, without the aid of our new friends, that, in the words of Hippocrates, in some cases the *cause* of the malady and the *remedy* are "*homogeneous*," and are familiar with the fact that senna in different doses may either cause or cut short colic—that a large dose of rhubarb may excite, a small dose stop diarrhœa—that belladonna may remedy scarlatina, or cause something like it—that mercury cures syphilis, or ill administered aggravates its violence, not to say imitates its action—that electricity by lightning has made its victims speechless, and applied medicinally has restored health—that painter's colic is remedied by opium, whose general effect is constipation—that brandy in one condition (during coldness) shall warm the body, in another (during perspiration) shall cool it—that snuff in small doses shall cause sneezing, in large doses shall make it cease. Many facts of this kind have been noticed by persons attentively studying the action of remedies; but these facts, so far from supporting the homœopathic system, run counter to its fundamental doctrines. They are facts favourable to allopathy. If the remedies in varied doses produce opposite effects, varied doses are obviously suggested in different states of the system, yet homœopathy will only prescribe its medicines in one form—infinitesimal doses! In other words, the homœopathists insist on the efficacy of large doses as contradistinguished from small, and will not avail themselves of their service!

It may be submitted, too, that the practice of the homœopathists is in direct contradiction to their own theory of analogy. Let us take the instance of quinine. It is said that Hahnemann's discoveries, such as they are, originated in the experience that in a state of health the ingestion of doses of quinine produced in him a feverishness of an intermittent type. Now quinine, like senna, rhubarb, or mercury may have one effect in the ordinary dose, and quite another in the dose preferred by the homœopathists, and if it produce something similar to ague in a large dose, may produce something very dissimilar in an infinitesimal one. If it do good in the latter way, it contradicts the maxim "similia similibus curantur," and with that theory (the homœopathic), we have the *other* practice, viz., "contraria contrariis curantur."

The observations made on quinine equally apply to other homœopathic medicaments, and suggest to us an odd notion of our German friend's logic. But why enlarge? *Similia similibus curantur*, and who knows but the best treatment of *homœopathy* itself is an infinitesimal dose? We have said enough.

MR. O'CONNOR *VERSUS* THE NATIONAL ASSOCIATION.

We have under us, far *under* us, a published letter from the "young and humble member of the Profession (so self-described), who, as secretary to the Marylebone Association, acquired so awkward a notoriety for the peculiar grammar, and not less singular taste, of his public documents. We then suggested that he was put forward by an enemy to cast ridicule on our claims to be considered a liberally educated profession. We made a mistake. He is capable of no such *deliberative* offence. If we must chastise him, therefore, for his present letter—as we fear we must—it shall be with tenderness; for we have not the heart to be the enemy of a man so much his own. Besides it is not worth while. The columns of the MEDICAL TIMES do not fall to crush grasshoppers, even when grasshoppers leap their highest.

Mr. O'C., it seems, is not on the best terms with the National Association. He was a member and a committee-man—he *is* a member and committee-man—*has* gone, and still *goes*, exactly as far and in the same direction as the Association. But, alas! he has still an invincible repugnance to the thing itself. He is the most obstreperous specimen of obedience we ever met with. He reminds us of a "poodle" dog attached beneath a six-horsed waggon of bygone days, making at each step desperate efforts at resistance, but travelling, notwithstanding, at the same pace as the huge horses that were unconscious of drawing him after them, He has been struggling and twisting, and resisting with might and main, at the *tail* of the Association (to which he was unceremoniously attached); and the vast, but well-wielded, machine goes on (shame to it!) as if no such gyrations were being performed. We can imagine nothing more perplexing; nothing more provoking. Mr. O'C. is quite right in not relishing it.

What makes the indignity worse, is that Mr. O'C. labours under the delusion that he *begot* the Association. The explanation of its origin given by the committee is treated by him as so obviously false as not necessary to be disproved. "The General Practitioners," said these gentlemen, "stood forward *en masse* to prevent legislation on such a principle; the attempt at which, they conceived a grievous public wrong. Thus originated the National Association." It was not so, says Mr. O'C. The Practitioners were "slow in their movements;" "the country meetings approved of the bill;" "*I* originated the Marylebone Association;"—*ergo*, it was not the feelings of the General Practitioners but I—W. O'C.—that begot the National Association. Happy delusion! logical conclusion! Madmen, it is said, reason coherently on incoherent premises: Mr. O'C. is just one-half less fortunate.

Mr. O'C. gives us a detailed history of his immense labours in getting up *the*—we beg his pardon—*his* movement of the Profession about the Government Bill. He read, he tells us, the speech of Sir James Graham, on the 8th of August, in the *Times*; he grew warm on the subject, and every body else being warm too, *they* (or *he*, Mr. O'C.?) accomplished the task of meeting to the tune of *one hundred* or so, and making themselves an association. Mr. O'C., more trusted than known, became the secretary, and some unfortunate resolutions of his having virtually given this Association a rapid death-blow, a great meeting was called by requisition; another association—the "National"—was formed; and Mr. O'C., now being better known than trusted,

(and our readers recollect his celebrated resolutions!) did *not* become the secretary. Hinc illæ lachrymæ! The "young and humble member" was not only excluded from the secretaryship of the new institution but from the whole management; and when he was allowed to take his place on the committee, it was avowedly on the ground that it was desirable to provoke no *show* of disunion. The estimate formed by the *parent of medical agitation* of his own achievements did not square exactly with that of other people. He was anything but insignificant to himself; and that the committee have, therefore, ever since had a malcontent in their midst is not matter for surprise. The regret is that the malcontent never rose to the dignity of resigning like a gentleman, or opposing like a man. He was in the committee but not of it; a silent participator in proceedings he would have marred, and proposer of thanks to the secretaries he would have displaced; a rancorous, but unavowed, enemy of the senate he was sitting in; an enemy holding illicit relations with the baffled Cataline without. The position is one that awakens as little admiration as the individual's importance calls for small comment, and we trust we may not have again to recur to either.

THE VALUE OF HISTORY.

It is unwise to speak of some men in any way. The simplest truth about them begets a controversy, giving *them* an importance, and *honest men* a trouble, neither deserve. If Mr. T. Wakley reach what, as the Wilkes of medical politics, he seems pretty sure of getting, the honour of a niche among the less honoured biographies of a future day, the plain, simple matter of fact whether in 1845 he had an apoplectic seizure or no, may rise to the consequence of a historic discussion. The *Sunday Times* contained an *authorized* statement that Mr. Wakley *had* been unwell, but it was *before* going to Scotland; and was now well, or nearly so. The *Observer*, while stoutly affirming a perfect good health, quotes a letter which paints the coroner on a rock, holding inquests on the surrounding scenery, his eye, meanwhile, in a fine "phrenzy" of enthusiasm, rolling;—describes him as in high glee at the thought that he was leaving half of himself (we are not told which) behind him, and affirms, as matter of intelligence, that he can "*walk as well as ever.*" We must say, while rejoicing at a re-established state of health, that we should have been pleased to have heard a more distinct and decisive denial of our report; for if we and our informants were wrong, an explicit and decisive denial would have secured from us an early retractation; and if we were right, as substantially it would appear we were, we can conceive no meaner injustice than the effort to raise a calumnious inference by uncertain, ambiguous, and roundabout denials. The weapons of falsehood, ever discreditable, have something ghastly about them when employed on a matter so serious as that which has provoked this exchange of clear assertion and doubtful disclaimer.

The following is the paragraph to which we referred last week as appearing in the *Railway Bell*, a fortnight before our noticing the occurrence (Aug. 30, Town Edition). "*Alarming Illness of Mr. Wakley, M.P.*—We very much regret to hear that Mr. Wakley, M.P., who has for some few days been enjoying the sport of shooting in the Isle of Skye, has been afflicted with a paralytic stroke."

MISCELLANEOUS CORRESPONDENCE.

THE EDINBURGH UNIVERSITY.—Your correspondent O. P. Q. has every reason to be satisfied with the result of his labours. Hercules, when cleansing the Augæan stables, could scarcely have had more flies, and such things, buzzing about him than O. P. Q., while engaged in his formidable labour of setting the house of the good Edinburgh professors in order. A bold heart and a strong hand has O. P. Q. brought to his toil, and it is to be hoped that the success of his onset, or a feeling of sympathy for the objects of his onslaught, will not deter him from a continuance of his *pious* work. To encourage him to proceed, it may be of some help perhaps for him to know that there is somebody—your correspondent, for want of a better—who will flap away the flies buzzing about him, that he may proceed to his own task with no more molestation than that arising from the odour of the edifice which it is the ill fortune of his duty to cleanse. Dr. Lewins has falsified the opinion so current in his favour by the equal courage and imprudence with which he has "*rushed* in" to the rescue of his *Alma Mater*. Dr. Lewins insists that the professional appointments are first-rate; that the access of men of genius is not "ready," only because so *many* men of genius compete; that it is always "sure," and so on to the end of the chapter. Now, on this question of *fact* he is not only at issue with nearly everybody else, but with himself. He declares himself that it is not always, but only *almost* always, that the best candidate succeeds; acknowledges that the professor of anatomy is a bad professor of anatomy, and was not appointed for his own merits, but the merits of somebody else—his father—(*miserum est aliorum incumbere famæ!*); that Dr. Graham would not have got his place without the "political" aid of *a patron*—the Duke of Montrose—and that in the appointment of other candidates the success depended on what? The merits of the candidate? No such thing; but on the amount of influence of his friends! Here a man has for his qualification for high university office the liking of some Edinburgh customers, *alias* town councillors; *there* he has an eccentric Lord Chancellor; at another time it is a silly peer; and thus is a noble university managed with credit—thus the rising generation taught with effect—thus science cultivated with success! Why, Sir, the thing speaks for itself. The appointments may be respectable, but they can, as a rule, never be more; in other words, as there are always men ready for such distinctions who are more than respectable, the best men do not get their deserts, and mediocrity is allowed to show its slim proportions on the elevations that belong to genius. Faugh! Every honest man's indignation must rise, and with O. P. Q. exclaim, "Down with it!" Take the appointments in the order discussed by both sides, and what do we find? Who is Dr. Traill as a professor of what should be the first, but what is rapidly becoming the worst, medical school in Europe? Where are his original researches—his discoveries—his absolute contributions to that science of which he is pictured forth as one of the first dignitaries? They are not to be found. The best that can be said is, that this public teacher would be an ornament to a private station. What severer satire on the value of this appointment! Go then to Dr. Munro, and what sort of a professor of anatomy have we? Does not the whole scientific world ring out in wonder that any medical man, much less a surgeon, much less an anatomist, much less a public lecturer, much less a great university professor, could think, and write, and publish such a monstrous production as that criticised so sparingly, nay, I will say mercifully, by O. P. Q.? The work is a stigma to English anatomical science in the eyes of all Europe! The whole university is darkened with its disgrace! What could the professors be about not to know the character of the book?—knowing the character of the book, what could they be about not to withdraw it from public notice? The incident is monstrous. I believe that if an university fell by any mismanagement into the hands of half-a-dozen or more second year students of ordinary capacity, no such publication could have been perpetrated among them. There would have been one, at least, wise enough to say—"No, no; if we teach what we know little about, let us at least keep out of print. Here, snugly beneficed, we can hoax the world, year after year, under the cloak of glory made for us by a bygone age; let us not step out of it and surprise the people with a sight of us as we are. At a distance the mummery of science is grander than its naked suppliants. Like priests of ancient Rome, our homage is in our concealment!" The defence set up by your chattering correspondent for Dr. Monro's work is ingenious, clever; everything but the one it should be—successful. He "has *not* at present access to Dr. Monro's book." His commentary on the context and similar matters, therefore, are just, "*at present*," worth nothing. The man of discernment *defending* such a book should not have "access" to it; nothing could be more inconvenient. And now, Sir, for the "brazen serpent" of the Edinburgh desert, whose very look is enough to cure a man of the last vestige of morbid admiration of the false deities of the misgoverned Castle of Indolence: I mean Mr. Syme. The defence admits that he got what he has by purchase; that he bought with the students and their fees, a right he is in no way loth at times to exercise—viz., to *sell* them. Why, Sir, the one fact is worth a volume of declaration; for if Syme could buy, why could not others? and what but to a chance are we indebted to the fact that the office is not filled by a Cormack, or some other of those crawling creatures ever found creeping about the base of a venerable university, and whose only proof of ability is the ability they show in succeeding without any ability? But, Sir, I have done with a subject that requires little to place it in its true light before the public, and which has exercised in its defence the ingenuity of writers which would better have become a better cause.

PHILO O. P. Q.

DISEASED POTATOES.—Amongst the potatoes introduced into the London markets, a great proportion have proved to be affected by the prevalent disease. The roots so attacked give out no peculiar appearance to the eye by which the presence of disease may be indicated, but in boiling it is at once perceptible from the dark mass which they present in the interior. The dealers are aware of this, and in many of the poorer districts of the metropolis potatoes were sold on Saturday at 4lb. and 6lb. for 2d. Whatever may have been the cause, it is certain that externally the disease indicates itself by a fungus or moss, producing a decomposition of the farinaceous interior. It therefore resembles in many respects the ergot attacking grain and grasses; which it was proved at the last meeting of the British Association at Cambridge had greatly increased the last two or three years, being probably owing to the great additional increase of animal manures. It may be remarked, that in the Isle of Wight, where the disease has occurred in its most virulent form, we lately had the opportunity of observing in many instances that it was most prevalent in those crops which had been planted on wheat land which had previously been manured with guano. The use of these diseased potatoes for domestic purposes cannot be too much condemned.

MORTALITY TABLE,

For the week ending September 6, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	774	904	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	199	198	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	84	101	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	124	158	159
Diseases of the Lungs, and of the other Organs of Respiration	158	229	292
Diseases of the Heart and Blood-vessels . . .	24	21	24
Diseases of the Stomach, Liver, and other Organs of Digestion	85	88	71
Diseases of the Kidneys, &c.	19	6	6
Childbirth, Diseases of the Uterus, &c.	15	9	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	6	6	6
Diseases of the Skin, Cellular Tissues, &c.	1	1	1
Old Age	35	55	70
Violence, Privation, Cold, and Intemperance . .	31	25	

BRITANNIA LIFE ASSURANCE COMPANY, 1, Princes Street, Bank, London.—Empowered by Special Act of Parliament, 4 Vict. cap. 9.

HALF CREDIT RATES OF PREMIUM.

Persons assured according to these rates are allowed credit (without security) for half the amount of the first seven Annual Premiums, paying interest thereon at the rate of Five per Cent. per Annum, with the option of paying off the Principal at any time, or having the amount deducted from the sum assured when the Policy becomes a claim.

Policies may thus be effected at lower rates than are generally required for the term of seven years only; whilst the holders have the same security for the payment of their claims, whenever death may happen, as if they paid double the amount of premium, which would be charged for assurances effected in the usual way.

Extract from the Half Credit Rates of Premium.

Annual Premium required for an Assurance of 100l., for the Whole Term of Life.

Age.	Half Premium for seven years.	Whole Premium after seven years.
	l. s. d.	l. s. d.
30	1 1 9	2 3 6
35	1 4 11	2 9 10
40	1 9 2	2 18 4
45	1 14 10	3 9 8½
50	2 2 6	4 5 0
55	2 12 9	5 5 6
60	3 6 8	6 13 4

PETER MORRISON,
Resident Director.

SOVEREIGN LIFE ASSURANCE COMPANY.

(Provisionally registered.)

No. 5, ST. JAMES'S STREET, LONDON.

To be established by Act of Parliament, for the Assurance of Lives, and for effecting all other Contracts depending upon Life Contingencies, and also for granting Loans upon a new and highly beneficial system.

Capital, One Million, in 100,000 Shares of £10 each.
Deposit, £1 10s per Share.

Note.—In pursuance of the Act of Parliament, 10s per cent. only (or 1s per share) will be received until the Company obtains a certificate of complete registration, when notice will be given for the payment of the residue of the deposit, and the Company will commence its operations.

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Benjamin Bond Cabbell, Esq., F.R.S., F.S.A., Temple
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Claude Edward Scott, Esq., Cavendish-square

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The Right Hon. Lord Macdonald
Henry Broadwood, Esq., M.P., Whitehall
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James Gernon, Esq., Conduit-street
William Wallace, Esq., Austinfriars, and Cadogan-place
Edward Watson, Esq., St. Helen's-place, and Frognal, Hampstead

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Medical Referees.—Edward Duke Moore, Esq., Arlington-street; Francis Graydon Johnston, Esq., Saville-row

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This Company, in addition to all the usual business of Assurance Companies, offers to the public a new system of Loans, more beneficial to the borrower, and yielding a better return to the shareholder, than any system at present in use.

Thus, any person effecting an assurance with this Company can borrow the *full amount* of the sum secured by his policy, upon giving collateral security for the payment of an increased rate of premium, fixed by the tables of the Company, according to the age of the person borrowing, and the amount borrowed, and interest on the loan for a limited number of years only; which will, in effect, repay the money borrowed, and maintain a policy on the life of the borrower, and he will not, as in ordinary cases, be liable to be called upon to repay, in one sum and by a given day, the principal money lent.

A reference to the Prospectuses of the Company (which have been already advertised at length in the papers), and which contain specimens of the Tables, will show the mode by which the Company effects this object.

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Shareholders will receive a large remuneration in the shape of Bonus, arising from the operations of the Company, augmented by the profits on Premiums, paid in connexion with Loans, in addition to interest upon their capital invested in shares; besides, by the mode of distribution proposed by the Company, the certainty, in addition to an increasing rate of interest, of a proportionate increase in the value of the capital, by the appropriation of a certain portion of the accumulated profits to the Capital Fund of the Company.

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Gentlemen,—I request you to allot me shares in the above Company, and I undertake to accept the same, or such less number as you may appropriate to me, and to pay the deposit, and sign the necessary legal documents when required.

Dated this day of 1845

Name in full ——————————
Profession or Business ——————————
Address ——————————
Name of Reference ——————————
Address of Reference——————————

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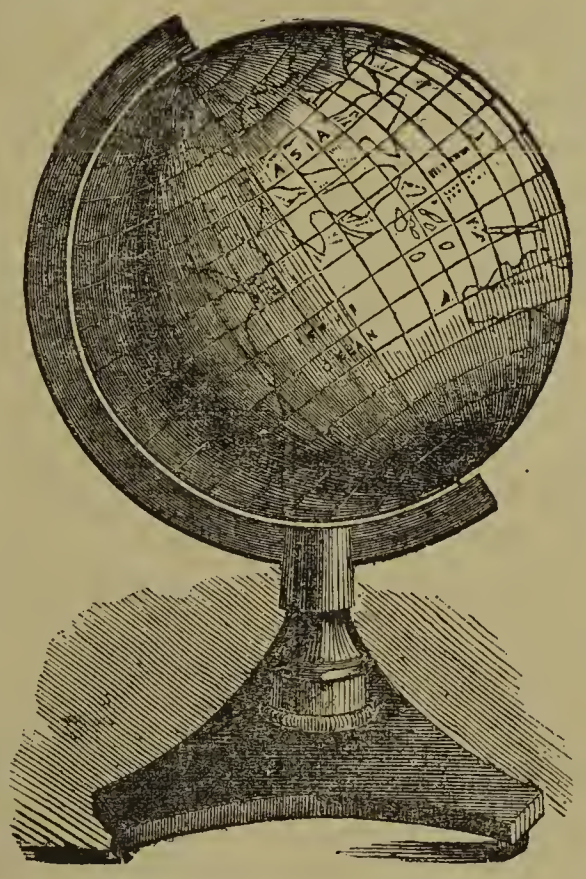

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THREE-GUINEA TERRESTRIAL GLOBE,

thirty-six inches in circumference, (By the Society for the Diffusion Useful Knowledge), with the RAILWAY BELL.

To the British Public.—Next to the pleasure of achieving success is its worthy commemoration. The Public need not be told that in an incredibly short space of time the Railway Bell has won for itself a circulation unparalleled in Railway Journalism. Conscious that it is now incontestably at the head of that important division of the Public Press, and elate with the Solid proofs we are weekly receiving that the large investments required by the novelty and boldness of our literary enterprise are being a hundred-fold repaid, we have felt encouraged to proceed in that career of daring improvement which has made our Journal the faithful mirror of the progress of the times, and have determined on an act of grateful generosity to our readers, only paralleled in character by the extent of our achievements. We have, therefore, to announce, that the Proprietors of The Railway Bell give on and after the 4th of October next, gratuitously to every Annual Subscriber, a MAGNIFICENT TERRESTRIAL GLOBE, as a memento of their Journal's circulation, and monument of its startling success.

The Proprietors wish it to be understood that the Presentation Globe will have no quality in common with the catchpenny pictures that have at times been given away with the view, less of serving judicious readers than advertising declining journals. The Globe will be a superb piece of workmanship, made of the best materials, mounted on a Mahogany Stand, under the most enlightened superintendence, and in every part perfect, considered either as an educational adjunct to the instructor, or refined ornament to the drawing-room. It will be constructed for the Proprietors by Messrs. Malby and Company, Newcastle-street, Strand, and will be identical with the Globes made by that firm, and published by them for "The Society for the Diffusion of Useful Knowledge," of whom, that no Subscriber to the Railway Bell may be disappointed,

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The ordinary value of each of these in common would not be less than Three Guineas! which is the selling price—and the Proprietors of the Railway Bell have taken care that they shall be defaced by none of those puffing reference to donors which have depreciated so many of the pictorial presents of Journalism.

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J. G. Perry, Surgeon, Foundling Hospital, London.
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Dr. Rae, Royal Hospital, Chatham.
Dr. Jackson, late Apothecary-General, Bengal.
Dr. Graves, Meath Hospital, Dublin.
Sir Philip Crampton, Dublin.
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GENUINE DRUGS, PHARMACEUTICALS, CHEMICALS, and all the NEW and ACTIVE REMEDIES of pure and uniform quality, may be obtained, for cash, at 20 per cent. under the usual credit charges, of Messrs. Wright and Co., Wholesale Chemists, 336, Oxford Street, corner of Argyle Street, London, in connection with their Manufactory at Hammersmith.

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FINEST BERMUDA ARROW ROOT,

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THE MEDICAL TIMES

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A SYSTEM OF MATERIA MEDICA. By the celebrated Dr. J. F. SOBERNHEIM. Acrid Aromatics (continued): Radix Helenii; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Diseases; Preparations, Dose, &c.; Formulary.—Semina Phellandrii Aquatici; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Diseases; Form of Administration; Formulary.—Herba Chelidonii Majoris; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Diseases; Preparations, &c.; Form; Formulary.—Radix Saponaceæ; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Diseases; Preparations, &c.; Formulary.—Radix Iridis Florentinæ; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Diseases; Preparations; Dose and Form; Formulary.—Radix Pyrethri; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Diseases; Preparations, &c.; Formulary.—Radix Pimpinellæ; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Disease; Preparations, Dose, &c.; Formulary.—Formicæ Ants; Physiography; Physical Properties; Constituents; Mode of Operation; Forms of Disease; Preparations, &c.; Formulary.—Herba Sedi Acris; Physiography; Phytography; Physical Properties; Constituents; Mode of Operation; Forms of Disease; Preparations, Dose, Form, &c.; Formulary.

THE ANNUAIRE DE THERAPEUTIQUE OF MATERIA MEDICA, PHARMACY, AND TOXICOLOGY, FOR 1845. By M. BOUCHARDAT.—Iodic Preparations: Ioduret of Potassium in the Treatment of Symptoms consecutive to Syphilis; Treatment for the Secondary Symptoms of Syphilis; Mixture against Galactorrhea; Potion of the Ioduret of Potassium and Digitalis; Treatment of Cystic Bronchocele by Iodated Injections; Reagent of Quinine; Ray-liver Oil.—Rachitis: Cod-liver Oil; Treatment of Rachitis; Cod-liver Oil—Cure of Lupus on the Face; Anti-strumous Topical Application; Composition of Sponge; Employment of Sponge, the Fuci, and the Poudre de Sency.—Arsenical Preparations: Arsenical Solution; Arsenical Preparations; Pearson's Solution; Biett's Solution; Arsenical Powder; Marsh Miasma.—Gold: Preparations of Gold in Syphilis.—Preparations of Silver and Lead: Powder of the Chloruret of Silver; Chloruret of Silver; Abortive Injection; Ointment of the Nitrate of Silver; Dry Collyrium with the Sulphate of Copper; On Poisoning by Lead; Anti-hæmorrhoidal Pommade; On the danger of certain Collyria badly formularised.

PHARMACEUTICAL SOCIETY.—Abstract of a Lecture on the Nature and Physical History of Glass, and on its Applications to Pharmacy and Practical Chemistry, by E. W. Braylcy, Esq., jun., F.G.S., Member of the Chemical Society of London, Corresponding Member of the Philosophical Society of Bâsle, &c., Lecturer on Mineralogy applied to the Arts, &c.; On the Moringa Pterygosperma, or Oil of Ben Tree, and its uses, economical and officinal, by Dr. Hamilton, of Plymouth; On the Gum of the Rhus Metopium, and on the Aristolochia Adoratissima, Trilobata, and Anguicida, by Dr. Hamilton, of Plymouth; On the Compound Infusion of Horseradish, by Mr. Thomas Greenish; On Palm Sugar, by Dr. Pereira; On Palm Sugar from India, by Mr. James Stevens; On the Origin of Samovy Isinglass, by Dr. Pereira; On some Optical Properties of several Terebinthnate Substances, by Dr. Pereira; On some Vegetable and Mineral Productions of New Zealand, by Dr. Pereira.

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On the Principles of Artificial Manuring. By Professor Justus Liebig.

On the Coagulation of the Blood and other Fibriniferous Liquids. By Andrew Buchanan, M.D., Professor of the Institutes of Medicine in the University of Glasgow.

Observations on Myrrh. By C. H. Ruickoldt.

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THE LADDER OF MEDICAL LEARNING;

BEING THE

SESSIONAL INTRODUCTORY LECTURE

Delivered at the Theatre of St. Thomas's Hospital,

On Wednesday, October 1, 1845.

By GEORGE GREGORY, M.D.,

Physician of the Small-Pox and Vaccination Hospital.

GENTLEMEN,—From the very earliest periods of the world, we know that certain days were annually set apart and distinguished in the calendar. The anniversaries of births and of victories have been celebrated from very distant times. The Romans had their *festæ dies—dies cretâ notandæ*—their high days, festivals, or hallowed days. The 23d September was kept as the birthday of Augustus Cæsar. Games were held on the 2d September in honour of the battle of Actium. Now, in medicine there is one day pre-eminently distinguished among all others—the red-letter day of the medical calendar. I need hardly announce to those here assembled what that day is; it is the 1st October—a day for the arrival of which many a youthful heart has been looking forward with quite as much anxiety as ever a young sportsman did for September 1, or a junior alderman for the 9th November.

The 1st October, gentlemen, is a day interesting alike to the noviciate and the practitioner settled in life; it may be called the annual birthday of the medical profession. The important business of medical education then recommences in the metropolis. The profession receives into its body that infusion of youthful blood so necessary for the preservation of our race—so pregnant with distant and unseen, but not less certain, advantages to science. The teacher buckles on his armour anew, and, like a giant refreshed, sets himself with renovated zeal to his annual but Sisyphean task. A fresh race is to be run—new competitors enter the field, not merely for professorships and honorary certificates, but for the more substantial honours and emoluments of the profession.

Those who are already engaged in the struggle for worldly pre-eminence betake themselves, on this auspicious day, once more to the hospital or school which witnessed their first entry on professional life, "a long time ago." They are seen occupying the same benches, perhaps the identical seat, where, in former days, they listened with breathless attention and becoming reverence to the science of Cline, the practical instruction of Sir Astley Cooper, the wit and learning of Abernethy, the contemplative philosophy of Baillie, the imagination and genius of Bell. These great men have passed from the scene of their useful and honourable labours, but a pleasing recollection hallows the spot which once echoed to their animating addresses, and as each 1st of October recurs, it brings back the former pupil, now, perhaps, grown grey in the service of the public, to revisit the scene

"Where once his careless boyhood strayed."

He comes with a mixed feeling of pleasure and pain. He cannot, if he speak the real sentiments of his heart, be insensible to the great strides which science and art have made since his early days, and which are rapidly leaving him in the rear of improvement; but he comes, to testify by his presence, the importance which attaches to the day which renews the great career of medical education throughout this country. He comes, as it were, to the banks of a great river, where he finds many preparing to launch their boat, and to venture on the intricate navigation of medical life. Knowing, from the surest of all tests, that of personal experience, the dangers and difficulties which beset them in their course, he attends on this occasion to welcome the aspirant to medical fame, and encourage him to the steady prosecution of his labours. Others there are, who may be seen around me, whose bark was launched one, or, it may be, two sessions since, who have had some experience in the affairs of education, and who are in the coming session to complete that course of study which shall prepare them for the active duties of life. Those who begin, those who renew, those who only take a retrospect of medical study, must all alike acknowledge the interest which attaches to the 1st of October.

The profession, gentlemen, which we follow, and for which we have undertaken to prepare you, ranks very high among those to which the courtesy of the world has given the proud distinction of the *liberal* professions. It yields the palm of superiority to theology, in the same degree that the soul of man, born for eternity, surpasses the body, which, framed though it be with a skill that passeth man's understanding, is calculated only for a brief and uncertain existence. But medicine, though second to divinity, stands *above* the profession of law, in the same degree that the study of Nature and Nature's laws is superior to the study even of the most durable works of human ingenuity. No persons are more ready to acknowledge this than lawyers themselves, who lose no opportunity of manifesting their respect for the cultivation of natural or physical science.

Of all the branches of natural science, and there are many, medicine undoubtedly stands first. We have Cicero—no mean authority—on our side; for he says, that if the gods give life, doctors give the health which makes life worth having. "Nullâ in re, propius accedunt homines ad deos, quam salutem hominibus dando." Medicine has been the occupation of men whose names live in history, and shine with a lustre not inferior to that which distinguishes the statesmen, the poets, the orators, and the warriors of former ages. If Greece boasts of her Pericles, her Solon, her Alexander, her Socrates, so she boasts also of Hippocrates. The discovery of the circulation of the blood immortalised the age of Charles the First. The newspapers may dispute whether the country ought or ought not to erect a statue to Cromwell, but there can be no dispute as to the claims of Harvey upon the national gratitude. After times will tell that, during the early part of the nineteenth century, when the world stood aghast at the measureless ambition of Napoleon, and saw it foiled at length by the science, the virtue, the patriotism of Wellington, Jenner and Davy, Bichat and Laennec, were giving to England and to France equal, and not less imperishable, titles to renown.

These, gentlemen, are not sesquipedalia verba—words "full of sound and fury, signifying nothing." They are truths—sublime and wholesome truths—which it is equally honourable that I should have to tell, and useful that you should hear. Reflections such as these cannot do otherwise than convince you that a profession thus pre-eminently distinguished—so universal in its applications—so essential to the welfare of mankind—so highly honoured by those best competent to judge of its merits—demands from all those who cultivate it a corresponding amount of zeal, industry, and devotion. The station of life which you are destined to fill is one of vital importance to society. I trust the time will never arrive when the doctor in an English town will occupy a place inferior to that which he now holds—equal, at least, to the lawyer, and second only to the parson. To keep up this rank, however, all your zeal, all your energy, will be requisite in the years devoted to education. When you once mix in the world, and enter on the active duties of your profession, the days of study are well nigh gone. The capital on which you trade is the amount of learning you have storedup during the three or four years which you have devoted to medical education. If, in after life, you can increase that stock, so much the better for you; but, on the large scale, this consummation, however desirable, is more to be wished for than anticipated. The labour attaching to a medical life leaves little time for reading, and scarcely sufficient for careful reflection on what you do read or see. Learn, then, to estimate at their just value the opportunities which on this day open before you—

"Carpe diem—credulus quam minimum postero."

Devote yourselves with serious earnestness to the business of medical education. The temple opens its gates this day to receive you. Enter, if you enter at all, with the determination "to walk worthy of the vocation whereunto ye are called."

The world, gentlemen, is rapidly advancing in knowledge, and those who will hereafter call upon you for advice, are themselves well competent to judge of your pretensions. It is very true—it is lamentably true—that quacks and charlatans still abound, and in the disguise of homœopathists and Mesmerisers, have even intruded on the legitimate boundaries of science. But be not deceived by these specious appearances. Men of this stamp start for a time into notoriety; but track their course, and you will find that sooner or later their career is checked. Knowledge has taken no root in them. When difficulties occur (and occur they will to all in the course of time), they wither, like the corn that was sown on dry ground. On the other hand, the man of education continues his even course, overcomes the difficulty, and gathers experience from it. With experience comes self-confidence. Self-confidence brings in its train the good opinion of the world. Character, wealth, honours, follow. The longer you live, the more you mix in the world, the more you will be convinced that nothing can be relied on to ensure the steady advance of a young man in our profession but a thorough acquaintance with the principles of the science which he professes. Good manners, a fashionable air, knowledge of the world, all contri-

bute. Happy is the man who is blessed with them, but they will not do alone. If you wish to succeed in life—if you desire to escape the bitter pangs of self-reproach—still more, if you have the ambition of being distinguished in your profession—devote yourselves from this day to the pursuit of knowledge. Be diligent in your attendance on lectures during the day, and let your evenings be passed—not at the theatre, nor in the billiard rooms, but in your chambers, in careful reflection on the subject-matter of the day's lecture. Bear in mind constantly the remark of Dr. Baillie—"There are many professions where negligence and inattention may be reckoned a folly; in ours, it is a crime!"

But let me suppose all these good intentions to exist, all these praiseworthy resolutions to have been formed. You come here, willing, it may be *anxious*, to learn the art, the science, the mystery of medicine. One of the first and most natural wishes you can indulge, is to obtain some general insight into the plan of medical education. You know that your object is to cure diseases, and to repair those accidents and injuries to which, in the changes and chances of this mortal life, we are all exposed. But you have a natural anxiety to learn how the information which shall fit you for this office is to be obtained. Your first inquiry is, "What are the steps which constitute the ladder of medical learning?" If I were now to enter on the study of law, I confess I should like to gain, as speedily as possible, some general notion of the method pursued in the acquisition of legal knowledge. I should prefer such preliminary information to a history of English law, even though it extended from Alfred to the 9th of Queen Victoria. Presuming that those among you who attend here for the first time (and for whose edification I am chiefly solicitous), may possibly be of the same opinion, I proceed to give you some general notion of the spirit and scope of a medical education. I shall intersperse, however, in the course of my observations on these topics, a few historical notices, and a little medical chronology.

1. The foundation of all medical knowledge—the basis of the whole superstructure of all medical learning—is the science of ANATOMY,—that science which explains the mechanism of the human frame, which points out the different organs of which the body is composed, which displays their relative situation, their source, physical connections, and the structures or tissues which enter into the composition of each. On the necessity of a minute and intimate acquaintance with the structure of the human body it is impossible that I can express myself too strongly. To the surgeon such knowledge is positively indispensable. He can neither set a limb, nor reduce a dislocation, nor tie up a bleeding vessel with the slightest feeling of confidence and self-satisfaction, unless the position and form of the bones, the attachment of ligaments, the relative situation of arteries, veins, and nerves, be intimately known to him. To the physician, this precision of anatomical knowledge may not be so essentially requisite; but there are occasions when even the minutiæ of anatomy are useful to him. They may lead him to detect the causes, and explain the nature of obscure symptoms, such as those attending thoracic aneurism. Nor can he ever satisfactorily superintend a dissection, and detect lesions of internal structure, unless he be familiar with the healthy state of parts. The confidence which such a knowledge of anatomy gives to the physician and the surgeon, displays itself in their communications with the patient and his friends. This speedily begets in them esteem and confidence; for they feel that knowledge, based on anatomy, renders its possessor equal to any emergency.

I am now speaking of DESCRIPTIVE ANATOMY, a branch of medical science which was the earliest studied, and in which the ancients made the greatest advances. The few points which they left unexplored, and the trifling inaccuracies into which they fell, were corrected and investigated by the anatomists of the sixteenth and seventeenth centuries—Eustachius, Fallopius, Vesalius, Sylvius, and Fabricius (1520 to 1620), the whole being wound up by the brilliant discovery of the circulation of the blood by Harvey in 1628.

The science of anatomy now lay for a long while nt. Towards the close of the eighteenth century a new view began to be taken of anatomy. The cultivators of this science were not then satisfied with merely describing the appearances of organs and their connections, but they applied themselves to investigate the intimate nature and relations of the different structures to each other. When all the rough work was done, they took to polishing and refining. They formed the idea of *elementary* structures or tissues. Then they studied the transformation of tissues, and all this they generalised under the style and title of GENERAL, or STRUCTURAL ANATOMY. It is properly the philosophy of anatomy, an interesting branch of medical study, which, though it did not actually begin with Bichat, yet received from him, about the commencement of this century (1801), its first great impulse.

Within the last few years, this department of anatomy has advanced greatly in interest and importance from the renewed application of the microscope. This instrument was first applied to the investigation of vital structures in 1685, by Leewenhock, of Leyden. He brought it to bear in an especial manner on the composition of the *blood*, and of the *animal secretions*. Kiernan, Gulliver, Hodgkin, Carswell, and others of our own day, have availed themselves of the microscope most successfully in investigating the intimate structure of the *solids* of the body—the liver, the lungs, the skin, and mucous membranes. Minute anatomy, indeed, has been prosecuted with extraordinary diligence during the last twenty years. Great advances have been made in ascertaining the intimate structure of the brain, and very improved views of nervous influence have been opened up by these new methods of research. General or philosophical anatomy is still progressing, and very materially altering the aspects of medical science. A theory of animal organisation from primary nuclei, or cells, has been recently framed, which, though in some degree imaginative, is yet entitled to the praise of great ingenuity. It already begins to affect medical nomenclature. It has been brought to bear upon the symptoms of disease, and will ultimately exert an influence, hitherto, perhaps, scarcely dreamt of, upon the general tone and character both of physiology and pathology.

There is still a third kind of anatomy. It is obvious that the organs, tissues, or structures of the human body have a relation not to each other only, but to those of the lower animals. Now, this is COMPARATIVE ANATOMY. The field of comparative anatomy is absolutely boundless. It was cultivated to a certain degree by Aristotle and others among the ancients, but it has been reserved for modern anatomists, especially for those of the present and preceding centuries, to enlarge its bounds. Among the former, Cuvier stands pre-eminent. Among the latter, it would be impossible to avoid a passing allusion to John Hunter (1770). The zeal, the devotion with which he gave himself up to the study of comparative anatomy never has been excelled, rarely (perhaps never) equalled.

Comparative anatomy, though not an essential branch of medical education, is one of the correlative studies which dignifies our profession. Nor is it without other claims to your attention. To such as are likely to enter the military medical service, or the service of the East India Company, an acquaintance with comparative anatomy holds out the almost certain prospect of professional advancement.

2. When you have investigated the construction of the human machine, you proceed to learn its actions. The science which explains them is called PHYSIOLOGY—the study not of mechanism, but of function. Physiology is a study of commanding interest. The human body, as it lies on the table of the anatomist, a lifeless corpse, is a splendid monument of Divine power and wisdom. The mind is lost in amazement, when it contemplates the infinite variety and complexity of the organs which compose it, the minuteness and intricacy with which its blood-vessels, nerves, glands, and ducts are impacted. But the spectacle presented by the contemplation of its living actions is far more magnificent. We then perceive each part endowed with life, each portion enjoying its distinct properties or functions. Physiology is a science which, from its very nature, must be progressive. Our views regarding it expand, as we increase our acquaintance with the laws of chemistry, as we enlarge our knowledge of comparative anatomy. Scarcely any part of physiology can be said to have attained perfection. The circulation of the blood is, perhaps, the best understood of any, but even here much is still to be learned. The forces which propel the blood from the heart to the extremities of the body are known, but those which occasion its steady and tranquil return by the veins are still, in some degree, obscure. Respiration, digestion, secretion, are all in progress of elucidation. The functions of the nervous system, direct and reflex, are now slowly developing themselves. Some portions of physiological science are probably destined for ever to elude our most prying researches. Nature, doubtless for wise purposes, has veiled some of her proceedings in mystery impenetrable. No human effort will ever explain the process by which the ovum first descends from the ovaries, enlarges in the womb to a perfect animal, and attains, in the course of years, its full size. The phenomena of generation, growth, and renovation of parts, are probably beyond the legitimate grasp of the human intellect.

Physiology is a study of equal value to the physician and surgeon. The simplest understanding must perceive at once that an acquaintance with the healthy actions of the body must precede any attempt to explain its diseased actions. You will not, therefore, be surprised to learn that no diseases are so well understood as those which depend upon the lesion of organs whose physiology is known (inflammations, hemorrhages, aneurisms, and dropsies)—diseases dependant on the heart and circulating system—none are as little understood as those which depend upon the lesion of organs whose offices and functions are still imperfectly developed, such as the diseases of the brain and spinal cord, palsy, and epilepsy.

Physiology was largely studied by the ancients. Galen (160 years after Christ) displayed great learning in some parts of the science; but it was reserved for Baron Haller, in Germany, in the year 1757, to collect and arrange the scattered facts and opinions of authors in physiology, and to build up the whole into a great and consistent system. The work of Haller (Elementa Physiologiæ, in eight volumes 4to) is one of the most splendid examples of careful research and cautious deduction which was ever presented to the world. During the ninety years which have elapsed since he wrote, physiology has been wonderfully enlarged and improved, but its basis must for ever rest on the sagacity and extraordinary labours of Haller.

3. The third fundamental branch of medical learning is CHEMISTRY—the science which unfolds the *composition* of all bodies in nature, which reduces them to their elements, and shows us with how few and with what simple materials the great Author of the Universe has thought fit to construct the world This most attractive study is of universal application. Arts and manufactures of all kinds profit, by the labours of the chemist—the tanner, the dyer, the calico-printer, the refiner, the engraver, the makers of candles, of soap, of starch, and of sugar, all still acknowledge the supremacy of chemical science. By the discovery of gunpowder, and by the knowledge which it has given us of the properties of steam, chemistry has literally changed the face of society, and done more to ameliorate its condition than any other branch of human inquiry. The improvements which it is now effecting in agriculture bid fair to win for it a far higher claim to our admiration. If, as seems probable, chemistry be destined to cause two blades of corn to grow where only one grew before, the admirers of Malthus and Martineau may indeed feel disappointment, but to others it will prove that the injunction long since given to man "to increase and multiply," was not promulgated without providing the means whereby such increase of the population might be sustained.

Chemistry is justly esteemed one of the sciences most nearly allied to medicine. Its bearings upon medicine, indeed, are various and extensive. Chemistry displays the intimate composition of the several kinds of animal texture—bone, cartilage, muscle—the composition of the several kinds of animal fluids—blood, bile, mucus, urine, pus. Chemistry throws much valuable light on physiology. It illustrates the processes of digestion, secretion, and assimila-

tion. A diligent attention to chemistry, in its relation to *disease*, is not less indispensable. Dropsy, diabetes, and albuminuria cannot be understood, unless aided by the light of chemical science. While chemistry thus contributes, on the one hand, to the *elucidation* of diseases, it furnishes us, on the other, with the weapons by which we are to combat them. Chemical pharmacy is one of the many branches into which chemistry is subdivided; and here the spirit of improvement has penetrated, as into every other department of the science. The extraction of the vegetable alkaloids, quinine, morphine, strychnine, and veratrine, forms an epoch in the history of pharmaceutical chemistry.

The ancients knew nothing of chemistry. As a science it first dawned during the darkness of the middle ages, and has gradually advanced to its present exalted position in literature. The commencement of the French Revolution witnessed also an extraordinary revolution in chemical science. Lavoisier, and his distinguished fellow-countrymen, changed the nomenclature, and with it the whole aspect of chemistry: but the truth, gentlemen, is, chemistry, as a science, is only just emerging from its cradle. Half a century has dimmed much of the lustre attached to the Lavoisierian theory: it now rather lies as an incubus upon the science. The discovery of the metallic alkaloids, by Sir H. Davy, in 1807, and that of iodine, in 1812, gave a new tone to chemical theory. The nomenclature of the science is now slowly undergoing a third revolution, to be succeeded, in its turn, by one hardly, perhaps, more durable.

Chemistry is divided into two great branches—inorganic and organic chemistry. The latter is now rapidly swelling into importance, under the genius and indefatigable industry of Liebig.

4. The fourth elementary basis of Medical Education is BOTANY—a branch of natural science whose bearings upon our profession are much less direct than those of chemistry, but which, in all schools of medicine, has been viewed as an elegant appendage to the medical curriculum.

Upon the united pedestal of physiology, chemistry, and botany, stands the branch of medical study known by the quaint, but not very distinguished, title of MATERIA MEDICA. Under this uncouth term is comprised the study of every means with which Nature supplies us for the relief of disease. To the materia medica belongs the investigation, not of drugs only, but of blood-letting, general or local—baths, hot and cold—electricity, galvanism, acupuncture, issues, setons, and caustics. The study of drugs, however, is the most important division of this science. Now drugs are of two kinds—the organic and the inorganic. In ancient times the former, or those obtained from the vegetable kingdom, were employed almost exclusively. The Greek and Roman physicians rarely ventured on any other remedies than herbs; nor did their successors do more for nearly 1500 years, when a great medical reformer arose, before whom modern reformers (even the National Association itself) must hide their diminished heads: this was Paracelsus—who, in 1525, declared open war against the herbalists, or Galenists, attributed all diseases to salt and sulphur, and treated them by the chemical remedies then coming into notoriety, especially antimony, mercury, and nitre. From that period the employment of chemical remedies has been gradually gaining ground, and seems destined to supersede, in a great degree, the employment of vegetable and animal substances.

The present pharmacopœia is burthened with a mass of useless drugs which have descended to us as heir-looms from the times of the ancients, many of which will probably be found also in the next pharmacopœia, so difficult is it to root out the prejudices of fifteen centuries. A very curious chapter in medical history is that of the London Pharmacopœia. It appeared first in 1618, one hundred years after the foundation of the college, and then comprised only eighteen chemical remedies, of which calomel was one. The composition of calomel was first made known about 1600, by Oswald Crollius. Sydenham, writing in 1675, makes little mention of this remedy. He recommended it only in that formidable disease, *ileus*, when he ordered it in scruple doses.

The edition of the London Pharmacopœia which appeared in 1678, presents us with a valuable record of the mode of treating diseases in England when Sydenham was in the zenith of his fame. It contained about thirty-six chemical preparations, but the vegetable, or Galenical remedies, amounted to many hundreds, besides a profusion of drugs derived from the animal kingdom. Among these will be found the fat of 28 different animals, the dried blood of 9 animals, the dung of 12 animals, the bile of 8 animals, and the urine of 3, including that of a young and adult man. The following animals were directed to be kept entire in the apothecaries' shops:—Cantharides, millipedes, frogs, toads, scorpions, vipers, ants, sparrows, puppies, and moles. When you reflect, gentlemen, on the extent to which calomel is employed by physicians and surgeons in this country at this time, in the disorders of children and of adults, in inflammatory disorders, and in bilious disorders, in chronic disorganisations, and in every form of acute malady, it is incredible how the ancients, with their tincture of soot, essence of vipers, and spirit of urine, ever cured their patients at all. Yet they did cure them, though probably neither so speedily nor so effectively as we, who wield the more powerful weapons with which the mineral kingdom supplies us.

A solid foundation being laid in the five studies now enumerated, namely, anatomy, physiology, botany, chemistry, and the materia medica, the student is prepared to enter on the investigation of disease. The study of practical medicine admits of certain broad lines of distinction, and five are generally admitted, namely, general pathology, special pathology, surgery, midwifery, and forensic medicine. Each of these, in turn, will become the special objects of your attention.

1. The most fundamental branch of practical medicine is GENERAL PATHOLOGY. This science treats of diseases and of diseased actions in the widest sense of those terms. It includes, 1st, the doctrine of signs and symptoms, or the detection of disease (semeiology); 2nd, the origin and sources of disease, otherwise called etiology; 3rd, pathological or morbid anatomy, or the effects of disease; 4th, therapeutics, or the action and operation of remedies, an analysis of the primary or elementary modes of diseased action; and, lastly, vital statistics, or the application of numbers to illustrate the mortality of disease.

Many portions of general pathology, more especially semeiology and etiology, the detection and development of disease, were carefully investigated by the ancients. Pathological anatomy is a science of very modern growth. Commencing with Morgagni (1720), improved by Baillie (1795), it has been brought to wonderful perfection by the united labours of British and continental physicians and surgeons during the last twenty-five years. Vital statistics, the youngest born of all the offspring of general pathology, is now rapidly advancing in interest and popularity, and giving to medicine much of the precision which belongs to mathematical science. The Herculean labours of our cotemporary, Mr. Farr, in this department of pathology, demand not merely a passing notice, but the warm tribute of our admiration and gratitude.

2. *Special Pathology (otherwise called the Theory and Practice of Medicine).*—The second branch of practical medicine includes in its wide domain an investigation of all the diseases of which the physician takes cognisance. One branch of it, called dermatic, or exanthematic pathology, is made in this school a separate object of inquiry.

3. *Surgery.*—The third branch of practical medicine investigates the history and treatment of accidents and injuries; the diseases of all external parts in which the knife is usually or even occasionally required, and all such constitutional maladies as are intimately connected with them, either as cause or effect; such as scrofula, syphilis, and tetanus. Surgery, like medicine, has one exclusive branch—ophthalmology, or the pathology of the eye; which, in this school, is also made a special object of study.

4. Gentlemen, in spite of physic and surgery men will die. Old age creeps upon those whom the doctor spares, and sooner or later the strongest constitutions give way. Their places must be supplied. MIDWIFERY here comes in aid of its sister sciences, and explains how the mother is to be assisted during the pains and perils of childbirth. Midwifery undertakes the investigation of all diseases peculiar to the female sex, and teaches how the infant is to be managed during the first years of its tender existence.

5. But the measure of practical medical education is not yet full. I need not tell you that this is a wicked, a very wicked world in which we live. We not only run all manner of risks in railways and steam-boats—not only are we subjected to the thousand "ills that flesh is heir to," but there are wicked people who help us out of life faster than we should otherwise go, by poisoning or otherwise maltreating us. Furthermore, mankind are easily disposed to quarrel, being full of malice, hatred, and all uncharitableness. They kill one another—sometimes they kill themselves—or they kill their own offspring and their wives. They commit rapes—or they try to commit them—and in various these ways they bring themselves before the great courts of law, or their bodies before that lesser judge—that Minos of morbid anatomy—called the coroner. FORENSIC MEDICINE here steps in, and concludes the series by preparing the student for all those difficulties which assail him in his intercourse with lawyers. Forensic medicine includes toxicology, the pathology of poisons, a curious but isolated branch of practical medicine. It takes cognizance of all matters connected with battle, murder, and sudden death—all questions of hanging, drowning, and suffocation—the investigation of all facts bearing on suicide, and all disputes regarding that apparently very simple question, "how long a woman goes with child."

Such, gentlemen, is forensic medicine, generally the last in the series of medical studies, because it involves and pre-supposes an acquaintance with every other branch of our science.

When you look back, and survey the field of research which is before you, when you reflect on the infinite number of details which, every one of the ten divisions of study to which I have adverted, embraces, you may, at first, very naturally feel disheartened. You may even despair of overcoming such difficulties during the three, or it may be four, years devoted to your professional education. But, be assured, the same difficulties are incident to other pursuits. The lawyer, the engineer, the musician, the tragedian, experience the same misgivings. Remember that others, similarly circumstanced with yourselves, have persevered and triumphed. Patience, perseverence, confidence, will assuredly carry you through. As you advance in your studies, order will grow out of confusion. The capabilities of the human mind, when gradually trained, are scarcely credible. Many an actor, who takes up his first part with fear and trembling, afterwards retains in his memory twenty thousand lines without an effort. Steady devotion to your studies will at length bring its reward, and you will pass your examination with a facility which now perhaps appears to you impossible. Bear in mind the lines of one of our old poets:—

> "The wise and active conquer difficulties
> By daring to attempt them. Sloth and Folly
> Shiver and shrink at sight of Toil and Hazard,
> And *make* the impossibility they fear."

In a few short years, you will have reached the top step of the Ladder of Medical Learning, and will be prepared to enter on the active duties of your profession—to take upon you the serious responsibility of human life—to occupy an important position in society, and to plunge, if it should so please you (though I would strongly advise you to eschew it), into the troubled waters of medical politics.

Were I speaking in any other year than 1845, or addressing any other audience than the *elèves* of St. Thomas's Hospital, I might here draw my observations to a close, but time and place alike forbid it.

Gentlemen, with 1845 a new era has dawned upon medicine in this country. After dragging on a separate and independent existence for hundreds of years, the Government has suddenly thought it right to extend to us its fostering hand. It undertakes to legislate for us, to register us, to superintend the course of medical study, to provide for the efficiency of examination, and, in the plenitude of its newly-found regard for us, to see that the pupils of this and of other schools of medicine are

to be found daily at their posts. Gentlemen, the Physic and Surgery Bill of Sir James Graham is pregnant with important consequences to the medical profession in this country—to the junior and senior alike. I do not stop to inquire whether a large part of this minute legislation might not well have been spared. I believe it might, with great advantage to the easy passing and successful working of the bill; but this I must say, that Government has acted wisely in making medical polity part and parcel of the State. Theology and law are both the better of such a connexion. The medical profession has been too long isolated; but the benefits of the contemplated measure are not all on our side. If medicine will, as I fondly anticipate, flourish better under the supervision of the Government than it has done in its independent state, the Government, on the other hand, will find in physicians and surgeons men admirably calculated to carry out those measures for the amelioration of the people which the well-timed wisdom of Parliament has already effected, or is still planning. Inspectors of prisons, inspectors of factories, poor-law commissioners and assistant poor-law commissioners, and commissioners in lunacy, may usefully be drawn from the ranks of our profession. That leviathan bill, which was brought in at the close of the last session, and which waits the decision of the ensuing Parliament, "For the more effectual Sewerage and Drainage of Towns throughout England and Wales," will be aided most materially by the agency of men bred up to medicine. It is, therefore, most desirable that the Government should be placed in direct communication with the medical profession, and be enabled to select from among its ranks those most suitable for state emergencies. It is earnestly to be hoped that the medical profession throughout the country will see that this is their true interest, and, abating somewhat of that eagerness for chartered rights and collegiate privileges, which has hitherto clogged the wheels of medical reform, unite in pressing upon Government some simple measure which shall connect medicine with the state. "Cætera res expediet." Time and the good sense of the profession may safely be trusted to work out all that remains. It is the first time in the annals of this country that the interests of the medical profession have been the serious object of Government solicitude. Let us hope that, ere another 1st of October comes, a new order of things may be established; that we may be found reformed, because united and strengthened—nestling under the wings of the Home Office, and occupying that position in the state which Homer, nearly three thousand years ago, felt to be our due when he said that

> "A wise physician, skill'd all wounds to heal,
> Is more than armies for the public weal!"

Gentlemen, there is still another subject of congratulation which I am bound to advert to, applicable not to time, but to place. A few short months only have elapsed since the illustrious consort of our Queen condescended to honour this school by distributing with his own hand, and with a grace peculiarly his own, the prizes awarded for proficiency in medical studies. The event was alike honourable to this hospital, flattering to the pupils, and gratifying beyond measure to the teachers of the school. But it must not be viewed as an isolated occurrence. It is, like Sir James Graham's oft-amended bill, evidence that, in public estimation throughout this country, medical science has increased, is increasing, and ought to be still further encouraged. It is a satisfactory proof that a desire to see medicine assume its proper station among the liberal arts of this country has at length reached the highest places.

Gentlemen, you will not be insensible to the compliment which our beloved prince paid to St. Thomas's Hospital, when he selected it as the first honoured by his presence at the distribution of medical prizes. We are fully justified in assuming that, ere he did so, he found the pupils of this hospital, by their good conduct, not undeserving of the favour. We are justified in the belief that public opinion, the best criterion in such a case, had found nothing to complain of in the management of the hospital; that it told him, here the poor are kindly and liberally treated, the medical officers attentive and skilful, the pupils diligent and obedient to discipline.

Justified, as I believe we are, in this belief, laying, as I believe we may lay, this flattering unction to our souls, the visit of Prince Albert among us cannot fail of yielding yet happier fruits. It will encourage *you*, the pupils of the hospital, to increased exertion, and animate you throughout your educational career—will prove to you the still small voice that can win you from the seductions of idleness or gaiety, and the star that shall guide you to the acquisition of a good name and an honourable independence.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Prolapsus Vesicæ.

Prolapsus of the bladder occurring to any extent, and uncomplicated with prolapsus of the uterus, is by no means a common displacement. In a slight degree we not unfrequently observe it where the vagina, more especially its anterior wall, is much relaxed.

If we examine a patient shortly after a completely prolapsed uterus has been returned, and where the bladder has been allowed to become distended with urine, we shall find the canal of the vagina more or less obstructed by the bulging of the bladder. The anterior wall of the vagina is what supports the posterior and lower portion of the bladder, and keeps it in its place; when the natural support fails, this part of the bladder bags downwards as the urine collects, and forms a soft fluctuating tumour, which fills up the vagina more or less according to the quantity of fluid which the bladder contains. It may thus go on to increase until the tumour protrudes beyond the os externum, forming a spherical mass covered by the anterior wall of the vagina. On examination with the finger, we shall find that it has none of the solidity which is so well marked in prolapsus uteri; on the contrary, it feels soft and indistinctly fluctuating. Anteriorly and above it is attached to the pubic arch, which can easily be understood when it is recollected that the tumour consists of the lower and back portion of the bladder, covered by the anterior wall of the vagina; posteriorly the finger passes freely up the vagina, and behind the tumour, until it reaches the os uteri, which, instead of forming the lower extremity of the tumour, as in prolapsus uteri, is found to be little, if at all, out of it natural position.

The symptoms of prolapsed bladder are to a certain extent like those of prolapsed uterus, and yet sufficiently distinct to prevent the one displacement from being confounded with the other. The patient complains of a good deal of dragging and bearing down about the pelvis, not unlike that of prolapsus uteri, except that in complete prolapsus vesicæ it is more referrible to the neighbourhood of the urethra and symphysis pubis. This is aggravated by standing, and especially by allowing the urine to accumulate in the bladder; but, although relieved, it is not removed by assuming the horizontal posture as in prolapsus uteri; the patient has a constant feeling of wanting to pass water, which is not removed by doing so, so that she leaves off with the desire to empty the bladder unrelieved. The circumstance of her discomfort and suffering being unmitigated by lying down, arises from the prolapsed portion of the bladder, which bags down into the vagina, not being emptied by the ordinary effort to pass water, as may be proved by introducing a catheter, and drawing off an ounce or so of urine, immediately after her having (as she supposed) evacuated the bladder.

Another symptom worthy of notice, and, I believe, first pointed out by Sir Charles M. Clarke, in his excellent description of this displacement, is a dragging sensation or pain about the umbilicus, which he attributes to the superior ligament of the bladder being put upon the stretch by the prolapsed state of the organ. I have observed this symptom pretty frequently in partial cases; but in the only well-marked complete case which I have seen, it was not so prominent a symptom as I should have expected. Perhaps when the case has been of some standing, the parts gradually accommodate themselves to their unnatural position, as we see in cases of prolapsus uteri, so that the symptoms are frequently more severe with a partial than with a complete state of prolapsus.

An aggravated case of complete prolapsus of the bladder occurred to me very recently; the patient was sent me by a medical friend who wished me to ascertain the nature of her case. The tumour was as large as an ordinary sized fist, and projected to a considerable extent beyond the os externum, so that she could scarcely sit down. Not being much distended with urine at the time that I examined it, the swelling had a flattened form; it was soft and not very painful when handled, although more so than the uterus usually is when prolapsed. The displacement was of some months' standing, and appeared in great measure owing to her being constantly on her feet from morning till night, and not having had the opportunity of relieving the bladder so often as was necessary. The posterior wall of the vagina, and the os uteri, were perfectly natural in point of situation, except that the anterior lip of the latter was somewhat dragged downwards, and the os uteri itself turned more backwards than usual. The reason for this alteration of shape has been well-explained by Sir C. M. Clarke, who has met with it to a far greater extent than the slight degree to which I have now alluded. "In procidentia of the bladder of long standing, the pressure of the posterior part of this viscus (when containing some urine) upon the cellular membrane, connecting it with the anterior part of the cervix uteri, elongates this cellular membrane; but as it does not yield readily, the anterior lip of the os uteri is dragged down with it so as to be very much lengthened. In this altered state of the parts, os uteri, instead of being found in the centre of the pelvis, opens directly backwards, and lies in contact with the posterior part of the vagina, so that the space between the elongated anterior lip of the os uteri and the posterior part of the vagina is very small."

The treatment of prolapsus vesicæ will be much the same as what I have described in prolapsus uteri. The cylindrical sponge will be particularly useful here, not only in supporting the bladder, but in preventing the urine from accumulating in it.

A similar state of relaxation is sometimes observed to affect the posterior wall of the vagina, especially at its lower part; it is quite relaxed, and hangs out like a loose bag from the os externum, almost like a piece of intestine, and evidently contains a portion of the rectum, as is seen by the finger, when introduced per anum, passing into the tumour, and projecting through the os externum covered by the prolapsed portion of the vagina.

A case of this sort occurred about a year ago among the in-patients of St. Bartholomew's Hospital; the patient was considerably advanced in life, and the displacement of some standing. The tumour was confined to the lower and posterior portion of the vagina, the upper and the whole anterior part of the canal appeared natural, and consequently there was neither prolapsus of the uterus nor bladder. The rectum was kept empty by enemata, and a soft sponge soaked in decoction of oak bark with alum introduced into the vagina; relief was thus obtained, although she was by no means cured when she left the hospital.

In the following case the anterior as well as the posterior wall was affected:—

C. G., ætat. 40, mother of eight children.

July 30, 1842.—Complains of much pain about the lower part of abdomen, with constant urgency to pass water, in doing which she never feels that she entirely empties the bladder; the pain and urgency to pass water are not relieved by assuming the horizontal posture; slight general derangement of health, and leucorrhœa, which she dates from her last confinement.

Exam. per Vaginam.—A large spherical tumour, formed by the posterior wall of the vagina, protrudes through the os externum, into which the finger, when introduced per anum, freely passes. Os uteri in the lower part of the hollow of the sacrum; anterior wall of the vagina much relaxed,

and pressure upon it produces painful desire to pass water.

The history of the treatment has been imperfectly recorded; she was ordered quinine, sulphate of magnesia, and Goulard lotion.

The catamenia appeared about the 16th of August; the bowels were much confined during the time, and the prolapsus increased; the medicines were repeated, and the oak bark and alum injection ordered, and she was desired to use a sponge.

September 17.—Catamenia present; less pain, and enlargement of the tumour; general health improved; some prolapsus still remains; says that she cannot keep the sponge up.

This leads me to the consideration of another displacement to which the uterus is liable, viz., that of *retroversion*. It has hitherto been almost only described as occurring in connection with pregnancy, and there is no doubt but that complete retroversion, where the fundus is driven downwards and backwards into the lower part of the hollow of the sacrum, and the os uteri tilted high up behind the symphysis pubis, does occur more frequently during the early months of pregnancy than under any other circumstances; but even this, its most aggravated form, is not necessarily confined to the state of pregnancy; for morbid enlargements of the uterus will dispose it as fully to retroversion as when pregnant; and even the mere pressure of a loaded intestinal canal, as I shall soon have the opportunity of showing, will do the same.

I do not, however, propose to enter into a full and detailed description of retroversion of the uterus in the usual sense of the word, particularly in connection with pregnancy, because it is well known to form a subject of distinct consideration in almost every systematic work of midwifery. I shall, therefore, confine myself to a few remarks on the cases with which I propose to illustrate it.

E. C., ætat. 47, mother of twelve children; her last child was born six years ago; has married again since; menstruated last in May.

August 10, 1839.—Severe dragging and bearing down pain came on during the night of the 6th instant, attended with difficulty in passing water, which has dribbled away ever since.

Exam. per Vaginam.—Os uteri high up behind the symphysis pubis; the fundus, which is neither large nor hard, is felt low down in the pelvis behind the vagina, forming a tumour in the lower part of the hollow of the sacrum; the bladder enormously distended, and occupying a large portion of the abdomen in front; bowels have been well opened by a dose of castor oil. An elastic female catheter was passed, and nearly a gallon of urine was drawn off with great relief to the patient. No further attempt was made to replace the uterus, in the hope that, as it was by no means large, it would return spontaneously.

17.—She has been carefully watched by one of my pupils since the last report, and the bladder daily evacuated by the catheter; the pain and dragging, and sense of bearing down, have returned with greater severity. The retroversion, so far from having diminished, is increased. The os uteri is so high behind the symphysis pubis that it can scarcely be reached. The fundus feels harder, and something like a fœtus can be felt through its parietes. I tried to pull down the os uteri with one hand, whilst with two fingers of the other, per anum, I endeavoured to push up the fundus. I could easily raise it to the upper part of the hollow of the sacrum, but could not get it past the promontory. I therefore introduced my whole hand into the vagina, as she lay on her back, and after a little difficulty succeeded in raising the fundus above the promontory; it immediately started upwards out of my reach, and, on withdrawing my hand, I found the os uteri in its natural position; the painful symptom which had been produced by the displacement instantly ceased.

R. Extr. hyoscyam., Ext. gentianæ āā gr. v, o. n.

R. Misturæ ℥ menthæ sulphuricæ, c. Magnes. sulph. ℥i, o. m.

31.—Has had no return of the complaint; feels well.

As this patient was evidently in an early stage of pregnancy, as seen both by the date of her last catamenial period, as also by the inconsiderable size of the tumour which the fundus uteri formed in the hollow of the sacrum, and as, moreover, the bladder had been so enormously distended, I thought it more than probable that the uterus would, in the course of a few hours, return to its natural situation. I was the more inclined to avoid giving manual assistance, if possible, from the results of a similar case of retroversion at an early period of pregnancy, which had occurred to my notice a year or two before, and where pains came on after a short but fruitless attempt to replace the uterus, and expelled the fœtus whilst I had left the patient to procure a catheter. In each of these cases I distinctly elicited from the patient that the symptoms of retroversion had appeared *before* they had observed any difficulty of making water, and in neither case did they consider that the bladder was at all distended with urine at the time that the retroversion took place. I mention this in confirmation of an observation which Dr. Burns, of Glasgow, has made in the last edition of his work on midwifery, respecting a supposed cause of retroversion. It had been a very prevailing opinion that distension of the bladder was the most frequent cause of this displacement. From the close connection which exists between the bladder and uterus at their lower portion, by means of peritoneum and cellular tissue, the former, when rising by distension, must necessarily pull up the latter with it. Now if this occurs when the uterus is becoming, as it were, top heavy from containing an ovum, and is still small enough to move freely in the pelvis, the fundus will fall backwards in proportion as the os uteri is dragged up behind the symphisis pubis. Experience, however, shows that this view, however plausible, is not correct, and that so far from being a frequent cause of retroversion, distension of the bladder is most usually the effect of it.

In all cases of retroversion, especially where the reduction presents more than ordinary difficulty, I find the plan proposed by Professor Naegelé, viz., of introducing the whole hand into the vagina, far superior to pressing up the fundus by two fingers of the left hand passed into the rectum, while we endeavour to pull down the os uteri by the index finger of the right hand. By introducing the hand with the palm upwards into the vagina, as the patient lies upon her back, we can get the points of the four fingers beneath the tumour, and press it upwards and somewhat forwards with great effect, while the hand itself, putting the posterior wall of the vagina forcibly upon the stretch, pulls down the os uteri at the same moment. This will be easily understood if we bear in mind the condition of the vagina when the uterus is retroverted; the anterior wall is violently dragged upwards by the os uteri, behind the symphysis pubis, while its posterior wall is found loose and doubled into a species of *cul de sac*. It is into this that the hand passes in the attempt to reach and press up the fundus; it is thereby rendered very tense, and, from its attachment to the uterus at the cervix, it acts in the same way as a cord does round a pulley; the same effort which tends to push up the fundus, tends also to pull down the os and cervix uteri.

The value of this mode of reducing a retroverted uterus struck me forcibly in a case which occurred in the unimpregnated state some years ago; she had been under treatment some time on account of inflamed cervix uteri, with severe lancinating pains, and much general derangement of health; the uterus was evidently much engorged, and both heavier and larger than natural; the abdomen was large and flabby, and there was considerable hemorrhoidal congestion. On carrying a heavy weight up stairs she suddenly felt as if violently strained, and this was immediately followed by the ordinary symptoms of retroversion. The bladder was even more distended than in the last case, the abdomen was much enlarged, and she looked like a woman in the latter months of pregnancy. My friend Mr. T. A. Richards, of Camberwell, who was one of the house surgeons to the General Lying-in Hospital at the time, assisted me to draw off the urine, the quantity of which was truly enormous.

During her involuntary efforts to strain, which the severe bearing down pain every now and then excited, the fundus was forced quite down to the perineum. The hand was introduced into the vagina, and after a slow but steady effort, the fundus was raised above the brim, and the uterus righted. I have seen this patient repeatedly since, and she has had no more return of the displacement.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M. D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums; Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

V.

LESIONS AND PERVERSIONS OF THE INSTINCTS AND PROPENSITIES.

In establishing a well-marked distinction between the instinctive and affective perversions in man, and the disorders of the intellect, we do no more than follow the progress of the physiology of the brain, while in our opinion we impart more clearness to the study of pathology. We shall not stop to notice the slight aberrations of aptitude, which in persons in good health constitute an incredible diversity of oddities in the character, tastes, and some of the passions. Our subject is of graver importance. We shall survey the sad picture of human perversities, which constitute diseases the more cruel from their being always apparently accompanied by reason; we are now alluding to those perturbations of the instinct of life, and of the moral faculties which present such strange symptoms in hypochondria, in suicide, homicide, the mania of destruction, and in that depravation of the instincts which constitutes the mania of theft, of incendiarism, and all the perversions of the brain so calculated to confound the judgment of the physician and the legislator.

The instinct of life—the desire to live—is one of the involuntary feelings the most profoundly inherent in our organisation; it is on this instinct, and on whatever may foster, extend, and preserve it, that laws and social institutions must necessarily be founded. To wish to live is the immortal law; and this desire is so deeply rooted in our nature, that it forbids even our contemplating the sufferings of others with indifference. If one sees another crushed, or mutilated, the first impulse is to succour him, and this even despite of any other feeling; but reflection soon supervenes, modifying this first impulse in a thousand ways. Now, this instinct is subject to its peculiar diseases, just as the intellect is; this morbid condition, in its first stage, gives rise to chimerical fears, and all the terrors of the hypochondriac. When the perversion is complete, we behold suicide, the wish to destroy oneself, a desire quite as imperative as the love of life itself; and we have also the atrocious impulse to slay without motive, and often less from the influence of some ruling idea, than from the mere impulse to kill and destroy.

But has this instinct of life a seat in the encephalon? or, in other words, ought it not to reside in its most essential parts? Those who are so lavish of their localisations on the surface of the brain, might surely concede some attributes to the nervous centres which form so large a portion of it, and on seeing in those centres so constant an organisation, and masses so largely developed, they might bestow upon it some important function—such, for instance, as the love of life—and explain, by a special lesion of those centres, the derangements we are now about to consider.

I.—HYPOCHONDRIA.

Symptoms.—The ground-work of hypochondria consists of exaggerated fear of death, disgust of life, a discouragement of existence, which, however, drives the patients to seek with an extreme avidity for any means of putting an end to it. They read medical books greedily, and run after every charlatan. Absorbed in the sole idea of mitigating their sufferings, they go about consulting doctors, and then suddenly become disgusted with both physician and his advice. Slight hypochondria is continually presenting itself in every-day life, under the guise of minute attentions, continual complaints in the

midst of tho most perfect health, sudden puerile but real fears for some imaginary suffering, thus affording an inexhaustible subject for fun and raillery. But when it is complete, the scene changes, and it becomes in reality a most painful spectacle. It now shows itself in irregular sensations of heat or cold, mortal anxieties, palpitations of the heart, difficulty of breathing, numbness of the senses, terrors, and a fixed sense of desolation, which make life one continued torture, and betray themselves in conduct by those sombre and abrupt inequalities of character, by that savage and spiteful air which transforms the human into an insane being.

The symptoms of hypochondria are, however, very numerous and varied, and there is no part of the body which may not be referred to as a seat of suffering; the head, chest, abdomen, limbs, the cutaneous system, each, or all, have their different ailments, disorders, strange sensations, and achings. The patients complain of tightness of the head, flushings, throbbings, strange sounds of music, detonations, rushings of water, and hissing noises; the sleep, usually short, is disturbed by dreams, and sudden starting at extraordinary sounds. The organs of the senses acquire great sensitiveness; the slightest impressions, light, smells, cold, heat, and the atmospheric changes, form so many sources of continual distress, excitement, and disagreeableness; in some, the taste and smell are depraved; they smell and taste with delight things which, either as odour or food, excite disgust in others; they turn, without motive, from fear to hope, from gaiety to despair. Irascible, uneasy, distrustful, insupportable in company, they are continually changing from feelings of affection to hatred. But their chief concern is about their state of health; they make use of the most exaggerated terms to describe their uncomfortableness and their sufferings; they are struck with apoplexy, they are in agony, or they are partially dead; their disease is one hitherto unknown, and beyond the resources of medicine; they can never be cured; they become stupid or maniacal; their heart is dried, disorganised, petrified; their body is a glowing fire, their nerves burning coals, their blood boiling oil.

All these exaggerations, however, are not without a real motive. These patients have spasmodic constrictions of the neck compressing the air passages; they cannot bear cloths that tighten the chest or the abdomen; occasionally they have such violent palpitations as to upheave the walls of the chest. The pulse varies much; digestion is slow, painful, and accompanied with continual eructations, nausea, headache, and intestinal noises, and a sensation of fulness and *balottement* at the epigastrium. The whole alimentary canal seems to be in a state of atony; the constipation is obstinate, the urine scanty, and a dry, arid heat prevails over the surface of the abdomen.

The mobility of the features in the hypochondriae is extraordinary, and almost always indicates some profound alteration. Some there are, however, whose countenance presents a strong contrast to the sufferings complained of; some whose robustness and natural colour remain unaltered, pictures of health and good living, who complain nevertheless of all kinds of suffering. But these are the exceptions, for in general the features become thin, sallow, and rough, and there is great feebleness. They lose the voice, or the use of an arm or a leg for a short time; they seem as if affected for a moment with paralysis, and in the midst of their helplessness their chief anxiety is to be relieved at once of the disorders and distresses they complain of.

Causes.—The conditions that most favour the development of hypochondria are—a nervous and habitual melancholic temperament, the liberal professions, excessive labour, a sedentary, idle life, and ardent, ambitious, political passions. The most witty, and, at the same time, most unmanageable, hypochondriacs are met with amongst men of letters, statesmen, artists, poets, physicians, and all those, in a word, who, with imagination and sensibility, have led a life of study. Hypochondria, therefore, is the aristocratic affliction of cultivated minds; but it must also be added, that physical excesses, warm climate, and a vicious education, do also sometimes prove remote causes of it.

The development of this affection may sometimes arise directly from violent emotion, grief, or fright, or these causes may produce it slowly, and after an interval of months or years. Long before it shows itself the patients complain of sleeplessness, irritability, and begin to take, in spite of themselves, exaggerated views of the slightest annoyances. Of all the causes, the most frequent is a primitively deteriorated constitution, or hereditary predisposition. In examining the history of a case anterior to the manifestation of the disease, we find that the patient or his parents were capricious, choleric, melancholic, or gay without apparent reason, subject to megrim, and a thousand other nervous symptoms, and that there have been insane or epileptic persons in their families.

Progress.—Louyer Villermay divides the progress of this disease into three periods: in the first, the disturbances are confined to abdominal viscera; in the second period, they extend to the thoracic organs, and, in some degree, to the head and limbs; and in the third, the disturbance of the functions of the brain predominates. The progress, however, is by no means so regular as this author describes it. In some persons, the abdominal and thoracic symptoms are merely secondary throughout the entire duration of the disease; in others, it begins with the cerebral symptoms, which continue prominent throughout, and succeed each other with incredible mobility—now in one system of organs, and now in another. Throughout its entire course, hypochondria presents irregularities of paroxysms, or rather real attacks separated from one another by intermissions of varied duration. These attacks are marked by exacerbation of all the symptoms, by spasms, dejection, and a wish to die; it may even put on the intermittent type, and return at almost regular periods.

This disease is usually very protracted; if it be not dissipated in the first few months, it may persist for years, degenerate into a sort of habit, and stick to the patient even to an advanced age; but its intensity is then diminished. In some cases it at last produces complete mental derangement; the patients imagine that their organs are destroyed; that their blood is decomposed; that their sufferings are caused by magnetic influences, or poison; that their minds are at the disposal of others; that they have lost all their fortune; that they are imprisoned. At this period, chronic affections of the lungs, heart, digestive organs, liver, supervene. These disorganisations proceed slowly, and complete the sum of symptoms formerly known under the name of obstructions.

Nature and Seat.—Almost all authors have placed the seat of hypochondria in the abdominal viscera, considering the affection of the nervous system as merely secondary. Some varying the explanation have accused the vitiation of the humors, the influence of the atrabile, the obstructions of the liver, the spasmodic tension of the nerves, their erethism and their induration. Others have refused to recognise in the affection anything else than a chronic gastro-enteritis, occurring in nervous persons, and giving rise to secondary cerebral irritation; but the majority is of opinion that the primitive seat of hypochondria is in the abdominal viscera, and in the trisplanchnic system of nerves, their morbid reaction extending to the sensitive and intellectual faculties.

The most recent opinion, that of Georget, places the origin of the mischief in the brain. This opinion was subsequently reproduced in a more logical manner by Dr. Fabrict, the able director of the establishment for the insane at Vanses. At the present day, we think this opinion entitled to assume a more precise formula; according to our views, the central parts of the brain are first attacked, becoming the seat of a slight lesion, which shews itself externally in the early symptoms of hypochondria, such as the disgust of life, and imaginary terrors, especially as regards the health; subsequently the affection extends itself wholly or in part only to the ganglionic nervous system, and in this extension, which may be slow or sudden, partial or general, it shews itself by the sum of symptoms, cerebral, thoracic, or abdominal, already described.

As regards the nature of the lesion, we shall leave to it the name of nervous, which perfectly explains its seat for want of better. Hypochondria, therefore, in our view, is at first a neurosis of the brain, and subsequently of the trisplanchnic nerves, and consists, most probably, in an irritative alteration, very slight at first, but which may acquire great intensity, particularly in the violent attacks. We cannot conceive why the cerebral pulp, or the ganglionic tissue, should not become irritated, and the seat of slight uneasiness, as well as any other system of organs, nor why they should not in their morbid state give rise to diseases in conformity with the functions they have to perform.

Treatment.—In hereditary hypochondria it is very difficult to obtain a cure, and the same may be said when it arises from excess in masturbation or venereal pleasures. When it has lasted several years, and has returned several times, we can scarcely hope for more than lengthened intermissions; it will rarely disappear entirely.

As the hypochondriacal imagine that no one can comprehend, or cure their disease, we must confine ourselves in general to laying down the general plan of treatment, without insisting too much on matters of detail. Our principal, nay frequently our only resources, are to be found in hygienic means: change of the mode of living, of the ordinary habits and occupations of the patients, is one of the most prompt means of relief, and will frequently completely cure recent hypochondria.

One of the great objects of the physician is to exercise powerful influence on his patient. To obtain this, he must listen patiently and sympathisingly to his continual complaints, explore with care the parts that are painful; above all, he must avoid shocking his ideas by treating him as an imaginary sufferer; he ought, without adding to his alarm, to coincide in the belief of the distresses and sufferings he complains of, and especially must he be cautious not to make him feel the inevitable confusion that occurs in certain ideas, for these persons tremble at the bare idea of being taken for a madman, or for one likely to become insane.

Mental struggles keep up and aggravate the sufferings of hypochondriacs; they should, therefore, be advised to labour but moderately, to vary their occupation, and to relinquish it whenever the head becomes hot and painful, to seek amusement by alternately residing in town and country; the physician should himself lead to those amusements by breaking the chain of their habitual thoughts, and directing their attention to objects that may interest them. Voyages, doubtless, are very useful; but the patient must be able to undertake them with a prospect of advantage; they should walk and run. Most of them love repose, and require it at the time of a paroxysm. I am acquainted with a hypochondriae who travelled all Italy without getting out of his carriage, or without caring to look out of his carriage window.

The regimen should be made to vary according to circumstances; but as a general precept, these patients are to be dieted according to their tastes and dispositions, trying successively vegetables, milk, and roast meats. Pomme blames, with reason, the use of stimulants; he reduces the whole treatment to tepid and cold bathing, pediluvia, emollients, fomentations, cold enemata, refreshing drinks, oily and mucilaginous potions, laxative mineral waters, and pure water for common drink. If to these we add: the application of cold water to the head, bloodletting in case of plethora, occasional derivation by means of gentle purgatives, the use of sedatives, we shall have enumerated the chief of the means that prove most usually efficacious in the treatment. The re-establishment of the menstrual discharge, or of the habitual hemorrhoid, presents an indication that should be turned to account. As to those patients who have a blind faith in medicaments, and who cannot believe in a cure without an abundant use of drugs, their minds must be quieted by varied and frequent prescriptions; but the substances so ordered should be gentle, or inert.

HYDATIDS OF THE HEART.—Mr. Vines exhibited, at a meeting of the Reading Pathological Society, a specimen of encysted dropsy of the liver; the cyst containing hydatids. The preparation was taken from a man who died suddenly, after having drunk some alcholic fluid and beer. Examination discovered a large cyst, occupying the left lobe of the liver. The right ventricle of the heart was *filled with hydatids floating in its cavity.*

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.
Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 445.)

Concrete and Coagulated Sputum.[1]—These terms are intended to denote those varieties of expectorated matter which are met with in acute affections of the larynx, trachea, and sometimes the bronchi; viz., the lymphy or fibrinous, the opaque semi-solid albuminous, and the membranaceous exudation. With these also may be classed expectorated mucous membrane and the so-called polypous concretions.

Appearance and Qualities.—This sputum is liable to every variety of appearances, being sometimes only in fine flakes or filaments, and at other times a dense compact mass, and, as it were, a perfect cast of parts within which it was effused. In the latter case it may be either solid or tubercular. Some specimens are soft, pulpy, and capable of a partial diffusion through water, from which they separate, by rest, in dense white flocks. Others are white, opaque, and firm, like the boiled white of egg, slightly elastic, and preserving distinct and definite edges after having been torn or cut. A third kind, representing the size and shape of the parts whence they were derived, have a purely fibrinous appearance, are easily separated in a lateral direction into detached fibres, but when pulled lengthways are very elastic and resistant. The last two have all the chemical and other characteristics of coagulated albumen and fibrine. Some specimens which I have examined have consisted in their dried state of albumen, with from five to twelve per cent. of saline and earthy matter, such as the carbonates, muriates, phosphates, and sulphates of potash, soda, and lime. The fibrinous varieties, as a rule, have contained less saline and earthy ingredients. These concretions may be ejected alone, or in conjunction, or in alternation with mucus, pus, &c. Bretonncau says they always contain fibrine (Hope's Morbid Anatomy, p. 63). This is not correct. They chiefly consist of albumen, and this may be the only animal ingredient, or it may be allied with mucus, or fibrine, or pus, or with all of these. Shurlgué says they consist of albumen united with soda and phosphate of lime (Hope's Morbid Anatomy, p. 63). This is too exclusive to be accurate. These sputa are sometimes tinged with blood throughout or on their surface, but they are oftener free from it. They may be discharged alone or with pus or mucus—at intervals and for a short time, say a few hours or days, or continuously for weeks or months. In this last case the expectorated substance is seldom found in any large quantity, nor is it very substantial.

Pathognomonic Relations.—This form of sputum sometimes occurs as a consequence of the action of certain medicines. Dr. Robertson, of Nashville, observed it to be a sequela of the action of ipecacuanha. "When expectoration became free," he observes, "and mucus was formed in great quantities by the mucous membrane of the bronchi, in the morning, after resting through the night from the cough, expectoration would commence freely on stirring about a little, and mouthfuls would be thrown up, which any person at first sight would have pronounced to be a mass of small nearly transparent worms; on close examination I discovered it was thickened mucus *(albumen ?)* which had collected in the small ramifications of the bronchial tubes during sleep, and was actually discharged so as to be real casts of those tubes."[2] I have seen an albuminous expectoration, resembling the masses that are thrown off in croup, occasioned both by the taking internally of ipecacuanha and the casual inhalation of its dust whilst pounding it in a mortar. In consumptive cases these sputa are met with, and not unfrequently the substances discharged from the trachea and bronchiæ are met with in the fæces, when they are liable to be mistaken for worms. Dr. White, of York, relates a very striking case. "A young lady of a very delicate constitution, was attacked with a slight inflammation of the lungs in the ninth year of her age, which soon ended in a consumption. She became pale, weak, and emaciated; had frequent stitches in her breast, an incessant cough, a spitting of purulent matter, night sweats, and an exceedingly quick and rather fluttering pulse. Her case was judged to be worms, and treated accordingly. Indeed a slight inspection of her stools, in which white threads, not a little resembling worms, were observable, seemed to confirm the opinion. But upon a strict examination of these worm-like appearances, when well washed and suspended in water, my opinion being desired, I declared them to be ramified, white, tough, and inorganic bodies; and in fact sloughs, formed by exudation in the cavities of the lungs, which, when coughed up, had been from time to time swallowed by the patient, as children generally neglect to spit out after coughing."[3] Dr. White further observes that these substances are sometimes spit up by consumptives. "Inflammatory exudation may become a dry tough concrete, and under such circumstances it assumes the form and shape of the part in which it is deposited; hence the appearance of portions of membranes and branches of bloodvessels not uncommonly coughed up by consumptive patients."[4] Portal mentions the expectoration of the membrane of a vomica during the operation of an ipecacuanha emetic. The cyst (he calls it) was soluble in boiling water.[5] In Corvisart's Journal is recorded a case of membranous expectoration in phthisis.[6] Heberden gives the following remarkable case. "A youth of sixteen, after having the usual signs of phthisis for many months, and being apparently in the last stage of it, was almost suffocated by bringing up at once a great quantity of matter, and after a few days the bag in which it had probably been contained. He soon recovered his flesh and strength, became a strong man, and lived to old age, with a family of robust children and grandchildren; yet he was remarkably subject to a cough upon every slight cold, and had returns of spitting of blood several times every year."[7] Portal quotes from Wichmann's Diagnostics a case of consumption in which polypi, resembling arborescent vessels, were expectorated.[8] He also speaks of having himself seen the ramifications of the bronchi filled with a tough substance, "probably lymph."[9] Tulpius mentions a case of expectorated membrane, which he calls "membrana laryngis," and also speaks of the expectoration of tubular concretions of lymph which he mistook for bloodvessels, but he does not say what were the concurrent diseases.[10] In the Acta Eruditorum is an instance of a patient coughing up a "tough ramified substance a hand's breadth long." Van Swieten had a patient who "coughed up a membranous substance, thick, homogeneous, and inorganic, and he accounts for such concretions by supposing them to arise from blood effused into the bronchi, and coagulated."[11]

In croup, this variety of expectoration is frequently met with, but it very rarely assumes a definite form, being generally ejected, commixed with mucus, as coarse threads or broad patches of membrane.[12] These vary in size and density, and tenacity with the inflammatory action which produces them. In diptherite, also, it is observed, but less frequently. In bronchial inflammation these sputa are often met with. They are generally discharged in thready masses, of variable length and breadth, or in patches round or angular, the size of a sixpence or a five-shilling piece. I have frequently seen them. More rarely they assume the size and shape of some of the bronchi, and are either solid or tubular. Dr. Badham quotes a case from the first volume of the Medical Transactions.[13] Dr. Armstrong says that, in bronchial inflammation, "more or less coagulable lymph is always spit up, sometimes in long thready pieces, but mostly in small gelatinous lumps." One case occurred to him in which this matter, expectorated by a female, retained the precise shape of the bronchi in which it was moulded.[14] Two cases are mentioned by Dr. Watson,[15] and two by Dr. Reid, in an excellent paper lately published upon the subject.[16] In pneumonia also this expectoration has been met with. Morgagni says of the sputa of a patient who died of this disease:—"Cum enim sputa, eaque plurima expectoraret qualia nec ii qui diu ægris inservierant, nec Medicus ipse Exercitatissimus alias vidisse recordarentur, ex albis frustulis, sanguine et spuma aspersis, constantia; alicui nostrum visum est, ut sputa illa examinis gratia in aquam conjecta agitarentur, quod dum fieret, frustulum vidimus sese dividere in ramos tres, hos autem singulos in ramusculos plures, qui demum in capilli tenuitatem desinebant."[17] A diagram of a similar substance expectorated is given by Cheselden.[18] De Haen tells us of a patient who, whilst suffering from pleurisy, "materiam albam densam ejecit, oblongam ramosamque."[19] In certain forms of pneumonia the air cells of the lungs may become obstructed with effused lymph, which, however, is rarely or never expectorated: when coagulated sputa are discharged in this affection, it is in consequence of the concurrence or supervention of bronchitis, and the characteristic sputa are derived from the lining membrane of the larger air tubes.

Local Symptoms and Physical Signs.—These are necessarily very variable; they are sometimes those of distinct pneumonia or bronchitis; at other times

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[1] This seems to have been first alluded to by Hippocrates, who tells us that Phericides was accustomed, in fits of coughing, to eject from his lungs γαλακτώδεα, "white milky concretions," and prior to dissolution, οἷον ἐκ μύξης μυκητὰ, ξυνεστηκήτα, λευκῷ φλέγματι περιεχομενα, "firm mucus-like excrescenses, surrounded with white phlegm."—(De Morb. Popular, lib. vii. s. 41.) Since his time it has been treated of with more or less precision by Bartholine, Tulpius, Ruysch, Platerus, Portal, Gretz, Morgagni, Clark, Samber, Nicholls, Bussiere, Baillie, Badham, Armstrong, Warren, Laennec, and others.

[2] American Journal of Medical Sciences, N. S. January, 1844, p. 253.

[3] Observations on the Nature and Method of Cure of the Phthisis Pulmonalis, by William White, M.D. Edited by A. Hunter, M.D. York, 1792, p. 31-32. It is, however, due to Ruysch to observe that, in a much earlier day, he described the arborescent-looking matter expectorated by some consumptive patients, and stated that it consists of coagulable lymph. (Observationum centuriæ et catalogus musci, 1691.)

[4] Op. cit., p. 80.

[5] Journal de Médicine for 1788, lxxv., p. 29.

[6] Journ. Méd., Cont. II., p. 195. 1801.

[7] Commentaries on the History and Cure of Diseases. 3rd edit., p. 379. A similar case is given by Fernelius, Pathol., lib. 5, cap. 10, fol. 109.

[8] Observations sur la Nature et la Traitment de la Phthisic Pulmonaire. 1809. vol. 2.

[9] Ibid. 2, 333, et seq.

[10] Observationes Medicæ, Lugd. Batav., 1716. pp. 115-119, et p. 294.

[11] Quoted in Hunter's edition of White's work on Phthisis, York, 1792, p. 68. Hoffmann mentions a case of polypous expectoration, the mass weighing above four ounces. (Medic. Ration. et System, tom. 3, cap. 16, p. 365.) In Leroux's Journal is recorded by Renard, an instance of bronchial polypus which somewhat resembled those described by Tulpius. It was hard, elastic, and occurred in the person of a stone-cutter.—(Journ. Méd. Cont. 31, p. 156. 1814.) The cases of expectoration of *flesh*, which at various times have been narrated, have probably been of the kind we are treating of, for the majority of them were accompanied or preceded by pulmonary hemorrhage. See Murray, Nov. Comm. Gœtting. iv., 44. Horn. Arch., 1811, Jan., p. 176. Act. Nat. Cur., vol. 5, obs. 74. Comm. Litt. Norimb, 1745, p. 215. Clarke in Philos. Trans., vol. 3, p. 68. Samber and Nicholls in Phil. Trans. for 1733, part 3. London Medical Journal, 1785, vol. 6. Ed. Med. and Sur. Journ., vol. 4. Cheyne's Pathology of the Membrane of the Larynx and Bronchi, 1809, p. 148.

[12] Lieutaud relates a case of croup in which the expectorated membrane was tubular.—(Synopsis, Obs. 392.)

[13] Badham Obs. on Inflammation of the Trachea and Bronchi.

[14] Practical Illustrations of Scarlet Fever, p. 179.

[15] Lectures on the Principles and Practice of Physic, vol. 1, p. 816.

[16] Medico-Chirurgical Transactions of London, second series, vol. 9, p. 333 et seq.

[17] De Sedibus et Causis Morborum, epist. xxi. sect. 20.

[18] Anatomy of the Human Body, tab. 19.

[19] Ratio Medendi, vol. 2.

the specific indications of these diseases will exist in a modified or masked form, and again, all signs of acute disease being absent, we may meet with only a peculiar respiratory râle, mucous, sonorous, sibilous, or wheezing. The stroke sound of the chest is only lessened when the minuter bronchi or the air cells of the lungs are obstructed. Sometimes, without any alteration in the natural sounds of the chest, as elicited by percussion, we have in one or more places a total absence of the respiratory murmur. In these cases it almost invariably happens, that some of the bronchi leading to such parts have been obstructed in their divisions, so as to prevent the ingress and egress of air. There is always more or less difficulty of breathing and cough, either sudden, severe, and almost suffocating, disappearing after a time and recurring at irregular intervals; or constant, and less distressing and dangerous. Occasionally, an acute pain is complained of in some part of the chest superiorly, or a sense of weight and obstruction. The matter may be expectorated in large or in small quantities, at once or at various times. A case is recorded by Dr. Nicholls, in the Philosophical Transactions, in which coagulated matter, tubular, and branched, was expectorated during seven years. The matter is often discharged alone, but as frequently accompanied with mucus, and not uncommonly with blood[20]. In the *specific* diseases which this expectoration accompanies, the symptoms are very severe, and constant in their peculiarity. Those of croup have never been better described than by Cullen—"Cynanche, respiratione difficili, inspiratione strepente, voce raucâ, tussi clangosâ, tumore fere nullo in faucibus apparente, deglutitione parum difficili, cum febre synochâ." The *crowing* inspiration of croup, and the *ringing* sound of its cough, cannot be described, but having once been heard, they can neither be mistaken nor forgotten. The distinguishing symptoms of *diphtherite* and *laryngitis* it is not necessary to detail. Concrete sputa are generally discharged in the former affection, but more rarely in the latter.

Pathology.—This variety of expectoration usually accompanies a peculiar form of inflammation to which mucous membranes are occasionally liable. Under the common circumstances of inflammation, the natural secretion of these membranes is either increased or diminished, rendered thicker or thinner, or its place is supplied by pus. Under other circumstances, however, the inflammatory action more resembles that of serous membranes, the produce being solid, and seemingly prone to organisation. Bretonneau, indeed, says that if the false membrane of croup be torn from the mucous tissue, the latter exudes blood, apparently indicating that blood-vessels ramify between the two; and Guersent affirms that he has seen these ramifications. I am not aware that any other authorities have confirmed their observations, and, speaking from my own experience, I am inclined to believe that they are both in error.[21] The false membrane effused upon the surface of mucous tissues, under certain forms of inflammation, may *approach* the *plastic* formation, but it never *reaches* it. It has certain points of resemblance to organisable matter, and other certain points by which it is entirely distinguishable from such matter. Besides that it is never *permanently* connected with the surface upon which it is effused, but is soon ejected from it, besides that it has never been satisfactorily proved that vascular communications are ever established between the secretion and the surface producing it, this matter further differs from the plastic or organisable product of inflammation, in often consisting totally of albumen, in rarely containing any great amount of fibrine, and in being more brittle, curdy, and tender. According as the effusion is uniform and in moderate quantity, or in abundance, will it present itself in a tubular or a solid state. Membranous exudation, whether occurring in shreds, or patches, or in shape like the structures it has covered, is always an indication of the variety of inflammatory action we have spoken of, but this rule does not invariably apply to the solid form of exudation. Often, instead of having been produced by inflammation, it has had its origin in a directly opposite state.[22] A congested or a relaxed condition of the mucous membrane and its vessels, will frequently give rise to an effusion of blood, which, collecting and coagulating in the larger or smaller bronchi, will after a time be expectorated in shape exactly resembling the organs that have contained it. These substances were formerly, but falsely, designated *polypi*. If they be ejected soon after having been formed, they present a blood red colour, and look exactly like masses of *flesh*, as they have sometimes been called; if they be long retained *in situ*, the red particles become absorbed, and the coagula are rendered almost perfectly white.

The post-mortem appearances are various. Sometimes the lungs are found simply congested, sometimes actually carnified; they may be merely infiltrated with serum,[23] and they may present no abnormal appearance whatever. We generally find more or less vascularity of the lining membrane of the bronchi, and these tubes either *coated* with a lymph-like deposit, or *filled* with a similar concretion. In like manner may the trachea be affected. Very rarely the larynx is involved. This is denied by Dr. Craigie, but I have seen it, and a much greater authority than myself, Dr. Watson, has met with two cases. It is likewise represented in Carswell's Pathological Plates.

Treatment.—This will of course vary with the diseases which the expectoration may accompany. When inflammatory symptoms prevail, depletives, mercurials, and antimonials, will be indicated. I prefer local bleeding whenever it may be alone admissible. I have seen the severity of croup, and of circumscribed pneumonia, relieved far more speedily and safely by leeching than by general bleeding. Mercury should be given in small and frequent doses, until the disease be mitigated, or the gums have become tumid and tender; further than this, its action is useless, and, in young subjects, is not unattended with danger. As a rule, the antimonials should keep up only a tolerable nausea, but it is sometimes advantageous to produce vomiting, and to repeat it. I have never met with a case of this nature, displaying any active symptoms, that was not greatly relieved by the administration of alkalies—potash or soda. They seem to possess in a very marked degree the power of controlling or counteracting these membranous formations. I do not remember to have ever been disappointed in their use. To adults, the carbonate of either alkali (I prefer soda) may be given in doses of from ten grains to a scruple, four or five times a-day. To infants, two or three grains, twice a-day, will suffice, and it may be conveniently mixed with their food. If suckling, the mothers should also take the alkali. I have seen many cases, both of threatened and confirmed croup, which have been almost miraculously cured by this medicine. In the chronic forms of the disease, senega, serpentaria, and the stimulating expectorants, such as squills, ammoniacum, benzoin, and copaiva, will be found beneficial. Inhalation of the vapour of iodine or chlorine, or of water, containing some volatile ingredient, generally does good. When there appears to be a loss of tone or power in the parts affected, the mineral tonics and acids are the remedies to rely upon. To these may be added external irritant or astringent applications.

[20] A remarkable case of membranous expectoration accompanied by hæmoptysis, cured by sea voyaging, is recorded by Dr. Gilchrist. "A gentleman, from the kick of a horse on his breast, had a spitting of blood, which frequently returned attended with a large purulent sanious discharge, mixed with many pieces of membrane. He complained also of a sense of weight and soreness of the parts internally. Thus he continued several years wasting and languishing, though he made use of much medicine prescribed by the best physicians in different places; nor was he ever free for any time from these discharges and complaints, except once for the space of a month. After coughing up larger pieces of membrane than usual, the discharge ceased again for some weeks, which gave him great hopes that now he was to have no more returns of it. I insisted, however, on his going to sea; arguing that this was the proper time for assisting nature to complete the cure. He was absent only a few weeks, eighteen days of which he was at sea and one fortnight ashore, where he drank milk; yet he returned surprisingly mended; had got a great deal of flesh and a ruddy complexion, and was able to walk several miles without being fatigued; whereas before, he found it difficult to go slowly about in the course of an easy business. He has now been many years free of all complaints from this cause."—(The use of Sea Voyages in Medicine, 1761, p. 42.)

[21] Michaelis was the first writer who insisted upon the inorganic nature of these concretions.—De Angina Polyposa sive Membranacea, 1778.

[22] Dr. Stokes is of opinion that "this semi-plastic expectoration seems connected, if not with actual tubercle in the lung, at least with a decided tendency to that lesion." (Diagnosis and Treatment of Diseases of the Chest, page 64.) My own experience does not enable me to add anything in confirmation of this remark. It is true that in a few instances, the expectoration of solid fibro-albuminous matter has been observed in phthisis, but there seems to have been no pathological relation between this disease and the morbid action of the bronchial membrane; and in the majority of cases these sputa have occurred without any concomitant signs of phthisis.

[23] A case is recorded by Morgagni, in which the lungs, besides evolving a peculiar acid odour when incised, were found infiltrated with serum in their upper portion, whilst below they approached to a state of hepatisation. "Odor ex incisa hac pulmonis parte existebat qualis ex acido sero, sive ex ore puerorum existit quos lumbrici male habent. Sinistri vero pulmonis superior lobus nihil habuit vitii; nimio dumtaxat seroso humore scatebat. At inferior gravis, rubens, durus, substantiam omnem suam in hepatiæ similitudinem mutatam ostendit."—De Sedibus et Causis Morborum. Sp. xxi, Art. 19, Lib. 2.

CLINICAL NOTES, NO. II.

By RICHARD DE GUMBLETON DAUNT, Esq, M.D. (Edin.), Member of the Faculty of Physicians of Rio de Janeiro, and Member of, and late Honorary Secretary to, the Parisian Medical Society.

I shall notice in this paper a few pathological states which are anatomically related, the dermis being structurally modified in all by its various alterations with those of its supporting bed of cellular tissue, and containing vessels constituting the diagnostic symptoms of the states in question. These are: herpes circinatus, psoriasis, ignis persicus, yaws, onyxis.

On the first of these, herpes circinatus, I have merely to note that in its chronic forms I have found no difficulty in removing it in a few days by the use of an ointment composed thus:—R. Creosoti ℈ij. Adipis pp ℥j. *m.* ft. ung. Psoriasis in its palmar variety I have treated frequently and with success, never losing sight of the principle that in skin disease it is as necessary as in all others to deduce the indications for treatment from the nature of the altered function of the part, and I have ever combatted this troublesome inflammation of the skin in the first instance by repeated leechings, and the use in the intervals of bread and milk or hemlock cataplasms. When by these means the symptoms are considerably modified, I generally use this ointment, gradually augmenting the creosote, viz.—R. Unguenti sulphuris, Ung. plumbi acetatis āā ʒ ss, Opii gr. xv, Creosoti. *m.* viii ad ʒ ss. *m.* ft. Ung. In this way I have cured radically in two weeks an attack of three months' duration, already presenting a thickening of the skin, with deep and angry looking fissures or cracks. When induration persists after a clean and healthy epidermis has been formed, a weak ointment of iodide of potassium is useful. The ignis persicus, or "pustule maligne," I have had no opportunities of observing in the human subject, as in this country those affected are generally free poor whites, or blacks who do not receive or appreciate medical aid; but I have become acquainted with the popular mode of treating the disease in the horse and ox in some districts, which, as it is very generally successful, I thought worthy of communicating to the "Veterinary Record," and shall again mention here. It consists in the administration of the "cainea," or "chiococca racemosa," a rubiaceous plant described by Merat and Delens, and by Richard, and used in human medicine in Brazil, in piea, dropsies, and snake-bites, and which

it is probable would be found a powerful remedy in all the varieties of sloughing inflammation of the cellular tissue. Information as to dose, &c., may be found in the authorities referred to.

Yaws, the "anthracia rubulus" of Good, the "bonbas" of Brazil, is a disease of great interest to the tropical physician, but strangely neglected by investigators. I do not at present mean to describe formally the "yaws," but shall remark that even in large cities of tropical America the medical men appear very inadequately acquainted with the powerful influence on the public health which the diffusion of this poison is now producing, both in children who have an hereditary taint, and in those persons who contract the disease and are apparently cured. I am convinced that tubercular deposition is often the distant result of the yaws poison. But it is only in the interior provinces that an idea of the extension of the consequences of the yaws can be formed; and I have observed it entering more largely, even as an element of disease, in those provinces where there are *few* newly arrived Africans, but a large free poor white and coloured population, than in those where the population consists chiefly of rich whites and a numerous slave property of recent introduction; it is perhaps owing to the fact that the slave is better cared for and more happy than the free peasant. The yaws sometimes, though rarely, attacks the same person twice; popular belief says *never;* but I have met with instances. It is of different virulence in different localities; as we know syphilis to take a worse form in Ireland than in France. It presents great analogy to the syphilis of the 16th century, and from its allied nature I was led to employ the iodides in its cure, and with the most happy results. Mercury, with native drastic purges, is the treatment here, and the disease does apparently disappear; but a taint remains in the system, which, independently of the usual sequelæ of palmar and plantar excrescences and pharyngeal ulcerations and ostalgia, is productive of terrible consequences. I am most decidedly opposed to the exhibition of a grain of mercury, and give in the acute stage iodide of potassium; and when the sequelæ of this stage are presented to me in persons who have undergone the mercurial and cathartic treatment, I give either of the iodides of mercury, and have ever obtained a speedy and complete cure; the painful excrescences, apparently consisting of the subcutaneous cellular tissue which appear on the palms and soles of persons infected, require the actual cautery and the iodides. I am convinced that, great as is the amount of benefit received through the world by the introduction of the iodides into the treatment of syphilis, an equal benefit to the public health will accrue in tropical America and Africa from their application in the various forms in which the yaws poison is wont to develope itself. One of the most striking analogies between yaws and syphilis is to be found in the fact, that in constitutions tainted by the rubulæ or yaws poisons, onyxis or inflammation of the matrix of the nails appears spontaneously, or under the influence of a trifling accidental irritation, in all respects similar to the syphilitic onyxis described by Rayer and other authors; the cases of onyxis are here very numerous, and give rise to much suffering and loss of labour, very few practitioners having correct ideas on their nature. The description by Rayer of onyxis in its syphilitic form does not differ in essentials from that of which I now speak.

In the cure the most important point is, after having directed the use of the biniodide of mercury, to remove the nail, which is easily done by dissecting it out at the root; as it is more or less separated from the diseased surface underneath, and softened, the removal of the nail should be succeeded by the free application of the solid nitrate of silver, and the part afterwards will heal with the simple water dressing. In some cases of many months' standing, where the nail had been cast off, the exposed surface discharged blood when touched, and at times a very fetid ichor, with a dirty grey colour of the ulcer, I have brought about a rapid change by the use of a strong creosote lotion. In old cases, the loss of shape by the ungual phalanx, and its assumption of a broad flattened figure, is very remarkable. The nails of the toes are very much more frequently the seat of the disease than those of the fingers. In closing my remarks I will observe, that the literature of yaws being so very scanty, it would well become the executive of Jamaica, or other of our western tropical possessions, to appoint a scientific commission to study the disease in all its relations and modes of development. At present the solitary case observed and recorded by Adams is all that we find of *original* on the subject in works in general circulation.

City of Campinas, Province of San Paulo, Brazil, April, 1845.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, September 27, 1845.

Academy of Sciences; Meeting of September 22, 1845; M. Mathieu, Vice-President, in the Chair.

Paracentesis Thoracis—Empyema.—Dr. Faure, physician to the Military Hospital at Toulon, communicated to the Institute the results of his experience on this subject. He is of opinion that the puncture of the thoracic walls, performed with prudence, in order to evacuate a collection of fluid accumulated in the pleura, is an operation totally unattended by danger, and generally followed by considerable relief to the patient.

The first case related by the author is that of a young soldier, who presented all the stethoscopic signs of abundant effusion in the left pleura. Several blisters had been applied to the chest; venesection and local bloodletting had been several times resorted to without any diminution of the symptoms. The constitution of the patient was exhausted; dyspnœa was severe, and suffocation imminent. Under these circumstances paracentesis was resolved upon, and a trocar was introduced into the left pleura; seven pints of transparent serum were removed. The wound was healed forty-eight hours after the operation, which was performed on the 3rd of May, 1845. The patient was immediately relieved; he is now perfectly cured, and has resumed his service. The second patient was affected with pleurisy of the right side of the chest. The symptoms of asphyxia being present, the operation was performed, and seven ounces of rusty serum escaped. Here, again, the patient experienced instant relief, and the wound healed at once; but he subsequently died, about a month after the puncture, from the progress of his complaint. The third case is one of purulent empyema. The operation was also productive of very rapid relief, and was followed by great but temporary amendment. The patient ultimately died. Dr. Faure argues that these two last cases, although unfortunate in their result, cannot be brought forward as objections to his operation, inasmuch as he considers it prolonged the life of both patients, whom it did not succeed in saving. The danger most to be dreaded from the paracentesis thoracis, is generally supposed to be the introduction of air into the chest. Fears from this cause are, according to Dr. F., nugatory, the quantity of air introduced into the chest during the operation being wholly unimportant, and the introduction ceasing altogether the moment the canula of the trocar is withdrawn from the wound. The apprehensions entertained are therefore founded only in theory, but not confirmed by practice. Further, it should be remembered that the disease for which the operation is proposed frequently baffles the skill of the physician, and groundless fears should not be allowed to deter him from a line of conduct which may, if it do not in all cases save the patient's life, at least alleviates his sufferings and prolong his existence.

Asparagine, and Aspartic Acid.—M. Piria, professor of chemistry at the University of Pisa, states that malic acid is combined with ammonia in such proportions as to form a neutral compound, the substance thus obtained becomes, on losing two atoms of water, precisely similar in composition to asparagine. If, on the contrary, from the acid malate of ammonia, one equivalent of water be removed, the result is a substance identical in composition to aspartic acid. These transformations recal forcibly the connection between oxalic acid and some of the bodies derived from it. Thus, Professor Dumas has shown that, by losing some of its water, the neutral oxalate of ammonia becomes changed into the substance known under the name of "oxamide;" and, more recently, M. Balard has demonstrated that *oxamic acid* results from the transformation of the "acid oxalate of ammonia," after it has been deprived of a portion of its component water.

Academy of Medicine; Meeting of September 23, 1845; M. Roche, Vice-President, in the Chair.

The minutes being read and adopted, M. Voisin, physician of the Hospital Bicêtre, read a philosophical discourse on the faculty of "self-esteem."

M. Huguier then presented an anatomical preparation relative to "the abnormal development of the genital organs."

The subject of this observation is a still-born child of seven months; on examining the *external* organs of generation, it was found impossible to ascertain to which sex the fœtus should be referred. The following was the disposition of the organs:—Beneath a clitoris, or penis, six lines in length, and two and a half in diameter, furnished with a glans and prepuce, were two empty folds, separated by a superficial depression, at the bottom of which opened the meatus urinarius, surmounting a very long perineum. It was not possible, without opening the abdomen, to discover if the body was that of a male child, affected with hypospadias, and retaining the testes within the abdomen, or that of a girl with an imperforate vulva. On dissection, a bifid uterus was found to exist, the right corner of the viscus being much the most developed, and being alone furnished with a round ligament, which circumstance caused a right lateral obliquity of the body of the womb. The absence of the lig. rotund. on the left side, in this interesting case—an absence perfectly compatible with life—plainly shows there are instances of partial displacement of the womb, which being due to a congenital malformation, are not susceptible of cure, and must baffle all attempts at mechanical reduction.

Bifid Uterus and Vagina.—Dr. Huguier then mentioned the case of a woman still living who presents a double uterus and a double vagina. This person has had a child, and on examining the organs with the speculum, the left womb is found to leave traces of impregnation, the os uteri being oblong transversely, and has evidently been lacerated in labour. The os tincæ on the right side is circular and virginal. After accouchement, milk was secreted only in one breast, on the same side with the gravid uterus.

LA CHARITE.

Lectures on the Fibrous Bodies of the Womb; by Professor Velpeau (continued).—So long as the fibrous tumours of the uterus occupy the abdominal cavity, and do not exceed in size the head of a fœtus, they frequently produce no symptoms, and may for a long time remain undiscovered, until chance leads to their detection. When their volume increases they occasion sufferings due to their mechanical pressure upon the abdominal viscera; thus the intestines become alternately affected with costiveness and diarrhœa, easily accounted for by the physical changes to which they have become liable from the presence of the tumour; thus the gastric functions are occasionally disordered, or the respiration interfered with; sometimes also the nervous system enters into action, and partakes more or less of the general disturbance. Œdema of the lower extremities and ascites are readily understood to result from the unwonted pressure upon the pelvic blood-vessels But where the uterine tumour occupies the pelvis only the morbid manifestations are altogether of a different order, and it is chiefly the vesical and uterine functions which are interfered with. By the gradual increase of the fibrous growth within the excavation, the bladder, rectum, vagina, and the vessels, labouring under progressive pressure, become inflamed, and, independently of the anasarca observed in the above-described form of the same disease, cystitis, and nephritis, appear, and general symptoms follow, by which the life of the patient may be speedily endangered. The prognosis of the fibrous tumours of the uterus must therefore vary according to their seat. The tumour belonging to the body of the womb, rising above the brim of the excavation into a cavity capable of considerable dilatation, often remaining indolent for years, whereas the tumour formed in the cervix of the organ increases in size within the pelvis, and is followed by a much more rapid and severe train of symptoms.

Can these tumours be cured by absorption? We may boldly assert they cannot. Some of them, it is true, may be arrested in their progress, but their absorption has never yet been obtained. The fibrous bodies of the uterus never degenerate into cancer, but they frequently become the seat of a cartilaginous and even osseous transformation, and are, in some cases, changed into a yellowish fatty matter analogous to adipocere, and are often found excavated with cells containing a serous or purulent fluid. Aware that these morbid productions never degenerate into malignant disease, that they may exist for years without causing inconvenience, far less without creating danger, is the surgeon justified in proposing for their cure an operation which may truly be looked upon as one of the most perilous in surgery? We shall examine this important practical question in one of our next lectures.

LA PITIE.

Osteo Malacia, by Professor Bérard.—H. L., aged forty-two, of a lymphatic temperament, was affected at the age of twelve with chorea, which lasted the space of ten months, and was treated with valerian. Although the severest symptoms were relieved by this drug, still up to the age of nineteen the patient continued to suffer, particularly during each spring, from partial convulsions and muscular twitches. At the age of twenty-three, primary syphilitic symptoms were contracted, but were not followed by any secondary eruptions. Since four years the patient has become gradually weaker and weaker; since two years, indeed, it has been almost impossible for him to walk. Having consulted a physician, he was treated for a spinal disorder, and caustic potassa was applied in the dorsal region of the vertebral column without any beneficial result. About a twelvemonth ago he fell in an attempt to walk, and broke his arm; the consolidation did not take place for five months. Shortly after he broke his left thigh, and in an endeavour to raise himself from the night-chair he felt the right inferior extremity bend under the weight of the body, so as to form a curved line with an external convexity. The patient then entered the wards of Professor Bérard, the 17th April, 1845. He is at present in the following condition:—A remarkable and striking disproportion exists between the upper and lower part of the body; the head, shoulders, and arms, are those of a tall person, and, on the contrary, the lower extremities are shortened to that degree that the whole length of the subject is diminished at least by one quarter. The thighs are deformed, and are bent so much that the extremities of each bone are not more than four inches apart. The femurs are soft and malleable; the pelvis is broader transversely, but narrower in its antero-posterior diameter, as if it were flattened, and the iliac bones yield to a moderate pressure. The ribs also yield to pressure, as if they were cartilaginous; the clavicles are bent forward, as if they had been fractured in their middle region. The patient, although thin, has still preserved a certain appearance of health; the head and arms are the only parts which he can move with any degree of freedom. The legs and feet are œdematous.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, Sept. 27.

Case of Necrosis, with Clinical Remarks; by A. Ellis, Esq., F.R.C.S.I., Lecturer on Surgery at the Cecilia-street School.

Previous to the reading of the case, Mr. Ellis briefly alluded to the causes of necrosis, the bones most frequently affected by it, and the influence of mercury pushed to excess as an exciting cause of the disease, particularly in the case of the lower jaw, necrosis of which, he had almost invariably observed, could be traced to the injudicious employment of this medicine. With a view of watching the progress of the disease, he said, Drs. Macartney, of Dublin, Troja, Weidman, and others, had performed experiments, which consisted in the introduction to the medullary canal in the bones of animals of heated wires, which, by a process of combustion, as it were, destroyed the interior of the bone, or by exciting inflammation in the surrounding parts, thus effected its destruction. These were examples of necrosis arising from injury to the internal structure of the bone. Amongst the causes referrible to its external structure is inflammation of the periosteum, which, extending to the bone itself, leads to its destruction, and the simultaneous production of a new one. The latter statement might appear strange or difficult of comprehension to a superficial observer, but a moment's consideration of the structures engaged would, he thought, prove its accuracy. We know that inflammation attacking any part is modified by the nature of the particular structure involved, and, in this instance, inflammation sufficient in amount to accomplish the destruction of the original bone, from its comparatively lower vitality, only gives rise, on the part of the periosteum, to the phenomena alluded to.

Mr. Ellis next referred to the division of necrosis into acute and chronic, and enumerated the symptoms, such as local tenderness, redness of surface, &c., attendant on an acute case primarily affecting the periosteum, whether the result of cold, an accident, or without any assignable cause. These symptoms being succeeded by the formation of abscesses in the course of the limb, with a greater or lesser number of openings scattered up and down, the constitutional disturbance, as exhibited in the attendant fever, being in such a case very considerable, ultimately ending perhaps in hectic fever, and rendering amputation necessary, provided there be no evidence of organic disease, the presence of which, in undertaking an operation, would only entail disgrace on the surgeon. Contrasting with this a case of chronic necrosis, it would be seen how almost imperceptible its progress occasionally is, the limb becoming misshapen, small abscesses forming here and there, with fistulous openings, and the constitutional suffering very trifling. In reference to the pathology of the disease, the period of life most subject to it is stated to be from the age of twelve to twenty, the centre of the shaft being the part most usually attacked; but the whole extent of the bones from joint to joint, or from one epiphysis to the other, being sometimes engaged, and thus constituting the very worst form of the disease—one in which it is impossible to save the limb.

The lecturer here exhibited a diagram illustrative of the relative conditions of the new and old bone, showing the connection effected by the new shafts with the epiphyses of the old one, and demonstrating the position of the sequestrum, between the outer surface of which, and the inner aspect of the new bone, lies a quantity of purulent matter secreted by the granulations attached to the inner surface of the supplementary shaft. This purulent matter, which the ancients supposed to be the product of a solution of the sequestrum, Mr. Ellis observed, is, in the disease under consideration, of a healthy character, in which respect it is strongly contrasted with the condition of the same fluid in caries, in which it is always thin, ill-conditioned, and dark-coloured; contrasting the abscesses here, too, with the ordinary phlegmonoid abscess, it would be seen that pressure, which in these latter is followed by a flow of matter, is attended with no such result in the former, but the introduction of a probe produces a mixed discharge of blood and pus. The new shaft being completed before the separation of the sequestrum at the epiphyses, he might remark, accounts for the patient being enabled to walk about with the disease; the muscles, too, are known to become connected with the new bones in a manner similar to that which they held with the old one, in consequence of ossific matter being deposited round their tendons in the transfer from the old to the new bone.

It was the opinion of Macartney that the periosteum became absorbed, and was replaced by the surrounding cellular membrane acquiring the necessary consistence, but Troja and Weidman assert that the old periosteum still remains.

An interesting pathological fact, Mr. Ellis observes, is, that the nerves and vessels of the dead bones remain unhurt and become transferred to the new one; the teeth, too, in necrosis of the lower jaw being similarly preserved.

Respecting the cloacæ, a difference of opinion exists as to whether they are branches of substance in the new shell, or whether it might not be more rational to suppose that the new bone had never been completed at these points.

Case reported by Mr. Farmer.

William Garahan, aged seventeen, a labourer, was admitted to Jervis-street Hospital on the 10th of September, 1845. Twelve months since he had slightly sprained his left ankle in jumping from a ditch; the pain, at first severe, passed off quickly, and he continued to walk about the same day with little inconvenience; in the course of the night, however, the whole limb became swollen up to the knee, and next day he could not put his foot to the ground without suffering great agony. The leg continued in this state, with slight mitigation of the pain, for a month after, when the cicatrix of a wound received in the month of May of the same year gave way, and discharged a quantity of curdy matter. Abscesses soon after formed over the malleoli, attended with a similar discharge, and, from time to time, numerous small abscesses formed in the course of the tibia, except at its upper portion. The abscesses became fistulous, and discharged daily a large quantity of matter, which was considerably increased in quantity by the patient's limb being subjected at this time to the stimulating dressings of a quack; the swelling of the limb also increased from the same cause. Since this period the boy was under the charge of different medical men, but without any improvement in his leg.

The limb has now an erythematous flush in its whole extent; is increased in bulk, but not considerably, and in an unequal degree, giving it a nodose appearance on the surface, the elevations having a firm feel, while the intervening parts are soft and baggy. The ankle-joint is firmly anchylosed, and the only motion enjoyed by the foot is between the scaphoid bone and astragalus. Along the line of the tibia are a number of cloacæ, but chiefly confined to its inferior portion, some of them extending into the epiphysis. At the junction of the shaft and epiphysis there is an oblique sulcus, and a slight displacement of the lower end of the shaft outwards.

The probe passed into some of the cloacæ strikes against the naked sequestrum without traversing any defined ring in the new bone, and in others it passes into the medulla of the old bone, which feels softened and broken up. In parts where new ossific matter is deposited, pressure does not increase the discharge, which here also has a healthy appearance; but where, on the contrary, there is no ossific deposition, the matter is of an unhealthy character, and increased in quantity on pressure.

In the treatment, Mr. Ellis observes, we must, as a general rule, be guided by the particular circumstances of each case; for instance, in acute periostitis local and general bleeding may be necessary; but even in chronic cases, if inflammatory action occurs, in consequence of an accident or other cause, antiphlogistic treatment may be called for at the time; but it is to be borne in mind that we are dealing with a case that is to run a long course, and that the patient's constitution must not be run down incautiously. Chronic necrosis had better perhaps be left entirely to nature. If a separation of the shaft at the epiphysis takes place before the new shell is completed, an angular deformity of the limb, as in the foregoing case, is the consequence. Upon the principle that in chronic necrosis the sequestrum in the character of a foreign body kept up a protracted suppuration, running down the constitution of the patient, it was recommended by Russell to cut down and remove the dead bones by means of Hey's saw, or the trephine, but the violence inflicted, together with the loss of blood, constitute serious objections to the operation. (?) An additional motive, for the avoidance of which, too, is the fact, that there are cases on record in which the sequestrum has lain included in the new shell for a considerable time, all suppuration having ceased, and the patient no longer troubled by its presence, nature, as it were, becoming reconciled to it. No trace of a medullary canal is found in the new bone until after some years; it is more misshapen and heavier than the old one, in consequence of the increased deposition of earthy matter.

The greatest number of cloacæ seen by Troja was eight, and by Stanley five; in Garahan's case there are as many as both these numbers combined. The disease here manifestly involves the ankle-joint, making the cure, Mr. Ellis observes, much more

serious. The result, he adds, must be doubtful; active practice, while the boy's health continues good under the use of tonics and generous diet, for which his appetite is good, would evidently be injudicious, but should hectic symptoms supervene, it might become his duty to amputate if there should be no organic disease constituting an objection to its performance.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Aneurism of the Arch of the Aorta.—Dr. Durrant narrates, in the *Provincial Medical Journal*, the case of a medical man by whom he was consulted a few years since. The chief complaints then consisted of derangement of the digestive organs, with torpid bowels, together with a slight general uneasiness about the chest, and feeling of lassitude, which at times more or less incapacitated him from the active pursuits of practice. The countenance was sallow, and the tongue slightly coated. On examining the chest, the heart was found to be perfectly normal. At the upper part of the sternum there existed a loud rasping bruit, unaccompanied by impulse. The pulse could not be felt in either arm, nor in the subclavians, nor in the carotids; the pulsation was unaffected in the femoral arteries. This had been the case for four or five years; the pulse having ceased first in the left radial, and afterwards gradually diminished in the right, until it disappeared. He complained of his hands being often cold, but in other respects the circulation appeared to be carried on sufficiently, the veins being well filled, and the arms not having diminished in size. When again seen by Dr. Durrant, about eighteen months afterwards, he complained of giddiness and defective vision when in the erect posture. While horizontal, he could see very well; but immediately on assuming the erect position, he became either totally blind, or he still at times possessed an imperfect vision, distinguishing the face, but unable to discriminate the features at a distance of two or three yards. On attempting to walk, he frequently became suddenly blind and giddy. Dr. Durrant found, on examining the upper part of the sternum with the stethoscope, that the very loud rasping bruit which had previously existed, had disappeared, and that over its former site there obtained a considerable impulse. Percussion over this region did not elicit any abnormal dulness. Severe pains were complained of in the shoulders and clavicles, and especially in the back of the neck, with a slight difficulty in swallowing. Dr. Watson was next consulted, and this gentleman confirmed Dr. Durrant's opinion that there existed an aneurism of the arch of the aorta. Dr. Watson found, on placing the finger for a few seconds only in front of the sterno-mastoid muscle, that the head drooped, the cheeks became white, and the patient was nearly fainting. The same thing occurred on pressure on the right side of the neck, with the addition of convulsive jerking movements of the head and arms. The patient next went to reside at the Isle of Wight, and, while there, the symptoms continued unchanged, varying only in frequency of occurrence and intensity. The attacks of unconsciousness became more frequent, accompanied by convulsions, and occurred both during his waking and his sleeping hours. Seldom a day passed but he suffered more or less from temporary loss of vision, even when in the horizontal position. The heart's action was at this time, on examination, found to be more feeble than formerly; its sounds diminished, and its impulse scarcely, if at all perceptible. Some of these symptoms were apparently relieved during the next few months, the patient being troubled principally by a short dry cough, with severe pain across the upper part of the sternum, in the neck, and occiput, and down both arms, more especially the left. This pain was so severe as scarcely to be relieved by grain doses of morphia. This was followed by an attack of paralysis, affecting the lower extremities and the power of articulation. The patient had been taking nux vomica for a week previously, and that too in rather large doses. He survived this attack for some time, dying at last during a fit of coughing, arterial blood flowing from the mouth and nostrils. The body was examined twenty-one hours after death. The thorax did not present any unusual projection. On raising the ribs and sternum, the aorta was seen enlarged, without protruding prominently forward. On removing the lungs, which considerably overlapped this portion of the vessel, the entire arch was seen enormously dilated, firm, and inelastic, and strongly adherent by adhesive inflammation to the bodies of the second, third, and fourth dorsal vertebræ. The interior of the sac contained more than two-thirds its volume of dense organised fibrine, resembling muscle; its lining membrane was osseous throughout, in detached portions, many of which resembled concave shells. On removing the mass (which was performed with difficulty), from the vertebræ, the bodies of the third and fourth were found to have undergone complete absorption, leaving the intervening cartilage entire; the left half of the body of the second was also destroyed. The posterior wall of the aneurism was apparently formed by the vertebral canal, in consequence of the gradual absorption of its proper coats, and the great deposit of coagulum. The innominata was slightly dilated; the subclavian and brachial arteries were pervious, but of diminished calibre, and greatly attenuated, the fibrous coat being much softer than natural, and having considerably lost its elasticity. The heart was atrophied, in other respects healthy; the pericardium contained about one ounce and a half of serum. There was no fluid in the pleura; the left lung was slightly adherent throughout, but not firmly; the right side was free from adhesions; both lungs were greatly congested, and their lower edges emphysematous. An aperture capable of admitting a quill was discovered between the aneurism and trachea, around which there existed chronic inflammation of the mucous membrane. The head and abdomen were not examined.

Placenta Prævia.—Mr. W. Favell, in the *Provincial Medical Journal*, describes two cases of placenta prævia, in which Nature acted the part of the good midwife, and expelled the placenta prior to the birth of the child. In both instances the infant was born alive, but only one survived. These cases go far in support of the recommendation recently made by Dr. Radford and Dr. Simpson in favour of the extraction of the placenta before the child in cases of placenta presentation.

Pressure in the Treatment of Aneurism.—Mr. Jolley, in the *Provincial Medical Journal*, narrates a case of popliteal aneurism, occurring in an unhealthy subject, which he treated by compression, and apparently with success. The presse-artere was applied on the 23d of July, and worn until the 10th of September. Mr. Jolley labours under a great mistake in assigning to Mr. Liston the merit of this plan of treatment. He may have revived and modified it, but the principle is one of ancient date. We ourself saw it practised in 1827, by that distinguished surgeon, M. Flaubert, at the Hotel Dieu, at Rouen.

Punctured Wound of the Abdomen.—Mr. Dyer, in the *Provincial Medical Journal*, describes the case of a boy, four years of age, who, whilst playing with a lancet-pointed erasing knife, accidentally punctured his abdomen three inches above, and to the right of the umbilicus; he was immediately taken to King's College Hospital, with three inches of the omentum protruding from the small wound, from which there had been no bleeding. The patient complained of but little pain; as the returning of the protruded portion would have necessitated much handling, and the probable consequence thereof—severe inflammation—Mr. Dyer, the house-surgeon, immediately cut it off to a level with the abdominal parietes; a small quantity of blood was uninterruptedly permitted to flow, before the application of a compress of lint, which was kept in its place with strapping and a bandage, and the patient was put to bed. The child had not a bad symptom afterwards, and was perfectly cured in a few days.

Fungus Hæmatodes.—At a meeting of the Reading Pathological Society, Mr. Bulley read the details of a case of fungus hæmatodes, occurring in the person of a labouring man, of dissolute habits. The man complained of great pain in the scrotum, which was greatly distended with fluid, diffused through the cellular membrane. The febrile symptoms appeared of a hectic character. In the situation of the bladder there was a very firm elastic swelling; in the leg there was also a soft elastic swelling, which had latterly become very painful, but the greatest pain was in the scrotum and groin; both legs were slightly anasarcous; the cellular membrane round the anus was also swelled and anasarcous; the urine was passed latterly in small quantities, and invariably mixed with blood; complexion sallow. The man suffered from obstinate diarrhœa throughout his illness. Tho The body was examined twenty-four hours after death. On opening the bladder, it was found partially distended with urine, containing a number of small light-coloured clots of coagulated blood. Posteriorly in the bladder, was a lobulated medullary tumour, as large as a middle-sized cocoa-nut, formed apparently between the peritoneum covering the posterior part of the bladder, and its muscular coat, extending from the fundus downwards, to within three-quarters of an inch of the prostate gland. At this part it pressed upon the rectum to a great extent, and was thus probably the cause of the diarrhœa, and of the anasarcous condition of the parts about the anus. On cutting through the tumour, three different stages of disease presented themselves; at the upper portion the medullary mass was in a state of softening, easily broken down, a quantity of pus seemingly diffused through its substance; below this, the section was precisely similar to healthy brain, wanting, however, the bloody points. There was here no approach to softening; below, the tumour was of a firmer consistence, fibrous, and almost resembling the texture of scirrhus, intersected by membranous septa. The termination of the ureters was not discernible. These canals were so pressed upon in their lower half as to be much contracted; above, they were dilated. The left kidney was intersected by this medullary deposit; the right was not removed for examination. A spot, about two and a half inches in diameter was found in the left lobe of the liver, of the same character; the lungs were studded with minute medullary deposit; the heart small, flabby, and pale. In the left auricle was a large piece of fibrin, having in its centre a mass of medullary matter, similar to that found in other parts of the body.

Inoculability of Tinea Favosa.—Experiments have been from time to time instituted with respect to the inoculability of tinea favosa. After several failures on the part of different physiologists, Dr. Remak succeeded in inoculating himself in 1842, and Dr. Hughes Bennett states, in a recent number of the *Northern Journal of Medicine*, that he has since succeeded in a similar experiment. His patient was a boy eight years of age, labouring under the usual symptoms of tinea favosa of the scalp in its most advanced stage. The disease was of three years' duration, and the crusts when examined microscopically exhibited the usual cryptogamous branches and sporules. A portion of the crust was rubbed on the arm of one of the pupils, and secured by strips of adhesive plaster. Three weeks elapsed, and no appearance of the disease was manifest, although considerable irritation, and even a superficial ulcer, had resulted. Some of the crust was then bound over the sore, and in ten days there were perceived upon it minute bright yellow-coloured spots, which, on examination with a lens, were at once recognised to be spots of favus. On examination with the microscope, they were found to be composed of a minute granular matter, in which a few of the mycodermatous jointed tubes could be perceived. In three days more the yellow spots assumed a distinct cupped shape, perforated by a hair; and in addition to tubes, numerous sporules could be detected. The disease was thus clearly marked and recognised.

Bright's Disease.—Mr. Harrinson, at a meeting of the Reading Pathological Society, presented the kidneys of a female in the middle period of life, atrophied to the last stage of Bright's disease. The urine in the bladder was one mass of albumen. For the last ten months she had been complaining of a variety of severe symptoms; pains in several parts of the body, with ascites and an extreme feeling of depression; the skin resembled ichthyosis; there was dulness over the right lung; the liver very much enlarged; urine scanty, but not tested at this time. The liver was supposed to be the organ most

grievously at fault. An inunction of about a drachm and a half of mercurial ointment produced the most violent salivation, followed by sloughing of the cheeks and exfoliation of the jaw with the teeth. After some weeks, hæmoptysis with diarrhœa of bloody stools set in, under which she sank.

Congenital Deaf Dumbness, with the Appearances on Dissection.—Dr. Mercer has placed on record, in the *Northern Journal of Medicine*, the appearances which presented themselves after death in the organs of hearing of a person who had been deaf and dumb from birth. The accessory organs were well formed, and in a perfectly normal condition, with the exception that the meati auditorii, in calibre and diameter, were rather narrower than usual, but not to such an extent as to impede in the slightest degree the transmission of sonorous undulations to the membrana tympani on either side. These membranes were also rather smaller than usual, but were otherwise healthy in shape and character. The only impediment to the oscillations of the ossicula auditûs was in the right ear, and was created by the presence of a small process of bone extending from the base of the pyramid downwards and forwards between the crura of the stapes, being attached to that portion of the promontory of the tympanum which forms the anterior and inferior margin of the foramen ovale. The impeding action of this process was but slight, and Dr. Mercer has seen a similar process in the ears of other persons whose hearing had been perfect. The muscles, nerves, mastoid cells, and Eustachian tubes, did not present any deviations from the normal configuration of those parts, but deficiencies were found in the ear bulbs sufficient to account for the absence of audition. In the left osseous labyrinth, the osseous vestibule was of its normal size, and in its conformation was natural. It had a free communication with the cavity of the tympanum by the fenestra ovalis, with the semicircular canals by their five openings, and with the cochlea by the internal or scala cochleæ. The lamina cribrosa, separating the vestibule from the meatus auditorius internus, presented no morbid condition, and gave free transmission to the vestibular branch of the auditory nerve. The fibro-mucous membrane lining the osseous labyrinth was natural in appearance, and the perilymph secreted by it, and in which floated freely the vestibular division of the membranous labyrinth, was limpid and transparent, and of its usual quantity. The first deficiences in structure were observed on laying open the osseous semicircular canals. At their vestibular origins they were perfectly natural in size and relations, and the ampullary dilatations were perfectly formed. The *anterior canal* was perfect in calibre, conformation, and structure. The *external canal*, at its most convex part, presented a perfect osseous septum that obliterated the entire calibre of the tube. This septum fully exceeded the twelfth part of an inch in thickness, and in structure was of the same dense nature as the surrounding osseous substance. The calibre of either extremity of the obliterated canal was of its usual size, up to the face of the septum, where each terminated abruptly in a smooth surface. The fibro-mucous lining of the canal had the same conformation as the osseous tube; it was healthy in appearance, and the extremities of the obliterated tube terminated in blunted cul de sacs, pervious to their extremities, and which rested on the surfaces of the osseous septum. The *posterior canal* presented an exactly similar conformation. At its most convex part, an osseous partition also existed, of the same thickness, structure, and appearance; and the lining membrane of this tube terminated in the same manner as did that of the external canal. By the microscope, no morbid condition could be detected in any part of this lining membrane; and, as in the vestibule, the perilymph that surrounded the membranous canals was perfectly transparent and healthy. The extreme space occupied by the cochlea was about the usual extent; but a great difference existed in the arrangement and termination of the second and third circles. On removing the outer wall of the tube from the promontorium vestibuli to its termination in the cupola, the conformation, calibre, and internal arrangements of the first turn were natural. Instead, however, of another complete turn being made, the tube abruptly terminated in the next, and formed a large, rounded, and general cavity. The central axis, or modiolus, extended no farther than the commencement of this second circle, and did not pass through the entire breadth of the cochlea to its infundibulum. The *lamina spiralis* extended from the promontory in the vestibule around the first circle, but stopped short in a well-defined hook-shaped margin, before it had completed a half of the second turn. The lining membrane of the cochlea was healthy. The *zona mollis* was perfect in the first turn, but in that part of the next turn in which it existed, it was fully twice its natural breadth, depending on the large size of this portion of the tube and the shortness of the lamina spiralis. *The helicotrema* was twice its natural size, and allowed a very free and perfect communication between the scala vestibuli and scala tympani. *The membrane of the fenestra rotunda* was perfect, and the fluid of the cochlea was healthy and transparent. The saccular and utricular sinuses of the vestibule occupied their usual extent in the left membranous labyrinth. The membrane itself, when examined under the microscope, appeared healthy; and the endolymph was perfectly fluid and limpid. This endolymph was carefully extracted from the saccule and examined with the glass, but no distinct crystalline particles of otolithes could be detected. The communications between the vestibular division and the tubular prolongations of the canals were free; the ampullary dilatations existed in their usual situations; and the blind extremities of this endolymph membrane, in the external and posterior canals, terminated abruptly, like the lining membrane of the osseous walls; but they were free and distinct, and had been separated from the obliterating septa by a thin layer of perilymph. These tubes were perfectly pervious up to the points of obliteration. The only deficiency perceptible on the right side was the existence of an osseous septum at the most convex part of the external canal, and the corresponding alteration of structure in its membrane. The portio mollis on either side was natural in its distribution, but was greatly atrophied. From some observations appended by Dr. Mercer to the details of this case, he appears to be of opinion that some power of hearing might, by proper measures, have been acquired on the right side. He says, though it may be conceded, that the derangement of structure was so great and so extensive on the left side, as to destroy entirely the functions of that organ, yet these were not to such an extent on the opposite side as to impair its general functions to any great degree. In this opinion we differ altogether; the atrophied condition of the acoustic nerve, and the existence of the osseous septum in the external canal, form, we believe, sufficient cause for the deprivation of the function.

Poisoning by American Flour.—Dr. Tait narrates, in the *Northern Journal of Medicine*, several cases of poisoning which occurred simultaneously in the members of one family, after partaking of an apple-dumpling made with American flour. This, from its fine appearance, was considered to be of a very superior quality. Soon after dinner, a heavy uneasy sensation was felt in the stomach. This was accompanied by great sickness and inability to sit in an erect posture, which in some members of the family was soon followed by vomiting. Two of them, who got speedily rid of the contents of the stomach, recovered quickly. In four, vomiting did not take place before five and six hours had elapsed. In these the sickness was accompanied with lancinating pains in the stomach and bowels, and a burning heat in the epigastrium, a dry sensation in the mouth, thirst, pain in the forehead, and restlessness. When vomiting took place, relief was obtained for a short time, until it returned. The vomiting was succeeded by purging, general depression, paleness, and collapse of the countenance. In all but one young man, the pulse was quick and feeble, and in him it was full and bounding. He complained much of headach, and his eyes were prominent and congested. The treatment pursued was varied according to circumstances. Vomiting was encouraged by draughts of tepid water in some; sedative draughts were administered to others; and warm water enemata to those who had still a desire to go to stool. A vein was opened with complete relief in the young man with the full pulse; and the mistress of the house, besides receiving sedative draughts to allay the irritation in the stomach and bowels, had bottles of warm water applied to different parts of the body to preserve the heat, and a large sinapism over the epigastrium. In two hours, all had experienced almost complete relief, and some had fallen asleep. Next day all had headach and thirst, but this in twenty-four hours entirely disappeared. The mistress of the house was the only one who appeared to have permanently suffered. For several weeks she continued pale, and suffered from irritability of the stomach and bowels, and is still in an infirm state of health; but her period of life may also have had its influence in producing some of her ailments. The flour was afterwards carefully analysed, but showed no trace of mineral poison; the only conclusion that could be drawn, therefore, was that some acrid vegetable poison was mixed with it.

Perforation of the Cervix Uteri during Labour.—Dr. Williamson was in attendance on a primiparous female, nineteen years of age, the presentation being that of the left foot. After three strong and remarkably violent pains, following each other in close succession, he found, on examination, that the foot and leg as far as the knee had effected a complete passage through the substance of the anterior section of the uterus, about an inch from the margin of the natural orifice. Another pain, as violent as the preceding, forced the foot, leg, and thigh beyond the external parts, carrying with them a thick band of the uterine substance formed by the tissue between the natural and preternatural openings, and there was reason to fear that the continuance of the pains would either cause the band to give way, or that the rent would extend through the uterine wall and peritoneum. A consultation was held with Dr. Anderson, and it was at first determined to divide the band, but, fearing hemorrhage, an attempt was made to return the protruded limb, which was successful, owing to the cessation of the pains, but not without much difficulty. The child was afterwards born in the usual way, and the mother recovered. Owing to her removing afterwards into the country, the subsequent condition of the parts was not ascertained. The case is published in the *Northern Journal of Medicine*.

Removal of a Fish-hook from the Œsophagus.--In the *New Orleans Med. Journ.* Dr Kilpatrick reports the case of a fishing hook removed from the œsophagus without operation. An old lady enjoying her afternoon nap, and sleeping with her mouth widely opened, suggested to a child the idea of dropping his barbed hook into it. The titillation caused her to awake suddenly, and, as her mouth was dry from exposure, she closed it, and swallowed the hook two or three inches below the uvula. As soon as she discovered her situation, the whole family was assembled by her calls and cries of distress. Some gentle efforts were essayed to remove the hook, both by the patient and some of the family; but, being apprehensive of fixing the barb in the throat, they ceased all efforts, and dispatched a messenger for Dr Antony, who resided in the neighbourhood. When he arrived, and found that the hook was not fastened into the flesh, he suggested a plan by which it could be removed safely, easily, and without an operation. His plan was to cut off the line within a foot or two of the mouth of the patient, then to drill a hole through a rifle bullet, and drop it over the line down on the hook. In order to fix the bullet on the point of the hook, and maintain it firmly in that position, a reed was procured, the joints punched out, and then passed down over the line, and pressed firmly over the bullet. In this manner, the hook, bullet, and reed were all withdrawn at once, very easily, without any injury to the œsophagus or fauces.

Placenta Prævia.—Dr. Maclean has published, in the *Northern Journal of Medicine*, an additional instance of the value of the plan of treatment recommended by Dr. Radford and Dr. Simpson in these cases. The patient was much exhausted by the repeated hemorrhage, and everything foretold a fatal termination, but the separation of the placenta at once arrested the loss of blood. It was soon expelled into the vagina, and a dead child was born a quarter of an hour afterwards. The mother recovered.

Surgical Cases.—Under this title Dr. Duncan describes, in the *Northern Journal of Medicine*, two cases of foreign body in the air-passages, the pre-

sence of which had induced bronchitis. In both instances the foreign body was expelled by the efforts of nature, in the one after four years, in the other after the lapse of two. In the first instance the extraneous substances were two pieces of bone, and in the other an ear of crested dog's-tail grass. Both patients recovered.

Effusion of Blood into the Cells of the Vitreous Humour.—A young lady was under the care of Dr. Robertson, for an affection of the eyes. When fifteen years of age she had red spots upon the right eye, which in about a week yielded to the use of laxatives. After this she had at different times six attacks of blindness in both eyes, attended with severe pain in the eyes and forehead, which yielded to leeches, blisters, and mercurials. More lately still, she suffered from two such attacks in the right eye only, which, after each, presented the following characters:—The conjunctiva and sclerotica were healthy, the pupil dilated, but perfectly regular, the colour and texture of the iris natural. On a minute examination of the posterior chamber, it was observed that an effusion of blood had taken place into the vitreous humour at the nasal side, about halfway between the iris and optic nerve. The red colour gradually disappeared, leaving a mass of a brownish yellow colour, and of semi-metallic lustre. Under the action of mercurials, the bulk of this deposit was lessened, and vision improved. The pale coloured mass in the right eye presented appearances nearly resembling those observed in the *first stage* of medullary carcinoma, from which it was distinguished—Firstly, by the red colour presented by the tumour, after each effusion, which contrasted with the unvarying dark amber or greenish hue of the incipient medullary carcinoma; while the single red vessels, which in the latter may be traced over the tumour, were not present. Secondly, the pupil, instead of being, as it is in medullary carcinoma, irregular, and having the transverse diameter the larger, was equally and regularly dilated; while the colour and texture of the iris remained unaltered, instead of being reduced in thickness, or presenting the injected or reddish-yellow hue, which it does in incipient medullary carcinoma. Thirdly, the tumour decreased in size, and sight was gradually restored under the employment of mercurials; while in the malignant affection, the size of the tumour never decreases, and vision becomes more and more impaired, in spite of all remedial means. With respect to such cases, Dr. Robertson observes that our prognosis in spontaneous effusion of blood, be it into the anterior chamber or into that of the vitreous humour, must be very doubtful, the primary cause in most cases being a diseased state of the vessels, which are liable again to give way on the application of any exciting cause. In spontaneous effusion of blood into the vitreous humour, we have further to fear that this constantly recurring extravasation, and the presence of the organised lymph resulting, may, by compression of the retina, cause at last permanent insensibility to the stimulus of light. The *treatment* most to be relied on, on the occurrence of any such sanguineous effusion, is general or local depletion according to the circumstances of the case, accompanied by cold applications, and quiet both of mind and body; while, farther to promote absorption of the effused mass, mercurials must be employed so as to affect the system. The recurrence of the extravasation must be guarded against by attention to the general health, due regulation of diet, moderate and regular exercise, avoiding all stooping or over-exertion, more particularly of the eye, keeping the feet warm and the head cool, and sleeping with the head more than usually raised. The disease is probably connected with a varicose condition of the vorticose veins of the choroid. A more ample description of the external appearance presented by the eye would be desirable. The case is recorded in the *Northern Journal of Medicine.*

Suppuration of the Blood.—Dr. H. Bennett, at a meeting of the Medico-Chirurg. Soc. Edinburgh, read the particulars of the case of a man who was admitted into the Royal Infirmary under Dr. Christison with enlarged spleen. The general health was apparently good, with the exception of œdema of the lower extremities. He was soon afterwards affected with febrile symptoms and slight diarrhœa, and died suddenly a few days afterwards. On examination, four days after death, the blood throughout the body was found to be much changed; in the right cavities of the heart, pulmonary artery, and also in the large veins of the trunk, it was firmly coagulated, and formed a mould of their size and form internally. The clot was separated into a red or inferior, and a yellow or superior portion. The latter, when squeezed out of the veins, as was sometimes accidentally done when they were divided, resembled thick creamy pus. On the surface of the brain, the veins and longitudinal sinuses appeared as if partly covered with pus, and partly with red coagulum. The vessels themselves throughout the body were perfectly healthy. The clot was nowhere adherent, but, on the contrary, readily slipped out of the vessel when an accidental puncture was made in it. The liver and spleen were enormously enlarged owing to simple hypertrophy. The former weighed 10 lb. 12 oz., the latter 7 lb. 12 oz. On examining the blood microscopically, the yellow coagulum was found to be composed of coagulated fibrin in filaments, intermixed with numerous pus corpuscles, which could be readily squeezed out from it when pressed between glasses. When it was unusually soft, the corpuscles were more numerous, and the fibrin was broken down into molecules and granules intermixed with broken pieces of the filaments. The corpuscles varied in size from the 100th to the 120th of a millimetre in diameter. They were round, had the cell wall granular, and presented all the appearance of pus globules. That they really were such, was proved by the action of water and acetic acid; the former of which caused them to swell and lose their granular appearance, whilst the latter dissolved the cell wall, and caused a distinct nucleus like that in the pus globules to appear. On stripping off a portion of the pia mater, and examining the capillary vessels of that membrane, they were found crowded with the same corpuscles.

ON SPERMATORRHŒA.

Spermatorrhœa is one of the most distressing of human infirmities, and its alleviation one of the greatest triumphs of medical art. It is, when very rare, a natural outlet in men at once vigorous and continent, for fluids which might produce congestion in vital organs—for every such loss requires for the renewal of the semen a fresh waste of the blood in the process of secretion, but when it occurs so often as to enfeeble the system, woe to the man who neglects it as a salutary process, or who sighs over it as irremediable.

The object of this paper is not to enter into a dissertation on the nature and causes of this formidable disease, but merely to relate the cases which have recently come under my care, and which have been treated with the happiest result. I had tried all sorts of plans with this form of disease, and had rarely advanced beyond palliation, until I ventured to adopt cauterisation of the membranous portion of the urethra, as recommended by Lallemand—a plan recommended also by the universally admitted utility of lunar caustic in many forms of irritation of mucous membranes and of the skin, which is a structure so strictly analogous; and it is well known that the first step in each distinct act of spermatorrhœa is irritation of the membranous part of the urethra leading to an associated action of all the circumjacent muscles performing the function of seminal expulsion.

Case 1.—A. B., ætat 19, of sanguine temperament, applied to me on the 7th of January last, under the following circumstances:—Loses his semen every night; sometimes twice in a night, accompanied with libidinous dreams; sometimes during the day, whenever he has retained his water for a few hours; always suffers from micturition night and day. The cremasters were relaxed, and the testicles hung loose and flaccid. He is pale, and has lost his flesh; slight cough; dyspnœa; costiveness; headache; faintness; giddiness, and slight amaurotic symptoms; tongue whitish; pulse irritable and rapid. These were the symptoms for which he consulted me, and which at once pointed me to their cause. He admits the fact of masturbation, which he has discontinued for two years. The symptoms have gradually obtained their present intensity. Has never had sexual intercourse.

Thoroughly dissatisfied with the result of the ordinary modes of treatment, I resolved in this case to use the lunar caustic, having first explained to my patient the pain it must, and the illness it might, occasion: I found him ready for anything that might afford him relief. I passed a silver canula, open at one end, as far as the bulb, and then through the canula a stiff wire, with a piece of caustic in a proper holder at its extremity—the instrument customarily used for this object—and thus cauterised the entire membranous portion of the urethra. Intense pain was the first result, which abated in about ten minutes, subsiding into a smarting, which my patient said could hardly be termed pain, and which lasted two days. Since this operation he has had seminal discharge only five times, and during this interval he has neither cohabited nor practised masturbation. He has become a strong, active young man, and I have no doubt that some of his neighbours look upon it as a case of "consumption cured"—an error by no means unprofitable, and which it is not my province to contradict, as the negative might lead to an inquiry into the positive, and the case not admitting of an explanation from its privacy, my silence might be to admit or receive an interpretation of another sort by no means agreeable to my patient.

Case 2 so much resembles the first that it need not be minutely described; its only peculiarity was the intense inflammation of the entire urethral passage, resulting from the lunar caustic—so intense as to produce the most violent chordee I ever witnessed, which lasted for five days intermittingly, and, though gradually subsiding, did not thoroughly cease for three weeks. Leeches, fomentations, and a warm bath, especially the last, were of most use in the treatment. My patient refused, even in his greatest agony, to take a narcotic. This case is alluded to as a caution against using this remedy without explaining to the patient the intense suffering it may inflict, and never to use it except where the intensity of the case, in its probable ruin to the constitution, makes the treatment, even with the chance of such accompaniments, a very secondary evil. This patient has been very much benefitted; he very rarely loses his semen during sleep, and he is never troubled with micturition; can retain his urine for five or six hours, which he had not been able to do for many years.

Sept. 24, 1845. M. R. C. S.

NOTICES TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

We received a letter on the 30*th of June from a person signing himself* James D. Prothero, *and containing, among other matters, sundry charges against Mr. Thos. Wakley, M.P.—charges which the writer declared he was quite prepared to prove in any court of justice. We briefly noticed the contents of that letter at the time; but recent circumstances having demonstrated to us that the letter was a fictitious composition, designed solely to involve us, if possible, in legal proceedings for libel, we take this the earliest opportunity of announcing the fact, that the letter is a discreditable forgery; that, much to our regret, we were wholly deceived as to its character; and that no attention should have been paid to its statements. We learn that no such person as Mr James D. Prothero does live, or has lived, at Midhurst; and that the offer contained in it, of £*1 *to the* Medical Times *Testimonial Fund, was intended as a veil to conceal the* animus *of the writer, on whose traces we now are, and whom we yet hope to unkennel. We are, fortunately, in possession of the letter.*

W. B.—*Our correspondent is a duly qualified medical man, but is not qualified under the new regulations of the Poor Law Commissioners to attend union practice. Respecting the benefit club, there is no* law *to prevent any duly qualified practitioner from accepting the office of medical attendant; but each society has its own private* code of rules, *by which its members are bound to abide, and if one of*

these rules states that a "Surgeon and *Apothecary" is to be provided, we do not see how an apothecary* only *can be elected.*

Edward James.—*Our correspondent should obtain the advice of some respectable practitioner. We never prescribe in our columns.*

Our notice of the meeting at the Leicester Infirmary was unavoidably omitted last week from want of space.

The continuation of Dr. Lewins's paper on the appointments of the University of Edinburgh, and Mr. Tosswill's paper on Tubercle, shall appear next week.

Communications have been received from Mr. John Jackson, J. B., Mr. George Sayle, a General Practitioner, *and several other correspondents, which shall receive attention.*

A Medical Pupil.—*The classical authors for the matriculation examination* (1846) *are Homer* (*Odyssey*) *and Cicero. Competition for honours will be open to our correspondent.*

M. D. Londinensis, a Constant Reader and Admirer.—*We are not aware of any changes of the nature alluded to by our correspondent.*

A recent but constant Reader, Lodden, Norfolk.—*Scdillot's pills are prepared with three drachms of strong mercurial ointment, two drachms of Castile soap, and one drachm of liquorice-powder, beaten up together, and made into pills weighing four grains each, of which from five to six are given daily.*

The paper on Guano, by Dr. Geo. Watson, is in type, and shall appear in our next.

M. D., Liverpool.—*The dimensions given are not so bad as such things go, and we should say quite capable of useful service.*

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s.; Quarterly,* 6*s.* 6*d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is* 6*s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

SATURDAY, OCTOBER 4TH, 1845.

"Sunt bona, sunt quædam mediocra, sunt mala plura,
Quæ legis."—MARTIAL.

"Tros Rutulusve fuat, nullo discrimine habebo."—VIRGIL.

WE last week anticipated the session of 1845-6, by greeting, in perspective, our old friends the students. We bade a good bye, with our best wishes, to those who had left the ranks of studentship, and were departing hither and thither, through the wide world, upon the honourable and onerous embassy of medical practice—we bade welcome afresh to the old faces we hoped to see returning amongst us, ruddy with renewed health and vigour—and we hailed the *freshmen* who were about to identify themselves with us, partakers and promoters of the common interests of our noble profession. The session has now begun in reality; and, once again, brethren that are, and are to be, here's the right hand of fellowship for you; grasp it with what cordiality ye may!

In the midst of this greeting we are constrained to pause. Pleasure and pain are as true to one another as is the *dactyl* to the *spondee*—some friends that we had hoped to part with only for a time, have bade us farewell for ever! Death has been busy with them, and has numbered them amongst other objects of melancholy memory.

> And the grass shall wave
> O'er many a grave,
> Where youth and honour sleep together.

As we have said, the session has now begun in reality, and business is, or should be, the order of the day. The *introductories*, at which every teacher feels it his duty to make his subject and himself as important as possible, are now over; *routine* has fairly set in, and "listen and learn," must be the motto of each and all. We last week adverted a little to these things, but it was only *en passant*, and as a prelude to more explicitness. It will be remembered that we have aforetime treated, both anecdotically and ethically, of the habits and manners of medical students; and perhaps no better season than the present could offer itself for resuming the subject, and saying what remains, and deserves to be said, about it.

Before entering into the particulars of study and mode of life best to be adopted, we have a few words of advice and encouragement to offer to two particular classes of medical students—the RICH and the POOR. The middle men we will leave to take profit by what we say to either extreme, just as they may require or relish it.

"Give me neither poverty nor riches," was one of the wisest desires of one of the wisest of men. What would constitute its actual possession, in these days of temptation and taxation, we are not prepared to say; but as certainly as the world is made up of saints and sinners, as certainly also is it chiefly populated with rich and poor; and the members of the medical profession are not excluded from the mass of people who are thus circumstanced. At least we can aver that medical students are not excepted, for we have mingled pretty extensively with both varieties, and are well acquainted, as we venture to think, with whatever of merit or demerit belongs to either.

First, let us say a few words to the medical student who is rich—we mean who is independent of his profession. Permit us, then, to inform you, sir, that if you do not love medico-chirurgy from the bottom of your heart, and from that same depth, that *imo pectore*, desire to be distinguished in its science and practice, the odds are endless against your rising even to mediocrity. There is only one sure way to preferment, and it is a glorious thing that it is so equally within the reach of the opulent and the needy. It is not to be purchased by the riches of the one, nor does the poverty of the other exclude him from it; both must strive for it, upon the same road, and after the same fashion; favouritism has no share in the transaction. The competitors are placed upon the equality of contest, and the best man wins. That single ground of safe and honourable distinction is INDUSTRY. It is a common cry—and who has not heard it?—amongst disappointed men, that the profession is all a lottery—luck rules it. Were it a lottery, we would venture any bet, that, of all other men, the idle man would be the most likely to draw a blank. It may happen that merit does not always, or as early as could be wished, meet with its due reward, yet, depend upon it, it will never go utterly unrewarded, and the chances are many that the hope, though long deferred, will be realised at last. On the other hand, though good fortune may place an undeserving man in the way of professional success, it cannot maintain him therein; sooner or later he will find his level, and luck will be against him. We utter these homely truths, not as idle opinions, but as facts,—the issue of careful observation and years of experience. We have long watched with care and scrutiny the career of medical students; and of the hundreds whom we have known, personally or by repute, we can safely aver that not a single man, idle in his studentship, has made even a barely decent figure as a practitioner. Some have obtained an asylum in the army, some in the navy; some have found the untimely grave of the drunkard or self-murderer; others have left the profession in disgust (themselves the authors of their disappointment), and others have continued to live, as the phrase goes, *upon their means!* Not one idle student have we ever known to make a reputable practitioner! Had we space, we could give many a mournful history on this topic that would be full of warning.

The inducements to be dilatory or dissipated, which lie in the way of medical students, are numerous enough. Even the best men require to be constantly on their guard against temptations, which seldom fail to make the thoughtless or the immoral their victims. Far away from home, and friends, and the opportunities of good example and advice, it is little to be wondered that they fall into such habits as temporarily or irretrievably hurt them. As with the drunkard, the first glass is the incitement to ebriety, so with the student, the first indulgence in idleness or wanton pleasure is likely to be the forerunner of habitual neglect of duty. We know that there are exceptions to this rule, and ourselves have met with such, but they are few, and dangerous of imitation. The most remarkable man of this kind we ever knew or heard of, was a fellow-student with us in Edinburgh, and is now, for his years, the most promising man in London. He got through more work, and soundly too, and played more, than any man in the University. But then he was what, without undue praise, might be called a *genius*, and the only man we have ever met with who in any wise deserved that singular title. He possessed, in an uncommon degree, the faculty of *abstraction*, and, whether at work or play, was in right earnest with whatever engrossed him. Though he holydayed often, he was in reality never idle—play was but the prelude to harder work—and from one scene of pastime and another he would return full of vigour and earnestness to whatever labour he might for an interval have left. He was a crack prizeman of his day, and many were the fools who, in attempting to copy his splendid career, after his *unique* fashion, were left with the everlasting regret that Nature had not bestowed her intellectual favours with more rigid impartiality. We mention this anecdote because we know that many men, naturally idle, endeavour to excuse their bad habits by referring to others who have only the *appearance* of being idlers. We remember a man—bless him! he had a greater capacity of heart than of head—who would fain apologise for late rising, by saying that Southey, when at college, used to lie in bed until such an hour, reading novels; but then he forgot that himself lay in bed doing nothing at all. Another wiseacre would extenuate his sins of intoxication by reminding us that Porson was a deep tippler; but he was unmindful of the vast difference between *his* brain and that of the great Grecian. A third would say that John Hunter pursued no regular course of study, nor would *he* do it; but modesty should have taught him to remember, when including that illustrious name in the same sentence with his own, "sic parvis componere magna solebam." As well might an ignoramus pride himself in reading Latin with a false quantity, because Dr. Parr sometimes did it for fun, or in being rejected by a court of examiners, because such hap-

pened to be the undeserved fate of Armstrong and Mason Good.

The most unhappy propensity that can befal a man is that of imitating the eccentricities of others who are more gifted than himself. Mischief is the necessary consequence of such folly, and many are the instances we have known of decent prospects utterly, hopelessly crushed by a foolish imitation of intellectual oddity. A man should never boast of being able to do this or that *until he has done it*. There is then something deserving of being talked about, and the world will give him credit for speaking the truth. For ourselves, we always distrust a man who yawns in an easy chair and says he could do such and such great things if he chose. Such men are impostors; they are always waiting for inspiration, and they never catch it. They have the ambition of great minds, but are destitute of their means, and would fain gather by an affected indifference a reputation which is alone due to intellect and industry. Where real talent exists, never fear but it will show itself.

The greatest prompting to idleness which a medical student can have, is the possession of as much money as makes him feel his independence of his profession. If he do not really love it, as we have said, and feel the impulse of an honourable ambition to excel in it, he is pretty sure to be a novice all the days of his life. Such a man comes to London with a full pocket and an empty head, and generally returns home with a vacuity in both. He may perhaps manage by dint of *cramming* to get through his examinations, but when he brings this superficial knowledge to bear upon the responsibilities of bed-side practice, he feels his deficiency, and shrinks from duty; his patients see that he is an impostor and cease to employ him, his fellow-practitioners shrug their shoulders when his name is broached in connection with a medical opinion, and at last he is looked upon as a regular interloper in the Profession. Completely at a discount with public confidence and patronage, he finds himself at the close of a useless life, neither richer nor wiser than when he entered it; a truthful instance that,

> Satan more cunning than he was of yore,
> Now tempts by making rich, not making poor.

Not only for his own interest and honour does it behove the medical student of easy circumstances to be mindful of the time permitted him for studying and learning his profession, but it is his duty also to consider the interests of those who may be hereafter committed to his charge. A serious *moral* as well as *medical* responsibility will rest with him, and woe will betide him should he neglect to prepare well for it. There is something awful in having the life of a fellow-creature placed in your hands; it is a sacred thing, and there is much accountableness in its treatment. The wisest of men will err in judgment, and often, when little expected, death will baffle the skill of the most skilful, and mock the brightest of human hopes and the best of human efforts. In these things there is much pain, even when every legitimate means have been used for the sufferer's rescue; but depend upon it the agony knows no utterance which steals upon a mind conscious of having thwarted the purposes and best interests of humanity—of having sacrificed a life where it might have saved one!

If in these words there be not the voice of wisdom, at least we know there is that of warning; we address them emphatically to students, as practitioners that are to be—and we know of no exception to the fact, that what a man promised by his conduct as a pupil such he proved to be in his career of after life.

> Servetur ad imum,
> Qualis ab incepto processerit, et sibi constet.

THE NATIONAL ASSOCIATION.

The advertisement published by the sub-committee of the National Association vindicates the truth of assurances, long before made by us, and is the best answer that can be given to the slanders of some disappointed malcontents infected with a poor ambition to do mischief, since they can do nothing else. The bill of Sir James Graham, last presented by him to Parliament, is defective, through haste and inadvertence, in several particulars: it differs from the terms agreed to by the Association and published in the report of the deputation: a correction, full and ample, will be made before the bill be introduced again to Parliament: such are the assurances the sub-committee officially make to the vast body of their fellow-members. The announcement, though not unexpected by our readers, cannot fail to be gratifying, and to do much good. It displays the Association in the character it should ever maintain—that of a body most anxious for a legislative settlement of our unhappy differences, but unwilling to sacrifice for that anxiety any principle on which the Profession reposes a value. A new charter, it is rumoured, is on the point of being conceded to the College of Surgeons.* It will contain, it is said, larger ameliorations than have been anticipated; and one of them—if fame speak truly—will make Fellows of all Members of fifteen years' standing. We think we can promise that, if this step be taken, nobody will receive the improvement with more pleasure than the committee of the National Association. Who, indeed, should? Is it not *their* work? We have done something ourselves to plant and water the good seed; but it has been the tact, prudence, and firmness of the vast organisation over which the committee preside, which have given the increase. Far from assuming an antagonism to the promised improvement, the committee will give it a hearty welcome, and standing on the vantage ground it will give them, will feel encouraged to prosecute with redoubled vigour the exalted mission they have undertaken. Such a course—wise, practical, conciliating, and most favourable to the advance of science—will, instead of weakening their force, augment it, and the crafty efforts to promote disunion will meet with their fit reward.

MEDICAL JOURNALISM AND MEDICAL REFORM.

A student of the Charlotte-street School of Medicine addresses us a long letter on the fact that the advertisements of that school have been refused insertion by a contemporary who has further proceeded to the extraordinary step—in a list *professedly* of all London medical schools—of omitting the one to which we refer. The latter act is an indirect misrepresentation, a practical falsehood—at once the *suggestio falsi* and *suppressio veri* of the logicians. But who wonders at it? The former is a mercantile specimen of meanness which, if rarely paralleled, is certainly not more surprising. Our correspondent remarks:—

"The *magnus Apollo* of that periodical has frequently hurled the impotent thunderbolts of editorial vengeance against this school, simply because those connected with it have from time to time discharged their duty in opposing those schemes and machinations which, under the mask of disinterestedness and zeal for the general good, evidently tended towards individual aggrandisement and self-elevation. *Hinc illæ lachrymæ*, and hence the true cause of the omission in question.

"The Charlotte-street School is established on too broad a basis, and is too well known, to heed the silent slur which is cast on it, or the negative falsehood of which it is the subject; but the pitiful revenge which so morbid a feeling has inspired demands the severest reprehension; it is not the school which is injured, it is the public who are misled; they are invited to the perusal of a statement claiming to be perfect and impartial, whilst examination proves it to be distorted and inaccurate. Hence a want of confidence in that paper will be immediately engendered in every candid mind, even if mistrust of its principles did not previously exist; it remains for its readers to consider whether in future they will be disposed to give credence to a journal which has suffered private feud to establish its diathesis, and which has disenfranchised itself of impartiality in conduct and accuracy in statement."

These remarks seem to us extremely well-founded; but they only tell a thrice-told tale. In what portion of the profession will conduct so startling in itself, in its *present* relationship, excite astonishment? People have ceased to wonder at anything from *that* source. They are not even interested in it; for what is less attractive than accustomed malice—malicious still, but impotent—a toothless reptile gnawing a file? A word suffices for such a subject. To *our* readers, even that word may be too much.

* Many rumours have been current on this subject, but from information of undoubted authority, we are enabled to state that no steps have been yet taken by the Government towards granting such a charter.

DR. SUTRO.

This gentleman, so favourably known to our readers, and through them to the whole Medical Profession, for the ability and zeal he has shown in exhibiting through our columns the progress of German science to English readers, is a candidate for the physicianship to the German Hospital, established under the patronage of Prince Albert. We need not add that we earnestly wish him the success his industry, talents, and high character entitle him to, and that we shall feel gratified for any influence that may secure our valued correspondent his due.

THE NATIONAL SYSTEM OF MEDICAL EDUCATION IN FRANCE.

(To the Editor of the Medical Times.)

Sir,—My last letter, published in your journal a short time since, presented a view of the system of national education as established by Napoleon, and as practised in France, with some degree of deterioration, at the present day.

It must be acknowledged by all fairly disposed individuals, that a system of national instruction and social organisation intimately combined with the certain reward of literary honours and worldly promotion to the most meritorious, and this, too, uncontaminated with its antagonistics, viz., private, party, or court influence, is the only just mode of developing the character of men individually and collectively; such a plan is the strongest possible inducement to meritorious conduct, and consequently contributes much to the morality and welfare of the community; whilst our present system of holding out private patronage and special favours to particular individuals, to the disparagement of the many, is dishonest in principle, and degrading and demoralising in its tendency, and must, in the medical profession, be pregnant with murderous mischief, by placing ill-qualified persons in responsible and important offices, or, to say the least, by elevating mediocrity at the sacrifice of superior talent and professional ability.

I now proceed to consider the French System of Medical Education. With this will be embodied a detail of the system of medical rewards and honours established in France for the purpose of furthering the progress of science, and benefitting the nation, as well as of the special means adopted for exciting industry and talent, and ensuring regularity of conduct amongst the mass of students in

medicine. We shall also see the humiliating contrast which England affords in these matters.

Five departments of instruction, or, as they are termed, *Faculties*, are connected with the French system of national education, as I stated in my last letter. The two first which I named are, firstly, *the Faculty of Mathematical and Physical Sciences;* secondly, *the Faculty of Letters.* To both of these I have already especially referred, inasmuch as they comprehend those branches of general education *common to all the students in the nation*, professional or otherwise. There are also for the professions—thirdly, *the Faculty of Theology;* fourthly, *the Faculty of Law;* and fifthly, *the Faculty of Medicine.* These five Faculties not only exist in Paris as particular departments of instruction, but in the cities and large towns, and, taken collectively, as existing in any city or town, they constitute the academy of that place.

All the academies of France are collectively embodied under the control of the University of France, or Royal Academy of Paris. I have before stated that the *council* of this University, or Royal Academy, is the governing body in Paris, which presides over the national instruction, and is, as it were, the high court of appeal. At the head of this is the Minister of Public Instruction.

To become a *Doctor* in either of the Faculties, *four years' study* are required; but, besides this doctorship, the Faculty of Sciences and the Faculty of Letters confer the subordinate degrees of *Bachelor in Science* and *Bachelor in Letters*, and to obtain these *a student has only to present himself for examination.*

For the Bachelorship in Science, he is examined in the elements of mathematics, natural history, natural philosophy, chemistry, and botany. For the Bachelorship in Letters, in classics, history, geography, rhetoric, logic, and moral philosophy.

In order to ensure a good basis of preparatory general education, a student is not admitted as pupil of the Faculty of Medicine, nor of the Faculties of Divinity or Law, until he is possessed of the two ast-named subordinate bachelors' degrees.

Waiving the system of education pursued at the Faculties of Theology and Law, which are, however, similar in principle to that of the Faculty of Medicine, and not entering into a discussion of what the educational and the *religious* qualifications should be for a minister of *Christianity*, we come at once to the investigation of the Medical Faculty as being professedly the topic of this epistle.

On the student presenting his degrees of Bachelor in Science and Bachelor in Letters, he is admitted as pupil at the Faculty of Medicine. There are no fees for lectures, but the student is obliged to register his name every three months in a book kept at the Faculty. He may attend any courses of lectures, public or private, but is expected to attend some at the Faculty; however, although the pupils are obliged to take out their inscriptions, *i. e.*, make their registrations at certain times, their attendance upon lectures has not been always so rigidly enforced as may be imagined. There is no compulsion, but the pupils are advised to do so by their teachers, whom they highly esteem. Here the parallel will not at all hold good between England and France, on account of the certainty of the French student's success in life being solely dependent upon his application and professional talent; hence he is habitually most anxious to embrace every valuable opportunity for obtaining knowledge, and to turn every hour to the best account.

When Charles the Tenth began to exercise despotic power, he attempted to do away with concours, which Louis the Eighteenth *attempted* also at the latter part of his reign, and to give the Crown as much patronage as possible, professors were appointed to the Faculty by the Crown; but *desertion of the class-rooms* followed, although government employed the soldiery to enforce attendance. They were thus obliged, in both instances, to restore concours. The French students had tasted the sweets of the system of merit. Even if it were enforced in France, that a certain routine of lectures should be attended at the Faculty, and *nowhere else*, which is not the case, although it would be decidedly unjust, and would partake of the spirit of monopoly, yet such an enactment could not have so baneful an influence in France as in England; for as all medical appointments, or nearly all, in France are gained by *concours*, such a regulation could exclude no person from being a recognised professor, however humble in life, provided he were sufficiently meritorious. The most unknown aspirant, if he possess industry and merit, can become by *concours* in France, a public teacher or hospital surgeon, and a man of high public trust; whereas, in England, no appointments are obtained from merit alone, but by the base and dishonest means of private, monied, family, or clique interest. Any law, therefore, in this country, made to favour a few (so-called) public schools, would have the effect of crushing all competition of talent in the department of teaching, which is already at an ebb sufficiently low, and has been hitherto solely kept up by the rivalry between the different teachers in public and private schools; and any law reserving to the Crown the power of arbitrarily appointing medical officers to public situations, must have a deadening effect upon legitimate professional emulation, whilst it will fatten and enrich the court-fly and professional intriguer.

But to return to our subject. The prescribed routine of study at the Faculty of Medicine is as follows:—Quarterly inscriptions during the *first year*, 1, 2, 3, 4.

Winter Courses. — Anatomy, Physiology, and Chemistry.

Summer Courses. — Medical Physics, Hygiene, Medical Natural History.

Quarterly inscriptions during the *second year*, 5, 6, 7, 8.

Winter Courses.—Anatomy, Physiology, and Operative Surgery.

Summer Courses.—Hygiene, Medical Pathology, Pharmacy.

Quarterly inscriptions during the *third year*, 9, 10, 11, 12.

Winter Courses. — Operative Surgery, Medical and Surgical Pathology, Surgical Clinical Lectures.

Summer Courses.—Medical Pathology, Materia Medica, Medical Clinical Lectures.

Quarterly inscriptions during the *fourth year*, 13, 14, 15, 16.

Winter Courses. — Clinical Medicine, Clinical Surgery, Medical Pathology.

Summer Courses.—Medical Jurisprudence, Therapeutics, Obstetricy.

The student has to undergo *five public* examinations for the diploma, each examination lasting two hours. *First examination*, on Anatomy and Physiology, when he takes out his fourth inscription. *Second examination*, on Pathology and Nosology, after the twelfth inscription. The *third examination*, on Chemistry, Botany, and Pharmacy. The *fourth examination*, on Hygiene and Legal Medicine. The *fifth examination*, on the Practice of Medicine or Surgery, according as he may wish to become Doctor of Medicine or Doctor of Surgery. However, so soundly good has been the education of a candidate who has progressed so far, that I believe the legislature throws no legal obstacle in the way against a Doctor of Surgery practising medicine, or a Doctor of Medicine practising surgery: the education has been the same for each. The three last-mentioned examinations take place at the conclusion of the pupil's studies.

During the first examination the pupil has to dissect a portion of the human body. During each examination he is examined two hours; and lastly, he has to write and defend a thesis.

The members of foreign colleges may present themselves after having studied only two years in Paris. The costs for all the inscriptions, and the whole course of study, including the examinations, do not quite amount to £50.

What sorry contrast does England still make with France as to medical education and examinations! Here, after having got a bundle of certificates, and too often next to no knowledge, a student undergoes one or more private examinations, and depends chiefly upon pieces of paper called certificates, and what opening in the world his family interest may procure him.

The monies received by the inscriptions and examinations in France form a general fund, and the medical professors out of it receive their salaries—£500 per annum each. Should there be any deficiency proved, a supply is voted, under the superintendence of the Minister of Finance, precisely as the supplies are voted for the support of the army, navy, and for other things of the same importance to the public as the security of their health.

As to the constitution of the French hospitals, and the modes adopted for raising funds for their support, the following quotations may prove of service, taken from Mr. Lees' book, entitled, "Observations on the Principal Medical Institutions of France, Italy, and Germany:"—

"The establishments for the relief of the sick and infirm poor are on a far more extensive scale in Paris than in any other metropolis. Upwards of 15,000 beds are occupied in the various hospices and hospitals; 47,000 patients are, on an average, annually received into the hospitals, and 19,000 old and infirm paupers into the hospices or asylums. The annual revenues of these establishments, amounting from ten to twelve millions of francs, are mostly derived from property on lease, gifts, and bequests, a share of the entrance duties or receipts at the theatres (thus the pleasure of man is made subservient to his future necessities or those of others), and of the profits from Mont de Piété, an establishment for the loan of money upon pledges. The annual expenditure averages about six millions. The institutions are under the superintendence of government: most of them are directed by a general council, under which is an administrative commission with executive power. At the head of each establishment is placed a chief or superintendent, by whom its interior economy is regulated, and to whose authority all persons employed in the establishment are subject.

"The council has a central office, at which twelve physicians and six surgeons preside: *these are elected by concours*, or public competition as to talent of candidates. Patients obtain medical advice and relief on application at the central office, and, if their case requires it, a ticket of admission to a hospital." (How much more "*charitable*," I would add, is this, then for the *sick*, instead of having to campaign after a letter of recommendation from governors, who, when they are found, use their caprice in bestowing or not best owing it—and perhaps are, after all, obliged to wait some day or two until "*taking-in day.*" This is a part of the system of spurious charity predominant in England.) "Hospital physicians and surgeons are usually chosen from among the members of the central office. They are, in general, exceedingly regular in their attendance, make their visits at an early hour every morning, and, during their visits, avail themselves of every opportunity of imparting clinical information to the students. Patients are minutely examined, and the daily progress of their cases taken in writing by a clinical clerk attached to each professor. After the visit, the professors of the Faculty, and some others, give clinical lectures, and see out-patients. The professional attendants are assisted by *internes* and *externes*. The duties of the *internes* are similar to those of house physicians and house surgeons in England, the *externes* to those of dressers.

In the hospitals of France, the *externes*, or dressers, are chosen by *concours;* in England, where money is the test of respectability and professional talent, they *purchase* their appointments by the twelvemonth, the responsibility of dressing wounds, &c., often thus falling to the lot of the "*higher class*" of English pupils, *i.e.*, often the most idle, dissolute, and monied.

The *internes in France are also elected by concours*, conducted in a very strict and searching manner. The performance of the minor operations, the reception of accidents, and immediate treatment of some of them, and the especial care of the patients, in the absence of the principal or visiting assistant physicians and surgeons, devolve upon them, both in England and in France. The internes may be re-elected by concours, if they choose, after the expiration of the two first years. In England, the house surgeons *generally purchase* their surgeoncy at enormous sums, and are, consequently, for the most part, individuals who have "their bread already buttered."

In France the desideratum which the system espouses is talent—talent making the way to preferment; in England it is money and family patronage.

The professors in France are elected by concours. Concours for election of professors and members of examining boards are conducted in France in the following manner:—The dean of the Faculty summons a meeting of the professors, and a committee is selected from amongst them by lot; these, about a dozen individuals, sometimes less, act as a jury, and they are all sworn to perform their duty with impartiality. Notice is given in the public prints, and even placards in the streets, of the forthcoming trial of intellectual strength, and the public are indiscriminately admitted to the great amphitheatre of the Faculty of Medicine, whilst the candidates are reserved in another room. The concours open by each member of the jury placing in an urn a slip of paper with some topic named upon it. Each candidate, the eldest first, draws his lot, and he is to deliver a lecture, without referring to books, and with a quarter of an hour's meditation, upon the subject thus drawn. They are next required to write theses, and while each on the appointed day reads his thesis, as his views are open to the disputation of his fellow competitors, and as he is examined by them on all topics connected with the said thesis, so it is, of course, the interest of the competitors to expose every deficiency in their rival candidates. These wranglings sometimes last several days.

Concours for the election of physicians and surgeons to hospitals, &c., are of a somewhat more practical character, varying according to the species of ability required for the duties of the office. Cases are produced upon which the candidates are publicly to make their diagnoses and comments, and for which they have to prescribe; they have also publicly to perform and describe the various surgical operations. The plan of concours necessarily excludes all men not possessing fit, and even superior, attainments from all public appointments. The jury finally determines who is the successful candidate.

This honest Buonapartian plan of rewarding merit was suppressed by Louis the Eighteenth, but being afterwards re-established by him, a new order of professionals was created, viz., "agrégés," or fellows. The number of these is kept up by electing a few into their body annually by concours. They are divided into classes, and it is their duty to act for the professors in case the latter are taken ill.

The object in instituting this body is said to be a political one—that of keeping the professors and the most influential and talented men more immediately under the eye of the government. Professors have been, and I believe sometimes still are, arbitrarily selected out of these by the crown; but, as a general rule, the agrégés are not appointed as regular professors without again submitting to a concours; and in this case if an agrégé and a non-agrégé should compete and be considered equal as to talent, then the preference is given to the former.

Appealing to the mode in which the teachers and all other medical officers are elected to public institutions in England, common sense is disgusted, justice wronged, and charity set at defiance.

Thus poor King obtained honours among strangers in France, whilst, returning to his native shores, he reaped disappointment, despair, and the grave.

Sir, after duly considering the facts which his evidence before the Parliamentary committee reveals, I cannot conceive that any sensible man can be so prejudiced as to disapprove of the French system, or to say that it is not applicable to this country. It is true, as it has been asserted, that the French give their situations, whilst we sell ours for private advantage; but, be it remembered, the object of the concours was to *give* those varied situations to *merit;* if they have been bestowed politically at any time, it has been by an abuse of concours, by means of court intrigue or crown patronage, from which I pray God speedily to cleanse both the clerical and medical professions.

I remain, Sir,

Your obedient servant,

G. D. DERMOTT.

Charlotte-street, Bloomsbury.

DR. PALMER'S PENTAGLOT DICTIONARY.

(To the Editor of the Medical Times.)

SIR,—The admission of the following letter, addressed to the editor of the *London Medical Gazette*, has been refused by that gentleman. I shall, therefore, feel greatly obliged by the publication of it in your valuable journal.

It may be necessary to state that the editor of the *Gazette*, or his reviewer, in an otherwise favourable notice of the *Pentaglot Dictionary* lately published by me, complained of the omission of the articles, *vibices*, *vergetures*, and *pyélite;* which, in his opinion, ought to have been inserted. The object of the reply is to vindicate myself from the accusation of negligence; to which, as regards some other terms, I unhesitatingly plead guilty; and to show that in the selection of the terms admitted into the dictionary I, instead of blindly bending to the authority of preceding writers and lexicographers, have endeavoured most rigorously to exercise my own powers of judgment and discrimination.

I have the honour to remain, Sir,

Most obediently yours,

SHIRLEY PALMER.

Birmingham, Sept. 15th, 1845.

To the Editor of the Medical Gazette.

SIR,—Although gratified by the favourable notice taken of the Pentaglot Dictionary in the *Medical Gazette* of July 25th, I unhesitatingly dissent from the opinion pronounced by your reviewer on the ineligibility of the *French* as the leading language of the work. My reasons for preferring that language having been fully explained in the postscript to the preface, I shall not repeat them here. So unalterable, however, are my convictions on this subject, that if a second edition of the dictionary be, at any future period, called for, I shall not deviate from the arrangement adopted in the first. My principal anxiety and ambition have been to cater for the eaglets of the profession to which I belong: and surely no student, who aspires to take a high rank in that profession, and cultivate it in a lofty and liberal spirit, will in these times be contented to remain ignorant of a language so readily acquired, and presenting such inexhaustible treasures of knowledge, as the French. And, even were I convicted of the error in judgment which your reviewer imputes to me, the consequences of such error will be obviously remedied by the publication of the copious English-French Index, in the compilation of which I have already made great progress.

Errors and omissions in a dictionary comprehending subjects so numerous and varied as that which I have lately published, are perfectly unavoidable. Your reviewer has, however, been rather unfortunate in the selection of his examples. "Vibices" is not a French term, nor does there exist any necessity for its naturalisation in that copious language; since "*vergetures*" is nearly, if not altogether, synonymous with it. They are, in fact, both applicable to marks—*wheals*—inflicted, or resembling those inflicted, upon the human skin by the strokes of a rod, *verge*.[1]

Pyelitis, again, is a most objectionable term, as not possessing the precise signification which it is intended to convey. *Puelos* is the Greek synonyme of basin or pelvis, not the pelvis *of the kidney*, which is expressed in the French by the term bassinet; Latin, pelvis *renum;* Italian, bacinetta; German, *nieren*becken; and Dutch, *nier*bekken. Consequently "*Pyelitis*" may be as correctly employed to designate inflammation of the general contents of the osseous pelvis; of the pelvis (infundibulum) of the brain or the ear, as that of the pelvis of the kidney.

To obviate this difficulty, I have constructed the French term, *néphropyélite;* Latin, nephropyelitis, compounded of the Greek, *nephros*, a kidney—*puelos*, a basin. This, with a great number of omitted terms, far more important than "*vergetures*," will appear in the supplement to the dictionary, for which I have been, during the last four years, collecting materials.

Your reviewer lastly recommends me to consult the valuable "Lexikon," of Augustus Kraus. Had he read, with ordinary attention, a few pages of the *Pentaglot Dictionary*, he would have found that in these articles whose leading term is derived from the Greek, the very learned and elaborate work of the German lexicographer has frequently been referred to, and sometimes quoted, by me.[2]

I have the honour to remain, Sir,

Obediently yours,

SHIRLEY PALMER, M.D.

Birmingham, August 27th, 1845.

[1] "Vergetures, s. pl., f., *vibices;* taches rougeâtres, allongées, semblables à celles que produit la flagellation."—*Dictionnaire des Sciences Médicales*, tome lvii.

[2] In proof of the correctness of this assertion, I refer the reviewer to the articles, *cystéolithe*, *cysthépatolithiase*, and *cystirrhagie*, which all occur in one page of the Pentaglot Dictionary; and, also, *encephalotomie*. The edition of the *Kritisch-etymologisches medicinisches Lexikon*, which I have employed, is that of 1826, with the "Nachtrag," and "Fernere Nachträge," of succeeding years. The third, and recently published, edition of the *Lexikon*, I do not yet possess.

A TALE FOR THE TIMES.

FOR BEGINNERS IN MEDICAL POLITICS.

BY JUDY.

When Tommy Whackly first came to our school, he was a clever boy at his book; and might have got on very well, had he attended to his studies, as his friends wished him to do; but he would rather play tricks, make fun, and do all manner of mischief. He had not been long in the school before he tried to raise a mutiny, and set up an opposition college; though, as few of the boys would join him, he soon gave up that wicked prank, and nothing more was said about it. He was, on the whole, well received by his schoolfellows, and became very intimate with one Billy Laurence, a proud, greedy boy, who would never mind what his masters said to him, nor believe more than half that his teachers taught him; and would only learn what he liked,—which was very naughty of him. Being a bigger boy and more clever than Tommy Whackly, he helped him with his tasks, and wrote for him; which so pleased little Tommy, that he gave Billy a large share of his cakes and sweetmeats, and made his playmates do the same; invited him to play at medical reform and other pretty games, until one was tired; and wrote to his friends how very kind and clever Master Laurence was; by which he gained him many nice things, and a great deal of pocket-money.

When the masters found that Billy was so forward with his learning (particularly with his parts of speech), they removed him to a higher class; when he would no longer speak to Tommy, nor to any of his old playfellows, but treated them with contempt, and, joining with the captain of the school, a boy named Brodie, told such tales of them to the heads of the establishment, that he got them degraded to a lower form; when he laughed at them and called them dunces. This bad behaviour lost him all his former friends; and Tommy was heard to say, that had he sooner known what an ungrateful boy Billy would have proved, he would have ran after him and beaten him, instead of giving him cakes and fruit; and that though he could not beat him now, as he was an upper form boy, yet he knew another upper-form boy, called Guthrie, who was ready enough to do it for him. But Billy cared little about them, for he was as sly as he was clever, and kept such good friends with those above and about him, that he made them believe that Tommy was a very wicked boy—as indeed he was. After Tommy had quarrelled with Billy Laurence, he tried to make other friends in the school, but found none so good, nor so ready to like him as Billy had been; and those he got about him were mostly shabby boys, who talked loud, boasted a great deal, and were always ready to tell fibs and fight for him. Not but that Tommy was in favour with some of the better boys, for he was a bold little fellow, and would often take the part of those who were put upon; though he was so quick at quarrel, so abusive, and so disposed to

play with dirty boys, and get his clothes torn and his hands in a mess, that few of his friends would speak to him if they met him in the street. He was, moreover, very cruel, and would prick the upper-form boys with a lancet on the sly, and make them cry out, move on, or get off their seats, which made some laugh and others very sore. He was fond of other practical jokes, such as taking his companions a long way off to see a mare's nest, and when he had led them through miry lanes, swamps, and prickly hedges, telling them it was not to be found there, but that he would show it to them some other day. He brought, also, some new games into the school, such as playing member and coroner—first sitting in the house, and then on the body, which made him neglect his studies, and put higher notions into his head than were proper for a boy of his age, for which he was often corrected by his masters.

One summer a number of his more genteel schoolfellows agreed to play together at the game of committee, and Tommy, who had been much more generous than usual with his sweetmeats and pocket-money, wished to join in their play, but they made excuses, and would not let him, for they knew what a tyrannical troublesome boy he was, and that he would soon want to have all his own way; and if they did not let him, he would fight with them, take away their playthings, and break up the game. Their refusal threw Tommy into such a violent passion, that he fell sick with the spleen, from which he is not yet perfectly recovered, and the doctors say that he never will. For some weeks he raved about forcing the college doors, and called his comrades away from the game of incorporation to come and assist him, promising them a great many fine things if they would only do what he told them; but as he constantly blamed the conduct of others, and would not reasonably say what he meant to do himself, his friends began to suspect that he was not quite right; though, long before his delusion was found out, he contrived to get a schoolfellow, whom he had a spite against for doing a task better than himself, punished for taking away his character; while every one said that he ought to have thought it a happy release, and been thankful for the loss.

This naughty boy would not, however, be warned by his mischances; for while his steadier schoolfellows continued to play at committee, he would not let them alone; but stood at a little distance off, with some of his low companions, and threw dirt at them, and called them ugly names, and laughed at them; and when he found they took no notice of this, he wrote letters to their friends, pretending they came from other boys who thought worse of them than he did; and when his trick was found out, he said he was very sorry, and that it was not he who did it, but some of the boys who were with him; by which he escaped the sound whipping that he very richly deserved.

Now what is to become of Tommy Whackly when he grows to be a man, and what he will come to before he dies, nobody ventures to say; but his few remaining friends are anxious about him.

THE NEW REGISTRATION OF DEATHS.

To the Editor of the Medical Times.

Sir,—I am sorry to perceive that any legally qualified practitioners are finding fault with the plan adopted by the Registrar-General for securing a more correct registration for the causes of death, since, at this time more especially, there are *so many grounds* for desiring a perfect registration in every instance. I had hoped that the measure would have been hailed with universal satisfaction, and that every qualified practitioner would have done his utmost to assist in carrying out the good intention of the Registrar-General, important as it is in every point of view.

Can it be possible that the members of a *liberal* profession seek remuneration for such a TRIFLING *service?* Well may you ask, "what payment would meet such a service?"

The infringement on the practitioner's time, and the trifling inconvenience which it may sometimes occasion, must sink into utter insignificance when compared with the importance of the subject to the well-being of the community. To the medical profession it appears to me to be a matter of *unparalleled importance*, especially at the present time, when the suppression of quackery is *not the least important* of the benefits sought to be procured by medical reform.

It appears to me, Sir, that *this* system of registration, if properly carried out, would do more towards the suppression of quackery than any of the measures that have been hitherto advised—I say if properly carried out; this it is necessary I should explain: I would suggest that in future no corpse should be buried, either by the church of England or dissenting minister, without a certificate of the cause of death (given by a legally qualified practitioner) having first passed through the district registrar's hand, and that an order for burial *from him* should in every case be presented to the sexton or minister, either at the time or immediately before the funeral rites are performed; this should be enforced by a penalty being inflicted on the minister in every case of non-compliance. If an inquest had been held on the body, of course the coroner's warrant would hold good, instead of the medical certificate, for presentation to the district registrar.

But non-professional readers may ask, what need is there of this if the registrar is only to receive a certificate of the cause of death from a person possessing a legal diploma? My reason is simply this, that I believe many bodies are buried without the cause of death being registered at all (more especially in country parishes); and that, unless some such system as I have suggested is adopted, the registration *must* and *ever will be incomplete.*

Again, the system at present so constantly adopted at coroner's inquests, in refusing medical evidence, must operate greatly against a correct registration: I allude to cases of sudden deaths, and more especially to such as occur in early life. Cases recur to my memory, and doubtless will to other medical men, where children under one year, for instance, have *died suddenly*, as has been stated, *in a fit*, and the verdict of a jury returned accordingly without any medical evidence having been required as to the origin of the *fit;* and so, also, in the case of children found dead by the side of the mother on waking in the morning. These, I contend, are cases requiring as strict an investigation as those of persons dying with symptoms of poisoning, for in the former class of cases to which I have referred, it is *quite possible* (to say the least of it) that the *fit* might have arisen from a blow on the head, given in an angry moment, or from suffocation by some foreign body lodging in the gullet, or finding its way into the larynx; or, in the second class of cases, from the mother having lain on the child, or from its having fallen out of bed, or from a variety of other causes capable of arising with a careless and inattentive mother; but still in these cases my experience leads me to say, either that *no inquest is held*, or if held, medical evidence is seldom called for.

Until, therefore, coroners are more particular in *such cases*, and some such system as I have recommended be adopted, it appears to me that the registration of deaths will never be *perfect* or of *any value in a statistical point of view.*

In conclusion, let me earnestly entreat every legally qualified practitioner to waive the paltry consideration of remuneration, and rather volunteer, than seek to withold, his gratuitous services in carrying out to the utmost the system now sought to be adopted by the Registrar-General.

I trust you will excuse my troubling you at such length, but the importance of the subject must be my apology.

I remain, Sir,

Your obedient servant,

A General Practitioner.

September 17, 1845.

Hydrophobia.—Dr. Aikenhead narrates in the *Provincial Medical Journal*, the particulars of a case of hydrophobia, in which mesmerism was practised without advantage. The appearances on examination of the body after death are detailed, but they are principally negative.

FALLACY OF DR. BIRKBECK NEVIN'S TEST FOR ASCERTAINING THE PURITY OF DISULPHATE OF QUININE.

By G. M. MOWBRAY, Fellow of the Royal Medico-Botanical Society, Member of the Chemical Society, M. P. S. &c.

The following test has been suggested by Dr. Birkbeck Nevins, as appropriate for readily ascertaining the purity of disulphate of quinine. "To one or two grains of the suspected salt,[1] add three or four drops of sulphuric acid, in a white evaporating dish, and twice as many drops of water; if the salt contains either starch or fatty matters they will remain, whilst if they are absent, the whole will be dissolved. Let heat be next applied to the solution, and as it becomes concentrated the acid will char any sugar which may be present, which will be indicated by a black stain round the edge of the solution, and the whole will speedily assume the same colour."

Allow me to submit that this test is perfectly valueless, and for the following reasons:—Dr. Nevins appears to have overlooked a fact well known to chemists whose investigations have been directed to organic compounds, that salts may be readily recognised as belonging either to the organic or inorganic class, by heating on platina; if the compound under examination after heating, yields a carbonaceous residue, then it belongs to the former class; if a whitish ash be left after ignition, then an inorganic compound has been operated upon. Now, Dr. Nevins directs us to add sulphuric acid to the disulphate; the effect of this is to convert the salt into the soluble sulphate; and on the application of heat, this soluble sulphate in common with all organic salts is decomposed, yielding a carbonaceous residue. Could Dr. Nevins have shewn, what is opposed to all experimental results in the organic compounds, that in the presence of sulphuric acid quinine is not readily carbonised, and that the reverse of this is the fact, as may readily be ascertained by heating a crystal of the soluble sulphate by the side of a sample of quinine purposely adulterated with sugar or gum, his test might be so far admissible; but as Dr. Nevins has not shewn this, and it cannot be shewn withal, therefore his test is fallacious.

36, Paternoster Row.

[1] If the acid be added first, quinine will not be dissolved by the subsequent addition of water; the water should first be added, and then the acid, as many dispensing chemists have found to their cost.

THE EDINBURGH UNIVERSITY.

Sir,—Any notice by me of the article signed Philo-O. P. Q. (whose identity it is easy to discover), on the University of Edinburgh, contained in your publication of Saturday, may to many appear superfluous; nevertheless I deem it expedient to advert briefly to Philo-O. P. Q.'s communication, lest my silence should make him wise in his own conceit—a failing to which he is, I opine somewhat obnoxious. If O. P. Q. be really "satisfied with the result of his labours," he must be easily satisfied. I would remind him, that those engaged in controversy are but imperfect judges of the "result" of their "labours." Besides, the time has not yet arrived for judging of results, in reference to the battle now being fought for the fair fame of the venerable University of Edinburgh.

A bold heart, doubtless, has O. P. Q. The lion hearted ——— was he styled by the students of the ——— Anatomical School, some seventeen years ago, for the daring intrepidity of his deportment, on an occasion memorable in the history of the Edinburgh Extra-Anatomical Academical School. But if O. P. Q. in his present position requires such aid as a Philo affords, it would appear either that his valour is departing with his advancing years, or that he is availing himself of such assistance as is incompatible with the feeling of one who contends solely for the plain and simple truth.

"Dr. Lewins," says Philo-O. P. Q., "has falsified the opinion so current in his favour, by the equal courage and imprudence with which he has *rushed in* to the rescue of his Alma Mater." Any opinion

that may be current in my favour will, I feel assured, not be changed by the alacrity I have displayed in entering the lists to contend with one who has foully aspersed the reputation of my Alma Mater, and grossly insulted her honoured professors. If my humble efforts prove instrumental in accomplishing the object I contemplate, I shall, next to having been a successful physician, so far as I have been so, consider such a result the proudest achievement of my professional life. With the subtlety of a special pleader, not scrupulous as to the means he employs in carrying his point, O. P. Q., Philo, that is, deduces certain inferences, from admissions of mine, utterly unwarranted.

I leave it to you, Mr. Editor, and to such impartial judges as your sensible correspondent, A. W. C., of Grosvenor-street, Manchester, to say, whether or not, I acknowledged that the Edinburgh professor of anatomy is a *bad* professor of anatomy; that "Dr. Graham," now alas! in his grave, "would not have got his place without the political aid of the Duke of Montrose;" and that "in the appointment of other candidates, their success depended not on the merits of the individual, but on the amount of influence of his friends." Philo-O. P. Q. is most unfortunate in his allusion to the control of "*customers,*" over the votes of the Edinburgh town councillors, many of whom are honourably engaged in trade. It is consistent with my certain knowledge that men, whose "custom" was worth having (upon one not remote occasion, three Whig baronets, one of them the Lord Provost of the city, and a Tory ex-Lord Provost), on the eve of an election of a professor, canvassed the council urgently in behalf of a highly distinguished candidate for a medical chair, but in vain—the Edinburgh town councillors stood true to him whom, on public grounds, they were inclined to support, although his "*custom,*" I say it to his credit, was at the time referred to worth little more than that of a humble student! The occasion alluded to afforded a striking illustration of the integrity and independence and discrimination of the town council of Edinburgh as electors of professors.

It cannot be consistent with good taste or correct feeling in Philo-O. P. Q., whilst he admits that the "appoinments (to the chairs in the University) may be respectable;" that the professors would be "an ornament to private life," to reiterate the savage exclamation of O. P. Q., "Down with it." Such sentiments may suit the taste of revolutionary anarchists, but are quite incompatible with the ideas of rational reformers, who may see some imperfections in the mode of appointing professors, or any other error in the management of our universities—those institutions to which Scotland, undoubtedly, owes much of the high character she deservedly holds amongst the civilised nations of the earth.

Were Dr. Monro's book bad, as O. P. Q. represents it, which I do not allow, it would not "darken the whole University," which, as well as other seats of learning, far remote, are illuminated by the works of Christison, of Alison, of Ballingall, of Syme, of Simpson, of the Thomsons, and of Gregory, to say nothing of Goodsir's late valuable anatomical publication, one which it would puzzle O. P. Q. to excel.

Whatever may be the merits or demerits of Dr. Monro's work, with these the other professors have no direct concern; and it is monstrous to blame *them* for not withdrawing it from circulation, if it deserve such a fate. The manner in which Philo-O. P. Q. makes mention of the names of the Duke of Montrose, Professor Syme, and Dr. Cormack, the respectable editor of the *London and Edinburgh Journal of Medical Science*, makes it evident that he would do well to read your courteous correspondent's (A. W. C.) letter, page 399 of the last volume of the *Medical Times*, before he again ventures to address the public.

"The defence admits," says Philo-O. P. Q., "that he (Mr. Syme) got what he has by purchase; that he bought with the students, and their money, &c.; the defence admits not so much. It was not the students' money that paid the price of the clinical professorship; the transaction was, I conceive, a discreditable one to all concerned, and I said so before.

"Non ego mendosos ausim defendere mores."

But it was not so bad as Philo-O. P. Q. represents. He asks, "if Syme could buy, why could not others?" Others on the occasion might have done so, it is true, but only those who were really competent to fill the chair; in point of fact it was offered to Mr. Liston and Sir George Ballingall, or at least an attempt at negotiation was made with these master surgeons, who both, I believe, peremptorily declined the proposals made to them, the former in terms peculiarly emphatic, and strikingly characteristic of the disposition of the first of living surgeons. It is idle to insinuate that any one, talented or the reverse, could have bought the chair of clinical surgery, or any other regius chair in any British university, unless the talent of the intending purchaser had been specially adapted for the duty he had to perform. As to the "question of *fact*," concerning the appointments to chairs in the University of Edinburgh being "first-rate," in regard to which, according to Philo O. P. Q., I am at issue with myself, he there again shows how sophistical he is. What I meant to say, and I did so plainly enough, methinks, was this: that the judgment of the members of the town council of Edinburgh is not, any more than that of any other body, infallible; that they may not *always* have appointed the very best man, but that, in my opinion (and I conceive myself entitled to have a decided one on the subject), during the last thirty years that I have narrowly watched their proceedings, they have almost always done so, and always individuals fully competent to discharge the duties of the vacant offices. In conclusion, I would ask O. P. Q. if his mirror informs him that his own visage is so comely as to entitle Philo to speak so disparagingly of the "look" of one of the Edinburgh medical professors? ROBERT LEWINS.

Tiverton, Devonshire, Sept. 29, 1845.

LEICESTER INFIRMARY.

The annual meeting of the governors was held at the Leicester Infirmary, on Monday, September 8th, the Duke of Rutland in the chair, at which, after the usual routine business had been transacted, the chairman read the notice of motion given by Mr. Thomas Macaulay, at the quarterly meeting in June last, to the effect that, "at the annual meeting in September, it will be proposed to alter rule 8, with a view to increase the number of honorary medical officers of the charity."

Mr. Macaulay then, in a long and able speech, after disclaiming all personal feeling on the occasion, set forth the advantages to be derived from an extension of the infirmary privileges to more of the medical men in the neighbourhood, if not to all. He stated that, from returns he had obtained from twenty-five provincial hospitals, the average number of beds in charge of each medical officer amounted to eighteen, while in Leicester there was only one attendant to thirty-five beds. He said he represented the feelings and wishes of every member of the profession in the town, with the exception of those who were interested in upholding the present system. He did not complain of the medical officers, but that the governors had not been sufficiently liberal in their appointments. He denied the right of the governors to establish a medical monopoly; he denied the right of a few of his medical brethren, however respectable they might be, to shut the doors of a public institution against the large and younger portion of the profession, especially when that institution was supported by public subscription, and could not be carried on without medical assistance. He believed, also, that the opening of the doors of such an institution to the profession generally would have an important influence on the interests of medical science, that it would increase the usefulness of the charity in every way, and that it would bring about a better state of feeling among the profession generally. After some further remarks respecting the measure, Mr. Macaulay concluded an eloquent address by moving the following resolutions:—

"1. That it appears to this meeting, from the statements made to-day, and from the statistical returns of other provincial hospitals and infirmaries, that the number of honorary medical officers attached to the Leicester Infirmary is much below the average of institutions of a similar description.

"2. That, whilst this meeting gladly avails itself of the present opportunity to record the high sense the governors entertain of the valuable gratuitous services afforded to the Leicester Infirmary by the present honorary medical officers, it is incumbent upon them to inquire whether in the altered circumstances of the institution, and the increased number of patients, a corresponding increase in the medical staff may not be made with advantage to the objects of this charity, and at the same time present a more extended field for the advancement of medical and surgical science.

"3. That a select committee be appointed to consider the whole question of the medical and surgical arrangements of the Infirmary, and to report thereon—that this meeting, at its close, be adjourned to the day of , to receive their report, and that it be a special instruction to the committee to consider how any proposed alterations in the present system may be carried out in the most acceptable manner to the wishes of the honorary medical officers."

Dr. Noble said that, believing the resolutions to be fairly based on the notice of motion given by Mr. Macaulay, he would beg to second them.

Mr. W. Gardiner said he had been a subscriber to the institution for fifty years, and he was of opinion that to elect more officers would be to disturb the harmony of the whole.

Mr. Thomas Paget, one of the surgeons to the institution, thought there was not one point mooted by Mr. Macaulay which could not be satisfactorily answered. He presumed that from Mr. Macaulay having disclaimed any imputations on the medical officers, there could be no charge of neglect of their patients. With regard to the museum, he (Mr. Paget) would pledge his honour that it was proceeding as rapidly as possible. Mr. Macaulay had spoken of the appointments in other hospitals. Mr. Paget characterised that return as unfair, when considered as a return of the hospitals of the kingdom; but, even if there were a difference as to the number of officers, he would only say that the Leicester Infirmary stood forth in bold relief as to the system therein adopted. Mr. Paget made some remarks not very flattering to the profession generally, whom he described as a *genus irritabile;* he said that simplicity in medical arrangements contributes much to successful results in treatment. Mr. Paget then proceeded to comment at some length on the objects of the charity, which were to afford relief to the sick, and not to form the basis of a medical school, and concluded by stating his belief that the present medical officers felt themselves entirely competent to the discharge of their duties; and he hoped that their number would not be increased, knowing as he did so well the frailty of his profession. Dr. Noble, and several other speakers, made some remarks, and after a reply from Mr. Macaulay to Mr. Paget, the motion was put, about seven or eight hands were held up in its favour; about double that number—including all the medical officers—were held up *against;* and the motion was consequently negatived. The majority of the governors present, however, abstained from voting.

[This notice should have been inserted last week, but was omitted at the eleventh hour from want of space.—ED.]

MEDULLARY CARCINOMA OF THE LIVER.—At a meeting of the Reading Pathological Society, Dr. Cowan presented the section of a liver, taken from an unmarried female, aged 43, afflicted with medullary sarcoma of both mammæ. Six weeks before death he discovered a tumour of the liver, which daily increased in size; exceedingly rapid pulse; extreme debility; urgent dyspnœa on the slightest exertion; some little effusion into the abdominal cavity; no œdema; no want of bile; no alteration of urine. Examination after death discovered the liver to be double its natural size and weight, and converted throughout into medullary carcinoma.

PLACENTA PRÆVIA.—Mr. Parker has published, in the *Provincial Medical Journal*, the particulars of a case of placenta presentation, in which nature expelled the placenta before his arrival. The arm presented, version was effected, and the patient did well.

A SELECT PRACTICAL FORMULARY.

Translated from the French of M. Foy, Principal Pharmacien to the Hospital Saint Louis, at Paris.

Sub-Carbonate of Potash. } Powder, ten
Soda. — } grains in bolus

or pills, or, better still, in solution in a mucilaginous liquid. These two salts are employed in the same doses, and under the same circumstances; the sub-carbonate of soda is, however, preferred, as being less caustic.

In large doses, these medicines act as corrosive poisons; they irritate the mucous membrane of the intestines; nevertheless, they may be employed as purgatives. In small doses, and diluted with water, they exert a special influence on the urinary apparatus. They are suited for cases of passive dropsy, gout, engorgement of the viscera, scrofula, acidity of the stomach, and dyspepsia. In England, saline effervescing draughts are prepared with it, which are much used in certain cases of disorder in the digestive functions, in bilious fevers, spasmodic vomiting, &c. Finally, the carbonate of soda is successfully exhibited in cases of gravel and vesical calculus.

Combined with precipitated sulphur, in the dose of one drachm of the latter to four drachms of the salt of potash, and divided into sixteen packets, two of which are given daily, the sub-carbonate of potash has been employed at the Hospital St. Louis, and elsewhere, in the treatment of syphilides, complicated with cutaneous affections. *** The bi-carbonate of potash, which possesses the same properties as the preceding, which is less caustic, and which, consequently, ought to be preferred, is, nevertheless, generally very little employed.

Sub-Deuto-Sulphate of Mercury. — Externally, combined with a fatty body, in the treatment of indolent dartrous eruptions.

Sub-Nitrate of Bismuth.—The sub-nitrate of bismuth is sometimes employed as an anti-spasmodic in nervous affections of the stomach (gastralgia and others) and of the intestines, in the dose of from ten to twenty grains and more, suspended in an appropriate menstruum.

Sub-Phosphate of Soda.—In solution, one to two ounces in a quart of boiling water, or any other vehicle. *** A very gentle purgative, much employed on account of its slight savor.

Sparadrap, Agglutinative.—Equal parts of resin elemi and Venice turpentine, melted together, and three parts of white and yellow wax, and ten parts of simple plaster, melted in sixteen parts of this mixture.

Sparadrap of Cicuta and the Ioduret of Lead (Ricord).—Eight ounces of plaster of cicuta, one ounce of ioduret of lead, mixed together at a gentle heat, and spread on skin or linen; used in the treatment of buboes, and especially of chronic enlargement of the testicles.

Sparadrap of Vigo with Mercury.—A sparadrap, prepared with the plaster of Vigo with mercury. The plaster is composed of simple plaster, yellow wax, pitch resin, gum ammoniacum, bdellium, olibanum, mercury, turpentine, liquid storax, and volatile oil of lavender. *** Employed as a topical application to disperse indolent tumors, cicatrise syphilitic ulcers, &c.; and applied on the pustules of confluent or semi-confluent variola, as an abortive application. This plaster ought to be applied before suppuration, but not over the entire surface of the body; it prevents the opening of the cupula; suspends the formation of pus, diminishes the depth of the cicatrices, &c. Many practitioners prefer it to cauterisation with the nitrate of silver. It sometimes, however, causes diarrhœa and subcutaneous abscesses, which may be very easily cured.

Sparadrap of the Opiated Plaster of Vigo with Mercury (Ricord).—One pound of plaster of Vigo, four ounces of powdered crude opium, mixed together at a gentle heat, and spread upon calico. Used as the preceding.

Spigelia Anthelmintica (Noverre).—A syrup is prepared with the spigelia, which is given in inflammatory diseases and in dysentery, but principally as a vermifuge, in the dose of from a coffee-spoonful to three spoonsful, according to whether the patient is a child or an adult.

Squina.—A medicine of but little activity, on which no reliance can be placed; it is replaced by sarsaparilla.

Stannate of Gold.—A combination of gold and the oxide of tin, possessing the properties of the auriferous preparations. (See the latter.)

Staphisagria.—A substance employed externally against the itch and some other affections of the skin. Used in the form of a lotion, from four to eight drachms of powdered staphisagria in a quart of water.

Stæchas.—Half an ounce to an ounce of the syrup in an anti-spasmodic lotion. A general stimulant, rarely employed.

Stramonium.—See Datura Stramonium.

Strychnine. — The active principle of nux vomica, and, consequently, more energetic than the latter. Strychnine has been employed in epilepsy, chorea, dysentery, lead colic, and, especially, in certain forms of amaurosis. In the last-named cases it is applied on the denuded skin, combined with powdered nux vomica, in the following proportions: — One-fifth to three-fifths of a grain of strychnine to two or three grains of powdered nux vomica; or else it is used in frictions round the orbit, on the temples and forehead; or with the following mixture—two to four grains of strychnine, two ounces of alcohol, and one ounce of ether, or with the oil or pommade of strychnine (see those preparations); or else a few drops of the oil of strychnine are instilled between the free edges of the eyelids. Its use is abandoned, when pain, irritation, and photophobia supervene. The salts of strychnine have been tried in some cases of palsy, which were reported incurable. Mode of exhibition: one grain, combined with an inert powder, made into twelve pills, of which one, then two, three, four, &c. are to be given daily.

GOSSIP.

Apothecaries' Hall. — Gentlemen admitted Licentiates on the 25th of September, 1845:— Robert Davis Junior, John Moore, George Nathaniel Grane, Robert Synnot, David J. Williams.

Obituary.—On the 27th ult., in his 41st year, Edward B. L. Shaw, Esq., of St. Bartholomew's Hospital.—Lately Mr. John Machonchy and Mr. Charles Hartman, the surgeon and assistant surgeon on board the Eclair steam-sloop, now lying in quarantine at the Motherbank. It appears that a terrible distemper at present rages on board this vessel, to which sixty-five officers and men have already fallen victims. Medical aid has, however, been sent from Haslar Hospital, and fresh provisions have been supplied.

Diseased Potatoes.—The following remarks have appeared in the *Bristol Mercury*, from Mr. W. Herapath, the analytical chemist. "My attention has been given to the disease which has shewn itself so extensively amongst the growing potatoes. I find, in almost every instance that the epidermis of the stalk *below* the surface of the ground is more or less in a state of decay, often disintegrated, and completely rotten; the leaves and branches accord with the state of that part of the stalk below the ground. The tuber, beneath the outer skin, is first spotted brown (like a bruised apple): these spots extend and penetrate towards the centre, quite changing the nature of the potatoe. Those near the surface are most injured; in some cases the lowest on the root are not at all affected, while the upper ones are useless. I should therefore expect that the longer the crop remains in the land, the greater the injury will be. It seems, from the microscopic appearances that the starch escapes injury for a long time after the skin and cellular parts are gone; and as the whole of the nutritive powers of the potatoe reside in the starch, I should recommend that wherever the disease has shown itself to any extent, the crop should be dug, whether ripe or not, and the starch extracted by the following simple process:—After washing the roots, let them be rasped fine, and thrown into a large tub or other vessel; pour a considerable quantity of water, and well agitate and rub the pulp with the hands; all the starch or fecula will, from its great weight, fall to the bottom, while the skin and fibrous matter will be carried away by the water; wash the starch with one or two more waters, allowing it to fall after each washing; spread it upon cloths in a warm room to dry—in this way about twenty or twenty-one pounds will be obtained from every one hundred pounds of potatoes, and will contain as much nourishment as the original roots; it will keep any length of time, and may be used with flour to make bread, pies, puddings, &c., as well as farinaceous spoon-meat. This is much better than throwing away the diseased roots, and will furnish food for tens of thousands who might otherwise want it."

A Woman Roasted Alive.—The following horrible event is said to have occurred very recently in a parish of Hainault, Flanders:—A short time ago, a woman suffering from a rheumatic disorder, consulted an itinerant quack doctor, who found means to put an end to her sufferings with all the forms which the most atrocious barbarity could have imagined. The following is, we believe, an exact report of his verbal prescription:—"The part affected must be covered with a mixture compounded of brandy and gunpowder in a state of ignition; two persons must hold the woman till the perfect combustion and extinction of the mixture, and are to pay no attention to the cries uttered by her, for if a radical cure is to be effected, it is necessary that the action of the fire should take place on the whole surface in a state of disease. Fear nothing! All will go well! Adieu!" This ordonnance, made with that affectation of gesture and language familiar to this class of mountebanks, was executed to the letter, and even with a slight addition, for in order to compel their victim to be silent, the barbarous assistants brutally disfigured the face of the unhappy woman in different places during the execution of the prescription. After this operation, which *only* lasted one hour, there remained but an inanimate corpse. The skin of the thighs and abdomen was completely peeled off, and the flesh charred and blackened. The body was hastily buried, and endeavours made to stifle any report of this act of inhuman cruelty getting into circulation; but the Procureur du Roi having been informed of the affair, sent a surgeon, who, after the exhumation and inspection of the body, declared the woman had been roasted to death.—*Gaz. Medicale Belge.* [The above horrible instance of quackery and ignorance, although by no means of recent date, deserves to be recorded in our pages, for future reference. It proves continental countries not to be exempt from the charlatanism which, though less glaring, is so seriously injurious to Old England.]

MORTALITY TABLE,

For the week ending September 27, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	858	904	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	222	198	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	89	101	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	130	158	159
Diseases of the Lungs, and of the other Organs of Respiration	206	229	292
Diseases of the Heart and Blood-vessels . . .	34	21	24
Diseases of the Stomach, Liver, and other Organs of Digestion	79	88	71
Diseases of the Kidneys, &c.	5	6	6
Childbirth, Diseases of the Uterus, &c.	14	9	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	3	6	6
Diseases of the Skin, Cellular Tissues, &c.	2	1	1
Old Age	32	55	70
Violence, Privation, Cold, and Intemperance . .	37	25	26

No. 316. **SUMMARY.** Oct. 11

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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

A man, fifty years of age, had an orbital tumour of a cancerous appearance. The eyelids were considerably swollen, and pain was experienced in the orbital region even to its basis. This last circumstance made me fearful lest the disorganisation extended to the interior of the cranium, as I had witnessed in an analogous case some short time previously, that had been operated on by M. Delpech. Antiphlogistics, opiates, narcotics of every description, were of no avail in so formidable a case, and, as a last resource, I prescribed antivenereals. In other respects the history warranted this mode of treatment. Having undergone two months' treatment, the eye re-entered the orbital cavity, from whence it had completely projected, and in a short time the tumour disappeared entirely, but the globe of the eye had been too seriously injured for vision to be restored.

CASE.—*Orbital Tumour of a Cancerous Appearance; Antivenereals; Cure.*

In the year 1840, a woman, of about forty years of age, came to the hospital presenting the following symptoms:—Violent cephalalgia, considerable exophthalmia, which was caused by an immense tumour in the orbit; the integuments were indurated, of a vinous colour, and scirrhous appearance. I proposed the extirpation of the eye, until I perceived that the disease had extended to the cranium, as in the preceding case. It was now necessary to decide whether the disease was of a syphilitic or cancerous nature. The pain was increased at night, and this induced the belief that the affection was venereal, although this woman would not allow that she had ever been diseased. However, as an antivenereal treatment could not aggravate this disorder, but, on the contrary, it might clear up the difficulty in diagnosis, and effect a recovery, I had recourse to it. In a short time the cephalalgia gradually diminished, the patient slept without the use of narcotics, and her countenance changed its painful expression; the eye insensibly re-entered the orbital cavity, and the tumour completely disappeared, without leaving the slightest trace of its existence.

CASE.—*Syphilitic Amaurosis; Cure.*

In the year 1832 a Spanish colonel came to Montpellier to undergo treatment for an amaurotic affection, which he had been labouring under for more than a year. His vision had become gradually weaker and less distinct, and during the last month it had completely ceased. The expression of the eye was natural, and did not offer any appearance of organic alteration in the humours; the pupil was very much dilated. During conversation the patient told me of a tumour he had on the right forearm, which he considered to be of an adipose nature. Similar tumours existed elsewhere, particularly on the legs, thighs, and on the chest. The appearance of these tumours was unequal, lobulated, and soft; they were of an indolent nature, and the skin retained its natural colour; they had all the characters of the gummy syphilitic tumours. The patient has contracted syphilis on several occasions, for which he had been treated during his military campaign. These tumours appeared about two years before the affection of the eye. I recognised a syphilitic affection, and prescribed the pills of Sedillot and sudorifics. At the end of fifteen days, the patient, who could not walk by himself on his coming to consult me, could perceive the motions of the telegraph, which was opposite his house. After three months' treatment vision was restored, and the tumours were much diminished in size, and were in a great measure re-absorbed. The loss of vision can only be accounted for, in this case, by the swelling of the periosteum which lines the optic foramen, from which probably resulted a certain degree of compression in the optic nerve; otherwise it would be difficult to account for the loss of vision for a certain time, and its complete re-establishment by an antivenereal treatment. We know how frequently constitutional syphilis extends its ravages to the periosteum. I have seen two other cases of syphilitic amaurosis, which were as promptly cured by the specifics for syphilis.

CASE.—*Syphilitic Cataract.*

A captain of a ship came, in 1842, to Dr. Kijewski, of Cette, to be operated on for cataract, which had completely destroyed vision. The patient presented several constitutional symptoms, which it was impossible to mistake, and it was necessary to remove these before he could undergo any operation, for fear of interfering with its success. A common antivenereal treatment was administered, and gradually as the syphilitic symptoms disappeared the opacity of the lens also diminished, and in less than three months its character had completely disappeared.

CASE.—*Syphilis not discovered during Eight Years; Three different Attacks of Hemiplegia of the Right Side; Numbness; Constant Pricking on the same Side; Antivenereal Treatment; Disappearance of the Symptoms.*

Marguerite P., born in the Pyrenees, of healthy parents, of short stature, but well proportioned, enjoyed good health until she attained her twenty-fourth year; she then married a soldier, and in three months suffered from uterine hemorrhage, which continued for a month; inflammation came on afterwards in the right inguinal region, but it disappeared without treatment. Two months afterwards she complained of frontal headache, which was more severe on the left side than on the right, and several small tumours appeared on the left side of the forehead, accompanied with inflammation of the skin, which ulcerated; there was also ulceration of the throat, and an alteration in the tone of the voice. (A blister to the nucha, to be dressed with mercurial ointment; no general treatment.) In two months there was an apparent recovery, but the cicatrices on the forehead were irregular and depressed. Twenty days afterwards violent headache came on, with a feeling of numbness and formication, which extended to the toes of the right foot; this was followed by complete loss of sensation and motion for about an hour in the whole of the right side of the body. From the time that this momentary hemiplegia came on there existed formication and numbness in the whole of the right side of the face, as if a spider's web was spread on the skin; she had a similar sensation in the right half of the tongue, and in the wrist of the same side. (Blister to the nucha.) No improvement.

Shortly afterwards a tumour appeared in the left side of the neck, which slowly increased, suppurated, and at the end of the third month left an irregular cicatrix of a red copperish colour, with a fringed edge covered with a thin eschar; soon after a similar tumour appeared above the sternum, which followed the same course, and left the same marks; six months afterwards a third tumour came on the right side of the neck, in every respect like the two former ones; another appeared on the right shoulder. During all this time the numbness and formication continued in the right side of the face, and in the tongue, also in the right wrist. Suddenly, an increase of the cerebral symptoms set in; there was complete abolition of sensation and motion for about an hour in all the right side of the body, and gradually she returned to the same state as before this sudden and momentary relapse of encephalitis. Shortly after this second attack, the patient being now twenty-seven years of age, she came to the hospital on the 16th of May, 1833, in the following state:—Cephalalgia; the left side of the forehead was more projecting than the right at the cicatrised part; lichenoid crusts, of a greenish yellow colour, which were adherent to the cicatrices in the neck and the shoulder; about the middle of the right sterno-cleido-mastoid muscle there was a tumour the size of a small nut, which was hard, movcable, and subcutaneous; on the left olecranon there was an exostosis, which was more painful at night than in the day-time; the numbness of the cheek, tongue, and wrist, on the right side still remained.

17.—During the night a similar attack of hemiplegia to the two former occurred, and lasted half an hour; in the morning there was numbness in all the right side.

18.—Same state. (A bath; four pills of Sedillot; decoction of sarsaparilla.)

20.—Felt cold on leaving the bath; weakness of the extremities; sensation of cold on the right side. (Same treatment.)

The following days lancinating pains in the tumour of the neck, diminution of pain in that over the olecranon.

21.—Slight swelling of the palatine arch; tenderness of the gums; slight salivation; diminution in the tumour of the neck. (Same treatment.)

June 6.—Some spots of psoriasis came on the pubes, which caused much uneasiness; diminution of the tumour in the neck, as well as of the numbness and formication of the right side.

13.—Fresh attack of cold; cephalalgia; fever; general irritability. (Venesection; treatment to be continued.)

The following days diminution of pain and of the swelling of the left olecranon, as well as of the tumour in the neck and the palatine arch; complete

cessation of the formication and numbness in the right side of the body.

20.—The pills of Sedillot to be discontinued; three milligrammes of the hydrochlorate of gold and soda; sarsaparilla continued.

About the end of the month the patient, no longer feeling any pathological phenomenon, considered herself to be perfectly cured, and refused to persevere in the treatment, notwithstanding my entreaties on that point, but insisted on leaving the hospital. The previous history of this patient, the symptoms which she presented on her entry to the hospital, and the effects of the antivenereal treatment, evidently show that the cerebral affection should be traced to a venereal cause. This woman experienced at three different periods undoubted attacks of acute encephalitis, which were followed by a train of symptoms similar to the first attack, but of less intensity; but they still announced the continuance of an habitual action in the part of the brain, which was the seat of momentary exacerbations.

The venereal virus may exercise its action on the brain, either *indirectly* or *directly*. The first case is the most common; then the disorganisation, having commenced by the bones of the cranium, is consecutively extended to the dura-mater, to the arachnoid, and then to the cerebrum itself. When the cerebral affection is direct, the venereal virus immediately concentrates its action on the brain, as in the last case I reported; this form is very uncommon. The course of these affections is generally slow. When the disease begins by the bones of the cranium, or by its periosteum, the affection of the brain is preceded by meningitis. By examining facts of this kind carefully, it is easy to observe that the remissions coincided with the employment of the antivenereals which were administered for the external symptoms; but the treatment she underwent (always incomplete) was resumed at different periods, when the external symptoms reappeared at the same time as the cerebral phenomena, and they effected each time a remarkable improvement. It is probable that if it was exactly known that the venereal virus exerted its influence on the cerebro-spinal system, we could, from the commencement, give a surer diagnosis, and follow up the specific treatment with more confidence, and obtain recoveries which would not be subject to relapse. The lesions that are observed on post-mortem examinations in cases of this kind do not furnish any means of distinguishing them from cases of softening, of suppuration, and ordinary induration. Consequently, the cerebral affections which are produced by the venereal virus have no determining character; this is owing, no doubt, to the external symptoms being accessible to the senses, whilst the cerebral affections can only show themselves externally by spasmodic or paralytic phenomena, whatever may have been the primary cause of the disorganisation of the brain. However, I have seen, with my friend, Professor Duval, two fungoid growths which were similar to the venereal cauliflower excrescences, on the medulla oblongata of a subject whose history induced us to suspect the existence of a venereal virus. These vegetations so much resembled those that are observed on the genital organs and at the anus in cases of constitutional syphilis, that all who were present at the post-mortem examination agreed as to their similarity. However, the venereal virus may carry its action to the brain, and the influence of antivenereals is not less powerful over these cerebral affections than when it has attacked other organs from the same cause. We may administer them with the hope of success, when we suspect that a venereal virus exists, and when the cerebral symptoms have resisted the remedies usually prescribed to combat them.

Resumé.—From a revision of these facts, and many others which come before our daily notice, we have come to the conclusion that invcterate syphilitic affections may disorganise all the tissues of the body, and assume different forms of disease. Each time we have reason to suspect that an old and obstinate affection is kept up by a venereal cause, we should immediately have recourse to a specific treatment, whatever may be in other respects the aspect of the symptoms, and the period of time that has passed since the infection, particularly when every other method has been tried without benefit. We sometimes see profound alterations, the cause of which may date back as far as twenty years, and the morbid symptoms disappear by the use of antivenereals suitably administered. The generality of patients among whom we meet these affections (no matter what type they may assume), have had at some period, more or less remote, chancres, buboes, pustules, or other symptoms no less characteristic. These patients have not undergone any treatment, or it has been very irregular, or interrupted, or been followed up under disadvantageous circumstances. In certain cases of mild and superficial chancre, cleanliness may only be required, together with a mild regimen and antiphlogistics, to produce a recovery; on other occasions, patients become infected without being aware of it, or the symptoms have yielded so quickly that they have passed by without being perceived; finally, the infection may be congenital. After a lapse of years consecutive symptoms may appear, and the patient does not know to what cause to attribute them; they then appear under extraordinary and most unusual forms. The virus has at first acted locally, with a variable degree of intensity; it was supposed to be destroyed, because the external phenomena had disappeared; but the system has not been completely freed from the morbific principle; it remains there for many years in a latent state, and at some remote period shows itself by its protean ravages. The obstinacy of the disorder, its *bizarre* course, its continuance, its increase—notwithstanding the most diversified modes of treatment—the appearance of the concomitant alterations, &c., ought to arouse the attention of the physician; he ought to bear in mind how prone all patients are to give over all idea of medication as soon as the external symptoms have disappeared; how great the repugnance that exists among women to make such confessions; and he should not lose sight of the possibility of certain cases of infection without any appreciable phenomena, in a manner altogether unperceived; in a word, he should be regulated more by the character of the symptoms than by the recital of the patient, even when he does not doubt his veracity. Up to this period I have only spoken of cases, where the treatment has been irregular, incomplete, and arrested as soon as the external symptoms have disappeared. I have shewn that the frequency of relapse is owing to these incomplete modes of treatment, and to its being given under unfavourable circumstances, such as the exposure of cold, to prolonged exercise, irregularity in diet, &c. When the first treatment has failed we should recommence it, and then we generally employ the same measures at different times; the economy becomes accustomed to their action, hence they produce no result, and if they do not induce serious accidents, they remain more or less powerless. It appears that it is not only the constitution of patients which becomes habituated to the action of the same medicament, but even the virus, as I have reported in case 14, where the affection had been at several periods treated in the parents and in the child, by repeated mercurial courses, and the affection when transmitted to the nurses could not be removed by the same treatment, although it had been pushed to extremity, but it quickly and completely disappeared by the use of the hydrochlorate of gold. It is not to mercurial preparations that we should attribute the eulogiums which have been given to them, but to the manner in which they have been prescribed. One method of treatment, although prolonged, cannot be attended with serious consequences, particularly if it destroys the venereal virus; whilst incomplete and often repeated modes of treatment can no longer act on the morbid principle, and are followed by more or less serious relapses, because the disease is more difficult to treat; and the constitution becomes more disordered by the remedies prescribed: *this would not happen if the first treatment had been sufficient.*

There is, however, another rock which we must avoid. I wish to speak about the inopportune or exaggerated use of the most efficacious means of obtaining a cure; for instance, if an antivenereal treatment (no matter of what it may consist) be commenced too precipitately, and without the necessary precautions, when the symptoms are still in their period of severity, it may occasion formidable accidents. If, in the commencement, too powerful doses are administered, whatever may be the specific employed, a momentary exasperation of the symptoms may result, or a series of phenomena which do not belong to the complaint may be induced, such as fever, or gastro-intestinal complication, &c.

If different modes of treatment are prescribed one after the other, without allowing some degree of rest to the patient, the constitution becomes irritated, and is more exposed to the baneful influences of the disorder. In all these cases, rest, antiphlogistics, mild diet, and baths frequently repeated, are necessary to allay the irritation; for it is solely occasioned by the remedies which were employed, or rather by their ill-directed administration. It sometimes also happens, that when the antivenereals have been pushed too far, in the hope of effecting a cure by their *specific* properties, that they may produce, towards the termination of the treatment, some one of the symptoms which they had at first cured: it is for this reason that mercurials, the preparations of gold, the compound iodurets, and even sudorifics, when too long continued, or when given in too large doses, have sometimes produced pustules, ulcerations in the back of the throat, ophthalmia, exostoses, &c.—in a word, "*all the symptoms of syphilis*"—and these may not only increase in intensity, but even undergo a marked change in their appearance by the exaggeration of those therapeutic measures. I offer a few instances of this description.

CASE.—*Constitutional Syphilis; Treatment carried too far; Antiphlogistics; Cure.*

A patient came, in the month of June, 1843, to the hospital of Saint Eloi, to undergo treatment for an inveterate constitutional syphilis. For two years he had been submitted, without interruption, to all the known antivenereal remedies. On coming to the hospital, this patient presented a cutaneous eruption over all his body; the penis was perforated in two places, and two tuberculoid tumours were on the point of opening in the neck; he was exceedingly emaciated and weak. The appearance of these ulcers, the acute pain they occasioned, the intense fever which consumed the patient, the passage of the urine through the urethral fistulæ—all these might warrant the adoption of a fatal prognosis when added to the profound state of dejection in which the patient was plunged, and to which he was consigned by other medical men. At first I took into consideration the quantity of remedies that had been administered, and the disturbance and great excitement they had produced on the economy, and considered absolute repose to be most essential. I prescribed an antiphlogistic treatment (venesection, leeches, baths, poultices, emollient poultices, diluent drinks, mild diet). Under these measures the patient rapidly improved. In the space of ten days the fungous and ill-looking ulcers became red, the tumours in the neck diminished, the skin, instead of being of a yellow and sallow colour, had acquired its normal appearance all over the body. At the expiration of three weeks, the treatment being still continued, the fistulous openings assumed quite a different appearance; bright red granulations shot up, and secreted a healthy pus. When he had been in the hospital about two months, the urinary fistulæ became cicatrised of their own accord, all his disorders disappeared, and the patient regained his health, which he thought he had lost for ever.

Treatment.—The nature of the affection being once known, it only remains to select the most suitable antivenereal treatment for the particular case. I am in the habit generally of beginning with mercurial preparations, and afterwards prescribe the salts of gold, or the compound iodurets, so as to impart to the system the degree of strength it had lost by the influence of the mercurial treatment. Mercurials have a relaxing action on all the tissues, and, finally, a state is induced which has a great analogy with the commencement of scurvy, we can form some idea of it from the relaxed appearance—the fungus and bleeding of the penis. Lately mercurials have been too much rejected; the evils that are ascribed to their use may be equally bestowed on other specifics and sudorifics, as I have already shown. When prudently administered,

mercury does not produce more inconvenience than most other medicaments which have been vaunted as specifics for syphilis; the general cause of alarm is owing to the salivation which follows its use, but as this state is not necessary to effect a cure, we endeavour to avoid it as much now as it was deemed necessary to produce it formerly. We should always bear in mind the idiosyncrasy of patients, and their antipathy to mercury; and as we cannot always discover these peculiarities at first, we should begin by giving small doses and gradually increase them. The pills of Plenck are very mild; the pills of Sedillot are particularly recommended, as they contain ingredients which have a derivative action on the intestinal canal, and thus tend to diminish salivation. The remedy should be discontinued when the mouth becomes uncomfortable, and a metallic taste is perceived—the precursory symptom of salivation. When dryness of the skin and heat come on, baths are useful; the state and frequency of the pulse and gastro-intestinal symptoms should be attended to. Bichloride of mercury is generally very irritating, but sometimes it proves most efficacious. With some patients who are indifferent, and are anxious of leaving off all treatment as soon as the slightest external improvement takes place, this preparation is the most suitable. Sometimes it produces nausea, colic, cough, aphthæ, salivation, &c., according to peculiarities of constitution. Baths, consisting of bichloride of mercury, are peculiarly useful when the stomach will not bear its internal administration, and the symptoms are external. When the number of ulcers is considerable, we should be careful in prescribing mercurial baths, and their use should be alternated with baths of bran or of albumen. Injections of bichloride of mercury often assist the diagnosis of some cases which have resisted the remedies usually brought in array against blenorrhagia. I generally make use of these injections in doubtful cases of ophthalmia, fistula, and for all kinds of ulceration of a doubtful origin; for if the presumed venereal cause exists, we gradually see a marked improvement. Mercurial frictions have their inconveniences, and little confidence ought to be given to them. The preparations of gold, besides their specific action, have also a tonic influence, and appear to decompose the effects of the mercurial treatment. I generally use them after having given the latter remedy, particularly if the mercury has not entirely destroyed the venereal virus. When given to patients of an irritable temperament, it often produces great excitement; but this is not the case when it succeeds the debilitating and protracted use of mercury. The oxide is milder than the hydrochlorate; the former is only used in frictions on the tongue in appropriate doses night and morning; its action is slow, but sure, and generally produces copious diaphoresis and discharge of urine, with an improvement in the syphilitic symptoms. It has the advantage of not deranging the functions of the alimentary canal or of the nervous system. The hydrochlorate of gold and soda is much more energetic, and less suitable for irritable constitutions. It is very soluble, and may be given in distilled water in the same doses as the oxide when used for frictions on the tongue (one-fifteenth of a grain). It is peculiarly suited for relaxed and delicate patients of a lymphatic temperament, bordering on the scrofulous, which always tends to keep up the action of the venereal virus. When mercury cannot be given from peculiarity of constitution, or other reasons, the preparations of gold are then indicated; and its action may be assisted by the iodide of potassium. Whatever mode of treatment we follow, it should be seconded by the use of sudorifics, particularly of sarsaparilla. We should always bear in mind, in treating a venereal affection, that there are two orders of phenomena to be considered in reviewing the symptoms; on one side *inflammation*, on the other the *special cause* which keeps up the disease; appropriate remedies must be brought in array to combat either state. Persons of a sanguineous plethoric habit should not be put under the influence of antivenereals without some degree of preparation by the use of antiphlogistic remedies; and again, those of a lymphatic temperament ought not to be further debilitated, as the preparations of gold will be found more suitable; the pills of Sedillot on those of Plenck will agree better with patients of a nervous constitution. Bichloride of mercury is inadmissible where a natural delicacy of the chest exists. Dietetic means should not be overlooked. I find that attention to diet mainly contributes to recovery, and considerably expedites it. Climate exerts its influence on this affection; for it is much more severe in winter than in summer, one great and essential condition being more or less arrested during the winter, "*the facility of transpiration*," which is an important feature in the cure of these diseases.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.
Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 30.)

Gelatinous Sputum.—This is a rare variety of expectoration. I have met with only one example of it, though it would appear to have been more familiar to other authors.[1] I may observe, however, that they have rather *spoken of*, than *proved*, the existence of gelatine in sputum. The external aspect, and indeed some of the commoner properties, of the morbid mucus discharged in various cachectic states of the system, have a seeming analogy to those of gelatinous sputum, and on a superficial examination they may easily be confounded. The only safe test of distinction is that which is founded upon chemical analysis. The best way of making this, as far as I know, is as follows: Dilute the sputum with four or five times its volume of distilled water, agitate the mixture, and then boil it for a minute. Filter the solution to separate the albumen, should any be present, and evaporate, carefully, the filtered liquid to perfect dryness. If the residue be treated with boiling water, the gelatine and soluble salts will be removed, and the mucus left. Gelatine is best recognised by its hot solution becoming more or less solid as it cools.

Appearance and Qualities.—As I am describing a sputum of which I have met with only one example, I cannot be responsible for the general accuracy of my statements concerning it. It was discharged in some abundance, being nearly half a pint in twenty-four hours. It was thick, but not viscid, being easily poured from one vessel to another. It coagulated, or rather jellied, when exposed to a temperature of 32°, and was most liquid at a temperature of 160°. It was of a dingy hue, something like a solution of impure gum; its odour was sickly; its reaction neutral; and it easily decomposed, turning mouldy and sour. The per-centage of water was 840·4, and the ratio of the solid constituents, each to other, was, in 100 parts—

Mucus	61·3
Gelatine	18·5
Albumen	11·2
Fatty matter	3·2
Salts	5·1

Pathognomonic relations.—Andral has met with this sputum in people afflicted with scurvy, and with other diseases indicating a corrupt state of the circulating fluid. It has also been observed in extreme phthisis, when the system seemed to be more than commonly depraved. In the case I have alluded to the man had previously suffered from an attack of syphilis, and, being of a scrofulous habit, he was most piteously emaciated and disordered by wanton and protracted mercurialisation. Upon this state of cachexy a bronchitic affection supervened, and it was during this cough that the gelatinous sputum was discharged. Under treatment he lost his cough, and his expectoration gradually became "muco-albuminous," and finally ceased.

Local Symptoms and Physical Signs.—In the case which occurred to my own observation there were no direct indications of pulmonary disorder beyond a sonorous and mucous râle in the larger bronchi, and a little crackling ronchus in their smaller ramifications. The cough was continual, and slightly hoarse: the patient complained of a sore throat, and an occasional pain and weight in the superior part of his chest, but neither in its upper nor its under region did percussion elicit any abnormal sounds. In this case, also, as in every other of which I have read, the digestive, assimilative, and nutritive functions were evidently in great disorder.

Pathology.—The expectoration of gelatinous sputum is an evident indication (in the majority of cases) of an error of secretion on the part of the mucous membrane of the air passages. Whether the morbid function be limited to any portion of the membrane, or characterise its whole extent, we have no means of knowing, neither are we aware of the peculiar local condition of the organ which gives rise to such peculiarity of action; but as we see these morbid phenomena invariably connected with a depraved state of the system, we must conclude that they are in some degree, and perhaps considerably, dependent upon general causes. But it may happen in some extreme cases of phthisis that gelatinous matter may mingle with the common sputa, independently of any modification of secernent function, at least as far as we can judge. In such cases the gelatine is probably derived from the softened tubercles.

Treatment.—This should be both general and local. The former should comprise a tonic plan, adapted to the constitution of the patient, and to any particular circumstances which his ailment may indicate. It may be requisite to exhibit the vegetable tonics with alkalies and iodine, but whenever a patient's stomach would bear a different course, I should prefer quinine and tincture of bark with one of the mineral acids, or the muriate, citrate, or other light preparation of iron. The bowels should be gently urged by warm aperients, and every attention paid to diet, and exercise in fresh air. The local treatment consists of counter-irritation along the trachea and over the superior part of the chest, together with the inhalation of the vapour of iodine or chlorine, either dry, or diluted with watery vapour.

Serous Sputum.—Under this head it is intended to treat of the expectoration of serous fluid; not the thin watery matter of bronchorrhœa, but genuine serum. This explanation is deemed the more necessary, because it is the habit with many writers on physic to talk freely of serous fluids, as they do of albuminous and purulent fluids, without knowing or caring whether these consist of, or contain, serum, albumen, or pus. Terms which are strictly chemical should only be used with the sanction of accurate analysis; and it is to be hoped that the present and the prospective influence of organic

[1] A curious case is quoted by Morgagni, in which it would appear, from his statement, that gelatinous sputum was discharged. The pathology throughout is so much in favour of this supposition that I shall quote the case completely, though I do not feel that I can make any comments upon it:—"Pauper annum agens sexagesimum quintum, cum sanguineo esset temperamento, et corporis satis bona constitutione, ante aliquot annos tentari per intervalla cœperet oppressione quadam pectoris cum pulsu raro, tenso, ac vibrato, consequente animi viriumque defectu. Mense autem Decembri A. 1687, eum Tert. febris causa in idem Nosocomium receptus esset, cumque jam febris, remediorum, ope remittere videretur; pectoris angustiæ cum palpitatione cordis adeo invaluere, ut circa undecimum febris diem et sibi, et cœteris morti jam proximus videretur. Eadem tamen usque ad vigesimum tanta vehementia perstiterunt, ut aphonum, et pene desperatum relinquerent. At circa vigesimum septimum de gravi pectoris repletione quo poterat modo conquerebatur: circa trigesimum autem remittentibus his paroxysmis, pulsuque jam ad naturalem accedente, magnam eujusdam quasi *gelatinæ* copiam exscreabat, cui multa erat subrubra pallida substantia admista. Aeger interea eum ederet nihil vinum, clam omnes allatum, large ingurgitabat; unde oculi primum dexteri, mox et sinistri, nata est inflammatio, ex hac autem cœcitas. Tandem ab assiduo decubitu et excrementorum injuria, gangrena ad os sacrum correptus, circa diem quadragesimum obiit. Thorax, adjuvante Hippolyto Francisco Albertino, qui in eo Nosocomio tunc medici assistentis munere diligentissime fungebatur, dissectus est. Pulmones pleuræ arcte adhærebant: quæ tamen res in multis cadaveribus solit occurrere. Incisi materiam ejus quæ excreabatur, simillimam ostenderunt, nisi quod erat tenuior: pulmonum autem ipsorum substantia atro erat colore infecta, &c." (De Sed. et Caus. Morborum, Ep. xvii., Art. 21, Lib. 2.)

chemistry will limit its technicals, as they apply to pathology, to their individual and exclusive meanings.

Appearance and Qualities.—It is somtimes met with, differing in no appreciable particular from the common serum of the blood; having its yellowish, or greenish yellow colour, unctuosity to the touch, its alkaline reaction, its saline taste, and its ready coagulability by heat, acids, and alcohol. In other cases the watery matter will so exceed in quantity the saline animal matter, that the distinctive tests of serum apply with some obscurity; but the degree of dilution is never such as to render it likely that any one skilled in the application of reagents could mistake the sputum by confounding it with the "thin mucous" variety. Serous sputum occasionally contains pus; it is then, when first ejected, turbid, and of a deeper yellow than usual; after a few hours' rest it separates into two portions, an upper which is semi-transparent and serous-looking, and a lower which is opaque and of a drab or fawn colour. In this latter, globules of pus, mingled with mucus and albuminous flocculi, are discoverable by the microscope. It sometimes contains bile, and a greater or less proportion of soda, or saline constituents, than usual. I am not aware of any exception to the fact, that, it is expectorated abundantly, and is to some extent critical.

Pathognomonic Relations.—In hydrothorax this variety of sputum is occasionally met with. Morgagni relates two interesting cases.

"Senex annorum circiter quinquaginta quinque, corpore athletico, colore subpallido, queri cœpit de dolore, thoracem gravante, in sinistra præsertim parte, in quam cubare non poterat. Crebro, sed non vehementer, tussiebat, et serosa exspuebat. Identidem pectoris oppressionibus vexabatur cum difficultate spirandi, et anxietatibus cordis. Pulsus primum quidem rarus durus, vehemens, vibratus, factus est postea, perstante duritie, celerior, et inequalis. Abdomen non tumidum, sed tamen tensum. Mortuus est. Venter aguam habuit. In thorace serosus humor, in sinistro præsertim cavo, quod totum implebat."[2]

"Vir triginta circiter annorum, palustrium locorum incola, ex venerea lue thoracis affectibus obnoxius factus, diu in Ferrariensi cubuerat Nosocomio, in quo ab ardenti quidem febre, sed non a pectoris angustia omnino liber evaserat. Hæc sensim molestior facta est. Quin etiam crura, venter ac ipsum denique caput tumere cœperant, cum levi febre, siti, majori spirandi difficultate, lateris sinistri, in quod libentius jacebat, dolore, crebra tussi, assiduaque serosæ materiæ exspuitione. Interea a decubitu adeo increverat capitis œdema, ut non paucus ichor sinistra ex aure effluueret: donee languescente tandem pulsu sic ut extremo biduo percipi vix posset, mors accessit. Ex cadaveris integumentis, et carnibus dum scalpello via fieret ad interiora, serum destillabat, &c."[3]

Andral has recorded a very remarkable case of serous expectoration, which was critical and curative of hydrothorax: "A turner, thirty-six years of age, was admitted into La Charité in the winter of 1820. He had an aneurism of the heart. His limbs were œdematous; and, besides, the sound was dull on the right side of the chest. (The method of auscultation was not then familiar to us.) There was no sign of pneumonia. This person was considered as labouring under symptomatic hydrothorax. For several days nothing new presented itself in this patient; he coughed as most aneurismatic patients do, and expectorated some mucous sputa. All at once he was seized with extreme anxiety; the breathing became momentarily very much embarrassed, and he threw up an enormous quantity of serous limpid sputa, like the white of an egg not boiled. These sputa came up so copiously that the patient seemed to vomit. This extraordinary flux continued for some hours. The following morning the breathing was easy; the patient felt quite happy at his own state, saying that he was freed from an enormous weight which pressed on his chest. But what was our astonishment when, on percussing the chest, we found the dulness of sound on the right side entirely gone."[4]

I have never met with a case of serous expectoration occurring in hydrothorax, but I have several times seen it in œdema of the lungs, upon which disease I believe it to be not an unfrequent attendant.[5] It sometimes occurs profusely and proves curative; at other times it is merely a symptom of the internal ailment, and contributes nothing to its alleviation. I have observed a serous expectoration in anasarca, when the lungs were crepitant throughout, and furnished no evidence of serous infiltration into their cells; and I have also met with it in certain anæmic states not complicated with general or local dropsy. Occasionally it is an idiopathic affection, not appearing to relate to any actual morbid condition of the respiratory or other organs; and, again, it is found to be symptomatic of tuberculisation of the lungs, even the miliary, as observed by Bayle and Laennec. It has been met with vicarious of suppressed perspiration, and M. Alibert tells us that, in certain skin diseases, additionally to the expectoration of serum, the pulmonary vapour has been seen issuing like steam from the chest, and descending again like an abundant dew. I have lately had a dispensary patient under my care, who, for some few months back, was foolishly advised to immerse his feet in ice-cold water to cure them of a profuse and offensive perspiration to which they were subject. The complaint was certainly cured, but at the expense of his health, for he was shortly seized with cough and difficulty of breathing, with decided indications of pulmonary œdema, additionally to slight anasarca. The latter was remedied by saline aperients and diuretics, and the former was spontaneously relieved by profuse serous expectoration. But he has had several returns of his "asthma," as he calls it, and I have no doubt will one day die asphyxiated from serous infiltration into the parenchyma of the lungs. Serous sputum is sometimes discharged in inflammatory affections of the bronchi and lungs. I have seen it in a resolution of pneumonia. Laennec, under the head of "pituitous catarrh," speaks of it as a common occurrence in the acuter forms of bronchitis. In children, he says, this form of catarrh "is sometimes mistaken for croup. I had occasion to know a case of this kind lately, where, on examining the body after death, we found the bronchi hardly at all red, but nearly filled with a serous fluid, which was somewhat viscid and slightly frothy."

He goes on to say, "these attacks, however violent, are usually transient. In certain cases they are recurrent. A remarkable instance of this is given by Bree, of a woman attacked in perfect health with a paroxysm of the kind described, passing entirely off after a few hours, and returning in the same manner, and with extreme violence, after an interval of six months. In the second attack this patient expectorated four pints of a frothy serum, slightly tinged with blood."[6] Dr. Stokes says, "we meet with this form of expectoration in a great number of cases of bronchitis and phthisis, even where other and very different secretions are taking place from the lung. We may observe it in the earlier stages of bronchial inflammation before much mucus has been formed, and we may see it again in the advanced stages, when an opaque mucous or muco-purulent matter is abundantly secreted; lastly, it occurs as the principal secretion, as is seen in many cases of *humid asthma*, and then may be formed in very great quantity indeed."[7]

Local Symptoms and Physical Signs.—These are numerous, and necessarily variable. They may be those of pure bronchitis or pneumonia, such as we have already described; of commencing, or of confirmed phthisis; of humoral asthma; and, in some rare instances, there will be no symptom save that of tracheal or bronchial irritation, unaccompanied, however, by any râle, or any dulness in the stroke-sound of the chest. But it more usually happens that serous expectoration is preceded by anasarca, more or less evident; by occasional fits of dyspnœa becoming at last constant; by a teazing cough, dry and husky, or humid; by a thin mucous râle in the larger bronchi; and a sub-crepitant râle in the lower portion of the lungs, gradually extending superiorly; and by dulness on percussion in the same situation, similarly increasing towards the apices of the lungs. In other cases, again, without the occurrence of any abnormal respiratory sounds, we have a gradual decline of the respiratory murmur in the inferior of the pulmonary structure, it may be on one side, or on both, with dulness on percussion, and œgophony in the middle region of the chest.

Pathology.—It is singular enough that, tissues which differ so widely from each other as do the mucous and serous membranes, both in structure and in function whilst in their healthy state, should often resemble each other in their morbid products. But it is remarkable that the deviation from normal secernent action which characterises the diseased state is much more ample and variable in mucous than in serous tissues. This may be owing to the circumstance, that both the organisation and the vital action of a mucous membrane are greater than those of a serous membrane. The latter, indeed, seems rather to be a transpiratory than a secreting surface, and even when in a state of inflammation, instead of simply transuding the serous exhalation of the blood, it presents a coating of lymph or of pus; these morbid products are due, not so much to the membrane which they cover as to the inflamed blood whose constituents are thus effused in an altered form. Mucous surfaces, however, in their normal state, produce a fluid which is not found in the blood; the latter is the source of it, but the manufacture, or rather modification, of it, occurs in the glands of the mucous membrane:[8] these glands instead of simply transmitting the serum of the circulation, transform it, as it passes through them, into mucus. For the formation, then, of mucus, a specific structure is required, and hence it is that, though a mucous membrane may exude serum, a serous membrane never can furnish mucus. When, in consequence of inflammation, a mucous membrane evolves pus, fibrine, coagulated albumen, or serum, it is most likely due to the proper secernent action of the tissue having been arrested,[9] and the constituents of the blood, instead of passing through the glandular structure of the part, directly escape from their engorged vessels. Whether the effused matter be pus, fibrine, albumen, or serum, will depend upon the condition of the blood itself and of its containing vessels. I should say that the amount of inflammatory or morbid action indicated by these several abnormal products of mucous membrane, would be greatest with pus and least with serum, the fibrine and albumen standing in corresponding ratio. Simple engorgement of the vessels of the lungs and larger air passages, independently of inflammation, may give rise to serous expectoration. Hence it is met with in those diseases of the heart and of its great vessels which offer any impediment to the due passage of blood through the lungs. An extreme laxity of tissue, also, by permitting the watery part of the blood to escape from its vessels, is a frequent occasion of serous expectoration, as Willis observes. "Interdum sanguis serum intra compagem suam non diu satis retinet, quin, vel fluxionibus seu potius coagulationibus obnoxius illud hic, illic in magna copia affatim deponens, catarrhos, aut tumores variis in locis concitat."[10] Thus it is sometimes the precursor of hæmoptysis, pulmonary apoplexy, and purpura hemorrhagica. If the blood be

[2] De Sedibus et Causes Morborum. Ep. xvii, Art. 6.

[3] Op. cit. Ep. xxii. Art. 10.

[4] Clinique Medicale, Trans. of Spillan, p. 310.

[5] Andral says, in œdema of the lungs the expectoration is often serous, but liable to vary.—*Thesc.*

On Diseases of the Chest. Trans. by Forbes. Second edition, p. 80.

[7] Diagnosis and Treatment of Diseases of the Chest, p. 66.

[8] Some of the more delicate mucous membranes would appear to possess no glands. Should their absence be hereafter satisfactorily proved, it will be no difficult matter to believe that an entire surface may perform a function usually ascribed to particular structures situate upon it.

[9] Should the inflammatory action arrest completely the proper function of the part, then the morbid materials will be effused unmixed with mucus. According as the arrest of normal action is incomplete, will more or less mucus find its way with the product of inflammation.

[10] Pharmaceutice Rationalis, 1674, Sect. iv., cap. 1, de diuresi.

diseased, debilitated, or too watery, the spitting of serum will be likely enough: I have seen it in that impoverished state of the blood which is often the consequence of excessive bleeding, or of severe and protracted salivation. A striking example of the latter occurred to my notice in a case which I lately attended in consultation with Mr. Wilcox of this town. A similar pathological condition is sometimes a consequence of amenorrhœa, and in such cases serous expectoration is not uncommon. The coincidence of serous sputum with a disappearance of the fluid of hydrothorax, is only a parallel of the numerous examples we meet with of local dropsical accumulations passing off by the bowels, the kidneys, or the skin. The fluid is first absorbed into the circulation, and is thence eliminated by whatever outlet nature may find most convenient, or medicinal agencies may prompt to the increased excretory effort.

The morbid appearances may be those of inflammation, congestion, or tubercular degeneresence; but we more frequently find the lining membrane of the trachea and bronchi much paler than usual, and tumid from serous extravasation into the submucous cellular tissue; the lungs, sub-crepitant superiorly and below, completely infiltrated with serum, pitting on pressure, and of a less sanguineous hue than natural. In the severest of cases of this kind, death has resulted from asphyxia, caused by an impermeability of the air cells of the lungs, from the pressure of serum in them. There may also be fluid in either, or in both, of the cavities of the chest.

Treatment.—In the more active diseases which serous expectoration may accompany, the treatment will be obvious enough. In those of a more passive character, the primary indication is to relieve the organic oppression, if such there be, and secondarily to establish the system so as to prevent a recurrence of the mischief. To the attainment of the first object, the Hippocratic precept is perhaps the wisest guide, "Quo natura vergit, eo ducendum." The action already going on is a curative one, it should therefore be little interfered with; whatever is done should be for the promoting of such action, as by expectorants and the inhalation of watery, or some stimulating, vapour. Exposure to cold, diuretics, and hydragogue cathartics must be especially avoided. Should the discharge be suddenly suppressed without the local disorder having been relieved, the first object should be to restore the flux by the means just mentioned; these failing, the kidneys, bowels, or skin, must be appealed to by diuretics, hydragogue purges, or sudorifics. Each is good in its way, and the use of one or the other must be determined by circumstances. The constitutional treatment is of course tonic. Change of air, if practicable, cold bathing, in the shower bath, light nourishing diet, with wine or porter, and tonics of iron salts, or the vegetable infusions or quinine with the mineral acids, are the remedies most preferable. To these may be added a perpetual counter-irritation to the chest by means of stimulating liniments, or by an ablution of the chest, morning and night, with cold salt and water, or mustard and water. The bowels should be regularly and moderately stimulated by the warmer aperients, and the feet should be especially protected from cold.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND TREATMENT OF PULMONARY PHTHISIS.

By J. H. Tosswill, Surgeon, Torquay.

(Continued from page 448, vol. xii.)

Lime deposited in the parenchymatous structures in an insoluble condition, I regard as the originating cause of tubercular formation. I therefore conceive the first indication towards preventing such deposition must be to prevent the conversion of the soluble superphosphate, as it exists in the blood, into an insoluble subphosphate, and, secondly, to take such precautions as shall prevent its entrance into the circulation in a soluble condition, commingled with the solid and fluid constituents of the food. If the capillary vessels are of sufficient dimensions to allow of the free passage of these solid granules of lime, little or no inconvenience may be felt, and in the process of time they may again be converted into a soluble salt, and undergo elimination by some of the excreting organs intended for that purpose; but if, from organic conformation, or from previous irritation—the result of *predisposing causes*—the calibre of these vessels be naturally contracted, or are such as the result of the irritation, then the insoluble matter will be arrested in its progress, and the first nucleus of tuberculous deposit will take place. The principal indications, therefore, which should be observed, in order to prevent the deposition of tubercles, are, as above stated, to keep the bone-earth taken up by the absorbents circulating in the blood in a *soluble* condition, and, secondly, to avoid those causes which may tend to set up irritation. The first object is effected by attention to the components of our diet, and by exercise; the second by attention to temperature, clothing, and occupation.

The most prevalent source of this conversion of a soluble into an insoluble salt of lime, as well as the most fertile source of that excess of lime which is deposited as a carbonate, arises, as I have previously stated, from the water we are constantly in the habit of taking, which, containing lime in solution as a sulphate or carbonate, is received into the stomach with almost every fluid we drink.[1] The total prohibition of water containing calcareous matter in solution is therefore of the first importance; this may readily be accomplished by substituting the use of rain water, which, in addition to perfect freedom from the presence of lime, is, when filtered, infinitely purer in every respect than any other. The presence of lime in fluids may be readily detected by the addition of a few drops of the oxalate of ammonia, when an insoluble white precipitate of oxalate of lime will immediately take place. If this earth exist in combination with sulphuric acid as a soluble sulphate of lime, the acid may be recognised with equal facility by adding a little of the muriate of barytes. Other constituents of our daily food, besides the water we are in the habit of constantly using, contain this pernicious earth, frequently introduced as a means of sophistication. The bread we eat, the flour that is worked into pastry, the milk we drink, are all abundantly adulterated with lime, which may be instantly detected by the before mentioned test of oxalate of ammonia. In addition to these sources of its entrance into the circulation, it also exists plentifully in milk abounding in much caseine—caseine containing a large proportion of lime, and that in an extremely soluble state; cheese which is little better than condensed caseine is consequently an article to be prohibited. The milk of animals hence appears to be one of the means intended by nature for the excretion of lime from the body, contained in its caseine; now it arrives when cattle are in their wild and natural condition, feeding in open pastures, that their milk contains a much larger proportion of caseine than it does when they are stall fed, which, on the other hand, increases the amount of butter. By this unnatural condition—this opposition to the intentions of nature—the outlet of the lime is stopped, and it is a singular but recognised fact, that all animals which have been thus stall fed for a considerable length of time become the subjects of tuberculous deposits, no doubt arising from an accumulation of lime in their system and a deficiency of phosphoric acid to combine with it—the result of inactivity of metamorphosis of tissue. I confess I am averse to the frequent and prevalent habit of administering alkalies; for I conceive, by entering the circulation, they may exert an affinity for phosphoric acid which may interfere with the soluble condition of the lime as it would otherwise exist. The only benefit I apprehend from their use is, that in the stomach they serve to convert the soluble salt of lime, taken with the food and drink, into an insoluble salt, and thus, by their greater affinity for the combining acid, prevent its entering into the circulation; but I consider the adaptation of a diet and drink containing some of these soluble salts of lime as preferable to the administration of such remedies as may render them inert after admission into the stomach. It is in this way that I conceive liquor potassa acts, a remedy recently much extolled by Dr. Campbell, and one whose utility I think of great service where the precautions I have pointed out are not adopted, but worse than useless—nay, absolutely injurious—where such precautions are taken, or where it is administered in excess, and more than in sufficient quantity to combine with the acid which holds the lime in solution, or to correct the acidity existing from other causes in the stomach, because, by entering the circulation in a free state, it there exercises its affinities.

Exercise and animal diet are most powerful auxiliaries in preventing the conversion of the soluble superphosphate into the insoluble subphosphate; the first by promoting those capillary changes, the result of which is the disintegration of organic tissue, and the means of generating a supply of sulphuric and phosphoric acids. Sulphur and phosphoric acid, as we have before observed, enters into the composition of all the organic structures, and it is by the decomposition of these tissues that these elements are furnished, exercise and motion promoting the metamorphosis which sets them free. Animal food acts in a similar manner by supplying those materials which are intended for nutrition in the most condensed form, and consequently contains in its elements that sulphur and phosphoric acid which has hereafter to be set free. It is from the necessity which agricultural pursuits demand for muscular exercise, and the animal diet on which butchers subsist, that these classes of the community are less liable to tuberculous affections than any others. The decomposition of the tissues in the first instance, and the animal diet which is adopted in the second, supplying that amount of sulphuric acid which is sufficient to combine with the free alkalies in the blood, and that quantity of phosphoric acid which is essential to keep the bone-earth in the soluble form of a superphosphate—the *only* form under which it can be excreted from the body. It has long been admitted that, whereas vegetable feeders are extremely obnoxious to the ravages of consumption, it is rarely known to attack the carnivora; the exceptions which are to be met with in animals kept in a state of captivity cannot be adduced in opposition to this fact. In addition to the numerous predisposing causes which a change of locality entails, such as change of temperature, &c., they are probably fed with food which is not natural to them, whilst the great cause of tubercular production in their instance is the insufficient amount of exercise which they are enabled to obtain in their captive condition. By this means, metamorphosis of tissue and generation of sulphuric and phosphoric acid is prevented, and the bone-earth, instead of circulating and being eliminated by the kidneys as a soluble salt, accumulates and is deposited in the parenchymatous structures as insoluble carbonate and phosphate of lime, thus originating those formations which we designate as tubercular. Such are the views I entertain concerning the origin of tubercle, and such the means I adopt to prevent its deposition. Scrofula in all its forms I refer and believe to originate from the same cause, presenting merely different aspects in different structures. Total abstinence from fluids containing lime in solution, from food similarly contaminated, sufficient and regular exercise, animal food, and the sparing use of alkalies, I consider as essential to be observed by those whom organic conformation, hereditary tendency, or predisposing causes—as temperature, &c.—have rendered or do render, liable to tuberculous disease. Other affections resulting from from predisposing causes may be more easily combated, since they lead to nothing more than the consequences of irritation, that is to say, congestion and local hyperæmia, but when tubercle has been deposited as a result of irritation, or as a result of mechanical obstruction, the difficulty of their removal arises from the insoluble nature of their composition, namely, lime and albumen. As a means of securing a recovery—or rather of arresting the progress of the disease when tubercles have been deposited—I have adopted the following treatment:—The first requisite to be observed should be *to lower the organic functions of the lungs.* No decided benefit can be anticipated until this be accomplished. So long

[1] The fact that those localities which are particularly afflicted by consumption, are likewise those whose water is likely to contain lime in solution, will be immediately recognised by a reference to the geological character of the soil, whilst, ceteris paribus, those spots which are most strikingly exempt from this disease, as the marshy districts, where intermittents chiefly prevail, are comparatively or altogether free from the presence of lime as existing in the water.

as an excess of function is performed by these organs, so long will the disease steadily progress when it has once taken root; the excess of function may not be such *absolutely*, when compared with the healthy condition of the same organs, that is to say, that the amount may not be greater than would be considered as a healthy standing for an healthy organ; but *relatively*, in consequence of disease, it is unequal to the demands which it is called upon to fulfil, and, being so circumstanced, congestion and inflammatory action result. An ulcerated lung requires *rest* as much as an ulcerated leg, and the indication that the object desired has been accomplished is obtained by observing the number of respirations per minute gradually to diminish—a result, however, not to be regarded as the *immediate* consequence of treatment, but as the result of time and of a *long continued* course of treatment perseveringly worked out. If immediate or speedy benefit is looked for from the system I pursue, dissappointed expectations will follow—no disease requiring longer attention or more steady perseverance in remedial applications, or progressing more slowly in its course, the improvement must not be anticipated from week to week, but from month to month. When a patient places himself under my care (provided his condition permit it), I insist upon his being weighed; the exact weight, together with the date of the month, is registered, and at the expiration of some time I require him to be reweighed, clad in the same vestments. If he have gained, it is a satisfactory proof that the disease is retrograding, and that he has been benefitted by the treatment. If, on the other hand, weight have been lost, I endeavour to seek out those causes which may have produced this aggravation, in order to rectify them. Consumption is a disease in which the physician is not cramped for time. In the majority of instances he has this advantage at his disposal, and has, consequently, the opportunity of watching the efficacy of his treatment. Nothing can be more fallacious than to place reliance upon the patient's own feelings respecting the state of his disease—the novelty of the treatment, the hope of life, and the sanguine anticipations which characterise the expectations of individuals afflicted with tubercular phthisis, are familiar to all; placing no dependence, therefore, upon assertions or appearances, which are often equally fallacious, I form my opinions from the loss or gain of weight. Consumption, as the name implies, is a wasting disease—the waste of the body is more rapid than its nutrition; if, therefore, at the expiration of three weeks or a month I discover that my patient has gained in weight, I presume that during *that period at least* the nutrition of the body has been more considerable than its waste.

TOXICOLOGICAL EFFECTS OF GUANO.

By Dr. G. C. WATSON.,

Since writing the former paper on this subject I have had opportunities of corroborating in many, and extending in a few points, the evidence adduced therein as to the noxious effects of this manure. I find that the artist before alluded to, as well as his friend in the adjoining office, suffered for a long time from considerable deafness; and that the latter has not yet quite recovered his chest disorder, though it is now five or six months since.[1] Another canary also died shortly after the first inhabitant of his studio.

In the cellar store where the guano was warehoused, the artist has seen the men, at work, stowing it away, bleed from the nose freely, and he also saw one man bleed from the inner corner of each eye at the same time.

The other day I was shown three cases of convalescent scurvy at the Northern Hospital by one of the physicians, Dr. Turnbull; also a patient who was not ill of scurvy, who had been on the Peruvian coast some time ago for guano. From them I gathered the following united testimony, in the presence of Dr. Turnbull and two other medical men, either as facts derived from their own personal experience, or as matter of common notoriety amongst them:—

1st. That the graveyard at Ichaboe was not the only place of interment for the dead, for that some were buried on the main land opposite; but that to their own knowledge, twenty-seven bodies were buried in the little cemetery. These twenty-seven had come by their death at the station, for the most part by violence, it may be said, either drowned in the upsets of the surf, which rose to the furious height of eight or ten feet, or crushed by the fall of the excavated guano beds, from the bad mode of working, by which shelves were left to overhang and to acquire extra weight during the night, particularly from absorbing moisture. Parties involved in the falling mass were not killed so much by mechanical means as by the asphyxiating qualities of the vapour. In one case a labourer was irrecoverably suffocated from the fall of a comparatively small mass, who was dug out in five minutes at furthest. In another, seven men were killed at once by the fall of a superincumbent stratum. The height of these guano beds was at first that of an ordinary three-storied house, which it appears the labourers began to work at by excavating like a burrowing animal, leaving high portions above them, which was doubly dangerous: in the first place from the risk of the ridges falling at unexpected times, and thereby burying the labourers alive; in the next, by depriving the men of a free current of fresh air, which might dilute the poison they were condemned for hours to breathe. Had they, instead of so proceeding, contented themselves with raising up the soil—as they lift up turf from its bed—even though in some respects the labour had not gone on quite so expeditiously, or in whatever other disadvantage such proceeding might have placed them, the whole island might have been dismantled of its materials without the loss of a single life from this source; and whilst thus the term "survivor" would have been never wanted on this head, it is more than likely that the nose, ear, and mouth bleedings might have been reduced to a creditable comparative minimum; for in some quarters of the wind the volatile fumes were kept eddying round in their pent up regions, unable to escape as at other times, and requiring the workmen to run off every few minutes from their toil under the sense of suffocation. Knowledge is not only power, but safety, economy, and wealth.

2nd. That lachrymation, cough, with spitting up of blood, was common in one instance on first going to the pits in a morning. One of the narrators, a young man of eighteen or nineteen, had had a cough on former occasions, but never had noticed blood in his expectoration until working at Ichaboe. In consequence of all he endured by fatigue and exposure of sundry kinds, especially to the vapour, he declared he would not go out again "for any money," not even if he were guaranteed fresh provisions all the while.

Many on first going to work in the morning suffered from bleeding of one kind or other, followed often by fainting, or, at least, such a condition of embarrassed breathing, as required them to "run for it;" during the day they did not suffer so severely, as they seemed inured to it. They did not see any bleeding from the ears, but were quite familiar with the other forms, and spoke of an expectoration of matter along with "a dark, snuff-coloured dirt."

4th. In one case, "at Madaga," none of these symptoms were noticed by the sailor who had gone there; after finding Ichaboe to have been clean swept, and even scraped with broad iron toothless rakes, he did not experience a corresponding annoyance there. This rather surprises us, but, on further inquiry and comparison of facts, it turns out that it was quite in accordance with the rest of the chapters on guano adventures, for the dark-coloured soil they grubbed up to bring home resembled guano most chiefly in colour.

5th. Ulcers on the legs, and soreness, &c., of the gums, were common amongst all the sailors and labourers, which they frequently recovered from at St. Helena, or other ports, by means of appropriate remedies, and fresh vegetables with meat.

6th. That the *provisions* were often of very *inferior quality*, being chiefly junk (salted meat), of an inferior kind, shins of beef, which they described in no measured terms, and a poor sort of bread.

That whilst quality was inferior, the *quantity* not unusually ran *short;* so that rations were reduced from a pound of this poor bread a-day, to three-quarters or half a pound, and this mostly crumbs, at least in the ship to which one of these sailors belonged. *Water* was in some cases plentiful, but in many others ran so short that they were glad to purchase the surplus store of ships fresh arriving.

7th. In one instance a sailor, of stout and able build, said he had to descend with another into the forecastle for coals—down into this cabin place, which was only separated by a plank from the hold where the guano was stowed away. He could hardly wait to get his load of coal, the vapour was so strong, even for him, accustomed as he was to it. In this wretched accommodation lay two poor fellows ill of the scurvy, day and night, and it was a wonder to him how they could possibly endure the fumes constantly around them.

8th. There was a doctor on the island who found very fair practice, it appears, in taking charge of the "sick and wounded"—many fractures occurring in the melée of escapes from precipitation of guano shelvings, carrying sack loads along the stage to the boat, or from other dangers of the deep.

9th. The hands employed in stowing away could not keep up very long; a few days sufficed to make men ill at this work, as whenever the trim of the vessel required the mass to be readjusted, the protection of adopting some covering for the mouth and nostrils was necessary; even then it was a heavy duty which none appear to have coveted, but which seems to have enjoyed the reputation of a "forlorn hope," without the redeeming beauty of choice. Upon this we dwelt before.

10th. The effect of the vapour upon the iron materials of the ship was remarkable for the rapid development of rust; "*it eat them through,*" to quote the sailors' term, chain cables, anchors, and bolts of the timbers, &c. So that apprehension at first was felt lest the security of the ship frame would be damaged materially by the copious rusting.

The hoops of the water-casks were eaten through frequently, so as to let down the cask, and let out the contents, which, whenever such happened to be stowed above the guano, contributed not a little to the gravity of the latter, by this novel adventure at sea; to prevent such occurrences from taking place more frequently than desirable, they had to cover over the hoops, or other iron parts, with pieces of cloth. The extent of this rusting is therefore an unprecedented affair of the kind in nautical experience, and might prove in the case of an old ship anything but calculated to improve her future sea-worthiness. It may be presumed, with reasonable grounds, that guano ships have been lost at sea, if it is not a matter of certainty. (One sailor states, he knew a vessel which loaded at Ichaboe, and never arrived at her port; for his ship brought away her letters from St. Helena, at which port she was to touch for instructions as to her port of discharge.) A ship may have foundered even in smooth-going seas from defects in her timbers when the bolts had thus been impaired by rust, springing leaks in consequence, which would be difficult to get at from the nature of the cargo, and bad to discover in the first instance; whilst the water so let in would not remain as such in the ship's hold, but of course soak the cargo, which would, under such circumstances, resemble, or in fact *more than resemble, a cargo of salt*, the *most dangerous of freights.*

The chances of a vessel weathering a heavy sea, or even continued calms, would not be improved by the condition, in all likelihood, of her crew. Matters might be speedily brought to a crisis by the more or less disabled state of her hands, owing to the fatigues of an enterprise not known in the ordinary merchant service, which is asserted by all who partook actively in the rigging up of stages, loading, &c.; even a captain has stood for hours together on a heavy surf to encourage his men, and this in a tropical sun; or the positive inroads of

[1] I forgot, in enumerating the symptoms, to mention the fact of great and continued redness of the skin over the regions of the frontal sinuses, as well as of the nose; whilst the irritation lasted, throughout the mucous surfaces beneath, this peculiar colour of the features gave to the party the appearance of being a hard drinker; but it all subsided on convalescence.

the scurvy, increased more than ever, probably in some cases on their homeward voyage, unless they fell in with fresh provisions, might present themselves. By such unhappy combination of circumstances, it is not, I think, speculating beyond the index of facts, or the range of legitimate analogical argument, to infer that it is possible some instances of total loss of ship, hands, and cargo, may have occurred.

It is, doubtless, a painful supposition that, in the language of the old adage, "for want of a nail the shoe was lost," then the horse and rider; yet here literally for want of a nail a ship might be lost. But assuming such as likely, what reflection naturally arises? Is it not this? That such were a striking instance illustrative of the penalty paid by the wilful or ignorant, as a consequence of "*infringement of an organic law.*" Such facts George Combe would deal with far better than I can; but they plainly tell their own tale, and point to instruction for the future guidance of those that "go down to the deep," and "transact business in great waters." I fear that too little regard is paid by some of those who send out such expeditions. I do not bring any specific charge forward against any party; but I believe that the impression on the minds of many intelligent sailors is justly founded, viz., that far too little regard is paid by the owners, charterers, &c., as to the sea-worthiness of their vessels, and consequently to the safety of the hands on board.

I have been favoured with the two following cases of scurvy, treated at the Northern Hospital by my friend, Dr. James Turnbull, one of the physicians to that institution, and I give them, with his permission, in his own words.

John Williams, aged nineteen, was admitted into the Northern Hospital under my care on the 26th of August, 1845. He had just returned from Ichaboe with a cargo of guano, and had been three months on the passage. He caught cold on the passage out from lying on deck, and when at Ichaboe he several times expectorated pure blood. He, as well as several of the crew, were there attacked with dysentery, and one of them died of it. Many were on very short allowance on the passage home, and the provisions were bad. The crew were thirteen in number, and of these there were three, besides himself, attacked with scurvy. Purple spots began to appear on his legs twenty days before he came on shore, and when admitted into the hospital he had soreness and bleeding from the gums also, and there was a small ulcer on the tongue. Under the use of suitable diet he improved rapidly for about a week after coming into the hospital, and the purple spots disappeared. Cough, night perspirations, and hectic fever then began to show themselves, and on examination of the chest, it was found that at the upper part of the left lung there was dulness on percussion, and feeble respiration, with some mucous râle. He continues in the hospital with well marked symptoms of tubercular consumption.

James Farrer, aged twenty-eight, was admitted into the Northern Hospital in a state of extreme weakness from scurvy. On the 6th of January he sailed from London to Ichaboe, and from thence to Possession Islands, where a cargo of guano, having scarcely any ammoniacal smell, was procured. Some lemon juice and molasses were given to the crew in small quantities, but the provisions were very coarse; and on the passage home, of twenty-two who were on board, there were six attacked with scurvy, but none so severely as the patient. On admission he had a yellowish extremely pallid colour. He was so weak that he could not raise himself in bed. The gums were very much swelled and almost covering the teeth, but there was no discharge of blood from them. There were some spots on the legs, and the right, from the knee downwards, was swelled, discoloured, and extremely indurated. The juice of two lemons a-day was given to him, along with soup, vegetables, and afterwards animal food, and without any medicine beyond a little castor oil to regulate the bowels; he rapidly gained strength, and the symptoms of scurvy disappeared. To day (Sept. 20) he has been discharged quite well with the exception of some induration of the right leg, which is, however, gradually going off.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, October 4, 1845.

Academy of Sciences; Meeting of September 29, 1845; Professor Serres in the chair.

On the Elementary Composition of Milk.—Professor Dumas read a paper on a series of experimental remarks on the composition of milk in various animals, from which he concludes that in herbivorous families that secretion always contains, in variable proportions, the four orders of substances which are met with in their food, *i. e.*, albumen, fatty matter, sugar, and salts, represented by casein, butter, sugar of milk, and saline compounds, and that in the milk of carnivorous tribes, on the contrary, the sugar of milk is absent, and the lacteal fluid, containing only albuminous, saline, and greasy elements, is thus assimilated to the general constitution of animal food. The learned professor has further ascertained that when carnivorous animals are fed on bread, sugar appears in their milk; having pursued his experiments on the milk of the same individual, under the influence of a change of diet, he has come to the following conclusions:—1st, The digestive process is inefficient to convert albuminous substances into sugar of milk; 2nd, the milk of the bitch may contain sugar of milk identical in its composition with that obtained from herbivorous animals, but it is always in smaller proportions; 3rd, the existence of sugar of milk in the lacteal secretion seems inseparably connected with the presence of bread, or farinaceous matter in the food; 4th, when animals are supported exclusively upon meat, their milk contains no saccharine elements; 5th, the casein of the milk of bitches is identical in composition with the casein of milk in herbivorous animals.

Investing Membranes of the Milk Globules.—Professor Dumas' communication closes with an experiment calculated to demonstrate the existence of a caseous envelope to the corpuscles of milk. If milk be mixed with pure ether, the two liquids soon separate into two layers, the ether having dissolved an extremely small quantity of oily matter. But if the milk has been previously boiled with a little acetic acid, this substance dissolves the caseous envelopes of the globules, and the butter is at once removed by the addition of sulphuric ether.

The Double Phosphate of Ammonia and Magnesia as a Manure.—Boussingault.—The presence of phosphoric acid and magnesia in many plants, particularly of the gramineæ and leguminosæ tribes, and the co-existence of nitrogen and phosphoric acid, in alimentary vegetable substances, seem to imply that, in the vegetable kingdom, the phosphatic salts more especially belong to the nutritious azotised principles. These facts have induced M. Boussingault to test the influence of the double phosphate of ammonia and magnesia as a manure. The weight of an ear of Indian corn grown in soil manured with this salt, is to the weight of maize grown in the normal soil as 9 to 4, a result of so important a nature as to induce M. B. to employ this substance as a manure next summer on an extensive scale.

The Plastic Method applied to the Treatment of Cancer.—Sedillot.—M. Sedillot, professor of clinical surgery at the University of Strasbourg, relates the following case:—A woman, ætat. 35, entered the hospital on the 18th of June, 1845, for a malignant tumour of the internal region of the right knee. The patient was of a corpulent habit, and of a sanguine temperament; her countenance had not assumed the straw-coloured cancerous hue, although the disease was of 18 months' existence. At the time of its appearance, she experienced a fall which occasioned slight pain, and a swelling, which increased rapidly in size, became the seat of lancinating pains, and finally ulcerated, giving passage to a bleeding fungous growth, which was six times removed by the knife or the caustic, and relapsed a seventh with unabated persistency. When the patient entered the hospital, the tumour, of the size of a hen's egg, was seated on the inner condyle of the right tibia, and was irregular in its shape. Having failed in destroying the disease by the application of Ruf's caustic (anhydrous sulphuric acid and saffron), Professor Sedillot determined upon removing it by another operation. Excision was therefore performed, and a strip of skin was dissected, with its cellular layer, from the calf of the leg, and placed by a slight torsion of its broad pedicle in apposition with the bleeding surface, where it was maintained by nine sutures. The piece of skin thus engrafted on the wound presented a surface of four inches by three, and adhered rapidly to its new seat; cold irrigation was continued for ten days, and on the 18th of September, twenty-seven days after operation, the cicatrix was perfect. By microscopic examination, characteristic elliptic cancerous cells were detected in the tumour. It is to the beneficial influence of the portion of healthy structures engrafted upon the diseased surface, that M. Sedillot attributes the cure of the patient; at least, in none of the six other operations performed upon this woman did the wound ever completely heal. This anaplastic method belongs to M. Roux de Saint Maximin, and has been successfully employed by M. Jobert, and Professors Blandin and Dieffenbach.

Experimental Inquiries on Human Respiration. By M. Vierordt, M.D., from Carlsruhe.—The chief results of M. Vierordt's researches are the following:—The mean number of expirations in a minute is fourteen; a number smaller than that considered by Laennec and Andral to be the average in health; that number increases after meals. The amount of carbonic acid expired diminishes considerably after the ingestion of fermented liquids, and does not return to its natural quantity for the space of two hours. During moderate exercise, at least one-third more carbonic acid is exhaled with each expiration than during repose.

Preservation of Organic Substances.—M. Bobierre proposes a new process which he thinks particularly applicable to the preservation of anatomical preparations, and to embalming. The substance M. Bobierre employs is the "esprit de bois" (bihydrate of methylene), containing a certain quantity of camphor in solution.

Academy of Medicine; Meeting of September 30th, 1845. M. Roche, Vice-President, in the chair.

Signs of Fractures of the Coronoid Process of the Ulna.—In the course of a report on two cases, one of dislocation of both wrists, the other of luxation of the elbow-joint, M. Bégin having observed that he considered it difficult to ascertain when the coronoid process of the ulna is completely detached from the bone, Professor Velpeau stated it was not many years since fracture of the coronoid process had been described as a complication of dislocations of the forearm. Sir A. Cooper mentioned *two* cases of this lesion, M. A. Bérard had observed *one*, M. Bodiez *one*, which had just been reported upon by M. Bégin, and Velpeau himself *two* cases. M. Velpeau did not consider the diagnosis of the lesion to present any difficulty, the *displacement of the ulna being constantly reproduced* after reduction of the dislocation, a circumstance which was physically impossible if the coronoid process was not broken off from the ulna; the sigmoid cavity of that bone being adapted into the trochlea of the humerus, so as to prevent a spontaneous return of the displacement. M. Velpeau added, that the two cases which fell under his observation having died, he had an opportunity of examining anatomically into the state of the joints: in both the coronoid process still preserved its attachments to the brachialis anticus, and in one the local damage was complicated by a vertical fracture of the condyle of the humerus. As to the cases of alleged dislocation of the wrists, Professor Velpeau was surprised to hear *all* the signs of fracture of the radius brought forward to demonstrate the existence of a supposed luxation. The Professor insisted on the extremely rare occurrence of the dislocation, the existence of which Dupuytren had almost denied. Since the death of that illustrious surgeon, only *two* cases of true dislocation of the wrists had been brought to light, and *they* were attended with extensive laceration of the soft parts.

Hydrarthrosis of the Shoulder-joint cured by the Iodine Injection.—M. F. Roux read a paper on this subject. The author began by remarking generally that the history of hydrarthrosis had been chiefly made from cases of effusion in the ginglymoid articulations, and that the symptoms belonging to the same disease of enarthrodial joints have been more

or less overlooked. The special characters of dropsy of these joints are:—The sometimes considerable elongation of the extra-articular synovial expansions; the distension of the flat muscles situated around the joint, and their flaccidity after the evacuation of the fluid; a change somewhat analogous to that occurring in the abdominal walls in consequence of ascites. In a case of hydrarthrosis of the shoulder-joint, of eight months' date, M. Roux injected a solution of iodine into the articulation: during the first thirty-six hours the patient experienced considerable pain, which afterwards subsided. A few days after three abscesses formed around the joint, in the axilla, on the inner side of the deltoidian insertion; and in the fossa infra-spinata, in the direction of the synovial expansions belonging to the long portion of the biceps, subscapularis and infra-spinatus muscles. Leeches were applied once, and a blister was also placed on the shoulder. The patient is now quite cured, and the movements of the joint are restored.

Society of Surgery; Meeting of September 17, 1845; M. Monod in the Chair.

Diagnostic Signs of the Fracture of the Petrous Bone.—M. Robert, in a paper on the signs of fractures of the petrous portions of the temporal bone, adopts Guthrie's opinion on the origin of the fluid which escapes from the ear in fractures of the basis of the cranium. M. Robert attributes it, with Professors Bérard and Mr. Guthrie, to the escape of the cephalo-rachidian fluid through the fissure of the bone. M. Laugier contends such could not possibly be the origin of fluid escaping from the ears, in cases of fracture *unaccompanied* by laceration of the membranous investments of the brain. Besides, it is a fact of universal observation that the aural discharge is more abundant in simple *fissures* of the petrous bone than in cases of fracture with a wider separation of the fragments; and the converse would occur if M. Robert's opinion was correct. M. Chassaignac stated that the anatomical possibility of the escape of the cerebral fluid through the organs of audition was hitherto not demonstrated, that its *indispensable* condition must be not only the laceration of the parietal portion of the arachnoid membrane, but also the division of the portion of that membrane which envelopes the auditory nerve, an alteration not hitherto once proved to have existed.

HOPITAL DE LA CHARITE.

Lectures on Fibrous Tumours of the Womb; by Professor Velpeau (continued).—The removal of fibrous tumours has not been frequently performed in France; but the German, American, and British surgeons have practised it frequently, and within the last years the facility with which the operation has been executed, is, in my opinion, very much to be deplored; in less than two years twenty-two and twenty-five cases have been operated upon, and I have in my treatise of operative surgery brought together upwards of fifty cases of the kind. The incision for the extraction of the fibrous tumour in the abdomen extends from the pubes to the xyphoid cartilage; the peritoneal cavity is thus extensively opened, and the patient exposed to almost certain death from acute peritonitis for the treatment of a form of disease which is attended with very little pain, and which does not endanger life. This operation I consider, therefore, as one which is cruel, unalled-for, and useless. As to the fibrous tumours which protrude into the vagina, and endanger the life of the patient by repeated hemorrhage, I think they can be removed by an operation which presents little pain and danger, and which causes a complete cure in very many cases. Pathological anatomy shews that these fibrous growths, although sometimes of considerable size, are imbedded in the internal structure after the manner of foreign bodies—an important consideration, which should be borne in mind, inasmuch as it implies that it is not indispensable to reach with the fingers the superior limits of the tumour, in order to enucleate it, but that the fibrous body may be extracted, like the stone of a peach, after its uterine envelope has been divided in any, even the most inferior, part of its surface. The extraction of the tumour may be, however, extremely laborious if the tumour extends into the abdominal cavity, and presents a considerable diameter above the brim of the pelvis. Thus, in a case in which I operated in 1829, with the assistance of MM. Marjolm and Kapeler, I could not succeed in getting the tumour through the brim, although I seized it three times with the forceps. The patient having died some months afterwards, we acquired, by anatomical inspection, the certainty that, notwithstanding the apparent extent of the adhesions of the fibrous growth with the uterine substance, it would have been possible to enucleate it, if it had been previously in our power to cause it to descend as far as the outlet of the pelvis. This operation has been performed successfully by M. Amussat. I have practised it myself, and have found it constantly present very great dangers when the tumour has acquired a considerable size. I make it, in fact, a precept to operate only when the fibrous body does not exceed in size the volume of the head of a fœtus, when its shape is regular, and when the growth protrudes at least one half of its extent into the vagina. What is the most rational treatment for those fibrous bodies which are developed in the *abdominal* cavity? I think it should be simply palliative, the operations being here far more dangerous than the disease which it is their object to remove. If hemorrhage appears, the surgeon will therefore have recourse to the horizontal position, astringent drinks, ergot of rye, alum, rhatany, cutaneous revulsion, in fact, those measures which are justly considered sufficient against losses of blood. Should the tumour cause much inconvenience only from its weight, the symptoms will be relieved by the exhibition of purgatives, and of various preparations of iodine. The diet must be anxiously attended to, and should chiefly consist of vegetables; a supporting bandage should be worn, as it usually affords considerable relief.

Cancer of the Lip; by Dr. Richet.—B., ætat. 55, has been five years affected with an ulcer, extending, at the time of his entrance into the hospital, along the whole extent of the lower lip. Mercurial treatment had been already used without the slightest amendment, and the sore was cauterised with the nitrate of mercury without success. The glands under the maxilla are not swollen. The ulcer is supported by a base slightly indurated, and is the seat of considerable lancinating pain; general health satisfactory. *Operation* (time three minutes), on September 26: The ulcer and its basis were removed by a double incision, one running inside the lip along the whole of its length; the other parallel to the first, but outside the lip; the two incisions joined at their extremities, and a longitudinal cone was thus extracted from the lip, leaving a deep triangular groove in the place occupied by the cancer. The edges of the empty cone were then brought together by eight sutures, which were removed on the 28th of September. Union by first intention has taken place in four-fifths of the wound, and the mouth presents hardly any deformity.

Typhoid Fever; Pseudo-membranes formed in the Air Passages; Death.—A girl, ætat. 17, of a lymphatic constitution, entered the hospital on the 15th of Sept., in Professor Fouquier's service. The disease had lasted eleven days, and began with intense fever complicated with angina, and considerable prostration. The abdomen was distended by gas, and peteehiæ existed on the skin. The lungs were in a state of congestion; the mouth and throat were the seat of a diphtheritie secretion. Notwithstanding an energetie local treatment and the exhibition of antimony, of repeated doses of calomel and of blisters, the respiratory function became more and more embarrassed, the face assumed a purple tinge, and death took place on the 18th. On dissection, the throat was found occupied by a considerable quantity of false membrane, which extended around the upper orifice of the glottis; the bronehi were distended by viscid mucus; the interior lobe of the left lung was slightly inflamed, and the small intestine presented five of the charaeteristie ulcers of typhoid fever.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

A QUACK IMPOSTOR.—Upwards of twenty children were left in a dying state near Cahereiveen, last week by a quack impostor, who inoculated them with small-pox.—*Freeman's Journal.*

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin Oct. 4.

Extensive Injury of the Head, with Fractured Thigh; under the care of Mr. Ellis.—Mr. Farmer, Clinical Clerk.

Peter Walsh, aged twenty-two, a painter, was brought to Jervis-street Hospital on the morning of September 26, having a short time previously been thrown from a drawing-room window into the area beneath, his forehead in the fall striking violently against one of the spikes of the area railing. He was taken up insensible, and immediately brought to the hospital, presenting the following conditions:—Surface cold; pupils fixed, but of the natural size; respirations about twenty in the minute and stertorous; constant drawing up of the lower extremities; vomiting; pulse 56, compressible. Over the left eyebrow was a lacerated wound an inch and a half in length, laying bare the frontal bone, the superciliary ridge of which, and a large portion of bone above it, was detached in its whole length, from the inner to the external angle, and considerably depressed, as were also several small spiculæ. The orbital plate was fractured and loose. A large wound of the scalp, at the back of the head, denuded the occipital bone, and in addition to these injuries there was a simple fracture of the left thigh.

Mr. Ellis obtained a consultation, at which, as the symptoms of compression were advancing, it was deemed expedient to elevate the depressed portions of bone, for which purpose Mr. E. carried an incision from the centre of the transverse wound made by the accident, upwards and outwards, dissected up the flaps and removed the depressed bones with a forceps and scalpel, the aid of the saw not being necessary; the orbital plate, though quite loose, was suffered to remain, as it was not displaced. On the removal of the spiculæ which had perforated the dura-mater, a little cerebral matter escaped through the opening. There being a considerable oozing of venous blood after the operation, damp lint was placed in the wound, and the flaps replaced, with lint and adhesive straps over the whole.

The pulse, in a short time after the operation, rose to 86, but continued compressible; the surface became warmer, and the breathing free from stertor. At eight o'clock, p.m., the pulse was 80; surface warm; constant jactitation of the limbs; had two convulsive fits since morning; vomited once; no motion from the bowels; urine retained, and was now drawn off with the catheter, appearing deeply tinged with blood; ordered a bolus, with jalap, and ten grains of calomel immediately.

27.—Only partial reaction observed, for though the face was flushed, the pulse was weak and fluttering; patient very restless and insensible to external objects; respirations thirty in a minute; bowels not affected by the bolus; to have a purgative draught and a turpentine enema injected immediately; urine drawn off by the catheter not so bloody as last night; its flow not increased by pressure above the pelvis. At half-past two, p.m., the pulse was strong and had risen to 110; face flushed; breathing very laborious. Venesection was now employed, but after about ten ounces of blood were drawn the pulse faltered, and the face became blanched; to take five grains of calomel every third hour.

28.—Pulse again risen to 100, and wiry; patient lies easy, but his breathing is laborious, urine and fæces passing involuntarily. On four ounces of blood being drawn from the arm, the pulse again began to fail. Applic. Emp. vesicat. nuchæ.; continuant. pulv.

Eight o'clock, p. m.—Is very restless, constantly tossing his head from one side to the other of the bed; pulse quick and weak; constant purging. The powders to be omitted.

29.—Pulse intermittent, and scarcely to be felt; pupils fixed; surface cold; respirations fifty. Died at half-past one o'clock.

On examination, twenty-two hours after death, the dura-mater, at the seat of the supra-orbital wound, was found in a sloughing state, and gave way on the slightest touch; between it and the arachnoid, over both hemispheres, there was a

deposit of sero-purulent fluid; the left anterior lobe was lacerated and of a livid colour, and the entire brain presented increased vascularity when cut into. The fracture, which had produced so much injury at the frontal bone, was also found to have crossed the ethmoid. On examining the bladder, the trigone was observed to be considerably ecchymosed.

In a case of injury of the perineum, under the care of Mr. Kirby, detailed a few weeks ago, it was stated at the termination of the report that every attempt to pass an instrument beyond the wound in the urethra was ineffectual, and as Mr. Kirby considered that a new piece of urethra had been formed, having, perhaps, effusion in the tissues around it, and containing a pouch which caught the instrument, he avoided passing one for fourteen days, but at the end of this period introduced a full-sized catheter with the concavity turned downwards, passed the obstruction, and with the *tour de maitre* slipped it into the bladder. The instrument now passes into the bladder in the ordinary way without any resistance, and the patient passes water as well as at any time previous to the injury.

BELFAST MEDICAL SOCIETY.

At a meeting of this society on the 4th of August, Dr. Malcolm read a paper on an interesting case of perforation of the stomach.

Marcella Robinson, aged nineteen, a worker in a flax spinning mill, of slender proportions, but not unhealthy aspect, applied to Dr. Malcolm for advice, on the 17th of January, 1843, stating that for five years previously, and more particularly the two latter months, she had been suffering from pyrosis, and frequent vomiting after meals, of an acid and occasionally bitter matter, accompanied by pains, generally of a burning character, variable in duration and degree, occurring most frequently early in the day, and chiefly localised in the epigastrium; but sometimes moving to the right side, where it felt like a stitch. Pressure, a dose of soda, or low stimulants, gave temporary relief to the pains, during the presence of which, too, and an occasionally urgent thirst, she was particularly fond of cold water. Flatulence was usually present; potatoes were the portions of her food that produced the least suffering. The menses first appeared two years before, and were very irregular for the first fifteen months, but regular for the succeeding nine months, and always accompanied with pain of the back; bowels generally confined. Slept well, appeared of a nervous habit, and complained of frequent palpitations; pulse ninety-six, and small; no tenderness along the spine.

The occasional application of leeches, the administration of alkaline tonics and aloetic purgatives, afforded only partial relief to the gastric symptoms, the menses also being irregular, and sometimes absent for months, up to the month of January, 1844, when severe pains, which had existed to a slight degree in the previous month of August, attacked the right hypochondriac and right lumbar regions. Towards the end of this year, and the beginning of the next, there was an entire disappearance of the gastric symptoms, which were replaced by the occurrence of diffused griping pains over the abdomen, principally referrible, however, to the left side and the epigastrium, over which there was great tenderness on pressure; slight cough and expectoration were also present. A bleeding from the arm and a hyoscyamus mixture dispelled the abdominal pains, but their removal was followed by the simultaneous reappearance of the gastric symptoms.

On the 17th of May she was suddenly seized with severe pain in the left hypochondriac and left lumbar regions, having twelve hours before had pains in her arms, feet, and legs, but no rigors. On admission to the Belfast Hospital, May 19, the pain was excruciating, obliging her to make frequent changes of position, though the slightest change aggravated her sufferings; the pulse was quick and small; skin hot; great anxiety of countenance and distress of manner. Copious bleeding generally and locally was employed, a large blister applied to the abdomen, and mercury to a large amount administered, which, however, very slightly affected the gums; but the bowels had been a good deal disturbed at intervals during the first eight days, for which opiates were freely given; she complained much of pain in the left shoulder all through. Erythematous patches appeared over the body, and remained vivid one day. The pulse fell to 95 on the twelfth day of the present attack, suddenly rose, and again fell to 95 on the twentieth day, after that gradually rose, with only occasional vascillations, towards the close. Sickness and vomiting set in on the fourteenth day for the first time, and recurred frequently afterwards, accompanied, on the 11th of June, and subsequently, with distressing coughs. The pain of the left side was considerably abated for some days, but never entirely absent. Some bronchial and subcrepitating râles were indistinctly heard at the base of the left lung on the 15th of June; there was slight dulness, but no difference on measurement; on the 23rd there was perceived in the region of the heart somewhat more dulness than natural, but its sounds not altered; pulse 140; respirations very quick; general trembling of the frame, including the fingers, occurred on the same day, with gnashing of the teeth, and an appearance of insensibility. The face became first livid, then red, and afterwards pale, together with general coldness of surface, leading the spectators to suppose that dissolution was at hand during the few minutes that all this lasted. From this state she recovered by the application of stimulants and heat, and very soon afterwards vomited a small quantity of what appeared to be blood. More fluid of the same kind, but of a very offensive odour, was thrown up on the 26th. There were distressing perspirations all through. She died on the 29th of June, gradually exhausted. The treatment consisted, during the last month, of occasional counter-irritants, tonic stimulants, stomachics, and anodynes, intended merely to meet particular symptoms as they arose.

At the autopsy, thirty-five hours after death, the body was observed to have been considerably emaciated. The right side of the chest was normal, but in the left there were adhesions of somewhat long standing, and some marginal induration at the lower lobe of the left lung; the stomach large and adherent to the liver and diaphragm. On opening it, a large perforation, of the size of half-a-crown, with smooth edges, and not indurated, was situated in the lesser curvature, and opened into a cavity, having for its superior and posterior boundary the diaphragm and base of the left lung; inferiorly the upper margin of the spleen, left lobe of the liver and stomach, and anteriorly the diaphragm; the walls of this cavity had a roughened appearance, while numerous shreds of cellular tissue hung from all parts of them. The diaphragm, at its attachment to the ribs of the left side, was in great part ulcerated; and the pleura at the base of the left lung was partially destroyed. In the anterior and posterior walls of the stomach, also were two smaller perforations, leading into the same cavity, in which, as also in the stomach, there was a large quantity of dark, coagulated and grumous blood, from which an offensive odour proceeded; there was considerable atrophy of the left lobe of the liver, and softening of the spleen. The pericardium contained about two ounces of pale serous fluid, and had on onepart of its inner surface a thin layer of soft recent lymph, the serous surface of the heart being also roughened by a similar deposit. The kidneys were anæmic, and their cortical portion rather hypertrophied. No peritoneal inflammation was detected except in parts engaged in the disease.

In his remarks, Dr. Malcolm observed, that an examination of the morbid appearances furnished an elucidation of all the previous phenomena, the difficulty of interpreting which during life was very obvious. The lingering gastric symptoms during the first six years of her illness indicated the chronic ulceration of the stomach, as did the attacks of abdominal pains, its adhesion to the diaphragm, liver, and spleen. The sudden peritonitic symptoms betrayed the moment of perforation; and the apparent recovery from this state was interpreted by the manner in which the ulceration was found hemmed in; finally, the traces of extensive hemorrhage into the stomach satisfactorily accounted for the sudden sinking of the vital powers.

GERMAN ASSOCIATION OF NATURAL PHILOSOPHERS.

MEETING IN NUREMBERG, 25TH SEPTEMBER, 1845.

(Communicated by Dr. Rosenthal.)

On Ozone.—Dr. Vogel, jun., of Munich, communicated a series of observations relative to Schonbein's experiments on ozone. On the *addition of phosphorus on a solution of ferrocyanide of potassium, the air having free access*, he found that a slow process of combustion took place, phosphoric acid with a little phosphorous acid were formed, in consequence of which the ferrocyanide of potassium was converted into the ferricyanide; this transformation may, therefore, be accounted for, without establishing ozone as a new substance.

Influence of Protoxide of Nitrogen on Vegetation.—He spoke on the influence of the *protoxide of nitrogen on vegetation.* From his experiments it appeared that this gas is not directly injurious; but that in the absence of free oxygen the growth of plants cannot be maintained.

Dr. Gorup on the Fermentation of the Bile.—Dr. Baron de Gorup communicated some observations on the *fermentation*, or spontaneous decomposition of the bile. The principal fact deduced from these observations was, that by the putrefaction of the bile decomposed by the mucus of the gall-bladder acting as a ferment, the principal constituent of the bile, viz., *fellinic acid*, is converted into choloidinic acid, taurine, and a little ammonia. It is, therefore, decomposed precisely in the same manner as when treated with diluted mineral acids.

Heidenreich on Myotomy.—Dr. Heidenreich made some remarks on *myotomy*, which he deems invariably to be, at the same time, *neurotomy.* From experiments instituted with animals he concluded that nerves are affected by magnetism precisely in the same manner as by electricity, and that the cause of the phenomena produced by either is found in the excitation of nervous undulations.

Rau on Cauterisation.—Professor Rau, of Bern, recommended experiments to be made on his method of cauterisation. A piece of catgut bougie is macerated for some time in a saturated solution of nitrate of silver, and dried in the shade. By this means it becomes incrusted, and in this state it is introduced into the canal, which, after the cauterisation has been effected, may be dilated by gradually introducing bougies of larger dimensions.

Martius on Cantharidin.—Dr. Martius recommended pure cantharidin to be used for blistering, and oil of cantharides to be applied as an irritating liniment. In cases in which the cantharidin has an injurious effect on the eyes, he recommends Goulard's water.

Hüter on the Existence of Air in Living Bodies.—Dr. Hüter, of Marburg, inquired whether in a living subject a morbid secretion of air may take place. He quoted a case in which, in consequence of narrowness of the pelvis, the Cesarean operation was proposed. The female, however, refused to submit to it. The pulsations of the heart of the fœtus were affected by a peculiar trembling. The child was afterwards born without the operation, and air was noticed in the umbilical vessels, and placenta. In addition to this, the whole vascular system, and the bronchi of the infant, contained air. Professor Tourtual, of Münster, mentioned the case of an individual addicted to excessive beer-drinking, who suddenly died after a venesection for pneumonia, when air was discovered in the heart, vena cava, and brain. According to Kiewisch, this phenomenon is frequently met with in the bodies of drunkards. Counsellor Harless said, that hydrogen was discovered in the veins long ago. Professor Rau stated the case of a man fifty years of age, who, after having used the hot water cure for rheumatism, was attacked by symptoms of apoplexy, and was directly bled; the blood was black, and flowed slowly, and a great many air bubbles followed, after which the blood flowed more freely, and the patient soon recovered. Dr. Blumhardt, of Stuttgart, related a similar case: venesection was performed in a case of tetanus, during which, at first blood and then air bubbles issued from the vein. Blood and air were alternately discharged, and ultimately the man died.

Stalks of the Tea-plant—Iron Balls in Elephants' Teeth.—Professor Martius, of Erlangen, showed

several stalks of the cultivated as well as the wild tea-plant, which he had received from China, and likewise incrustations on iron balls; and fragments of iron bars and gun-metal, which had been found in the tusks of elephants.

On the Agaricus Albus and Laricin.—He afterwards treated on the argaricus albus and the laricin obtained from it. He remarked, that *larix Europea* is generally supposed to be the plant producing this fuugus; he, however had searched in vain throughout Southern Bavaria and the Tyrol, for a *larix* (lerchenfichte), on the trunk of which the argaricus albus could be found. All the agarici are brought to us from Archangel, in which place only the *larix Siberica* occurs. It may be presumed, that the fungus (lerchenschwamm) is chiefly met with on this tree. According to the analysis already performed, a resin has generally been supposed to exist in this fungus. That, however, the body called laricin by Martius, is *sui generis*, appears from its properties; it is converted by boiling in water into a pasty mass, is easily dissolved in alcohol and oil of turpentine, has a bitter taste, is with some difficulty separated from other resinous substances, and requires much trouble to procure it in a pure state. According to Dr. Will's analysis, the formula of the laricin is C^{14} H^{24} O^{4}.

On Cantharidin.—He then spoke on the preparation of cantharidin, with the view of adapting it to medicinal purposes, and stated that a great quantity of sea-salt occurs in the extractive matter of cantharides. Professor Wohler said, that by heating cantharides, the cantharidin may be sublimed.

Scherer on Mucous Matter.—Professor Scherer, of Wurzburg, then treated on the pure animal mucous matter obtained from the mucous contents of a newly-formed and completely closed sac, which was found occupying a large space between the trachea and œsophagus in the body of a soldier. The speaker chiefly dwelt on the reactions by which mucous matter may easily be distiuguished from other animal secretions; he communicated its elementary composition, which also differs from that of other animal textures; in conclusion, he added, that an aqueous solution of mucus is, after some time, converted into a tissue, which possesses the same reactions as kysteïn, observed by Nauche in the urine of pregnant women. This was improperly, however, considered a sign of pregnancy by him, as almost any urine, on being allowed to stand for some time, forms a membranous texture, which is nothing but mucous matter oxidated by the influence of air, and rendered insoluble.

Frickhinger on the Action of Sal-ammoniac on Iron.—A. Frickhinger, pharmaceutist, of Nördlingen, communicated experiments relative to the action of salammoniac on metallic iron, by which it appeared that, under the influence of air, an aqueous solution of this salt strikingly accelerates the oxidation of iron, which, however, by disengaging the ammonia, is previously converted into a chlorous salt.

Heifelder on Necrosis of the Jaw-bones.—Dr. Heifelder spoke on necrosis of the jaw, first mentioned by Dr. Lorinser, of Vienna, and lately occurring in Vienna and Nüremberg among individuals employed in the manufacture of matches, and attributable to the inhalations of phosphoric vapours. Drs. Sicherer and Blumhardt then stated that similar cases had fallen under their notice in Ludwigsburg and Stuttgart, especially in the latter place, in children. Professor Dietz remarked, that up to this time the disease had been found to affect only the female workers of one and the same manufactory. Much had been ascribed to the influence of the workshop, through which an excessive draft of air passed, and the labourers, on account of the high temperature maintained, wore very light clothing. Similar cases, however, have since been noticed in other places, and it appears probable that the disease arose from the phosphorous vapours with which these localities are impregnated. This opinion seems the more likely, as many patients had not been exposed to the influence of the chloride of potassium (chlorate of potassa). It cannot be overlooked, however, that during the time the manufactory of Nüremberg has employed phosphorus free from arsenic, the number of patients has become less. Professor Fuchs remarked, that arsenical vapours are by far less injurious to health than has been hitherto supposed. This is proved in the case of mines in the Hartz mountains. Professor Scherer objected to allot any share in the production of the above disease to arsenic, as it is not so volatile as phosphorus. The president said that the effect of arsenic is frequently seen gradually to disappear. Dr. Roser had observed a similar evil affecting male individuals. This discussion having been brought to a close, Professor Dietz and Dr. Geist introduced three patients who had been under their treatment. These cases were the more interesting as, in two of them, the disease was in its first stage, and several specimens of the lower jawbone, partly extracted by an operation and partly removed after death, were well adapted, by their pathological changes, to show the termination of the disease.

Blumhardt on Old-standing Luxations.—Dr. Blumhardt made some remarks on old luxations of the forearm. He recommended, previously to attempts at reduction, that subcutaneous myotomy should be performed, and in case this should fail he proposed to cut into the articulation. He communicated a case calculated to demonstrate the utility of this method of operating. Professor Roux, of Paris, said that the luxations in question are frequently overlooked, owing to considerable swelling of the parts, and to the circumstance that, except in the case of females, the forearm is not invariably in the state of flexion; he warmly advocated the operation, and directed attention to a method of reduction recommended by himself, which may be employed in cases of old standing, in corroboration of which he adduced several instances.

Nitre of the Ancients.—The president then observed, relative to the nitre of the ancients, that it was found in the soda seas. It consisted of nitre, chlorate of lime, and sea-salt. In Hungary and America similar seas exist. In mineral springs this salt but rarely occurs.

Scherer on Extractive Matters in Urine.—Professor Scherer, of Würzburg, made some remarks on the extractive matters of the urine. Having experimented for a year and a-half on these matters, the constitution of which was previously little known, the following are the principal facts which he has ascertained:—The greatest portion of the so-called extractive substance is nothing else but a colouring matter, nearly related to the colouring matter of the blood, and bile, and might, therefore, with propriety, be called the colouring matter of the urine; it may be thrown down from the urine by acetate of lead; and by treating the precipitate with alcohol and muriatic acid, it may be obtained in a pure state. In healthy individuals it yields from 62 to 63 per cent. of carbon, and from 6·2 to 6·4 per cent. of hydrogen. Whilst living on *non*-nitrogenised substances, the amount of carbon and hydrogen is augmented, especially if the exercise taken remains the same as usual, and the quantity of oxygen received is not increased. In fevers, especially, if the organic metamorphosis is augmented, unless the activity of the organs of respiration and the liver be at the same time excited, and especially if both these functions are languid, the amount of carbon may reach 66 to 67 per cent., and that of hydrogen 7·2 per cent. This increase in the quantity of the colouring matters abounding in carbon and hydrogen, may easily be demonstrated, by boiling the urine in a small glass tube, and adding a little hydrochloric acid to it. Urine which contains much of these carbonaceous colouring matters, by this treatment, becomes of a dark colour, and on cooling deposits a brownish, blackish, or frequently an indigo blue sediment, which easily dissolves in alcohol with a peculiar colour, being nothing else but the colouring matter of the urine. The slightest disturbance in the functions of the liver, or lungs, betrays itself by an alteration in the composition, being observed even at the period when anatomical changes in these organs have not yet occurred. Scherer deduced from the results obtained by himself several conclusions of importance in a pathological and physiological point of view; from these it appeared that the colouring substance of the urine is formed from the hæmatin of the arterial blood, and that the higher the state of oxidation of the blood was, the less the amount of carbon that was contained in the urine; that, if the activity of the lungs and liver is declining, the kidneys partially perform their functions; the more extensively oxidation is augmented, the less intensely it acts; that the formation of the compound colouring matter of the urine is analogous to the formation of uric acid and urea; that carbon and hydrogen do not increase in an equal ratio; and that, finally, a long continued secretion of urine rich in this colouring matter, mostly induces anæmia and considerable emaciation. Scherer exhibited specimens of the colouring matter extracted in his experiments upon urine. At the request of Counsellor Fuchs, several points bearing upon the method employed in the chemical experiments were elucidated.

Hugo Reinsch on the Glowing of Metallic Wires—Dr. Hugo Reinsch spoke on the continued glowing of metallic wires when placed in contact with alcoholic vapours and ignited. He showed that the property of platinum, first discovered by Sir H. Davy, viz., that if a wire of the said metal in the shape of a spire is ignited by a wick impregnated with alcohol, it continues to glow for some time after; is common with other metals, and metallic alloys, in a greater or less degree; and that this is particularly noticed with copper and iron wires; and that the glowing is augmented if a glass tube, open on both sides, is held over the wire.

On a novel Electrical Apparatus.—He also showed an apparatus calculated to sustain an uninterrupted electrical shock, to be excited by electrical friction.

On the Production of a Peculiar Carbonaceous Substance.—He then exhibited a carbonaceous substance formed by the conversion of coal into coke. In the Rhenish Palatinate this operation is commenced by igniting the coals with a wisp of straw. This is not converted into ashes, as is usually the case, but passes over into a substance much similar to *graphite*, which retains the form of the straw-wreath employed.

Crystallisation of Sandstone.—He then stated that the sandstone, when exposed to a strong and continued heat, has a tendency to assume a crystalline form. In the extensive ironworks of Messrs. Krämer Brothers, in St. Ingbert, a blast furnace, which was heated by hot air, and worked above a year, had to be repaired, when it was noticed that the sandstones employed in its construction offered five-sided columns; in some instances presenting great regularity, and in others taking these forms on cleavage. Several specimens of sandstones, altered in the above manner, were then shown, with the remark that the heat of a common pottery furnace is inefficient in producing the above phenomenon.

On the Preparation of Coloured Paper.—He showed specimens of coloured and variegated paper, prepared by his brother, Otto Reinsch, in Munich; advantage being taken of the property of oil of turpentine, and other oily matters, to form variegated thin membranes on water.

Trautwein on Products Obtained from Oil of Potatoes..—The chemist Trautwein, of Nüremberg, read paper on the remarkable products obtained by treating, on the large scale, the oil of potatoes with chromate of potassa, sulphuric acid, and other agents. He then chiefly dwelt on the most appropriate method for the preparation of valerianic acid from the above oil; and on the baldrianaldehyd which, on account of its strong and agreeable odour, might be called *fruit ether*, and, owing to the same property, might be made use of in flavouring certain spirituous liquors.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to the profession in two numbers of the *Medical Gazette*.]

Diseases of the Tongue.—Mr. Lawrence observes that the most frequent forms of disease in the tongue are ulceration, generally superficial, sometimes more deeply seated; swelling and thickening of the mucous membrane; swelling and induration of the substance of the organ. Ulceration often exists in conjunction with swelling of the mucous membrane, and with induration of the lingual substance. The more formidable diseases of the tongue are syphilitic or cancerous; the former being by far the most numerous. Disorder of the digestive organs is sometimes the source of the mischief, giving rise to affections, which are usually superficial, but sometimes of more serious character

Several cases of these diseases are related in the course of his lectures. The first is one of circumscribed swelling and induration, with deep ulcerated fissure. The patient was a married woman, twenty-six years of age, and her previous history, although she denied having had syphilis, yet presents several suspicious circumstances, such as an eruption over the body, simultaneously with ulcerated sore-throat, and repeated relapses of the lingual disease. When admitted into the hospital there was a circumscribed swelling of oval shape, the size of a large filbert, on the right side of the tongue: it was of pink colour, firm, but less hard than scirrhus. In its long axis and whole length there was a deep ulcerated fissure, the edges of which were irregular but not everted, and the surface was not foul. It did not cause much pain, and there was no affection of the lymphatic glands. The treatment consisted of the exhibition of mild mercurials internally, and the use of an alum wash to the mouth. The patient was discharged four weeks after her admission, the swelling and induration having nearly disappeared, and the ulceration being cicatrised. In the next case, that of an unhealthy looking girl, there was a circular excavated ulcer, the size of a shilling, on the dorsum of the tongue. It had a greyish surface, with raised edges and considerably indurated basis. The disease commenced with a hard patch on the tongue in the situation of the ulcer. The girl strongly denied any possibility of syphilitic taint, and did not present any symptoms of that disease, notwithstanding which the disease is classed among the syphilitic affections. She was discharged cured in about a month. The treatment consisted of the internal exhibition of hydrargyrum cum creta, with sarsaparilla. The third case was clearly shown by the history, symptoms, and treatment, to be syphilitic. The man had on the right side of the tongue a rough ulcerated surface with everted edge, the size of a shilling, and at the posterior part of the tongue, on the same side, the mucous membrane, over a space the size of a shilling, presented a smooth red surface, free from papillæ, in the centre of which there was a deep foul ulcer, with yellow surface, and hard circumference. The internal use of the hydrargyrum cum cretâ, in small doses, three times a-day, removed the hardness in a few days, and at the next report, twelve days afterwards, the ulcerations were nearly cicatrised. The patient then left the hospital. The fourth case is one of phagedenic ulceration of the tongue and gums, and also of the trunk and legs, the result of the absorption of the venereal virus eight years previously. The general health was much reduced. The hydriodate of potash, with sarsaparilla, was used for the first fortnight, when quinine was substituted for it. The local applications were the yellow lotion and poultices to the sores, and the linimentum æruginis to the tongue and gums. The man had also meat diet and porter. At the end of six weeks the ulcers on the body were healed, and the tongue and gums were quite well. He was then made an out-patient. In the fifth case there was a phagedemic ulcer of the right eyebrow, with a large ulcer on the tongue, and enlargement and induration of both testes, with effusion of fluid into the left tunica vaginalis. The patient was treated by iodide of potassium in decoction of sarsaparilla, and afterwards with mild mercurial preparations. At the end of nine weeks he was discharged, the ulcers being soundly cicatrised, the tongue free from pain and movable, and the testes their natural size and much softer. The sixth and seventh cases, instances of syphilitic ulcerated fissure, clearly indicate the advantage of a mercurial treatment. The eighth case as clearly demonstrates the utility of a mercurial course in enlargement and induration of the tongue. The case was one of constitutional syphilis. Mr. Lawrence remarks that these cases do not exemplify the most common form of the disease, when of syphilitic origin. We see more frequently ulcerations, generally of small size, along the edges of the tongue, sometimes with greyish surface, superficial or a little excavated, sometimes with slightly raised edge. Not uncommonly there is a thickened, raised, and fissured state of the mucous membrane, sometimes combined with superficial or deeper ulceration. This thickened mucous membrane may be either redder than natural or paler; in the latter case, the epithelium is thickened and opaque. The dorsum of the tongue sometimes presents red patches, in which the mucous membrane is denuded of its epithelium, but is perfectly smooth, and not ulcerated. These may continue for a long while, getting better and worse, particularly if neglected. These diseased appearances are occasionally combined in the same case. In one instance in which Mr. Lawrence was consulted, and where there was decided evidence of a syphilitic cause, the surface of the organ, in its middle portion, and over more than half its extent, the dorsum and edges being included, was smooth, the epithelium being white and opaque, as if this part had been ulcerated, and partly having a raw appearance. There were three or four superficial ulcers with grey surface at the edges and tip, and small superficial ulcerations of the lips, with chaps at the angles of the mouth. In this case the iodide of potassium had always done good, but whenever it was left off the disease relapsed. Small doses of the hydrargyrum cum cretâ, exhibited until severe ptyalism had been produced, effected a cure. The beneficial influence of mercury on ulcers of the tongue, mouth, and throat, has always appeared to Mr. Lawrence to afford the most unequivocal evidence of its peculiar antisyphilitic virtues; for while the sound mucous membrane is inflamed and ulcerated by the action of the remedy, the contiguous venereal ulceration is seen to be altered in character and healing rapidly. The enlargement and induration of the tongue is a much less common form of the disease. Mr. Lawrence has always found it give way satisfactorily to the use of mercury, and he gives several cases, additional to the eighth already mentioned, in illustration. In the most severe of these he can only report a decided improvement in the state of the tongue, as he is unacquainted with its subsequent progress. The patient was twenty-five years of age. The right half of the tongue was enlarged so considerably as to impede articulation, the swelling beginning at the back and extending nearly to the apex; it was also indurated, but less so than in scirrhus. The morbid change embraced both the mucous membrane and the muscular substance, extending nearly throughout the entire thickness of the organ. The surface was red and slightly tuberculated, presenting three or four superficial ulcerations on the more prominent points. In front of the indurated mass, and near to the apex of the organ, there was a separate lump, the size of a horsebean, with a small ulcer on the surface. The disease extended to the middle line of the tongue; the very margin of the organ, constituting the outward boundary of the enlargement, was healthy. There was no other affection of the mouth or throat. The history of the case showed the disease to be syphilitic, and the treatment was managed accordingly. When the mouth was much affected, the state of the tongue, as already stated, had decidedly improved. In another case, described by Mr. Lawrence, a thorough cure was effected. Venereal enlargement and induration of the tongue may be confounded with cancer, in which the substance of the organ is also more or less hardened. Mr. Lawrence thus draws the points of distinction between them. He has always seen cancer begin on the edge of the tongue, generally at the middle or back part. It extends slowly into the substance, and may ultimately embrace the greater portion or the whole organ. The hardness which, as in the scirrhous breast, is in the highest degree, renders the part incompressible; it is accurately circumscribed, so that the boundary of the disease is immediately felt. The hardness is less marked in syphilis, more diffused, and not confined in its origin to the margin of the tongue. Scirrhous induration does not last long, nor become considerable in extent, without the occurrence of ulceration; while syphilitic enlargement may occupy one-half or nearly the whole organ without breach of surface. The cancerous ulcer is deep, often with an ash-coloured or partially disorganised and bleeding surface. Sometimes profuse and alarming hemorrhage occurs. The margin is hard, raised, and everted, or ragged and excavated. The induration is considerable in proportion to the ulceration, especially at the commencement. The secretion from the sore is thin and offensive. The induration in syphilitic ulcerations is comparatively inconsiderable; the surface is of better character, and the ulcer seldom penetrates deeply. Cancer of the tongue is a hardened mass, which becomes ulcerated; syphilitic disease is an ulceration of which the base and edge are sometimes thickened, moderately indurated, and raised. The morbid change in cancer gradually extends to the surrounding parts, so that, in an advanced stage, the tongue is not only indurated but almost fixed. The pain of cancerous ulceration is most severe, and so much aggravated by motion of the organ, that articulation, mastication, and swallowing, are attended with the greatest suffering. The aid of opium is absolutely necessary to procure temporary ease. The uneasiness in syphilitic cases is comparatively inconsiderable. The absorbent glands soon become enlarged and indurated in cancer of the tongue, while they seldom suffer in syphilitic ulceration; if they do, it is simple enlargement. Cancer of the tongue also usually appears about or after the middle period of life. Mr. Lawrence has, however, seen it terminate fatally in two or three cases before the age of thirty. Several cases of cancerous degeneration affecting the tongue are next given. The first is one of scirrhous tumour of the tongue, with superficial ulceration, which was excised early in 1844, and has not since returned. The portion removed was the size of a nut, very similar in colour and consistence to a scirrhous portion of mammary gland, but less hard and tough. The muscular substance taken away with the disease was perfectly healthy. The next was less favourable; the tumour and ulceration were both larger, and the disease returned three or four months after the removal of the scirrhous enlargement by the ligature. The third case was still less favourable. The patient was a lady, fifty years of age, with an unhealthy aspect, foul tongue, and impaired digestive functions. The diseased portion, about an inch and a-half long, and an inch wide, was of a scirrhous hardness, the change reaching nearly to the middle of the organ; the surface was irregular, warty, and granulated, red and fissured, slightly prominent, but not ulcerated. The pain was of a shooting and burning character; often considerable, but not constant. There was no glandular affection; it was of eighteen months' duration, having commenced with a slight warty projection. The diseased mass was removed by ligature; the wound healed slowly, but completely, and the part regained its natural feel; the pain, however, was not entirely removed, and there was always the feeling of a sore place. Three or four months after the operation the neighbouring glands began to enlarge, the disease recurred in the tongue, and the unfortunate patient, some time afterwards, to await the unavoidable fatal termination. Incidentally to this case, Mr. Lawrence observes that the first of these, if perfectly successful, which he seems to doubt, is the only one in his experience in which a relapse of the disease, either in the tongue, or in the glands of the neck, has not taken place. The relapse has occurred speedily in most cases; but he has seen one instance in which a long period intervened between the operation and the return of the malady. In this case the disease did not return for several years, and when a relapse took place, the cancer made comparatively slow progress, and appeared to be of a chronic nature. In another instance the disease appeared to be hereditary, the patient's mother having died of cancer of the breast. The patient was a *bon vivant*, and had suffered greatly from dyspepsia and hypochondriasis. Mr. Lawrence terminates his lecture with a notice of several cases in which the disease was neither syphilitic nor malignant. The first of these was an instance of a large excrescence on the tongue; the patient was a gentleman, forty-two years of age, stout, of a full habit, and accustomed for a long course of years to eat and drink very freely. He had a large, ruddy face, hot skin, full pulse, and very white tongue. The disease had existed two years, having been considered for some time to be a common wart; it had grown more rapidly of late, in spite of escharotic applications. The growth, situated along the left edge of the tongue, was of an oval form, about an inch and a-half in the long axis, and an inch across. Its height from the surface of the tongue was about three quarters of an inch. It was attached by its whole breadth. The surface was uneven, but not ulcerated; the substance tolerably firm. It interfered most inconveniently with the movements of mastication and articulation, but

was not otherwise attended with much pain. It was removed by the application of a ligature, and was then found to be a morbid growth covered by the mucous membrane, and resembling the malignant structures occasionally met with under the integuments of the face and the mucous membrane of the mouth. The surface slowly cicatrised, but the part remained rather swollen and sore. After a few weeks there was increase of swelling, and the part ulcerated. Caustic was employed, and it was necessary ultimately to apply the potassa fusa freely. The part then cicatrised firmly, and is perfectly sound at the present time, although the habits of living have been resumed, which might be supposed to have caused the complaint. The next case was one of indurated enlargement, the surface of the organ being in parts uneven and tuberculated, and presenting several superficial ulcerations, not extending beyond the mucous membrane. The hardness resembled that of scirrhus, and there was dull aching pain, especially at night. The patient was put on the use of iodine and sarsaparilla, and afterwards took mercury with chalk, until the gums became tender, after which the swelling and induration were diminished. He was then made an out-patient at his own request, and did not again attend. Diseased states of the tongue are seen not unfrequently in conjunction with disorder of the digestive organs, especially when excited and maintained by imprudent indulgence in drinking. There is often, under such circumstances, a sore state of the organ, the epithelium being smooth, reddened, or white, and opaque. The surface may be superficially ulcerated, the ulcerations being usually small, circular, and of greyish colour. Occasionally there is thickening of the mucous membrane, and deeper ulceration. Three cases are related which illustrate these statements. Alteratives and aperients, with abstinence from stimulants, effected a cure. The disease presented the most formidable appearance in the third case, in which the middle and upper part of the organ was swollen, and occupied by a deep ulcer of irregular figure and foul aspect. It was very painful, interfering with mastication and articulation. The digestive organs were much disturbed. The complaint yielded speedily and effectually to simple measures—regulation of diet and the digestive organs, small doses of extract of henbane, and soothing local means.

Ununited Fracture of the Humerus.—A man, twenty-nine years of age, was admitted into the Middlesex Hospital, under Mr. Arnott's care, with an ununited fracture of the left humerus of a twelvemonth's duration. Excision of the ends of the bone had been previously practised without advantage. On examination, the left humerus was found fractured below its middle, without the least union having taken place. Over the seat of this, on the outside of the arm, which was plump, was a long cicatrix, resulting from the operation of excising the ends of the bone. The ununited ends were atrophied, tapered, rounded. They slightly overlapped, but were easily brought point to point, for such was actually the condition of their ends. There was no thickening of the surrounding soft parts, and he dangled the limb about without pain. He could raise the upper part of the humerus by the action of the deltoid and other muscles attached to it, and the action of those proceeding from the scapula and humerus to the forearm was preserved, though useless; but the power of the muscles of the forearm and hand were almost gone; he could not grasp with the latter. These last-named parts were wasted. In addition to this, there was almost complete paralysis of motion and sensation in the hand and fingers. This condition had obtained ever since the operation for the removal of the fractured ends of the bone had been practised, previously to which the forearm had been brawny, and he had the power of its muscles, could grasp anything with the hand, and by laying hold of the broken ends of the humerus with the other, and holding them firmly, could seize and raise heavy weights with the disabled one. Amputation was performed, and the man did well. The median nerve at the place where the operation was performed, was redder than the other nerves; about three quarters of an inch below, it began to enlarge, soon attained three times its natural size, so continued for about five inches and a-half, and then gradually diminished to its natural diameter. Mr. Arnott could not assign any cause for this enlargement.

Strangulated Hernia.—Mr. Arnott narrates three cases of strangulated hernia. The first is one of strangulated femoral hernia, with an incomplete omental sac, which adhered strongly to the peritoneum, and was with it necessarily divided. No hemorrhage took place. The protruded omentum was left in the sac when the bowel was reduced, and the integuments were brought over it. The wound suppurated; the portion of omentum external to the ring sloughed out, and in five weeks the parts had granulated and cicatrised. The next case is one of strangulated umbilical hernia, of four days' duration, in which the intestine was enclosed in a complete omental sac, on opening which a loop of bowel, in which mortification had already taken place, was exposed. The result of the case is not given. The third case, one of recent strangulated femoral hernia, is detailed, principally with the view to point out the impropriety of exhibiting purgatives after the operation. The case, although one of considerable danger, did perfectly well without any aperient. We believe that the generality of surgeons are now convinced of the danger of giving purgative medicines after this operation, and also that the removal of the strangulation will prove after all the best aperient.

Cancer.—Two fatal cases of cancer are recorded by Mr. Arnott, the disease in the one case affecting the anus, in the other the eyelids. The patient who had cancer of the anus was a man sixty-one years of age. On admission there was a tumour the size of an orange, projecting at the anus, which, but for the difference of colour and some other circumstances, might, from its form and seat, have been mistaken for prolapsus recti. The tumour was of a globular form, attached by a broad base, had an irregular form, of a greyish-yellow colour generally, but in parts red, and secreting from the whole a very offensive discharge. The aperture of the anus, which was not at once discovered, occupied the most prominent part of the surface of the swelling, not exactly in the centre, though the whole contour of the opening was involved in the disease. Although the morbid mass extended under the surrounding skin, it was apparently so distinctly circumscribed, and so moveable as to lead to the inquiry if it might not be removed by operation. A very brief investigation of the case settled this question in the negative. On passing the finger into the bowel, which was done without pain or hindrance, although the mucous membrane was smooth and apparently unaffected, there was felt at the posterior part, about an inch and a-half up, some irregularity in the subjacent tissue, and a hard nodule moveable under the finger. There were also enlarged glands in both groins, and the patient presented the true look of cancerous cachexia. The disease commenced as a small pimple about twelve months previously; the swellings in the groin had existed about four months. The man died two months after his admission, but before death suppuration had taken place around the enlarged glands in the left groin, with great aggravation of his sufferings. On examination after death, besides the disease of the anus and groin, there was found a firm medullary mass, the size of an egg, on the edge of the pelvis, two inches above Poupart's ligament, on the left side, and tubercles of the same character in the liver and both lungs. The case of cancer of the eyelids occurred in a female, sixty-six years of age, who remained in the hospital six years, the disease making very slow progress, and the woman dying of erysipelas of the head and face.

NOTICES TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

☞ ☞.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

A Constant Reader, Merthyr Tydvil.—*Such an operation is only suited to peculiar forms of chest disease.*

E. A.—*We believe* Burnett's Outlines of Botany, published by Renshaw, *to be a work well-suited to our correspondent.*

A Country Curate.—*We regret that even in the case mentioned by our correspondent, we may not depart from our rule of* not *giving advice in the* Medical Times. *An operation, if skilfully performed, would not be attended by much risk or danger, but probably the swelling may be reduced by other means. Attendance at either of the metropolitan hospitals, at the appointed hour for the surgical visit, would ensure the best advice.*

T. Ringer.—*Our correspondent, if* bonâ fide *a student, may compete.*

A Four Years' Subscriber *writes us a sensible letter on the propriety of an inquiry being made into the qualifications of persons holding the registers for deaths. Our correspondent very properly remarks, that however minutely the medical attendants in general may note the particulars of a disease, if the registrar be—as in many cases our correspondent believes, he* is—*an unqualified practitioner in medicine, this person can use his office to cloak his* own *misdeeds, and insert any terms he may think proper, in reference to cases which have died under his own care, thus, of course, much detracting from the value of the reports in a statistical point of view.* A Four Years' Subscriber *states that he has lived in a neighbourhood where the registrar was a totally unqualified practitioner, and that this person still holds the appointment; although our correspondent wrote to the registrar-general on the subject.*

An Old Student.—*The work of Mr. Skey is the best on the subject referred to.*

R. W,. (Dursley).—*We are sorry to inform our correspondent that No.* 211, *Vol.* 9, *of the* Medical Times, *required is out of print.*

Several communications are unavoidably postponed till next week, among the rest, Dr. Lewins *on the* University of Edinburgh.

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s.; Quarterly,* 6*s.* 6*d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is* 6*s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

Saturday, October 11th, 1845.

"Neglecta reducit, sparsa colligit, utilia selegit, necessaria ostendit, sic utile."—Baglivi.

"Vivit is qui se utitur: Qui vero latitant et torpent, sic in domo sunt, tanquam in conditivo."—Seneca.

In continuing our advice to medical students, we this week address ourselves to the poorer class.

One of the vanities of this world, amongst the many that flourish in it, is proudly conspicuous when a little man, with two or three hundred pounds above his stock in trade, determines upon educating his eldest son for a profession. The father looks upon his worldly possessions as upon things of consequence; they make him important in the eyes of a wondering circle of indigent friends and solicitous debtors, and he persuades himself to believe, that if he invests his ready money in the

current capital of intellectual ware, his reputation, and his child's fortune, are made for ever. Such man calculates closely the expenses of studentship, in the several items of lodgings, lectures, pocket-money, and the *finale* of diploma-fee, and being satisfied that his means will go thus far, and no further, he turns over in his own mind the relative claims of divinity, law, and physic, and determines, as we will suppose, in favour of the last. Little does he think how many are the chances against the fulfilment of his fond and foolish hopes, how unlikely it is that the ideal calculations in his chimney corner will be reduced to certainty in the busy world. He makes no allowance for ground pre-occupied, patronage pre-engaged, preferment pre-sought; his argument against all these things is, "other men have got on, with nobody to help them, and why not my son?" Such an observation, backed by evidence, assuredly carries some weight with it, and we should be inclined to say that the man who got on in physic without ready money or ready friends was very considerably in luck's way; but as such a position is not to be calculated upon, we conclude that it is by no means a legitimate item in the matter of sober argument. If patients were so plentiful that there were not doctors enough to physic them, we should cry "hail!" to all comers, were they rich or poor. But the case is widely different. Patients, like coy maidens, are curious in their choices, and are mindful how they bestow favours upon fresh acquaintance; nor is the temptation of novelty likely to be of much avail in medical practice, seeing that, go where you will, there are always veterans enough to put in their claims to precedence. Thus, then, as everybody knows, there is a certain waiting, or 'biding of time, which every man must be prepared to endure, ere he is placed in a position to maintain himself by his own exertions. The amount of time depends upon circumstances. As a rule — all general rules have their exceptions, and so has this one, but they are not numerous—as a rule, the length of time a man has to wait for preferments in physic is inversely as his moral and intellectual merit! But it is apportioned to almost every man to undergo *some* probation, and this is the period when ready money most serves him. If the capital which his father had to bestow upon him were all sunk in studentship, as is too often the case, then is the poor fellow thrown upon the world with all resources but the right one. What signifies his amount of learning and professional skill, if he have no objects upon which these may be exercised with profit? Better were it for him to be a hewer of wood and a drawer of water, that, in stooping to the little things not degrading to him, he might earn an honest livelihood by honest means, than be placed in a position of genteel delicacy, to starve upon etiquette. The very refinement which education has put upon him, makes him additionally sensitive of neglect or insult, and the history of our profession teems with instances of such men going mad or melancholy, or forgetting the dignity of their calling, and degenerating into quacks. We are the last to give any due to illegal or heterodox medical practice, but we never apply the lash to this sin in its open or hidden committal without some feeling of pity for those who, with better intentions in their hearts, have been driven to an offence they abhorred by a poverty they could not withstand. We believe that the pitiable career of many a man in the ranks of quackery is traceable to a failure in his first efforts of practice, and this mainly through want of the pecuniary assistance which at start in life he requires. Whatever the income may be, we know that existence necessarily entails expense; and if a man's means are not equal to his requirements, he can make but a poor appeal to the clemency of creditors. It is in a state like this that a man is driven to actions alien to his conviction and his choice. A beggar, whose supplications are unanswered by charity, will steal a loaf to satisfy his child's hunger or his own; a man of fashion, *in extremis*, will borrow of an acquaintance and forget to pay him, or trick a stranger at play; and a doctor, deep in debt, with no preferment in prospect, will turn a quack. We are accustomed to look upon this as a grievous offence, and such it is; but in awarding judgment against evil actions, some consideration should be had for the motives which prompt them; and we are inclined to think, that amongst the many who trespass upon the prescribed rules of our legitimate profession, not a few could acquit themselves of some measure of offence were they to detail the history of their inducements to do wrong. Too often these cruel temptations of necessity which beset the children, are traceable to the idle, not to say wicked, vanity of their parents, who in thus educating and training their offspring for stations beyond their means, are only realising the Chinese notion of sacrificing a picture for the sake of its ashes.

But as such things have happened aforetime, so will they be likely to happen in times to come; poor men *have* occupied the ranks of medical studentship, and they *will continue* to do so; even now there are numbers so circumstanced, and to them we address a word or two of encouragement and advice.

Curran used to say, that "the finest prospect for a man commencing practice at the bar was to be not worth a shilling." He spoke from experience, and as far as his own case goes, nothing can be said against his particular opinion, for, from the direst poverty, he raised himself, by his own exertions, to one of the highest offices of State. But though the *genius* of the man may throw some doubt upon the general applicability of his rule, still he may be looked upon as one of the many instances, familiar to history, of poverty being the prelude to honour and wealth. In all ages of the world, intellect has been the only commodity universally available, and its produce, no matter what the source or the connexion, has seldom lacked purchasers or price. Whether vended by a poor man or a rich one, its value has been the same, and it has found a market everywhere. The Athenians erected a large statue to Æsop, and placed him, though a slave, on a lasting pedestal, to show that the way of honour lies open, indifferently to all.

> Æsopo ingentem statuam posnere Attici,
> Servumque collocarunt æterna in basi,
> Patere honoris scirent, ut cunctis viam.

It is, perhaps, doubtful whether in these money-making days, we set the same value upon intelligence as did the ancients, but however that may be, there is a certain influence which it never fails to exert, and a certain patronage which it seldom fails eventually to command. This is the only, but the invaluable source of consolation to the medical student who has nothing but his intellect and industry to aid him in after life. Instances of disappointment will occur in the casualties of this life, but they are less likely in proportion to the amount of mental worth which a man may have at his command. The accumulating of this inestimable commodity is the chief business of his days of pupillage. Whilst it is the duty of every one contemplating the future practice of the medical profession to qualify himself by all possible means for so responsible a task, it is especially the duty of the *poor man* so to initiate; he is laying the foundation of weal or of woe both for himself and his patients. The sin of negligence becomes doubly sinful when such one fails of his propriety, for, as he has not the manifold temptations of money to divert him from industry, his "errors of omission and of commission" are chargeable, without reserve or extenuation, upon himself.

The medical student should constantly bear in mind the fact, that his present position in somewise mirrors the one that will distinguish him as a practitioner. He is important only in proportion to the measure of his acquirements, and the solidity of his judgment. In the class-room he may sit next a man wearing better clothes, and possessing more money than himself, but the examinator—*mind, bare mind*, stands before him, it is weighed for itself alone, and the frippery of habiliment or pocket money is not admitted into the calculation. A student should always value more his *inner* than his *outer man*. He may wear smart clothes, and make people inquire who is his tailor; or be a spendthrift, and create a surprise that his father should grant him the opportunity of profligacy; but beyond these things he will excite no attention. Alongside this man may walk another, with a threadbare attire and a look of poverty all over him, but he may attract the gaze of many who will wonder at his acquirements, and prophesy of his fame! This is the man who, of all others, should be proud of the sensation he creates. Deference is everywhere paid to him—it is an honour to receive his bow; and the fop, who surpasses him in dress, shrinks, coward-like, from his contact, whenever an intellectual estimate is to determine the standard of the two. A man may reasonably be ashamed of ignorance, but he need never be ashamed of poverty, for which he is not his own debtor. He may rise above the one, even in his later life, but the golden opportunity of escaping the trammels of the other passes away with his youth.

Poor student! we sincerely sympathise with you, yet we are far from considering your lot a hard one You have got what many a man suffers by not having—*the stimulus of necessity!* It will serve as a prompting to many a toil that may hereafter pay you a hundred-fold. Remember, that what you now reap is your property for ever—you cannot lose it, nor does it suffer by keeping. It will be ever at your command, and seldom unavailable. Treasure it as a gem that is beyond all price, and worth any and every effort to obtain. But remember, it is only by obtaining this knowledge that you can hope hereafter to be successful. If you be an idle man, your fate is certain—you will live a pauper for ever; if you make industry your business, and acquirements your aim, every avenue of success will be open to you, and the best of fortune may be yours. You must choose quickly, and choose ever. To decide and to perform must be the same thing with you; and for good or for evil, for wealth and honour, or for poverty and degradation!

> Spatio brevi
> Spem longam reseces: dum loquimur, fugerit invida
> Ætas: carpe diem, quam minimum credula postero.

THE LONDON MEDICAL DIRECTORY.

We wish particularly to impress on our metropolitan readers the great advantage which must result from a correct registration of the *licensed* members of the Profession practising in London, with the *qualifications of each*. The public at present possess no means, or rather no available

means, of determining who are, or who are not, worthy their confidence; and from the numerous portals open to the Profession and the numerous qualifications and grades belonging to each, a golden opportunity is afforded to pretenders and empirics of all classes. To determine the legal pretensions of any one member is a work of much difficulty, occupying considerable time, if at at all possible. There is no general list published of the individuals qualified to practise medicine and surgery. True it is the College of Surgeons and the Apothecaries' Society publish a list of their members and licenciates, but the Scotch universities have no available means by which, in a moderate time, information may be obtained, whether any of the John Smiths at present in practice in London are duly qualified to meddle with the lives of her Majesty's subjects; and the lists of the College and Hall are defective, in so far as, in the majority of instances, they do not contain a correct reference to the residence of the individuals mentioned. What more tempting offer could there be to the unprincipled to assume a title as unmerited as it is injurious to the public? and when added to this, we remember that there is no punishment for the offender, why do we wonder that England swarms with pretenders of all descriptions—wolves in sheep's clothing? Under these circumstances, and for want of a public list prepared under the auspices of Government, which we hope to see bye and-bye we beg to call attention to an advertisement in another column, earnestly requesting all members of the medical profession at present residing in London, to send their residences and qualifications for publication in the new edition of the *London Medical Directory*, soon to be issued. We feel the importance of this publication to the profession and to the public, and the only means by which it can be rendered complete—and unless complete it will be comparatively valueless—is the cordial co-operation of our professional brethren. This it deserves, and this we are sure it will receive.

TRANSACTIONS OF LEARNED SOCIETIES.

Botanical Society, Oct. 3, 1845.—E. Doubleday, Esq., in the chair.

A paper, entitled *Remarks on the Potato Murrain*, by H. Oxley Stephens, Esq., of Bristol, was read.

The author, after stating that the potato-crop in the early part of the season had been one of great promise, remarked that the leaves suddenly began to shrivel and roll backwards, turning black at the same time, while similar patches appeared on the stem, so that a field of potatoes, smitten by the disease, presented much the same aspect as if the haulm had been destroyed by the sharp frost of an autumnal night. The haulm soon decayed down to the ground, the surface of the bulbs became discoloured, and of a livid leaden hue, and the rind presented a rugose or pustulated appearance. The same root bore tubers, both sound and unsound, the latter being in all states of the disease, the full-grown and the immature being equally liable to it. When an infected tuber is cut across, the circumference is seen to be discoloured, and turned brown beneath the rind, the external portion of the potato being the part first affected. These brown spots are drier than the rest of the bulb. They are occasionally confined to a portion only of the tuber. When cooked, the appearance of the unsound potato is very disgusting; all the portions which were brown when raw, when boiled are of an ashen livid hue, and the potato is waxy; the odour and taste are very unpleasant. The author considers such tubers as very unfit for human food, and as absolutely dangerous. The examination of a diseased tuber under the microscope shows the discoloured and unsound circumference nearly exhausted of starch, which is found in an unaltered state in the centre. The starch corpuscles disappear, or are absorbed or disintegrated in the diseased portions, and the cells which before contained the fecula are either empty or contain brownish crystalline bodies, which Mr. Stephens supposed to be the remains of the decomposed starch globules.

With regard to the cause which produced the potato murrain, the author observes that it must be either atmospheric influences, or the immediate agency of some destroying principle acting directly upon the plants. The latter is the general opinion; because the leaves, stem, and exterior of the tuber are found to be infected with a fungus, and an angular mycetoid production is said to inhabit the intercellular spaces in the diseased tubers. The author has himself observed a hoariness of aspect on the leaves, which is caused by the presence of countless plants of the botrytis infestans, which are stated by Mr. Berkeley invariably to precede the work of destruction. On the black patches of the stem an exceedingly minute fungus, apparently belonging to the genus fusisporium of Link, was discovered; it consists of innumerable excessively minute elliptic sporidia, collected together in heaps. They exist in countless multitudes, so that the field of the microscope is covered by them. A still more singular fungus is described by Montagne and the Rev. Mr. Berkeley, as spreading its mycelia through the intercellular spaces of the structure of the potato itself. It is regarded by Dr. Montagne, of Lisle, as a new genus, or else as allied to sepedonium or asterophora, two genera of fungi which are parasitic within or upon other fungi—the agaric and boleti. It is said to be furnished with bristly sphores, while those of the sepedonium are echenulate, and those of the asterophora are star-shaped. Dr. Montagne proposes to name this parasite artotrogus hydnosporus. The author has not succeeded in detecting the presence of this parasite in the diseased potato, and he consequently concludes that it is not invariably present.

The author next examines the question whether the destruction of the potato is caused by these fungi, and if so by which—a question, he observes, of vast moment, because, if this disease is really produced by germs of endophytal fungi, nestling within the structure of the parent, many of these germs will remain in a latent condition within the cellular structure of the potato, and when an apparently sound, but really infected tuber is used for planting in the ensuing year, they will be called into activity during the process of germination, and the same disease will probably appear in the next potato crop; whereas, if the murrain be only the effect of an unusually cold and wet season, it may be hoped that a congenial summer will prevent its recurrence. Mr. Stephens is inclined to regard these fungi as accidental accompaniments, rather than as the essence of the malady, which he refers to atmospheric influences; that is, to the direct debilitating operation of a prolonged low temperature, combined with excessive moisture, upon the structure of the plant, which, he says, perished by vegetable sphacelus; and he adds that where the potato crop was exposed to the stimulating atmosphere of the sea, the murrain is said not to have appeared, which, he thinks, may be owing to the salt impregnation of the sea-breeze acting as a tonic on the plant. He then referred to the existence of the murrain in North America last year, and remarked that if the summer in that part of the world had been dry and congenial, then his opinion would not be tenable, but the explanation which attributes this disease to fungi must be accepted.

Dr. Bossy observed that the question as to the cause of this disease in the potatoes was one of great importance, as it would probably be a permanent murrain in that vegetable. He could not fully admit that the low temperature and the excessive moisture were its sole causes, as, if that had been the case, then this disease, which is apparently a new one, would have shown itself on previous occasions. With respect to the statement that the neighbourhood of the sea prevented the attack of the disease, Dr. Bossy said that there were marshes in the neighbourhood of the Thames, which, from the quantity of salt they contained, were called saltings. In a portion of these, at Plumpstead, potatoes had been planted, but they were not protected by the presence of saline ingredients. The disease had affected them also. A report had gone abroad that the murrain had been caused by the use of the guano manure; such was not the case in this instance, for the ground was rich enough to be cultivated without the use of any manure at all. He (Dr. Bossy) was desirous of inquiring as to the microscopic characters presented by the diseased tubers, which he thought had not been sufficiently made out in Mr. Stephen's communication. He had examined them himself repeatedly, and had found the starch globules the same in the sound and diseased potatoes; but, in addition to the larger globules, he had detected in the diseased tubers smaller, but not very numerous, spherical bodies, and in the cellules enclosing the starch corpuscles he had discovered a minute brown fibre, meandering among the starch globules, and which it appeared to him was superadded to the normal structure.

Dr. Ayres had only found the membrane composing the cells changed to a brown colour; he had not discovered the presence of the brown fibre.

Mr. E. Doubleday remarked, with respect to the occurrence of this disease among the potatoes in North America last year, to which an allusion had been made by Mr. Stephens, that the climate of that country is generally drier than our own, and that last year was not an exception. The disease had then prevailed so extensively in the Northern States, that, by the direction of Government, a report had been prepared and published on the subject, the result of which appeared to be, that it attacked plants where the same seed had been used for several years, and that the new potatoes were more liable to it than the old. Its appearance in different parts of Brittany and elsewhere showed that the sea-breeze did not exert any protective power. There was not any doubt, however, but that, in some instances, the potato plant had been injured by frost. Mr. Doubleday further observed that onion-bulbs planted near the potatoes were also diseased. With regard to its being dangerous as an article of diet, he said that a farmer in Buckinghamshire had fed pigs on these tubers for a fortnight without injury. At Windsor, however, a gentleman had tried the same experiment, and the pigs became diseased. That, however, he (Mr. E. Doubleday) thought might have arisen from other causes.

Dr. Ayres suggested that the haulm and leaves were dead before the botrytis and fusisporium had attacked them, as those fungi generally appear on dead vegetables.

The discussion was then continued for some time as to the effects of cold in producing the disease, after which the society adjourned.

UNIVERSITY OF EDINBURGH.

CORRESPONDENCE BETWEEN ITS PROFESSORS.

Charlotte Square, 23d July, 1845.

Dr. Beilby having declined to communicate the following letter, Mr. Syme is compelled, by what he deems due to his own feelings and the protection of professional intercourse, to submit it in a printed form to the individual members of the College.

Charlotte Square, 1st July, 1845.

Sir,—I venture to hope that the peculiar circumstances which it is the object of the following statement to communicate will be a sufficient apology for the liberty I take in addressing it to you for the information of the College of Physicians.

Upon Saturday last I received a note urgently requesting my professional assistance for a young gentleman who had been seriously injured by falling down a stair. I immediately proceeded to visit the patient, and had nearly reached the door of his bed-room, when the professor of midwifery, descending from it, asked me to go down with him to the drawing-room as he had something to say. I did so, and was directly assailed with an angry intimation that, in Dr. Cormack's Medical Journal for the present month, he had seen a passage of my writing "against him." I said he was not entitled to assume that the passage was written against him. He replied that he "knew" it was, and that Dr. Cormack had told him so. He was then entering upon some details of his practice, which seemed to me so much out of place that I moved towards the door, when, with considerable excitement, he af-

firmed my conduct to have been "most contemptible." I felt strongly provoked to reply in the only way left for me, but, fortunately for my own character and the respectability of the profession, did not forget where I was, or the object of my being there, and without expressing the indignation excited by an outrage so inconsistent with the usages of gentlemen, proceeded to discharge my duty to the suffering boy, who was found to have sustained a fracture of the arm, with other severe injuries.

Having thus escaped the danger of an unseemly brawl in the house of a patient, I shall be very careful for the future to avoid a *tête-à-tête* with the professor of midwifery. But, in forming this resolution, I feel it due to you, Sir, and the College over which you preside, to explain the ground of my objection to meet a member of your body.

It may be proper to add that, immediately after this occurrence, I called upon Dr. Cormack to inquire if he had told the professor of midwifery that any passage in my paper had been written against him, and was assured by that gentleman that he had never done so.

I have the honour to be, Sir,
Your most obedient servant,
JAMES SYME.

The President of the Royal College of Physicians.

To Dr. Beilby, President of the Royal College of Physicians, Edinburgh.

My dear Sir,—I have obtained, from the fellows of the college, a sight of a letter addressed by Mr. Syme to you, and printed and circulated by him. On perusing it, my first impression decidedly was, that such a production really required no reply on my part. Some of the profession, however, seem to think that its misstatements should be corrected in the same manner that they have been made. Pardon me, therefore, while I encroach for a minute or two upon your time and my own, by making the few following observations.

1. I do most solemnly assure you that, in almost every minor detail, Mr. Syme's letter contains a disingenuous and untrue statement of the *res gestæ* of our accidental meeting and conversation, on the occasion which he describes; and when I taxed him directly with his indecent and unfounded attack upon me in the number of Dr. Cormack's Journal that had been published that morning. I do not write this to accuse Mr. Syme of express want of veracity in the present instance. It is quite explicable, I believe, on other grounds. For, during our brief interview (it did not last above two or three minutes), Mr. Syme was in such a state of tremor and agitation, that I conscientiously believe his recollection of what took place immediately before it, of what I said to him during it, and of what he himself did, was necessarily afterwards strangely perverted.

2. Mr. Syme's principal and most grievous complaint of me to you and to others is, that at this interview I spoke to him of his conduct being "contemptible." I assuredly did so. But the expression was not, as Mr. Syme evidently wishes you to believe, applied in any—even the most remote degree—to the attack which he had just published. It was used, as I stated to himself most explicitly at the time, to indicate my opinion of his conduct and language in reference to me a short time previously, in the house of a mutual patient, when he made a visit at which I was not present. I had predetermined, both for his own sake and for the credit of the profession, to tell him distinctly my impression on this point. The meeting in question afforded me the first opportunity of doing so.

3. Among his other misstatements to you, Mr. Syme has incautiously hazarded one assertion, which, unfortunately for himself, admits of refutation, not only by personal, but by documentary evidence. Dr. Cormack, the Editor of the Journal, in whose pages Mr. Syme's remarks were improperly permitted to appear, had, previous to their publication, informed me, that he had received for the next number of his work, a paper from Mr. Syme, containing an attack upon me. At my interview with Mr. Syme, I mentioned Dr. Cormack's opinion as the official authority which led me to consider myself the special object of his animadversions. Now, Mr. Syme roundly affirms to you in his printed letter, that I had no grounds for making this statement. To show the degree of credence to be attached to Mr. Syme's strongest asseverations, I shall quote his accusation of me on this head in his own words, and contrast it with an extract from a letter addressed to me by Dr. Cormack, on the 8th July, in answer to one of mine, referring to the subject. I transmit you Dr. Cormack's autograph letter along with this:—

Extract from Mr. Syme's Letter to Dr. Beilby, dated 1st July.

"It may be proper to add, that, immediately after this occurrence, I called upon Dr. Cormack to inquire if he had told the Professor of Midwifery that any passage of my paper had been written against him, and was assured by that gentleman that he had never done so."

Extract from Dr. Cormack's Letter to Dr. Simpson, dated 6th July.

"It is correct that I stated to you two or three weeks ago that I had received for the next, or July number of my Journal, a paper from Mr. Syme in which there was an attack upon you."

I feel assured that you will agree with me in this, that it is totally unnecessary to add a single word of comment.

I remain, my dear sir, very respectfully yours,
J. Y. SIMPSON.

52, Queen-street, July 23, 1845.

To Dr. Beilby, President of the Royal College of Physicians, Edinburgh

My dear Sir,—As Mr. Syme has thought fit to address to you a second printed letter, I hope you will excuse my troubling you with some remarks in reply.

First.—Allow me to direct your particular attention to the subjoined note from Dr. Robertson. His correlative evidence appears to me to be of special value in the present instance, as he was the first person to whom I communicated the details of my meeting with Mr. Syme, and that within five minutes after the meeting itself occurred, and when everything was still recent and fresh in the memory. Dr. Robertson's remarks amply prove what I formerly stated, that Mr. Syme has given a disingenuous and untrue statement of almost every minor detail in his first letter to you. In his second letter, Mr. Syme reverts to one of these minor details, and to *one* only, and he evidently attaches, in his own mind, some importance to it. But *ex uno disce omnes*. Speaking of the place where we met, in the house of the patient to whom we both happened to be called, Mr. Syme states, "he (Dr. Simpson) admits having intercepted me at the chamber-door of the patient." Now, Mr. Syme knows perfectly well I never did in any way admit of any such thing; and further, that, on his part, both the allegation of such admission is a deliberate misstatement to you, and the circumstance averred to be admitted is in itself incorrect. For when we met, Mr. Syme had not in truth "nearly reached" the patient's bed-room door (as he avows to you in his first letter), and far less was he actually "at" it (as he next inadvertently asserts in his second). Neither statement is perfectly consistent with fact, while each so far contradicts the other. Trifles, such as these, may perhaps, and properly, be considered by you of little moment, but when exaggerated and misrepresented they serve, in hands like Mr. Syme's, to give a false colouring to a simple story, and they may serve also, as in this instance, by the slight, but palpable, contradictions they display, to expose the dishonesty of those that use them, when it is impossible, from the nature of the case, to adduce more direct and express evidence of that dishonesty.

Secondly.—In my former letter I mentioned that, unfortunately for himself, Mr. Syme had ventured to hazard one assertion on a point which admitted of more than mere personal evidence. I refer to Mr. Syme's affirmation that Dr. Cormack had "*never*" told me that any part of his (Mr. Syme's) paper was an attack upon me. I adduced Dr. Cormack's own evidence to prove that *he had* told me so. Instead of apologising for having been thus led to make to you and to the College a statement that was not true, Mr. Syme attempts, with Dr. Cormack's assistance, to back out of the difficulty, by anxiously mixing up the truth or fallacy of his assertion with a SECOND and totally irrelevant question, viz., whether Mr. Syme did or did not state to Dr. Cormack that his forthcoming paper contained an attack upon me. I am not aware that any one ever affirmed that such a statement had been made by Mr. Syme to Dr. Cormack. I never did. And the matter in dispute was one totally different, and far more simple. It had no reference of any kind or in any way *to what Mr. Syme had or had not said to Dr. Cormack on the subject.* It had reference solely and entirely *to what Dr. Cormack had or had not, on his own authority and opinion, said to Dr. Simpson in regard to it.* Dr. Cormack stated to me (and I took it and repeated it entirely on his own authority and opinion) that Mr. Syme's forthcoming paper contained an attack upon me. Mr. Syme simply and flatly denied to you that Dr. Cormack *had* ever made any such remark to me. This is the sole and only point of his charge against me on this count in his first letter to you.[1] Dr. Cormack's published letters to me and to Mr. Syme prove that, like some of Mr. Syme's other assertions, this one had no foundation whatever in truth. I regret deeply to be obliged to add one remark more. I believe Mr. Syme knew the charge, as far as I was concerned, to be quite false at the time he printed and circulated among the Fellows of the College of Physicians the letter containing it. That letter was printed on the 23rd. Two or three days previously, as is unhappily admitted by Dr. Cormack (see his published circular to you), Mr. Syme had seen and had read in manuscript Dr. Cormack's letter of the 5th, in which Dr. Cormack explicitly admits that he had told me of the attack he was to publish from Mr. Syme's pen as being in his (Dr. Cormack's) opinion an attack upon me.

Thirdly.—Mr. Syme states to you, "I deny having acted or expressed myself unbecomingly towards Dr. Simpson in regard to a patient." Mr. Syme may possibly (?) think that he did not act or express himself unbecomingly in the case I referred to; but assuredly no other member of the profession could entertain the same opinion of the same behaviour. We both spoke of each other's conduct in the houses of patients, and so far were both wrong. In the house of a patient to whom I called Mr. Syme (she was at the time residing next door to him), he denounced my conduct as improper and unprofessional. In the house of the next patient, to whom we were both called, and where the interview so often alluded to occurred, I denounced in my turn his conduct as improper and unprofessional. But there was this difference—Mr. Syme took an opportunity of speaking of me disparagingly when my back was turned; I spoke of him disparagingly when he and I met face to face. He spoke against me openly to my patient's husband and friends; I spoke against Mr. Syme to Mr. Syme himself privately, and when there was no third person to overhear us.

Pray, which of the two pursued the more "unwarrantable" and "unpardonable" conduct?

Mr. Syme hints that during the "six weeks that elapsed between these dates," I ought to have sought an explanation from him. I believed it quite unnecessary, as his conduct appeared to me to be beyond any possibility of explanation; but I simply resolved in consequence, as I stated to more than one medical friend at the time, to avoid Mr. Syme's professional company in future, and that, too, without announcing my decision to the president of the College of Surgeons. Besides, Mr. Syme knows that, under the circumstances, it was more his duty to offer explanations and an apology than for mine to demand them. Since he did not, I determined, at least, to tell him my impressions of his conduct. I should have done so, he avers, earlier, as "the business of graduation *frequently* brought us together." This "frequently" means that we were *twice* or thrice present together at meetings of the Medical Faculty in the interval; but whatever Mr. Syme's creed and practice may be on this matter, I did not think proper to arrogate to myself the right to interrupt the public business of my colleagues with any private matters of Mr.

[1] "It may be proper to add that, immediately after this occurrence, I called upon Dr. Cormack to inquire if he had told the professor of midwifery that any passage of my paper had been written against him, and was assured by that gentleman that he had never done so." [See Mr. Syme's first letter.]

Syme's and mine. Besides, Mr. Syme knows that, from our professional engagements, it rarely, or almost never, happens that at such meetings he and I are both present together, either at the beginning or end of them, or could hence have time or opportunity for discussing any private matters.

I feel that in one primary point I have erred. I ought not, in the first instance, to have condescended to notice from such a quarter such observations as Mr. Syme has published in Dr. Cormack's Journal, even though I was told by the Editor that they were, in his opinion, meant for me. I should have remembered that the nature of Mr. Syme's paroxysmal attacks against sections of the profession in Edinburgh, or individual members of it, and the means in which he indulges in order to support them, are now so well known as not to stand in need, the one of exposure, and the other of refutation. Believing this, and believing at the same time that all such disputations as that into which I have been most unwillingly dragged by Mr. Syme, do discredit to the profession, I shall not, in any probability, annoy you with any future remarks, let Mr. Syme affirm or deny whatever further his fancy may dictate. By acting otherwise, and by giving myself the trouble of answering in detail each new assertion that he may choose to impose upon you and the College of Physicians, I fear I should only mischievously foster his morbid appetite for professional controversy and railing.

I remain, my dear Sir,
Very respectfully yours,
J. Y. Simpson.

52, Queen-street, July 28, 1845.

Dr. Simpson to Dr. Robertson.

My dear Sir,—Immediately after seeing Mr. Syme on the 28th June I called upon you in driving homewards, and detailed to you minutely all the particulars of our meeting and interview. Be so kind as note down the more leading facts that I then stated to you; and, let me add, that if you do not strongly object, I shall print the letter you send me in reply to this.

Very faithfully yours,
J. Y. Simpson.

52, Queen-street, 4th August, 1845.

Dr. Robertson to Dr. Simpson.

My dear Sir,—In reply to your note, I beg to state that you called upon me on the afternoon of the 28th June on your way home from Ainslie-place, and recounted to me minutely the details of an interview which took place between you and Mr. Syme.

You informed me that you had been called to see a boy who had fallen down stairs; that you had found the bones of the fore-arm fractured, and the lip bruised; that as there was no occasion whatever for alarm or haste, you had advised the relatives to wait the arrival of one of the several surgeons who had been sent for; that on coming down stairs from the patient's bed-room, as you reached the flat below, you met Mr. Syme hurrying up, told him the nature of the accident, and requested him to speak with you for a minute in the drawing-room; that you there told him that you had just read his observations in the newly published number of Dr. Cormack's Journal, and that he must be aware his attack upon you was a piece of unfounded professional slander; that on hearing your remarks he began to shake with passion, and looked as if "suddenly struck with chorea;" that he then demanded your authority for alleging that his attack in the Journal was upon you, and that you replied that Dr. Cormack himself had stated so to you. You further stated to me that, before leaving the room, you said to Mr. Syme that you had "one remark more which you wished to make, namely, that his conduct towards you in the case of —— was, as he must be aware, utterly contemptible."

I remain, dear Sir, faithfully yours,
J. A. Robertson.

58, Queen-street, 4th August, 1845.

To the President of the Royal College of Physicians.

Charlotte Square, 1st August, 1845.

Sir,—In transmitting the subjoined letters relative to my charge of unprofessional conduct against Dr. Simpson, I beg to state, that, in every particular, I adhere to my account of the interview which gave rise to that communication.

Dr. Simpson, in his letter to you of the 28th of July, has said, "Mr. Syme's principal and most grievous complaint of me to you and to others is, that at this interview I spoke to him of his conduct being 'contemptible.' I assuredly did so; but the expression was not—as Mr. Syme evidently wishes you to believe—applied in any—even the most remote degree—to the attack which he had just published. It was used, as I stated to him most explicitly at the time, to indicate my opinion of his language and conduct in reference to me a short time previously, in the house of a mutual patient, when he made a visit at which I was not present. I had predetermined, both for his own sake and for the credit of the profession, to tell him distinctly my impression on this point. The meeting in question afforded me the first opportunity of doing so." Now I utterly deny this statement. I deny having acted or expressed myself unbecomingly towards Dr. Simpson in regard to a patient, and I deny that any allusion to such a subject was made by Dr. Simpson upon the occasion in question, on the 28th of June. The last visit I paid to a patient of Dr. Simpson's was on the 15th of May; and in the interval of six weeks that elapsed between these dates, the business of graduation frequently brought us together for hours at a time, with every facility for the most free communication, so that if Dr. Simpson had really felt dissatisfied with anything said or done by me, there was abundant opportunity for asking an explanation or expressing his opinion, if he thought it unnecessary to address me more formally by calling or writing.

Dr. Simpson, in the same letter, has stated, that "during our brief interview (it did not last above two or three minutes), Mr. Syme was in such a state of tremor and agitation, that I conscientiously believe his recollection of what took place immediately before it, of what I said to him during it, and of what he himself did was necessarily afterwards strangely perverted." That this statement is not consistent with fact, may be proved by the members of the family who witnessed the discharge of my professional duties immediately after I left the room into which Dr. Simpson had invited me. But if the case were as it is represented by Dr. Simpson, his conduct would be still more unpardonable, since he not only admits having intercepted me at the chamber door of a patient, requiring, as he knew, prompt surgical assistance, and withdrawn me into another apartment for the purpose of insulting me; but alleges that, by doing so, he rendered me unfit for the exercise of recollection or judgment.

In conclusion, permit me to remind you, Sir, that the object of my former letter was not to seek redress for Dr. Simpson's unwarrantable conduct, but merely to explain the ground on which I felt it necessary to decline for the future any professional intercourse with a Fellow of your College.

I have the honour to be, Sir,
Your most obedient Servant,
James Syme.

Mr. Syme to Dr. Cormack.

Charlotte Square, 29th July, 1845.

My Dear Sir,—In the reply which Dr. Simpson has made to my letter there are various statements directly opposed to mine, and as there were no witnesses of what actually passed, the degree of credit due to them must rest entirely upon the character of their author. But as your authority has been quoted in impeachment of my accuracy in regard to another point in question, I beg you will have the goodness to state explicitly your impressions upon this subject.

Yours very truly,
James Syme.

Dr. Cormack to Mr. Syme.

131, Princes-street, 31st July, 1845.

My Dear Sir,—When you called on me to inquire whether I had told Dr. Simpson that a passage of your paper had been written against him, I gave you a most distinct answer in the negative, explaining at the same time, that I had, in the openness of conversation, remarked to Professor Simpson that your forthcoming paper contained what either was or might be thought an attack on him; but that I was sure from the way in which Dr. Simpson received my statement, he knew that I was simply giving utterance to my own opinion or conjecture. I added, however, that to prevent all misconception, I should immediately wait on Dr. Simpson, and explain that the remark I had made to him was one for which you were not responsible, and that from the time I had received your paper till it was published, I had never conversed or corresponded with you regarding it; and that till I got your MS. I had no knowledge of the subjects on which you had written for the July number. Within half an hour I communicated personally to Dr. Simpson all of these facts.

I remain, my dear Sir,
Yours most truly,
John Rose Cormack.

James Syme, Esq.

Edinburgh, 131, Princes-street, July 29, 1845.

Mr. President and Fellows,—I feel that the printed circulars of Professors Syme and Simpson make it imperative on me to lay the following letters before you, unabridged.

I have the honour to be,
Mr. President and Fellows,
With sincere esteem and respect,
Your very humble servant,
John Rose Cormack.

To the President and Fellows of the Royal College of Physicians, Edinburgh.

No. I.—*Professor Simpson to Dr. Cormack.*

My Dear Sir,—Allow me to recal your attention to the following circumstances:—

1. Some two or three weeks ago you stated to me that you had received for the next (or July) number of your Journal, a paper from Mr. Syme, in which there was an attack upon me. I believe you mentioned the same to others.

2. After seeing your Journal, last Saturday afternoon, I accidentally met Mr. Syme, and told him my opinion of his attack. You were waiting for me in my library when I returned home to dinner, and there and then reiterated what you had before stated, that you believed Mr. Syme's attack to be an attack upon me. You further told me, that notwithstanding your conversation an hour or two before with Mr. Syme himself, and his allegation to the contrary, the above was "certainly your conviction" still.

Be so good as drop me a line in the course of the day, to say if the above is or is not a correct report of our conversations.

Let me add, that I write this in consequence of hearing, on my return to town yesterday, that you had denied any of the two above conversations with me; of course, I have a sincere and heartfelt conviction, that this is a slander in turn against you; and I have reasons for wishing to contradict it authoritatively.

I remain, yours very truly,
J. W. Simpson.

52, Queen-street, 5th July, 1845.
To Dr. J. R. Cormack.

No. II.—*Dr. Cormack's Answer to the preceding Letter.*

131, Princes-street, 5th July, 1845.

My Dear Sir,—In reply to your favour of this day's date, requesting me to inform you if you have therein given "a correct report of our conversations," relative to Mr. Syme's article in the present month's No. of my Journal, I beg to state as follows:—

1. It is correct that "I stated to you, some two or three weeks ago, that I had received for the next (or July No.) of my Journal, a paper from Mr. Syme, in which there was an attack on you;" but I wish you particularly to note (1) that what I stated was the result of my own impressions from reading the paper, and which were more especially evolved from a conversation I had with Dr. Taylor on the subject. That Mr. Syme has expressly apprised me that he had attacked you, may have been inferred by you from my statement; but the inference is one which I did not and could not intend to convey. And (2) as to the word "attack," I need hardly mention that if used, it was in its loose conversational meaning, and not in the way I would have done, had I had any idea that a professional misunderstanding was to ensue. And

finally, when I mentioned the subject to "others," I mentioned it in the way just described.

2. With regard to the conversation in your library this day week. Up to the time that I saw Mr. Syme I believed that the passage was intended to apply to you; but when he denied that he had so intended it, my answer to him was, that by many Edinburgh readers of the Journal it would be regarded as being applicable to you: and *this* I repeated to you in your own house.

With regard to my having "denied any of the conversations with you," I can assure you that, except to Dr. Lonsdale and Dr. Taylor, I have not, since Saturday, even incidentally conversed with any of the profession on the subject.

Permit me, in conclusion, to express my deep regret that I should thus have been mixed up in a matter so unpleasant. Had the paper referred to been anonymous, I should at once have expunged the passage I disliked; but, according to the usage in similar circumstances, I regarded the publication of Mr Syme's name as relieving me from all personal responsibility. Indeed, my *individual* feeling towards you has been often expressed, by the high value which I attached to your contributions, and, more directly, is even manifested in the very number of the Journal complained of, where I vindicate your claim to be considered as the originator of the new treatment of anteversion of the uterus, to which Velpeau aspired; although, certainly, in doing this, I was only discharging the duty imposed on me as an impartial journalist. Of course, in the present case, I am bound to insert in my pages any remarks which you may have to make in your own name, and upon your own responsibility; and as I thus offer to place you on the same footing with Mr. Syme, I trust that you will exonerate me from all blame in the matter.

I remain, yours very truly,

JOHN ROSE CORMACK.

Professor Simpson.

On Saturday the 19th inst., at the infirmary gate, Dr. Cormack gave Mr. Syme Professor Simpson's letter, with a copy of the answer. Some hours afterwards he received a note from Professor Syme stating:—"Having only now seen your letter of the 5th to Dr. Simpson, I hasten to correct the statement that I denied having intended the passage in question to apply to him. What I did say was, that I wrote against *practice*, and not *individuals*."

Dr. Cormack sent to Dr. Simpson a complete copy of Mr. Syme's note, from which the above lines are quoted, and of which he acknowledged the receipt.

THE LATE STIR AMONG THE DRUGGISTS.

By SURGEON SNIPE.

The proceedings at the meeting of chemists and druggists will, no doubt, have caused many medical men to relax the severity of their features into a downright benignant smile at the simplicity, tenderness, and infant-like innocency displayed on that occasion. The perusal of the resolutions and speeches made us fairly hysterical; we both laughed and cried, we hardly knew why, but we must have been "touched."

They reminded us of the man who was accused before Recorder Baldwin of striking a woman. "Oh, your honour," said he, "that is impossible. I admire the ladies too much for that. Indeed, your honour, I would not strike a woman *with a blossom*, say nothing of lifting my hand to her, though she were my wife, and had a thousand faults." Just as sentimentally do the chemists and druggists talk when they manage to get together; *they* would injure nobody—no, not even a poor apothecary—no, not *with a blossom!*—bless 'em! It nearly makes us cry again to read it!

The chemists and druggists seem to have discovered that they *have been practising as apothecaries*, and they found out, not a moment too soon, that if they continued to do so after the passing of the bill that they would be subject, every man Jack, to a penalty of £20 for every offence. Let us examine this matter closely. Is a chemist and druggist an apothecary? There is a wonderful difference between a chemist and a druggist; but is either one or the other an *apothecary*? If he be, the bill will protect him; if he be not, then there will be no hardship—nothing unreasonable nor unjust—in laying a penalty on him, or anybody else, for usurping the *position* and *functions* of an *apothecary*.

Of what utility, we would ask, is the stringent education of the apothecary towards his own worldly benefit, when the chemist and druggist is allowed so coolly to usurp his place? The *poor and unenviable* apothecary, as Mr. Bell calls him, has toiled, worked his intellect, and deprived himself of his rest, in order to gain a legitimate footing on the ladder of public opinion, when up steps the chemist and druggist, with *no medical education whatever*, pushes him on one side, and when the bill declares that the poor, but legally qualified, apothecary shall be set to rights, off these chemists and druggists run to the Crown and Anchor in order to petition Parliament to allow them to proceed in their iniquity. With what sort of face they can do this we are at an utter loss to know. We should recommend the next meeting to be held in front, and under the presidency, of the statue of Achilles in Hyde-park, that a congenial "*frontispiece*" may smile on their important deliberations.

A man who spends all his time, all his energies, and, very often, all his money, in acquiring an extensive and scientific education in every department of medicine, ought surely to be protected from the forced inroads of the druggist who has acquired *no medical education whatever*, and whose general education is on an equivalent with that of the grocer, but who yet does not scruple, in every possible way, "*to practise as an apothecary.*" No man has any right or claim to this function but he who has duly and truly complied with the regulations of the Apothecaries' Company, and not only so, but submitted to an examination, in order that the public may have some guarantee as to his capabilities and fitness for the prosecution of his important duties.

The chemist and druggist has no more *legal right to prescribe for a patient*, than he has to walk into the Bank of England and help himself; and yet he can run to the Crown and Anchor, as though he had been blown from a retort, and whine a petition to Parliament to allow him, forsooth, to spit in the poor apothecary's face, usurp *his* duties, and practise physic, with no other guarantee to the public for medical information but such as results from his own vanity and presumption!

The position of apothecaries, as Mr. Jacob Bell truly observed, "*is by no means enviable*;" and why? Because they are swamped by pettyfogging druggists. Mr. Bell amuses us much. He does not even deign to use the word "*druggist*;" all in Mr. Bell's eyes are, "*par excellence*," CHEMISTS; but even supposing this to *be* the case, which *we* humbly deny, still a chemist is not an APOTHECARY; and we say again before all the world, that he has no right, neither is he a fit and proper person, to prescribe medicine for any human being, because he has neither studied, nor even acquired a superficial knowledge of the first principles of the practice of physic, to say nothing of other branches of medical education of equally paramount importance; all of which should be thoroughly mastered before a man should be allowed the privilege of practising on his fellow-man. If a chemist (we may as well assist Mr. Bell, and add druggist) really desire to practise physic *legally*, let him spend his time, his intellect, and his money in obtaining the necessary qualification; but, until he have done so, *let every man stand, and be protected too, in his true and legitimate place.* Let the chemist and druggist remain *de facto* a chemist and druggist; and let him not encroach one step on the privileges and functions of one who has, by industry and intelligence, by examination and much expense, acquired the title of a *medical man*.

There is neither hardship nor injustice in this; it is perfectly right, fair, and honourable, and we entertain such an idea of the discernment of the people of this country, that we conceive they will see at a glance that a chemist and druggist is *not an apothecary*, and, consequently, ought not to be allowed under any circumstances to assume his position.

Mr. Bell further observed that, "*it was not the wish nor the interest of chemists to become medical men*," though an advertisement to the following effect, copied from a medical periodical of the 7th June, impresses us with an idea that Mr. Bell must either have spoken carelessly, or really does not notice what is going on.

TO ASSISTANTS.

Wanted an Assistant who understands the Retail, and the MINOR OPERATIONS, PRESCRIBING, &c., *during the absence of the Proprietor. Apply, per letter only, stating* QUALIFICATIONS, *and salary per week required, &c.*

An advertisement of this description seems to us to indicate a wish for somebody to perform the functions of a medical man, whether he has a desire to be so in reality or not; and it implies plainly, that the master chemist performs these functions, in other words, *practises to all intents and purposes as an apothecary* when he is at home; both of which things, moreover, are very interesting, no doubt, to all the parties concerned. "*Ex uno disce omnes.*"

Now, we do not see how a chemist and druggist *can* become a medical man, even if it *were* his wish or his interest, except by complying with the regulations of the constituted authorities, and adopting the course of education to which all medical men have to succumb. To talk in this strain indicates neither chemical philosophy nor common sense! If it really be neither "*the wish nor the interest*" of chemists and druggists to usurp the functions of the legal practitioner of medicine, then it is to be presumed that they will have no objection to cease to practise what is so indescribable and unprofitable; and any law which may be made to restrain that "*little knot*," which persists without either qualification or capability, will not be opposed, or interfered with, by those so perfectly disinterested as "the chemists and druggists."

But why run with such eager speed to the Crown and Anchor? Does not this look as though there were a severe "pricking of conscience," and does it not glaringly imply a fear that, should the bill pass, the chemist and druggist will live, not only in jeopardy, but run a chance of spending considerably more time in Westminster, not in performing minor surgical operations, nor in prescribing and administering physic to the parishioners, but, *miserabile dictu*, in giving *advice* to *counsel*. Depend upon it this question of "*illegal practice*" will shortly be remedied in spite of all opposition or deceit; for the public themselves will very soon demand that no man shall be permitted to "PRESCRIBE *a dose of physic*" but he who has obtained the true and legitimate qualification. The public will very soon discover (though they may now err from ignorance) that the chemist and druggist has neither general nor medical education—neither right nor title in his favour; and that if he *do prescribe*, it must be empirically, and in utter defiance of all that is salutary, just, and rational. Let the people but once gain sound information as to who *are* qualified to administer to their ailments, and who *are not*, and, from that moment, we opine, they will begin to act both reasonably and prudently, and cease to submit their bodies, and the bodies of their children, to be practised on either by the chemist and druggist or any other *pretender to medical science*.

We hesitate not soberly to declare, that medical men throughout the British dominions suffer dreadfully from permitting chemists and druggists to practise physic, surgery, or anything they please. The legally qualified practitioner is fairly uprooted and set at defiance; and the money he has been obliged to expend in procuring his necessary and honourable qualification would, in our opinion, have been much more profitably laid out in establishing an emporium like that of the druggist, than in paying fees for knowledge which is, apparently, totally useless. To tell the truth, we feel most shockingly disgusted at the present condition of our profession.

Parliament may refuse to legislate stringently *just now* on all matters bearing on "*illegal medical practice*," but the time, we believe, is not very distant when such an inquiry will be sought for, as to the working of this insidious and terrible evil, as will bring the whole subject prominently before the nation; and we doubt not, if common sense have not entirely left our "*little isle*," that it will result in the establishment of such protective laws as will place every man in his true and proper

position, in strict accordance with the purpose and object for which he was educated.

Parliament is totally ignorant *now* of the scenes which every medical man has silently to witness; but let this subject be once mooted before it, and we apprehend there will be such a mass of damning evidence divulged as will place every "*illegal and uneducated prescriber of medicine*" in a very low and unenviable position. The sooner this is accomplished, the better for the welfare, the interests, and the lives of the ingenuous but too credulous and suffering people.

A writer whom we do not know has truly observed —"Our firm belief in the moral government of the world will not suffer us to think *that any good effort is ever entirely lost*, or that any strenuous and honest endeavour to improve the condition of man is ultimately made in vain. One effort may seem insulated and inefficacious, one endeavour may appear sterile and fruitless, but many make an aggregate that is always sooner or later productive of a corresponding benefit. The moral and physical world will furnish abundant evidence of this cheering and salutary truth."

With these sentiments our opinion accords, and we trust that effort after effort will unceasingly be made throughout the length and breadth of the British dominions to depress every species of imposture, and establish on a firm and impregnable basis the rights and privileges of him who has obediently complied with the regulations of the constituted authorities. This is justice, honour, and duty.

Humbug and imposition may go a great way in this world, and the minds of the people may, for a time, be kept in utter darkness; but so surely as truth is better than fiction, right better than wrong, honour better than knavery—just as surely will it be found that knowledge is superior to ignorance, *and a proper scientific medical education superior to every kind of artifice and empiricism.* Truth is but hid behind a very flimsy cloud which the first inquiry will immediately disperse, and she will again appear in all her beauty and simplicity, and triumph, as we trust she ever will, over deceit, imposition, and humbug. A facetious writer observes—"Humbug is not the contemptible, worthless thing you may possibly imagine it. Humbug has a world of its own in which more than one-half of the population live perfectly happy and contented. *Humbug is the great business of life.* Existence is more or less made up of it in the church, in the senate, at the bar, in the pulpit, on the stage (and we may truly add, in the present miserable practice of physic). Its skilful application constitutes the great secret of success. For our own part we like humbug, and so, we are persuaded, does everybody else, though, perhaps, they don't know it, and might not have the candour to confess it if they did." Humbug, however, ought not to trample on life and health; these are blessings which neither humbug nor empiricism ought to be allowed to curtail or destroy.

The "Rambler" says—"The hatred which dissimulation always draws upon itself is so great, that if I did not know how much cunning differs from wisdom, I should wonder that any men have so little knowledge of their own interest as to aspire to wear a mask for life; to try to impose upon the world a character to which they feel themselves void of any just claim; and to hazard their quiet, their fame, and even their profit, by exposing themselves to the danger of that reproach, malevolence, and neglect, which such a discovery as they have always to fear will certainly bring upon them."

Mr. Bell says, in continuation—"that the chemist was often called upon to give an opinion as to the doses and properties of medicines; in some *trifling cases* they were applied to by the poor who could not get medical advice, and in cases of emergency, such as *poisoning*, it was their duty to administer an antidote, or use their endeavours to give relief." This may be all very true, and very kind; but we say again, it is a proceeding not only wrong in principle, but originating entirely from misapprehension on the part of the people; and where, we would ask, are all the medical men in London that such duties as these should devolve on the chemist and druggist? The poor applicants for advice, in the majority of instances, do not know but that they are applying to one who has received *every qualification to give advice;* and the chemist and druggist is not the man to declare his utter incompetency, but much more likely, by word and deed, to divulge and nourish the idea that if ever there was a medical man (in embryo, by-the-bye), he is that favoured mortal. The poor know no better, to our and their sorrow be it spoken, and it is only when they are compelled to consult a medical practitioner in reality, after having dabbled with a druggist, that they discover they have been wasting precious time, spending their money to no purpose, and allowing disease to pursue its unbridled course. There is an abundance of every kind of sense at the present day but that grand desideratum, *common sense*, and this is scarce: we regret it deeply, because we consider it the most valuable of all.

We admire exceedingly Mr. Bell's hurt-nobody-with-a-blossom-gentleness, when he speaks of the "*trifling cases*" of the poor—trifling in more senses than one, and it amuses us much to learn that "*in cases of emergency, such as poisoning, it is the duty of the chemist and druggist to administer an antidote, or use their endeavours to give relief.*" Let us ask all chemists and druggists, seriously and feelingly, where the poor unfortunates who die by "*poisons*" obtain the drug which deprives them of their lives? Do they prepare it themselves?—or, do they make a "trifling" purchase of it from some careless and injudicious chemist and druggist? What answer does experience give to these simple queries? And surely, Mr. Bell, if a druggist should be so practised in his art, and medically inclined, as to sell a poor creature "*poison*," he ought, in our opinion, to be *compelled to find an antidote*, and make no virtue of the deed, and if he failed—if death were the result of his folly—he ought to be punished. For ourselves, we only wish we could compel every man who furnishes the poison *to attend the case*, and this would soon put a stop to the crying iniquity. Our own innocent opinion is, that for every *antidote* furnished by the chemist and druggist, he is the means of distributing *ten poisons.* We may be mistaken, and, if so, we beg pardon. The sale of poison is the rule, the antidote the exception. There are, unfortunately, a laxity and a latitude in this business which are highly culpable, and which cannot be too strongly condemned.

> "The time hath been when no harsh sound would fall
> From lips that here may seem imbued with gall,
> But now so callous grown, so changed since youth,
> *I've learn'd to think, and sternly speak the truth.*"

Moreover, "never be it forgotten that he who conceals a truth that ought to be made known may be no less culpable than the wilful promulgator of a falsehood. Again, we have occasion to know that the chemist and druggist but too frequently entrenches himself behind his *non-medical* character, especially when any case occurs which he may think requires rather more knowledge and skill than he has the honour to possess. All we can say is that we think he must often be placed in a very humiliating position, and yet he braves everything and quacks away right royally.

A London chemist (we wish particularly to impress it on the minds of all our readers that men who have shops with drugs in them are CHEMISTS, though our idea of a chemist has a very different foundation)—well, never mind, a London chemist writing a silly letter in the *Times*, of the 10th of June, actually wishes to make it appear that chemists have a claim on the public prior to that of the legalised apothecary. How this is he does not explain, and we are at a loss to discover. It surely never could be intended that the *unqualified and uneducated* chemists and druggists should assume the same rights and privileges as the *qualified and expensively educated* members of the profession. And what legal claim to superiority the London chemist can advance we do not at present comprehend. We should be very sorry to follow the "*advice of a London chemist*" on any point whatever, if this be a "sample" either of his ideas or his justice.

The sole grand principle, then, for which we contend is, that every man may have a defined place or status; so that we and all the world may know what to expect from him and what not—what he has a right to *give* or *sell* us, and what not. We should like to see a proper tinker act as a tinker—a shoemaker as a shoemaker—a blacksmith as a blacksmith—a cooper as a cooper—a chemist and druggist as a chemist and druggist—and a medical man as a medical man. Let none usurp the privileges or functions of the other, and let each stick to his own trade or profession as the cobbler does to his last.

"*Ne sutor ultra crepidam.*"

is a motto which will forcibly apply to every trade and profession on the face of the habitable globe.

We conceive the duties of a chemist and druggist to be very simple and easily defined. We conceive that it is his legitimate business to sell drugs ad libitum, to make every kind of medicinal and chemical preparation, and to compound and dispense the prescriptions of the medical man. This, we say, is perfectly legitimate, but the moment he begins to PRESCRIBE and administer physic of his own accord, and as the result of his own cogitations, then we are quite sure he is acting not only empirically, but, in the majority of instances, injuriously and recklessly. The chemist and druggist knows all this very well, and every medical practitioner knows it *to his sorrow;* but so long as the former is allowed to proceed with impunity, he only laughs in his sleeve, and sagely considers that he will vigorously deal out his physic until Parliament have the boldness and the "*cruelty*" (we should say humanity) to attempt some check on his gratuitous and mischievous assumptions. We care not one iota for the empty view which Judge Denman takes of the mischief of quackery as displayed on a recent occasion, though we are bound to confess that it is a lamentable thing to witness.

No system can, in our opinion, be so truly wretched and deplorable as that which will permit an ignorant and unprincipled individual to traffic in life and health; and we envy not the feelings of that man who, for the sake of a few pence, or a few shillings, will pompously act as medical adviser to a poor, and equally ignorant fellow-creature. It speaks nothing either for his head or his heart, and if he be occasionally under the influence of calm and sober reflection, his conscience must, at that particularly lucid season, be an uneasy and reproachful companion.

Medical men themselves are much to blame in the production of this state of things, and the alliances which are not unfrequently made between three individuals in particular (the physician, the pure surgeon, and the druggist), are anything but creditable to the status of the former, and tend to give undue importance to the position of the latter. How any man who styles himself physician or pure surgeon, and who adopts or lends himself to a course so much to be regretted, and so truly humiliating, can have the good and respectability of his profession at heart, we are at a loss to conceive.

Instead, then, of supporting or conniving at the unjust and ignorant assumptions of the quacking chemist and druggist, we now respectfully appeal to the good sense and discretion of every medical practitioner, and seriously ask him whether he ought not to do every thing in his power to uproot an evil of such dire import, and discountenance, by every legitimate means, *the giving of advice by unqualified persons?* The committee of the National Association of General Practitioners, writing on this subject, use the following words:—"That they feel most assuredly that the great grievance of the qualified medical practitioner lies in this, that the druggist, *with the opportunities of which no respectable professional man can avail himself*, usurps the functions of the latter, and *the public are, in most instances, unaware of his incompetency.*"

Those, then, who really desire to witness and aid in procuring a salutary and abiding improvement in the profession, must first reform, as much as possible, all existing abuses *among themselves*, and then let them unite *into one mass, into one brotherhood, and into one alliance*, for the genuine good and steady advancement of a noble cause. Let neither physicians nor surgeons be parties to their own degradation; let them assiduously eschew and discountenance every proceeding which is low and unprofessional; let them stand with their brows erect, and let their minds be solely and unceasingly influenced by the dignity and universal utility of that science, a thorough understanding of which, in a social point of view, transcendently exceeds all

other human attainments. Let neither trade nor trickery be mixed up with the practice of the healing art, but let it for ever stand as a distinct, an honourable, a godlike and a truly liberal science.

Let medical men no longer remain apathetical, spell-bound, or, as it were, in a hopeless trance; let them rouse from their slumbers, gird up their loins, and unitedly make one grand and glorious effort to establish the practice of medicine and surgery on a firm basis, and use their utmost endeavours in their different localities to weed out all ignorant appropriators of their hardly-earned professional duties. It is perfectly useless mincing the matter any longer; let there be neither *fear* nor *wavering;* let medical men boldly and unsparingly assert their rights, and let them unreservedly denounce every invasion of them, no matter whether by chemist, druggist, or quack.

When the profession have arrived at a firm and unalterable determination to improve themselves, to resist and expose every species of empirical innovation, then will Parliament nobly befriend them; but until they become pledged to one defined purpose, no adjustment of the law for their real and permanent benefit can even be mooted or adopted. Let the profession, then, *to a man*, be immediately united into one firm compact, and let such resolutions be proposed, and vigorously and unremittingly carried out, as the exigency of the case demands. Combined and well-directed efforts are generally irresistible, and, in the present instance, if they be but persevered in for a little time, such a blow will be given to the illegal and empirical practice of medicine as will warrant our sanguine hopes that, ere long, this baneful evil will be altogether eradicated.

Let UNION, then, be raised as our banner—let UNION be our watch-word! By union we shall, doubtlessly, raise our profession to an incalculable height of perfection and renown, and secure for ourselves the honour, admiration, and respect of all good men; while, on the contrary, *a house divided against itself can never prosper nor stand.*

"Though hate and discord 'twixt our 'pures' increase,
Let in *our* hearts dwell love and endless peace."

Shakspeare began his *Romeo* and *Juliet* in the following words:—

A Street.

Enter GREGORY *and* SAMSON.

SAM.—Gregory, o' my word, we 'll not carry coals.
GREG.—No; for then should we be colliers.
SAM.—Gregory, I strike quickly, being mov'd.
GREG.—*But thou art not quickly mov'd to strike.*

Medical men, up to the present period, have only been remarkable for unaccountable apathy and culpable supineness, and no cause can be expected to prosper which is left to rise or fall as chance may have it. Every medical man, we should hope, has resolved not to submit "*to carry coals;*" and each has chivalry enough, we dare say, "to strike quickly, BEING MOVED." But now comes the rub, the whole essence, the only difficulty and mischief in the matter, and *Gregory* has it! He truly says,

"*But thou art not quickly* MOV'D *to strike.*"

Unfortunately, advantage is taken of this, and if medical men *really will not rouse themselves to action*, and look after their own paramount interests, they deserve "*to carry coals*," and their children after them from generation to generation! From this very moment, then, let us act with steadiness, cohesion, energy, and principle, and let us one and all adopt the couplet of Brougham, as the spirit of our future proceedings.

"Your purpose choose, then forward press outright,
Nor turn aside for danger or delight!"

Let us be strong in our resolve, and prosperity shall crown our efforts, but "*faint heart never won a fair lady;*" and the man who puts off from day to day in this conjuncture, is like the peasant who, in order to pass dryshod, sat down on the bank to wait until the river had run by! Never, for the sake of all that is sacred and good in our cause, let the following stanza be applicable to the members of the medical profession—we say again, never! never!

"Enthusiam's past redemption,
Gaen in a galloping consumption,
Not a' the quacks, wi' a' their gumption,
Will ever mend her,
Her feeble pulse gies strong presumption,
Death soon will end her," BURNS.

Here we have Burns's extinguisher, and now comes Snipe's effort at reaction.

"Na', na', my Bobby, ye're na' right
Our ardour burns by day and night,
Justice and truth our hands unite,
To gain our cause;
On, on then, wi' fresh pow'r and might,
And ne'er a pause!"

In conclusion, let MEDICINE and SURGERY be ONE SCIENCE, and let every professional pulse beat in unison until Parliament grant its legal approval. Above all, as a *sine quâ non*, let us be faithfully and efficiently protected, as is right and reasonable, from the encroachments of every *illegal practitioner of medical art*, by what name soever he may be pleased to designate himself, and *let the public be carefully taught whom they may trust.* Finally and fervently we say,

"May liberty meet wi' success,
May prudence protect her frae evil;
May tyrants and tyranny tine in the midst,
And wander the road to the deevil." BURNS.

Halifax, 11th Sept., 1845.

MISCELLANEOUS CORRESPONDENCE.

APPOINTMENTS BY CONCOURS.—In one of the September numbers of the *Provincial Medical and Surgical Journal* the editor, in directing the attention of the medical profession to the mode of appointing officers to charitable institutions, makes the following assertion:—"The concours, which has been proposed by some who are disposed to look favourably on the practices of our continental neighbours, independently of its being *no real test of practical ability*, is inapplicable under such circumstances." Now, I may understand the inapplicability of the system under the present arrangements of the profession and charitable institutions of this country. I can conceive that it may need certain alterations or additions in its machinery in order to meet the character and idiosyncrasy of the English mind; but I cannot apprehend how the French process, even unchanged, if brought to bear fairly on the candidates, can sink into such a negative position as to be "no real test of practical ability." It certainly is not in the principle to fail so foully, and if in the mode, the adjunct of a practical clinical examination would suffice to prove who would be best qualified for the combined duties of physician or surgeon and public instructor to a medical institution. "The attainment of any plan free from all objection is, perhaps, an Utopian scheme;" but I believe it will be fully verified that in proportion as the principle of the concours can be rendered active, in that ratio "private influence and family connexion" will fail to have weight, and "the annoyance and trouble and expense of the canvass, the rudeness, and absence of all gentlemanly feeling occasionally displayed by some of the governors," will be avoided. The principle, the animus, the essence of the scheme, cannot fail to elicit real merit, both of a theoretical and practical nature. I well remember reading the history of the concours held at Paris in 1834, to supply the chair of clinical surgery, occasioned by the death of Bayer, which issued in the election of Velpeau—a professor who does honour to the chair and to the system which placed him there. I felt that there must be something good in the electoral economy which could collect together such a competition of intellect and practical ability as was displayed on that occasion by Lisfranc, and Sanson, and Blandin, and Lepelletier, and Berard, and Guerbois, and Velpeau. But it is not my intention, nor have I time at present, to go into the subject at length. I would rather direct attention to the view of the system which Mr. Dermott has very kindly presented to us in this day's *Medical Times*, and hope that the profession will not take it as for granted, much less as proved, that the principle of "the concours is no test of practical ability."—A. W. CLOSE, Grosvenor-street, Manchester, October 4, 1845.

ON THE INTERNAL USE OF NITRATE OF SILVER.—Sir,—In the 27th September number of the *Medical Times* my attention was directed to an article headed, "On the Internal Use of Nitrate of Silver in Cutaneous Eruptions and Inveterate Ulcers of the Legs," in which the author mentions his observance of a precaution, on which he seems to imagine the main efficacy of his specific depends; it is that the remedy should not be administered before breakfast, "because the muriatic acid of the gastric juice is wanting which is to transform the nitrate of silver into chloride." Is it then, I would ask, to its action as a chloride that its sanatory influence is indebted? If so, why exhibit it in this circuitous form?—or does the author mean to attribute to its decomposition *in the gastric juice* this beneficial action on the local diseases to which he directs it? Or does he mean to infer the existence of other changes which, in its exhibition as a previously formed chloride, could not be effected? I have been the more particularly impelled to make these inquiries by the surprising results attending the use of the nitrate of silver, in a case which lately fell under my care. The patient, a labourer, of a robust constitution, and apparently perfectly free from any other disease, came to me with a large indolent ulcer occupying about one fourth of the fore part of the right leg, immediately above the ancle, of about two years standing, which resisted every treatment, both local and general; when I saw him it was considerably contracted in its dimensions, but evidently disposed to extend about two lines in depth, with clearly defined raised edges, and discharging a natural quantity of a yellowish pus. I regarded it as of a venereal character, and yet it did not yield to antivenereal treatment; in despair, therefore, I had recourse to the use of the nitrate of silver, which I used in the following manner:—I made a solution of six grains to the ounce of distilled water; with this I carefully brushed the sore every night and morning, using for the purpose a camel-hair pencil; over this I laid an accurately-fitting piece of lint, rather thickly spread with the ungt. carb. zinci purpur., with the object of preventing the evaporation of the solution as well as availing myself of the healing, drying quality of the ointment; the effect was immediately perceptible, and notwithsanding the man's exceeding negligence, careless attendance, and want of using proper precautions as to cleanliness, which was strictly enjoined, healthy and rapid granulations began to form from beneath; all pain and tenderness subsided; and in the space of one week it was reduced in diameter to about that of a fourpenny piece. From this period I lost sight of him, but the rapid improvement produced by one week's application of the remedies leaves no doubt of the beneficial action it set up in the part.—G. H., October 2nd, 1845.

DR. BIRKBECK NEVINS'S TEST.—Sir,—Will you do me the favour to insert the following reply to Mr. Mowbray's remarks upon a test recently proposed by me for the detection of organic adulteration in disulphate of quinine. Had Mr. Mowbray happened to have seen the September number of the *Pharmaceutical Journal* before writing his comments, he would probably have considered them unnecessary, as I have myself pointed out the fallacy to which he alludes, and given easy and sufficient directions for avoiding any erroneous inferences from the effect of sulphuric acid upon quinine itself. If the diluted acid is boiled upon a sample containing gum or sugar, a *black* stain *round the edge* will be almost immediately produced; whilst, if the quinine is pure, no effect, or, at the most, a *light brown* colour, *uniformly diffused through the solution*, will be observed, until the concentration has been carried so far that *white fumes of volatilised sulphuric acid* make their appearance: after this the quinine itself will be charred; but if stopped considerably short of this, I venture to affirm that no pure sample of disulphate of quinine can be mistaken for an adulterated one by any person who has tried the experiment with a pure and an intentionally impure specimen. The result of my own experiments do not coincide with Mr. Mowbray's assertion, that disulphate of quinine is not soluble if the acid is added before the water. I have never failed to dissolve it under these circumstances.—J. BIRKBECK NEVINS, 76, Falkner-street, Liverpool, October 4th, 1845.

MEDICAL APPOINTMENTS.—Dr. Oberend and Dr. Sutro have been elected physicians to the German Hospital.

GOSSIP.

State of the Sick on Board the Eclair.—October 3, 1845: Agreeably to instructions from the Lords of her Majesty's Council, we proceeded to the quarantine station at the Motherbank early on the morning of the 30th, to inquire into the particulars connected with the mortality and the prevalence of a malignant fever on board her Majesty's steamer Eclair, which arrived on the evening of the 28th ult. from the coast of Africa. Having gone alongside and interrogated the commander Harston and surgeon Bernard, the following is the result of our inquiries:—L'Eclair sailed from Devonport in November last, having a crew of 146 officers and men, for the coast of Africa, on which station she remained until the 23rd of July last, up to which period she had lost nine men from the common coast fever. Four days after sailing from Sierra Leone one man died with fever and black vomit, the first case of the kind which had taken place; this man had been brought on board on the morning of the 23rd, having been the three previous days on shore. During her voyage to Gambia and Goree Buena Vista, where she arrived on the 21st of August, eighteen were attacked with the same fever, with black vomit, of which number thirteen died. At Buena Vista, the disease continued to spread rapidly amongst the crew, when permission having been obtained from the Portuguese governor, it was determined to land the crew, both sick and well, and purify the vessel. A fort was appropriated for the accommodation of the seamen and sick, and the officers obtained lodgings in the town. Every measure was taken to purify the ship by washing and whitewashing, fumigation, &c., all the Kroomen remaining on board with the exception of six employed in attendance upon the sick. The disease, however, continued to prevail amongst the officers and men on shore, thirty-one men having died between the 21st of August and the 13th of September. Under these circumstances a consultation was held by three naval surgeons, and upon their report and recommendation it was determined that the steamer and crew should proceed to England. The ship's company were in consequence re-embarked, and sailed on the 13th of September. Captain Estcourt, having been taken ill the day before leaving Buena Vista, died on the 16th. At Buena Vista, the assistant-surgeon Harte, of the Eclair, died, when Mr. Maclure, a naval surgeon, passenger in the Growler, and Mr. Coffy, assistant-surgeon of the Growler, volunteered their services on board; here also seven seamen volunteered from the Growler. Dr. Maclure died on the voyage to Madeira, and one of the volunteer seamen was taken ill of the fever and recovered. Upon the arrival of the steamer at Madeira, the authorities refused permission to communicate with the shore, as had been previously done by the French at Goree; but at this island Mr. Bernard, a naval surgeon, volunteered his services, and was received on board, with two seamen. From the day of her sailing from Madeira, the 21st of September, up to this day, the 30th, seven deaths have taken place from the fever, and eight new cases have occurred, viz:—

Deaths.			Fresh cases.		
2	on the 21st of	Sept	1	on the 22nd of	Sept.
1	— 25th	—	1	— 23rd	—
1	— 26th	—	2	— 25th	—
1	— 28th	—	3	— 26th	—
1	— 29th	—	1	— 29th	—
1	— 30th				
7					

The fever still prevailing on board, the first measure deemed necessary was that the ship should be kept in strict quarantine. 2. That the healthy should be separated from the sick. The steamer was therefore ordered to the Foul Bill Quarantine Station at Standgate-creek; and an arrangement having been made with the Lords of the Admiralty by which two ships in ordinary, with a proper supply of bedding, &c., were ordered to be placed at the disposal of the superintendent of quarantine at Standgate, with the view of personally attending the arrangements, we proceeded to Standgate-creek, and having ascertained the number of officers and men who had hitherto escaped an attack of the fever—viz., forty-one, they were directed to be immediately transferred to the Revenge, having first undergone the operation of ablution, and afterwards supplied with clean clothing and bedding. All those who had recovered from the fever, together with such number of convalescents as were in a state to be moved, were directed to be transferred to the Benbow, leaving only on board the steamer the sick, and such number of officers and men as the commander might think necessary; the Kroomen also to remain on board (not one of whom had been attacked with fever), excepting such number as might be thought necessary to assist on board the Revenge or Benbow. Since the 30th ult. three seamen have died, but we are happy to state that no fresh case of fever has occurred since the 29th ult., and that at present there are only two men confined to bed with the fever, and eleven convalescents, under the care of the two medical officers, a surgeon and assistant-surgeon, who had been on board ever since the Eclair sailed from Madeira; and we have a confident hope, from the present state of the crew and the measures adopted, that the progress of the disease is arrested. We have the honour to be, &c., W. Pym, superintendent-general of quarantine, James M. Arnott.—*Times.*

The Eclair Steam-Boat.—Sheerness, Saturday Evening: The Eclair steamer arrived here on Tursday evening, and immediately passed up to Standgate Creek, where she is now safely moored. During yesterday and to-day the sick have been removed to two of Her Majesty's ships in ordinary, the Revenge and Benbow, 74's, while the Eclair herself is occupied by the Kroomen and the other survivors. The report to-day is, that three men died yesterday, and that the surgeon was taken ill this morning, but that all the others are doing well. The boat's crew attached to the quarantine service, from whom, I had this account, were of opinion that matters would soon be all right again with the unfortunate Eclair, now that she had been taken under their care. At present the Eclair is moored right in the middle of the Medway, off Standgate Creek, while the Revenge and Benbow are at their usual moorings, close on the opposite shore; but now that she has discharged her sick, it is to be hoped she will give the river craft a wider berth by-and-by. From the direction the wind has been in since her arrival, they have been able as yet to keep well to windward of her. She has the yellow flag, with a black ball in the centre, flying, and her rigging is crowded with hammocks, and bedding. It is no wonder, then, that they should be anxious to steer clear of her. It is stated that Sir William Pym, the Superintendent-General of the Quarantine Service, has been down, and, with Captain Lock, the Captain-Superintendent of the Standgate Creek station, has been personally superintending the arrangements.—*Times.*

Obituary.—On the 26th ult. at Nice, after many years' illness, Archibald Skirving, Esq., M.D. Sept. 25th, at Marlborough, R. M. Somerset, Esq., surgeon, in his 57th year. On the 4th inst., J. W. Lambert, Esq., surgeon, late of 57, Berners-street.

Royal College of Surgeons of England.—Gentlemen admitted Members on Friday, October 3rd, 1845:—T. O. Walker, W. H. Day, L. Vaughan, S. F. Kingdon, S. Monckton, J. L. Bailey, R. Faulkner, A. C. Copeman.

William Carroll, Esq. M.D., has been appointed medical officer to the county prison; Patrick Sheehan, Esq., M.D., medical officer to the city prison; and James Cavet, Esq., M.D., to the constabulary of this city; vacancies created by the death of the late Dr. Briscoe.—*Waterford Freeman*

Medical Appointments.—15th Foot: Assistant-surgeon William Braybrooke, from the 97th Foot, to be assistant-surgeon; 33rd Foot: Assistant-surgeon James Carroll Dempster, M.D., from the 79th Foot, to be assistant-surgeon, vice Stack, appointed to the 84th; 79th Foot: Assistant-surgeon Thomas Goldie Scot, M.D., from the 13th Foot, to be assistant-surgeon, vice Dempster, appointed to the 33rd Foot: Hospital Staff: Henry March Webb, gent., to be assistant-surgeon to the forces, vice Godwin, promoted; 16th Light Dragoons: Surgeon James Burt, from the 78th Foot, to be surgeon, vice Sandham, promoted; Assistant-Surgeon John Edward Stephens, M.D., from the 63rd, to be assistant-surgeon, vice Pilleau, appointed to the Staff; 28th Foot: Supernumery Staff Assistant-Surgeon George Augustus Frederic Shelton, A.M., M.B., to be assistant-surgeon, vice Alexander, promoted in the 78th Foot; 63rd Foot: Assistant-Staff-Surgeon John Hardie Gray, to be assistant-surgeon, vice Stephens, appointed to the 16th Light Dragoons; 78th Foot: Assistant-Surgeon Archibald Alexander, from the 28th Foot, to be Surgeon, vice Burt, appointed to the 16th Light Dragoons; Rifle Brigade: Assistant-Surgeon John Liddell Robinson, from the Staff, to be assistant-surgeon, vice Downes, who exchanges.—Hospital Staff: Surgeon Backshall Lane Sandham, M.D., from the 16th Light Dragoons, to be staff-surgeon of the first class, vice Thomas Clarke, who retires upon half-pay; Assistant-Surgeon Henry Pilleau, from the 16th Light Dragoons, to be assistant-surgeon to the forces, vice Gray, appointed to the 63rd Foot; Assistant-Surgeon Henry Downes, M.D., from the Rifle Brigade, to be assistant-surgeon to the forces, vice Robinson, who exchanges.

ON THE ACCUMULATION OF CARBON IN HUMAN LUNGS.

By M. Guillot.

During a long period physicians have remarked in the sputa of some patients the presence of a black matter called *carbonaceous*, and, in the lungs of many subjects, black concretions named *melanic*. An eminent man has even given to this alteration of the lungs the name of *melanic cancer*. For a considerable time the presence of this black matter in the respiratory apparatus has been attributed to the absorption of the carbonaceous molecules suspended in the air during combustion. But the recent researches of M. Guillot have revealed the true nature of these singular products. He has ascertained the following particulars:—They are composed of carbon in a state of minute division, and continue accumulating in the respiratory organs of the human species, from youth to age. This carbon, thus deposited in the interior of the tissues, is not derived from the exterior. It frequently accumulates in situations where air cannot permeate; and sometimes, by rendering the lungs unfit for the purposes of respiration, occasions the death of the aged.

The carbon which deposits in the neighbourhood of tubercles often, according to M. Guillot, exerts a favourable influence on the progress of phthisis.—*Bulletin de l'Academie des Sciences*, and *Dublin Hospital Gazette.*

MORTALITY TABLE,

For the week ending October 4, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	856	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	207	201	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	88	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	121	155	159
Diseases of the Lungs, and of the other Organs of Respiration	201	223	292
Diseases of the Heart and Blood-vessels . . .	31	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	90	68	71
Diseases of the Kidneys, &c.	13	6	6
Childbirth, Diseases of the Uterus, &c.	13	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	6	6	6
Diseases of the Skin, Cellular Tissues, &c.	5	1	1
Old Age	28	74	70
Violence, Privation, Cold, and Intemperance . .	48	27	26

No. 317. **SUMMARY.** Oct. 18.

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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

STRICTURES OF THE URETHRA.

Before I enter on the general considerations connected with obstacles which prevent the free passage of urine, I shall mention the details of a few cases that will justify the views I have taken on this subject, and I shall select those cases that have come immediately under my own notice.

CASE.—*Stricture at the Meatus Urinarius; Incision; Cure.*

A soldier came, in the month of June, 1843, to the hospital of St. Eloi with a stricture, which was situated at the meatus urinarius, and was caused by a cicatrix which had diminished the orifice by about two-thirds of its length. Three months before this man had contracted a venereal affection, consisting of chancres on the internal side of the prepucc, and at the orifice of the meatus. These ulcerations were rapidly cured by an antivenereal treatment, but the orifice of the meatus became much narrowed. An incision was made in the glans, in the direction of the frenum, with a straight bistoury; a large gum-elastic sound was ordered to be used, to prevent the adhesion of the divided surfaces. At the expiration of eight days the lips of the wound were cicatrised, and the patient left the hospital enabled to make urine in a full stream.

There are other kinds of strictures of the meatus, which are occasioned by diffused induration of the glans, which is induced by inflammation extending beyond the mucous membrane. These cases are common, and the morbid phenomena are easily observed; for this reason I shall not enter into fuller particulars on this subject at present, but shall refer to it at a later period. However, strictures of the meatus are generally occasioned either by diffuse induration or the cicatrisation of an ulcer. In both cases the obstacle is the result of inflammation. We shall see presently that the same causes produce the same effects in every part of the urethra; but I consider it necessary to point out at first those cases in which the morbid phenomena take place externally, or at least in those parts which are accessible to our view.

CASE.—*Stricture which existed during Fourteen Years; Seminal Emissions; Rapid Dilatation; Cure.*

A watchman, fifty-nine years of age, of lymphatic temperament and delicate constitution, had contracted blenorrhagia on several occasions, and afterwards suffered from stricture, which had been cured about fifteen years. Since then he has frequently consulted me for attacks of dysuria, which came on about a year after having indulged in venereal excesses. During the last seven years he has been obliged to lead a continent life. The penis has sometimes become erect, but the ejaculation of semen could not be effected. A continual state of blenorrhagia existed, which was exasperated by the slightest exciting cause. The patient has always evinced the most extraordinary pusillanimity when the passing of a sound has been proposed; but at length, from his great suffering, and a fear of complete retention of urine, he came to the hospital of St. Eloi on the 1st of January, 1844. Urine could could only be voided guttatim; its emission was accompanied with a feeling of pleasure, which was followed by extreme lassitude. The last drops of fluid which came from the canal were viscid and thick; seminal emission took place involuntarily when the patient made forcible efforts to empty his bladder.

January 2.—On sounding him I ascertained the existence of a narrow stricture. After several attempts a very small bougie was passed into the bladder, where it was allowed to remain; extreme sensibility of the urethra; acute pain; fever.

3.—The urine passed between the sides of the canal and the bougie, which was removed to introduce a sound; the penis being held straight, it passed the first obstacle; afterwards, by turning the penis on the abdomen, so as to give the instrument a regular curve, it went through the other strictures, and was allowed to remain; fever; extreme restlessness.

4.—A straight sound was introdueed (No. 3) in the same manner; it entered easily; the febrile exeitement has diminished.

From the 5th to 8th I gradually dilated to bougie No. 12, which he wore for six hours. A bath was then prescribed, and he passed urine in a full stream. Circumcision was performed, as he had natural phymosis, to prevent the accumulation of sebaceous matter between the prepuce and glans.

14.—The prepuce has cicatrised, and the blenorrhœa disappeared; the canal presents its normal capacity.

The patient ascribed the discharge to which he had been subject to repeated attacks of blenorrhagia, which he contracted by the slightest exposure, whereas the blenorrhœa was only the result of the irritation caused by the strictures. In cases of this kind the urine is retained behind the obstacle, and distends that portion of the urethra situated between the stricture and the bladder; the retention of this acrid fluid produces irritation, or chronic inflammation in the mucous follicles, which shows itself externally by a mucous discharge, sometimes of a purulent non-contagious nature. This increase of the normal secretion frequently follows the prolonged use of *sondes à demeure;* in both cases, when the cure of inflammation disappears, the discharge also ceases. But at the same time that the urine exerts its bad effects on the mucous follicles of the prostate gland, it also irritates the orifices of the ejaculatory canals, and by continuity of tissue, the irritation is extended to the vesiculæ seminales, which induces their contraction, and it is from this cause that the last drops of urine are accompanied or followed by the emission of a certain quantity of the seminal fluid. In still more severe cases, as we shall presently see, the urine is forced back even into the vesiculæ seminales, and from this cause proceed the incessant diurnal pollutions, the complete indifference, the hypochondriasis, the want of moral energy, the wasting, &c., &c., which patients labouring under strictures of long standing so frequently present. It is, moreover, to this cause that we are to attribute the pusillanimity of this patient, who obstinately refused, during fourteen years, to allow the introduction of a bougie. The subject of this case had several strictures, and it only required eight days to dilate them, notwithstanding their number, extent, and long standing, as well as the extreme sensibility of the urethra, and the bad health of the patient.

CASE.—*Blenorrhagia; Stricture; Mucous Discharge; Seminal Emissions; Excessive Sensibility of the Canal; Intermittent Dilatation; Cure.*

M. H., a student in medicine, of a nervous lymphatic temperament, had suffered from several attacks of blenorrhagia in the course of four years. At the age of twenty-two, having drunk a large quantity of beer, he was attacked by dysuria, which soon left him, but the stream of urine became forked, twisted, and gradually diminished in size. About this time, the patient having neglected an urgent desire to make water, complete retention came on, which was only relieved at the expiration of eighteen hours by the Ung. belladonnæ on the perineum; catheterism was impossible, as a spasmodic contraction of the canal prevented the withdrawal of the instrument, which remained in the urethra for more than an hour. When twenty-three years of age, in 1843, M. H. came to Montpellier. During the last six months a mucous discharge has been added to the difficulty of making water; the last drops of urine have been followed by a feeling of pleasure, which indicates an involuntary emission of semen; the urine has been turbid, and has deposited a thick mucous sediment; the stream has been very small. Towards the end of October, M. H. having too freely indulged in wine and women, the symptoms became more severe. The frequent desire to void urine could only be appeased by the discharge of a few drops. During these efforts the face became red and injected, the respiration hurried, the penis swollen and spasmodically contracted, and for some few seconds micturition was suspended; at the same time a discharge of a thin fœcal matter took place involuntarily; the general health participated in this local affection; the stomach became irritable; symptoms of gastritis came on; insomnia; his general character became irritable and gloomy.

The patient himself used now to exclaim—"I see the ravages committed on my prostate; the vesiculæ seminales permit the continual escape of an ill-formed semen; in a word, I have made my own autopsy. Although I call up all my fortitude, I dread catheterism; the mere idea of a bougie makes me shudder, though I know it is the only means of removing my disgusting infirmity, and I feel assured that these seminal discharges influence my disposition, which is naturally gay and careless."

October 2, 1843.—Introduction of a silver sound No. 2; manipulation tedious and painful; stricture very long and narrow at the end of the right portion of the urethra; extreme sensibility of the canal; horrible pain in the bladder, which contracts on the sound; bilious vomiting; intense fever. The instrument could only be worn for six hours.

5.—The stream of urine is larger (bran bath, low

diet); violent fever; febrile pulse; red, dry tongue; prostration.

10.—The symptoms have abated; a gum elastic bougie, No. 2, was now introduced, and worn for five hours; restlessness; bloody urine; involuntary stools. Bath.

11.—Sound No. 3, worn for four hours; less pain; another was passed a little larger, which he wore for five or six hours.

12.—All these inconveniences gradually ceased by repose.

13.—Sound No. 4, worn for six hours; restlessness; acute pain in the canal, sometimes extending to the testicle on the right side, which is swollen; urine copious; tenesmus.

15.—Sounds No. 5 and 6, were passed in the space of eight hours; desire to void urine less urgent; pain less; nocturnal pollution.

16.—Sound No. 7, was worn for four hours.

18.—Sound No. 8, for five hours.

21.—Sound No. 10, for two hours; profuse hematuria; pain in the prostatic region; bath, enema.

24.—Sound No. 11, for four hours; suffers as much as on the first introduction of a bougie; profuse mucous discharge; baths, refrigerant drinks.

30.—The mucous discharge has disappeared; the jet of urine is larger than in the natural state. The process of dilatation was now considered sufficient, and no stricture came on afterwards.

I have minutely related the history of this case, to show that when the sensibility of the canal is excessive, or the presence of the sound produces nervous irritation, or fever, &c., it is still possible to obtain a rapid dilatation by allowing a sufficient interval to intervene before the instrument is again introduced, so that the irritation may have time to subside. In the case of M. H. the sound could never be borne more than for eight hours at a time, but still the dilatation of the stricture was complete in the space of one month, after having only worn the sound for forty-eight hours at different periods. The irritation soon ceased after the sound was removed, and the instrument was more easily borne each time. In analogous cases, the symptoms are usually treated by emollient and narcotic poultices, baths, refrigerant drinks, enemata, &c., and as soon as they are appeased, it is advisable to enforce gentle exercise in the open air.

CASE.—*Masturbation; Urethritis; Orchitis; Stricture very difficult to dilate; Intense Peritonitis; Double Pleuritis; Death.*

François Collard, from Sainte Apollinaire, in the department of the Loire, twenty-seven years of age, of a bilio-sanguineous temperament, was sent from Africa to the hospital at Montpellier, which he entered the 14th June, 1843. About five years ago, after having given way to an excess of masturbation, he was seized with a profuse discharge, and from that time he completely relinquished his deplorable manipulations, but the discharge still continued, and has not since ceased. In the beginning he passed blood, and some time later, after the slightest fatigue, the discharge became arrested and the testicle inflamed. From that time Collard has had alternate attacks of urethritis and orchitis, and the forced marches and fatigues he has undergone in Africa have much increased the stricture. On his arrival at Montpellier he was sounded, and the dilatation of the canal might have been gradually obtained by the daily introduction of bougies, but a severe attack of orchitis required the use of leeches, poultices, baths, &c. I afterwards tried on several occasions to have recourse to the process of dilatation, but it always reproduced the inflammation of the testicle; at the last return of orchitis (4th July) some symptoms of gastro-enteritis came on, and consequently all attempts at catheterism were abandoned. I now proposed incision to remedy the stricture, but on the 8th the patient complained of hypogastric pain, which was the prelude to an attack of peritonitis; hiccough, vomiting, abdominal pain. Calomel, barley water, extract of lettuce, and opiates.

13.—Inflammation extends higher up; the patient complains of pain in the right side of the chest. Same treatment; sinapisms to the thorax.

15.—The calomel has a purgative effect; a few aphthæ appear on the buccal mucous membrane; but no salivation is produced. (Two large blisters on the internal side of the anus.) The disease advancing in its progress, the patient died on the 16th of July, nine days after the commencement of inflammation in the serous membrane.

Post-mortem.—Thorax: purulent effusion in the pleural cavities, more abundant in the right than in the left side; false membranes on many points of the costal pleura, but particularly of the pleura covering the lungs; red hepatisation, which is more extensive in the left than on the right side; serous infiltration of the rest of the lungs. The mucous membrane of the bronchi is of a violet redness, uniformly injected, with abundant mucous secretion in the large bronchial tubes. The pericardium contains a reddish serosity; on its diaphragmatic portion it offers a very marked injection. Abdomen: sero-purulent effusion in the whole of the abdominal cavity; false membranes on the peritoneum, particularly over the stomach, liver, spleen, and on all the organs contiguous to the diaphragm. Spleen voluminous, softened, diffluent. Liver: very easily isolated from its capsule; granulated; tissue softened; gall-bladder filled with bile.

Gastro-intestinal canal: injection of the stomach; some few black spots on the side of its lesser curvature, with ulceration; similar alterations at the beginning of the duodenum. Large intestine: valves much injected. Genito-urinary organs: before the prostatic position of the urethra there is a stricture of a light red colour, hard, and resisting the scalpel; excoriation of the mucous membrane within the stricture; a similar alteration at the orifices of the ejaculatory canals. At these two points the mucous membrane is much injected, and destroyed to a small extent, as we see in the commencement of ulceration. There is no trace of inflammation in the rest of the canal, either externally or internally; no morbid appearance in the perineum, bladder, or in the cellular tissue of the pelvis. The cause of this stricture is particularly remarkable; this patient had never had connexion with women, and the discharge which he laboured under could only be occasioned by excessive masturbation; for when interrogated as to the origin of his disease, he invariably gave the same replies. These brutish manœuvres must have been carried to a great extent to produce so violent an inflammation, for they not only induced the discharge, and the repeated attacks of orchitis, but also the stricture before the prostatic portion of the urethra. The excoriation of the mucous membrane at the seat of stricture, and at the orifice of the ejaculatory canals, explains the extraordinary sensibility of the canal, and the acute pain produced on the introduction of a sound; it also easily accounts for the transmission of inflammation to the testicles, not by sympathy, as some medical writers have insisted, but by continuity of tissue. These repeated inflammations of the spermatic organs occasioned the diurnal pollutions, which, superadded to the effects of masturbation, brought on the morbid state of the economy, and induced the attack of peritonitis, and the double pleuro-pneumonia, whose progress it was impossible to arrest, as there was so little power of constitution to contend against these two formidable diseases.

CASE.—*Fall on the Perinæum; Retention of Urine; Consecutive Stricture; Sonde á Demeure for Five Months in the Canal; Permanent Dilatation.*

Vidal (Antoine), from Grandieu, a farmer, forty-three years of age, of robust and sanguineous constitution, came to to the hospital on the 28th of May, 1843. In the month of August, 1844, he fell from a height of several feet on a ladder, his legs being separated, so that the whole weight of his body came on the perinæum; the skin was not injured, but a large ecchymosis formed on the part, with considerable swelling. Complete retention of urine was the result, which continued for twenty-four hours. A catheter was easily introduced into the bladder, and some sanguinolent urine was drawn off; two days afterwards the instrument was withdrawn, on account of the pain which it caused (Venesection, emollient poultices to the perinæum). Shortly afterwards the jet of urine became small and forked; excretion frequent and in small quantity. The catheter was again introduced, and repeated about every eighth or tenth day. In the month of December, 1842, he became much worse, and there was considerable difficulty in the introduction of a bougie: a sound was passed, which he wore for *three months*, when, having taken too much wine, he felt acute pain in this part, and he could not empty the bladder; he attempted to remove the sound, but his efforts were useless: hypogastric pain now came on, and having used baths, rest, and poultices, the emission of urine was re-established; but afterwards it constantly passed between the sound and the sides of the canal: he now came to the hospital of Saint Eloi. On his entrance, I attempted to remove the sound, and only succeeded after he was kept for a long time in a bath (its calibre was No. 8); it was entirely obliterated by calcareous concretions, and presented a crystalline appearance. At the membranous portion of the urethra I could feel, through the skin, a very hard, indurated tumour, and it was at this point that the difficulty of catheterism was always found (Bath, emollient poultice).

29.—Introduction of a sound into the bladder was impossible, in consequence of spasmodic contractions of the canal and excessive pain (Leeches to the perinæum, emollient poultices, baths). The urine (which came away in a very small stream) was bloody.

30.—Sound No. 2 was passed after several attempts; it was left in the passage (poultice). Fever, excessive pain in the canal during the whole day. The rapid dilatation is, notwithstanding, continued, and on the 2nd of June I passed sound No. 12. I continued this every day, and he wore it for some hours.

June 7.—Left without a sound; he makes water easily and in a full stream.

10.—Three days after he remarked that the stream of urine was as small as when he came to the hospital, although a sound No. 9 was easily passed on to the bladder; in two days I again introduced sound No. 12, and I continued its use for ten days, and gradually reduced the period of its sojourn in the urethra.

20.—The sound had not been used for four days, and when I attempted to introduce one, I was obliged to use No. 5.

30.—Erysipelas now appeared, and having recovered from this, in consequence of the obstinacy of his complaint, Vidal left the hospital.

This case shows how difficult it is to attempt the cure of strictures which are attended with a loss of substance, particularly when the cicatrix has formed. Having obtained the greatest possible extension of the new tissue, we should be careful in our attempts at further dilatation, for the retractile property of the cicatrix will not fail to return in proportionate energy to the extent of destruction; and it is only by the greatest perseverance, sometimes after bougies have been used for many years, that patients are cured of traumatic strictures. In the case of Vidal, an almost incredible imprudence was committed, by allowing the sound to remain in the canal for such a length of time: it ought to be frequently changed from the danger attendant on its being broken or becoming obliterated with urinary salts, so that it cannot be withdrawn, and the operation of lithotomy would be required to extract it; or again, the prolonged contact of the instrument with the sides of the bladder may produce chronic cystitis, or perforation of the bladder. If these accidents do not happen, it is probably owing to the sound only having entered a very short way into the vesical cavity.

TREATMENT OF HYDATIDS.—Klencke found laurel-water to act as an active poison to the cysticercus. Other therapeutic agents possessing this property with regard to hydatids in general are camphor, ethereal oil of cubebs, acetic acid, balsam of copaiba, spirits of turpentine, ammonia, and the carbonates. Klencke found electricity to be a powerful destructive agent. He tried it clinically indeed on a man aged fifty-four, who passed acephalocysts and echinococci with the urine. For this purpose he introduced the pole of a small galvanic battery through a glass catheter into the bladder; the other pole was sometimes applied externally to the abdomen, sometimes by means of a glass tube to the rectum, and sometimes to the lumbar region, with the best results, dead hydatids being discharged about four hours after each application until they ceased altogether.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN.

By J. BOUILLAUD, D. M. P., M. A. M., Member of the Chamber of Deputies, Professor of Clinical Medicine at the University of Paris, Knight of the Legion of Honour, Physician to the Hospital de la Charite, &c. &c.

LECTURE VI.

MENINGITIS.

(Continued from page 324, Vol. xii.)

Causes of Meningitis.—These are numerous, and differ in their nature like those of most other inflammations. On this account for the sake of methodical description, they are divided into two classes, known by the names of *predisposing and determining causes*. But whilst we admit this general division, we find ourselves compelled to make a third class, which comprehends *sympathetic causes*, which cannot be placed with the predisposing causes, although there is some analogy between them, nor with the determining causes, from which they differ very considerably. We think ourselves authorised, then, in adopting another division, which will permit us to arrange the causes of meningitis in a more narrow compass, and of which the subdivisions will be more clearly defined. Thus, then, we have—

1st.—Direct causes.

2nd.—Indirect causes.

1st.—*Direct causes* may be divided into (*a*) *material causes*, or causes common to most inflammatory diseases; (*b*) *immaterial causes*, if we may so call them, that is to say, causes acting through the moral, intellectual or affective man, and consequently producing their effect specially on the central organs of innervation, and their membranes.

2nd.—*Indirect causes* comprehend: (*a*) *predisposing causes*, such as age, sex, temperament, physiological condition, nourishment, &c.; (*b*) *sympathetic causes*, which embrace the morbid conditions of the system, such as typhoid fever, erysipelas of the scalp or face, and sometimes pneumonia, &c.

Let us now examine these causes in detail.

1st.—*Direct causes*: (*a*) material causes, or those common to other inflammations. In this class we place all traumatic lesions, such as contusions of the scalp, either accompanied by concussion of the brain, or by fractures with depression of the skull; wounds resulting from operations on the scalp; penetrating wounds of the scalp, &c.; long-continued exposure to the rays of the sun when very powerful. We know that a *coup de soleil* may simply give rise to erythema or erysipelas, according as it has been more or less intense; and in the same manner it may cause meningitis when long continued on the head.

(*b*) Special organs become inflamed from causes which act particularly on them; thus, stimulating food taken in great quantity, or the mineral poisons, produce gastritis; exposure to cold causes pneumonia, rheumatism, coryza, &c. Powerful affections of the senses, such as extreme grief or joy, prolonged watching, and immoderate intellectual exertions acting strongly on the brain, are the most common causes of meningitis in adults, and above all in the young. But, we must add, that in this case the cerebral substance participates most commonly in the inflammation, either as a primary or consecutive affection.

2nd.—*Indirect causes*: (*a*) predisposing causes; meningitis does not occur with the same degree of frequency at all ages. It is observed oftener in children before ten than from ten to twenty, and during this period it is much more common than in the adult, whilst old age is still less frequently attacked by it. Age has then a powerful influence, and one easily proved; it is not exactly the same with regard to the sex. MM. Guersant and Foville state that, basing their opinion on personal observations, girls are more often attacked than boys; they attribute this to the inconsiderate use that is made of the *serre tête* in dressing girls, these head-dresses producing a powerful and permanent compression on the heads of the children.

From the researches which have been lately made at the *Hopital des Enfans*, and which have been published in a special treatise, we have seen in the article Meningitis, that the girls attacked were much less numerous than the boys. How can we reconcile these discrepancies? I cannot enter into details on this subject, and can only say that the question requires to be again studied; but that in case the opinion advanced by MM. Guersant and Foville prove correct, the explanation advanced by them cannot be the right one. How should a compression which is moderate, and has lasted five or six years, cause a disease when the organs ought to be in some degree used to it? (I have taken into consideration the gradual developement of the head.) We should consider it much more logical and correct to admit the influence of constitution or temperament. Is it not ascertained that young girls, and even women, are generally of a more nervous and lymphatic temperament than men? On this point I may as well state that nervous and lymphatic temperaments are more subject to this disease than others. And this will explain to us on the one hand, why childhood is most often attacked by meningitis, and on the other hand, why the meningitis called granular or tubercular is more particularly found at this period. Five-sixths of the children at this age are in fact, more lymphatic than nervous; and, I have before stated as a principle, that tubercular meningitis is caused by inflammation of the lymphatic system; and my assertion finds in these facts new force and powerful confirmation.

One fact of constant observation is, that the physiological conditions, in which the subjects happen to be are very frequent causes of meningitis. Thus the first and second periods of teething, the first appearance of the menses, and the total and sudden stoppage of this discharge; these different conditions are often marked by the occurrence of meningitis. These are not vague assertions which every author repeats, because they have been advanced by some one before him, the explanation of which he cannot give. The facts, and what is still more important, the groups of facts—the *figures*—which have been given in special works, and of which I have often proved the exactitude gives proof sufficient.

The continued use of stimulating food, the abuse of spirituous liquors, which some persons take particularly for the purpose of forgetting their griefs, are also causes of which the action, though slow and distant, is not the less certain. Do we not know that the immoderate use alone of spirituous liquors, that habitual drunkenness, causes a particular kind of this malady, known by the name of *delirium tremens*, which is only a low chronic inflammation, palpable and material traces of which are always found after the death of the subjects?

(b) Sympathetic Causes or those of Re-action.—There are many diseases in the course of which meningitis is often developed, or which, at least, are complicated by nervous symptoms. We often see this malady arise during the progress of erysipelas of the scalp or face, either in a *sympathetic manner* (I may as well say, *en passant*, that this expression only hides our ignorance on the subject of causes and mode of production), or by the extension of the inflammation, which is propagated by the orbicular foramina, or by the veins of the scalp which communicate with the sinuses of the dura-mater. M. Foville has remarked that it appears sympathetically with inflammation of certain other serous membranes, and he has observed a case of hydrocele, treated by puncture and injection, which was followed by synovial inflammations, with anchylosis of the affected parts, to which all the symptoms of acute meningitis were added. I have myself remarked acute inflammation of the membranes of the brain occur at the same time with violent acute articular rheumatism; of this I have seen examples; but this coincidence is, fortunately, extremely rare. Cases of sympathetic meningitis are often seen during typhoid fever, and constitute then not an element of this malady, but a complication; and it is chiefly to these cases of typhoid fever, complicated by meningitis, that the name *ataxic typhoid fever* has been given. Now, by what means can an affection of Peyer's glands react on the brain or its membranes? I do not wish to speak in too positive a manner on this subject, but I shall state, as a principle, that many of these cases of meningitis which are considered to be typhoid are, in fact, idiopathic, and entirely independent of the intestinal lesion, whether they precede or are developed at the same time with the affection of Peyer's glands, often, actually, as if this disease did not exist. As to the cases of secondary meningitis, which are developed in the course and under the influence of a typhoid fever (I cannot refuse to admit the existence of cases of this nature), instead of being the products of sympathy, would it not be more reasonable to say they are the products of the *typhoid poison*, the septic principle which is spread throughout the blood and the whole economy and can thus act materially on the nervous centres? However this may be, it is certain, that under my care, where the general poisoning of the system is prevented, the development of these ataxic phenomena is also prevented, and cases of typhoid meningitis are very rare among my patients.

In describing the symptoms of meningitis, the method I have followed indicates sufficiently the progress of the malady, and I shall not again refer to this part of the subject for fear of repetition. I shall say a few words, however, on the duration of the disease. If the disease is really a violent idiopathic meningitis, it often carries off the patient, particularly if a child, during the first week, or, at the most, the second, and sometimes in the first three or four days. Nervous fever is only meningitis of a milder kind and is sympathetic of other affections.

The prognosis of meningitis is generally unfavourable, and we must not, in some circumstances, allow ourselves to be imposed on by the lucid and calm intervals which are often observed, but soon followed by fresh paroxysms.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Although the introduction of the hand into the vagina, as recommended by Professor Naegele, is the most efficacious and certain mode of reducing a retroverted uterus in the gravid state, I have not always been successful with it; but then it is only fair to state that in these cases I was unwilling to make a considerable effort from fear of inducing abortion, nor did the severity of the existing symptoms require it. Although cases are on record showing that pregnancy may go on even till a late period with the uterus in a retroverted state, a moment's consideration will show that if it be not firmly impacted, and no dangerous symptoms be produced, the uterus will in many cases ultimately recover its natural position as it gradually increases in size. In some instances this has not taken place until pains have come on, and in those rarer cases where it has taken place at all, the uterus has at length sloughed, and the child has been discharged piecemeal by an abscess, either through the rectum or the vagina, as in ventral pregnancy.

The following case will be found to illustrate some of the above remarks:—

Mrs. B., ætat. 29, robust and healthy looking, came to me at St. Bartholomew's, in March, 1845, on account of pain and dragging in the pelvis, and some difficulty in evacuating the bladder and rectum. She reckoned herself to be ten or eleven weeks advanced in her first pregnancy. The affection had not come on suddenly, but she had noticed the above symptoms gradually increasing for several days.

On *exam. per vaginam* the usual characteristics of retroversion were found. There was no retention of urine, although there was some difficulty in passing it, and the bowels were in a sufficiently lax state to give her no inconvenience. Having emptied the bladder, and tried without success to raise the fundus by pressing it up with the two fingers per rectum, whilst I endeavoured to draw down the os uteri with the finger of the other hand per vaginam, I gradually introduced my whole hand into the vagina, and endeavoured to raise the fundus in the mode already described, as proposed by Professor Naegele; but being unwilling to exert much force from fear of bringing on premature expulsion, and finding that there were no urgent symptoms to forbid delay, I desisted, merely keeping the bowels open, and seeing her from week to week. In the course of some weeks afterwards, while at church,

she suddenly felt a great commotion in the lower part of the abdomen, as if something had moved within her. She became faint and sick, but on recovery found herself quite free from the pain and sense of weight which she had hitherto been feeling in the pelvis. On examination the following week the uterus was found in its natural situation, the retroversion having been evidently spontaneously removed, in consequence probably of the gradually increasing size of the uterus and its contents. She went the full time favourably, and I subjoin the report of my clinical clerk, Mr. C. F. Williams, who attended her in her labour.

Mrs. B., ætat. 29, primipara.

I was sent for by this patient on Sept. 25, 1845, at 10, a. m. I learned that she had some sharp pains occasionally during the night, with a griping sensation in the lower part of the abdomen, and that she had been suffering from diarrhœa during the last week.

Exam. per Vaginam.—Os uteri low down in the pelvis, and dilated so as to admit the point of the finger, thin and loose. As the pains had no effect upon it, I ordered her a warm bath, and gave her Liq. opii sedativi, *m.* xxv, ex Aquæ cinnam. ʒ iss. At 6, p.m., I again saw her; bowels had been opened once since the morning, and she has had two hours' comfortable sleep, which has very much refreshed her. The pains were situated in the back, coming on quicker and more regularly. Os uteri soft and cushiony, and dilated to about the size of a crown-piece, with a copious secretion of albuminous mucus. The membranes were very thick, and, as they continued unruptured for half an hour after the os uteri had been fully dilated, I ruptured them, and this was soon followed by the expulsion of a living female child. Head presented in the first cranial position. The placenta was expelled naturally, and the fundus uteri could be distinctly felt just above the symphisis pubis firmly contracted. She did well.

The os uteri is not always turned upwards behind, or even above, the symphisis pubis when the fundus is retroverted; but the condition of the uterus is one rather of *retroflection*. The cervix is bent upon the body of the uterus like the beak of a retort upon its bulb, so that, except being more forwards than usual, the os uteri has its orifice looking downwards, and the cervix, as far as the finger can reach, is felt running upwards just as if the rest of the uterus were above its natural position.

I was not aware for some time how easily the uterus will bend upon itself even in the gravid state until my attention was drawn to the subject by the following case:—

S. L., ætat. 35, mother of seven children, of miserable cachectic appearance, with peculiarly aged and haggard look.

Considers herself four months advanced in pregnancy. Was suddenly seized six weeks ago with inability to pass water, and severe forcing bearing-down pain in the pelvis greatly increased after evacuating the rectum, a solid globular tumour, as big as a large orange, being forced down into the hollow of the sacrum, and protruding at the os externum like the head of fœtus. After a time this would again return, but the inability to pass water remained the same.

On examining the abdomen a large tumour could be felt rising from the symphisis pubis to the umbilicus; it was very painful on pressure. A silver catheter had been passed, and a small quantity of urine evacuated, leaving the bladder, which formed this tumour, still enormously distended. I passed an elastic female catheter easily into the bladder, its course being perpendicularly upwards behind the ymphisis pubis, and drew off between three and four quarts of urine, with great relief to the patient.

Exam. per Vaginam.—A large and rather firm tumour was found occupying the posterior part of the pelvic cavity, pushing the vagina forwards towards the symphisis pubis. This tumour was evidently covered by the posterior wall of the vagina; the os uteri, which before emptying the bladder was high up behind the symphisis pubis, so that its edge could scarcely be reached by the finger, now descended somewhat, *its orifice looking downwards*. As soon as the urine had been drawn off, violent forcing pains came on; the tumour in the hollow of the sacrum was pushed down over the perineum, and protruded at the os externum, requiring very firm support to prevent it coming down still further, after which the pains and straining efforts gradually ceased, and the urine was directed to be drawn off twice a-day, or oftener if necessary.

After two days I again examined her. The tumour still occupied the posterior part of the pelvic cavity; the os uteri had descended much more within reach; its edge was uneven, irregular, and open; its orifice was directed downwards. Considering the cachectic look of the patient, the direction and condition of the os uteri, the daily protrusion of this tumour over the perineum, and the entirely passive state of it as regards pain, except when actually protruded, I came to the conclusion that she was *not* pregnant, but that it was a tumour driven down into the recto-vaginal sac, and forced into the vagina as a species of hernia vaginalis, pushing the uterus bodily forwards against the bladder, without materially altering the position of the os uteri beyond what had been produced by the enormous distension of the bladder.

Two or three days more showed that my diagnosis had been wrong. Labour pains came on, the os uteri gradually dilated, and a dead fœtus, at nearly the fifth month, was expelled. I saw her in about ten hours after; she now could pass water easily, and felt free from pain; the os uteri was lower in the pelvis, but still more forward than usual, viz., about half way between the pelvic cavity and symphisis pubis, its orifice looking directly downwards. The tumour in the hollow of the sacrum was still there, but greatly diminished in size; this was the fundus, and I could now trace my finger along the body, which was bent into a sharp curve like a retort; on passing my finger through the os uteri, the canal passed upwards for three quarters of an inch.

Although the symptoms in this patient commenced precisely like those of retroversion, and seemed to be confirmed by the patient supposing herself pregnant, and also by the vaginal examination in most of the essential points, still the position of the os uteri, after evacuation of the bladder, was so different to what I had hitherto observed in retroversion, viz., looking downwards instead of upwards and forwards, that I felt the more inclined to consider it some solid tumour forced down into the recto-vaginal sac. In my first examination the os uteri could scarcely be reached, being evidently pulled up by the distended bladder, but on descending lower into the pelvis after the use of the elastic catheter, the position of the os and cervix uteri gave me quite the impression that the uterus was in no other way displaced than merely pushed bodily forwards against the symphisis pubis by the mass behind. The cachectic look of the patient still further confirmed me in my supposition that she was *not* pregnant; and in an unsuccessful attempt to raise the mass above the promontory of the sacrum, it gave me quite the feeling of its having some attachment which prevented its rising beyond a certain extent. The uterus continuing in a retroflected state after the expulsion of its contents, would almost justify this view. I may also add, that a case of globular fibrous tumour, involving the posterior wall of the uterus, and occupying the cavity of the pelvis in a manner very similar to that in which the fundus did in the above case, occurred at the same time, and thus contributed still further to my taking this view of it.

The superiority of the elastic catheter in all cases where there is compression or displacement of the urethra, is well-illustrated in this instance; indeed, except as a sound for exploring the bladder, I scarcely ever make use of the silver one.

In my last report I alluded to a severe case of retroversion which had taken place in the unimpregnated state, in consequence of lifting a heavy weight while the uterus was large and heavy from congestion; the following is also a case of retroversion in the unimpregnated state, but arising from constipation; it occurred to my friend and former pupil, Mr. A. Burmester, who consulted me at the time about it, and kindly permits me to use his report of it on the present occasion.

Mrs. R., ætat 46, mother of ten children; has had two miscarriages.

June 14, 1840.—Has always enjoyed good health, but is of an exceedingly costive habit. I was called to this case by a practitioner who had been in attendance upon her for forty-eight hours. He first visited her at 4 o'clock, on the morning of the 14th; she was then complaining of great pain in the back; there was a small circumscribed tumour about the symphisis pubis, like a distended bladder; no tenderness at any other part; an opiate was given, and some thin warm gruel injected into the rectum. About 4 in the afternoon the swelling had increased in size, although urine in small quantities had been voided, not guttatim but at once.

At 10 in the evening the catheter was passed, and a complete retroversion of the uterus was now discovered; about four ounces of urine were drawn off, with but slight alleviation of pain, and there was no preceptible diminution of the abdominal swelling. On the following morning (15), an elastic male catheter was passed completely into the bladder, and about the same quantity of water drawn off as before. Thinking it possible that the bladder might be divided into an upper and lower chamber, and that the instrument had not reached the former, he then passed a silver male catheter, using as much force as was prudent, but without reaching any such cavity, and without removing any more urine.

These attempts were repeated in the evening with a similar result.

16.—The state of the patient now became alarming, and I was called in. There was great constitutional suffering; pulse 130, small and sharp; tongue furred and very red; skin hot and dry; urgent thirst; constant restlessness, with moaning, and much anxiety of countenance. There was severe pain in the loins, and most distressing bearing down both in the vagina and rectum.

On examination I found well-marked retroversion, but it was quite impossible to return the uterus into its proper position. There was an immense mass of hardened fæces in the cœcum, and also in the rectum. Irregular nodular tumours could be felt on the outside, following the whole course of the large intestines, and there was a great deal of borborygmus and pain. Six ounces of urine were removed by catheter. Warm enemata into the rectum were used without effect; they would not pass. The catheter was used twice during the afternoon, and a full dose of calomel and jalap given, followed by castor oil.

17—Bowels have been opened; there is still thirst with a furred and red tongue. Pulse 120, small but soft; skin dry, but no symptoms of inflammation; has had a little sleep. Rep. ol. ricini.

5, p. m.—Much the same; no relief of the bowels; after considerable difficulty I succeeded in passing an elastic gum male catheter into the rectum, and injected half a pint of soap and water. It occasioned great pain at first, and when it was withdrawn it was flattened by the pressure.

10, p. m.—Injection retained and repeated. I now introduced a rectum tube, and by its means injected some hot soap and water; the warmth seemed to allay the pain, and she had a better night. I avoided opiates, but gave her a full dose of tincture of hyoscyamus, and she had another dose of castor oil the following morning.

June 18.—Much easier; has passed water spontaneously, and a quantity of highly fetid bilious and fæcal matter in a dissolved state; she has less tenesmus and pain in the back. A mixture of senna and salts with tincture of jalap was given, and hot water injected through the rectum-tube three times during the day.

19.—Is now beginning decidedly to improve; all her symptoms are relieved, and she has had a good night, having passed a large quantity of dark bilious and fæcal matter in a dissolved state, and voided urine more freely. The abdomen is softer, although nodules of scybala can still be felt in the cœcum and colon; and the uterus remains in its retroverted state. Let the tube be introduced as before, and let her take some castor oil.

20.—A good night; evidently better: the soft soap and water was retained until the afternoon of yesterday; much less tenesmus.

From this date until the 24th she continued passing large quantities of bilious feculent matter, dissolved by aid of the injections and castor oil; with much improvement of general symptoms.

24.—She passed a large quantity of dark offensive stuff, very thick, but not solid, preceded by some indurated lumps. This afforded her considerable relief; she said the womb immediately felt higher up; she found herself able to pass water freely, and the tenesmus and pain of back left her. Her appetite improved; her tongue became clean; and she slept well. For a few days she was not allowed any other food but beef-tea and arrow-root, but she rapidly recovered, and the uterus was found in its natural position.

On inquiring in February, 1841, I learned that she has menstruated regularly ever since, and that her bowels have been less constipated than they were for some time before her illness.

The severe train of symptoms here enumerated can only take place when the uterus is of considerable bulk, and is thus enabled to press injuriously on the neighbouring parts; for in the ordinary form of retroversion, which so frequently occurs in the unimpregnated state, and which I propose to form the subject of my next report, few of any of these symptoms are produced, except at certain periods, in the form of severe dysmenorrhœa. It is more than probable that, having had ten children, and two miscarriages, the uterus was large and heavy, and that its size and weight were still further increased by the returning circulation being obstructed by the pressure of the loaded intestinal canal. Whether the miscarriages were at all attended with a similar attack does not appear.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 47.)

Hydatid Sputum.—Hydatids of the lungs are of rare occurrence.[1] They are seldom discovered until after death,[2] and are therefore chiefly interesting to the pathologist only; but they are sometimes expectorated, in which cases they claim the especial notice of the practitioner.

Appearance and Qualities.—It is not necessary to the purposes of this article that we should enter into any minute description of the acephalocyst. It is known to be one of the simplest of organised beings. A globular bag, filled with a limpid fluid, it has no head nor any specific organs of reproduction, is impassive to every kind of stimulus,[3] and even under the powerful action of galvanism exhibits no motion but what is simply due to elasticity; it has a solitary claim to the character of an independent being, from propagating itself by means of *gemmæ* or buds, which it throws off from between its layers, outwardly or inwardly, according to its species. A hydatid may be single, or may contain other hydatids imperfectly or completely formed. The mother hydatid sometimes acquires an enormous size; Dr. Thomas Davies says, he has "seen it of a capacity equal to three gallons."[4] Single hydatids that are expectorated vary in size from that of a pea to that of a walnut. They may be transparent as water, or semi-opaque, or opaque, like the boiled white of egg, or green, yellow, grey, tawny, or red. The cyst is generally fibrinous, variable in substance and strength, sometimes even approaching to a cartilaginous or an osseous state. The contained fluid presents the chief characters of albumen.[5] Hydatids are occasionally broken up before they are expectorated,[6] and then may be discharged *en masse*, or fluid albumen, hydatid buds, and shreds of cysts, may be coughed up singly. "In the *Journal de Medicine* for 1801 is the case of a man who expectorated for several months rounded pellicles which were evidently the remains of hydatids, and some seemed to be these merely flattened."[7] The expectorated cysts have sometimes been mistaken for portions of the bronchial membrane, just as when similar substances have passed *per anum*, they have been supposed to be part of the villous coat of the intestines. Hydatids are mostly expectorated alone, but they may be preceded, accompanied, or followed, by other sputa—mucous, muco-purulent, purulent, or muco-albuminous.

It has happened that the same individual has expectorated hydatids only once in his life; others, on the contrary, have discharged them more or less abundantly and frequently for years.

Pathognomonic Relations.—In many instances, hydatid sputa have their origin in the liver. They are developed either in its substance or upon its surface, and, finally establishing an ulcerous communication, through the diaphragm, with the air passages of the lung, are thus discharged by coughing. One of the most remarkable cases on record, occurring in the practice of Dr. Collet, is of this kind:—"Mrs. Davies, wife of the Rev. Mr. Davies, of this parish, now about thirty-seven years of age, although of a constitution naturally tender and delicate, had passed the earlier part of her life generally free from diseases. About four years ago she first began to decline in her health. She then complained of low spirits and an oppression on her breath. These symptoms were followed by œdematous swellings around her ankles, which swellings, however, were inconsiderable, and soon disappeared. Within the last year she has been much harassed by a violent cough, and a great difficulty of respiration; and has at times expectorated large quantities of a very tough and viscid phlegm. In this way she continued, until September 6th, 1771, on which day she discharged by coughing twelve hydadits; and since that time she has expectorated an amazing number of them; whereof, for her own satisfaction, she has kept an exact account, which is as follows:—

Sept. 6,	1771, she coughed up	12	hydatids
— 7,	—	1	—
— 8,	—	1	—
— 9,	—	3	—
— 24,	—	5	—
— 26,	—	9	—
— 30,	—	6	—
Oct. 6,	—	2	—
— 7,	—	1	—
— 16,	—	3	—
— 17,	—	3	—
— 18,	—	2	—
— 21,	—	2	—
— 28,	—	6	—
Nov. 2,	—	4	—
— 7,	—	1	—
— 12,	—	15	—
— 17,	—	7	—
— 18,	—	1	—
— 20,	—	24	—
— 21,	—	11	—
— 25,	—	1	—
— 27,	—	1	—
— 29,	—	3	—
Dec. 22,	—	8	—
— 26,	—	2	—
Jan. 1,	1772 —	1	—
	In all	135	—

(From Jan. 1 to Feb. 9, she expectorated fifteen hydatids.)

These are of different sizes, from that of a pea to that of a pullet's egg. Generally, they are brought up with ease; but this never happens, unless a violent fit of coughing, sometimes amounting almost to suffocation, has preceded. It is observable that they always come up ruptured, and that no water either accompanies or follows them, but only a great deal of tough phlegm. Some few of them have been tinged with blood. This patient has a swelling above her navel, which she first perceived not quite six months ago. This for some time increased gradually, but has been attended with no pain. It has been carefully examined by Mr. Withers, a surgeon of great experience in this town, who describes it to be an irregular tumour, not very large, seated in the lower part of the epigastrium, about four or five fingers' breadth below the xyphoid cartilage, extending itself a little towards the right hypochondrium. In the most prominent part of it a fluid is distinctly perceived, which seems to be immediately under the common integuments."[8]

In the *London Medical Journal*, vol. vi., p. 593, is recorded the case of a lady who "coughed up several hundreds of hydatids, most of which were burst, and of these many must have been as large as a pullet's egg: those that were not burst were only about the size of a nutmeg." This patient was dropsical, and she was believed to have liver disease. Dr. Elliotson attended "a lady who had laboured under chronic hepatitis for fifteen years, and at last she began to cough and spit hydatids, and died. On opening her," he says, "I found a large cyst of these hydatids attached to the concave portion of the liver on the right side. In the middle of the liver there was another sac filled with them. Ulceration took place through the diaphragm, the cyst emptying itself into the air passages."[9] The only instance of the expectoration of hydatids which I myself have met with, was in a case very much resembling that described by Dr. Elliotson. The patient, a female, forty-six years of age, had suffered for nearly twelve months from a dull heavy pain in the right side, with slight enlargement. She had a sallow cadaverous complexion, her bowels were irregular, appetite capricious; she coughed occasionally, and slowly lost flesh. She finally expectorated a brownish muco-purulent fluid, sometimes mingled with hydatids, either entire or burst. The largest were about the size of a filbert, but they were for the most part much smaller. For a few days they would cease to be discharged, and then return again. She expectorated none for about a week before her death. The post-mortem discovered an enlarged and slightly myristicated liver, attached to the in erior margin and concave surface of which was a membranous bag capable of holding a quart. It contained a few hydatids. Superiorly it adhered to the diaphragm, which was perforated by an orifice about two inches in circumference, leading to an ulcerous cavity in the lungs, with which the bronchi freely communicated. There were pleural adhesions completely formed round the passage through the diaphragm, thus rendering the channel of communication from the cyst to the pulmonary excavation perfectly entire. In vol. i. of the *London Medical Communications* is a detail of a post-mortem examination somewhat similar. We are not told whether the patient expectorated hydatids, but, at least, there was every condition favourable to the escape of the hydatids from the liver into the bronchi. "A common cyst, found to

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[1] Out of six thousand patients admitted into the wards of M. Lerminier, in the Hospital La Charité, during six years, hydatids of the lungs were observed only five times. Dr. Hodgkin says, he has "not seen hydatids in the human lung more than four or five times."—(On the Morbid Anatomy of Mucous Membranes, p. 146.)

[2] In only one of the five cases of pulmonary hydatids observed in the wards of Leminier, were the hydatids expectorated.

[3] Laennec, Baron Percy, Langstaff and others, who affirm that they have seen the acephalocyst contract under the application of stimuli, appear to have mistaken a *physical* for a *vital* action.

[4] Lectures on the Diseases of the Lungs and art, page 302.

[5] Its composition, however, would appear to be variable, for Dr. Marcet says, it seems "to resemble much in its chemical composition that of hydrocephalus and spina bifida, only in containing a larger portion of animal matter, which appears to be chiefly of the muco-extractive kind." Dr. Marcet found it not to coagulate by heat or by sulphuric acid.—(Med. Chir. Trans. vol. ii.)

In a case hydatid expectoration reported by Dr. Collet in the Medical Transactions of the College of Physicians, vol. ii, page 492, *note*, he says, the patient "adds likewise, that sometimes these substances have seemed to her as if they had come to the windpipe quite whole, and then to have sunk back again, and after some time to have been discharged ruptured."

[8] Medical Transactions published by the College of Physicians, vol. ii., p. 489, et seq.

[7] Laennec on the Diseases of the Chest, trans. by Forbes, page 376. This author says, "I have myself seen two similar cases, both of which, as well as that recorded in the *Journ. de Med.* were cured. On this account the actual seat of these bodies could not be determined, but there can be little doubt of its having been in the lungs." (loc. cit.)

[9] London Medical Gazette, 1832-3, vol. xii, p. 486.

contain a quart of hydatids, and attached to the liver, omentum, mesentery, and peritoneum, passed through a perforation in the diaphragm; from thence, expanding again, it adhered to the pleura and mediastinum, filled almost the whole of the left thorax, and communicated in several places with the cavity of the lungs, which were ulcerated."

In other cases hydatid sputa are derived either from the lungs themselves or from their serous investment, with or without signs of concomitant organic disease. An interesting report, by Dr. Doubleday, of "hydatids coughed up from the lungs" may be found in vol. v. of *Medical Observations and Inquiries*, p. 143. "In August, 1757, I was called," says he, "from Berwick-upon-Tweed to Norham, to J. G., a middle-aged unmarried woman, whom I found coughing up blood mixed with a great quantity of clear viscid matter, resembling the whites of eggs: on examining what she had spit up (which nearly filled a common basin), I found it consisted, along with several ounces of blood, of a number of pellucid thin vesicles of various sizes, from the size of a large pea to that of a pullet's egg, mostly burst, but seeming to have contained all the glairy stuff she had spit up. I had seen this woman two years before, who then complained of obstruction of her menses, and had long had a difficulty of breathing; her menses returned by the common means; but I understood she had continued to labour under complaints of her breast, had at times a viscid or purulent spitting, was much emaciated, and breathed with great difficulty, particularly before this last attack. After the present discharge of hydatids, the spitting of blood ceased, her difficulty of breathing was relieved, and she recovered a better state of health than she had enjoyed for several years. I saw her several years after in good health, and believe she is still living.[10] A case of hydatid expectoration is related by Dr. Monro, in which it would appear that, beyond the formation of these parasites, there was no local disease. He observes, "I had occasion to visit a man, thirty-two years of age, along with my father, in 1801, on account of a pain in the right side of his breast, behind the mamma, which was not relieved by bleeding, nor by the application of a blister. He had no oppression or difficulty in breathing, and could sleep on either side, or on his back, and his pulse was not at all affected. He was relieved by coughing up portions of hydatids, and also entire hydatids, some of which were of the size of a hazel-nut, and others as large as a walnut, and he sometimes coughed up these in such quantity as would have filled a pint bottle. The larger hydatids contained a clear viscid liquor, and the smaller ones a yellow liquor, which he said had a bitter taste. A few days before coughing up the hydatids, the patient suffered very acute pain in the breast, which he compared to that of a pointed instrument entering his breast; and for two or three minutes before the hydatids were discharged, he was seized with violent coughing, and a sense of suffocation which continued for two or three minutes. For eight months afterwards he occasionally coughed up hydatids. The disease began when he was fourteen years old. During the following eight years (after having treated him), he had no return of his disorder."[11] Andral records, upon the testimony of a Dr. Smith, the case of a young female, who, after an attack of pulmonary catarrh complicated with dyspepsia, expectorated large quantities of hydatids and hydatid cysts. She finally recovered, and it does not appear that there was any organic disease of the lungs.[12] He gives another from M. Fouquier, in which the signs of phthisis disappeared and the patient completely recovered, after having expectorated a large quantity of hydatids. "M. le professeur Fouquier a bien voulu nous communiquer verbalement l'observation d'un individu chez lequel avaient existé tous les symptômes rationnels d'une phthisie pulmonaire déjà très-avancée. Ce malade recouvra une parfaite santé après avoir expectoré une grande quantité d'hydatides rompues."[13] In another case, which occurred to his own observation, the expectoration of a large hydatid cyst was both preceded and followed by hemoptysis, but it is not evident that there was any mischief in the lungs beyond what the parasitic formation had temporarily established. "Un marchand de vin, âgé de vingt-huit ans, toussait depuis quatre mois, lorsqu'il entra à la Charité. Depuis ce temps, il avait eu plusieurs hémoptysies; il ressentait une douleur habituelle au-dessous du sein gauche. Nous le trouvames dans l'état suivant. Face pale; maigreur; respiration courte: decubitus impossible à gauche à cause de la douleur. Toux frequente; crachats formés d'un mucus opaque et verdâtre; resonnance egale de la poitrine dans tous les pointes; râle bronchique en arriere des deux côtés; apyrexie. Tout devait faire craindre chez ce malade l'existence de tubercles pulmonaires. Le troisieme jour de son éntrèe, il expectora un large fragment de membrane roulee sur ellememe, ayant tout-àfait l'aspect caractéristique du tissue des acéphalocystes, aspect qu'il est impossible de confondre avec celui d'aucun autre. Cette membrane, déroulée, avait à-peu-prés la largeur de la paume de la main. Ainsi, il est bien evident qu'elle ne s'était point formée dans les bronches. Elle ne pouvait provenir que d'une excavation tuberculeuse, ou bien d'une cavité renfermant un kyste hydatique, comme les précédentes observations nous en on offert des exemples. Cette dernière opinion nous parut la plus probable. Les jours suivans, la malade cracha beaucoup de sang; d'abondantes saignées furent pratiquées, l'hémoptysie cessa; et le malade, se trouvant mieux, voulut quitter l'hopital."[14] In other cases in which Andral discovered hydatids in the lungs after death they were associated, in one instance, with abundance of tubercles, in another with the appearances of double chronic pneumonia, in a third with no morbid condition beyond themselves, and in a fourth, when they were found in the pulmonary veins, there was an organic affection of the heart. Laennec gives a post-mortem of a young man who died after various severe hepatic and pulmonary symptoms. "On examination after death, a large hydatid was found, partly contained in the liver and partly projecting into the abdomen. In the chest there was found, on each side, an enormous hydatid containing five pints of fluid. They adhered to the ribs and mediastinum, and by their increase had compressed the lungs into a thin layer or plate, on the anterior part of the cavity. It is difficult to learn, from the description of these hydatids, whether they originated in the substance of the lungs, or merely beneath the pleura pulmonalis or costalis. I think it, however, most probable that they originated in the substance of the lungs."[15]

Local Symptoms and Physical Signs.—Dr. Baillie, with characteristic sagacity, says, "When hydatids are formed in the lungs they produce a cough, difficulty of breathing, and some frequency of the pulse. They are occasionally forced up by a violent fit of coughing; and this circumstance only can discriminate the disease in the living body."[16] Andral observes, as the result of his experience, "Ainsi, dans aucun de ces cas, les hydatids ne déterminèrent d'accident spécial qui püt servir d'autres fois à en faire reconnaître l'existence."[17] This is perfectly true. Hydatids in the lungs furnish no specific indications by which their presence can be diagnosticated, and it is only by their expectoration that we are enabled to judge of their probable seat. It is proper, however, to observe that in the cases in which hydatids have been discharged from, or have been discovered in, the lungs, there has been remarked a sense of weight and pain in the part affected, with absence of respiratory murmur and dulness on percussion. Sometimes bulging of the intercostal spaces, or uniform enlargement of a limited portion of the chest. Dyspnœa is a common symptom, especially when the patient walks up hill or up stairs. There is usually more or less cough, and occasionally more or less spitting of blood. Weakness, emaciation, hectic fever, and indeed all the common symptoms of phthisis, have been met with in a case wherein an evacuation of hydatids by stool was followed by complete recovery. In this case it is probable "a cyst situated in the left lung made a passage into the stomach or colon through the diaphragm."[18] The seat of the mischief will commonly serve to distinguish hydatid from tubercular formation, for the hydatids are generally found in the middle or inferior portion of the right lung. Contiguously to them the proper respiratory murmur is exchanged for a mucous râle, more or less crepitating or sonorous; and if their extent be considerable in the neighbouring sound lung, a puerile or supplemental respiration is heard. But as the signs and symptoms which indicate the presence of hydatids in the lungs may also indicate the presence of other formations and deposits, the true nature of one or other can only be determined, as we have said, by the matter of expectoration or by the *post-mortem* evidence.

Pathology.—Hydatids have been found in lungs that, apart from these parasites, have been perfectly healthy[19]—in lungs that have been studied with tubercles in every stage—in lungs that have been traversed by vomicæ—in lungs that have exhibited the remains of pleuro-neumonia in all its phases, from a simple thickening of, or tender lymph deposit upon, its serous investments, to red or grey hepatisation of the pulmonary parenchyma, and effusion of pus into the cavity of the chest.[20] Nor does it appear that any coexistent disease of the lungs has in the least degree interrupted, modified, or marked the hydatid formation. We may then regard it as dependent upon some morbid process *sui generis*, and as neither originating in, nor being controlled by the common pathological states to which the lungs are liable. Whether this parasite be the offspring of an action quite independent of the vital function of the tissues in which it resides, or of a depravity of that function, we are not able to say. It perhaps originates in an error of nutrition of the affected part, and eventually acquires a special vitality and power of self-propagation. These properties, however, it retains only as long it is in contact with some living structure, thus conforming to the habitudes of the parasites both in the animal and vegetable kingdom.

Treatment.—In Dr. Collet's case, the chief medicines given were "pills compounded of gum ammoniac, myrrh, flowers of gum benjamin, and dried

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[10] In Guy's Hospital Reports, vol. i., p. 507, et seq., is a case of pulmonary hydatids reported by Mr. Ridge. On the occurrence of the expectoration, the patient "said she thought something had given way in her chest, and coughed up continually, in large quantity, a dark-brown offensive muco-purulent matter, some portions of which were mixed with blood, and contained cysts which were flattened and compressed, and had the appearance of hydatids." Such they were afterwards proved to be, and their discharge continued for near a fortnight, and then ceased. The cough and muco-purulent discharge continued for some time and then subsided, the patient finally becoming quite well.

[11] Morbid Anatomy of the Gullet, Stomach, and Intestines, 2nd edit., p. 214.

[12] Clinique Médieale, tom. ii., p. 417, et seq.

[13] Op. cit., p. 416.

[14] Clinique Medicale, tom., ii., p. 144.

[15] On Diseases of the Chest, trans. by Forbes, p. 376. In London Medical Gazette, vol. i., for 1837-8, is an interesting case of hydatid expectoration narrated by Mr. Barrett. The hydatids were discharged in large quantities, and varied in size from that of a "walnut to that of a pin's head." So long as their expectoration continued the patient was free from any other uneasiness, but directly that it ceased, the cough became much aggravated, and attended with spitting of blood, dyspnœa, and a perspiration so profuse that "a vapour hung round the bed." When Mr. Barrett last saw him "he was still discharging hydatids, but had very much improved in his general health." Mr. Barrett's opinion was that the hydatids proceeded from the liver.

[16] Morbid Anatomy, by Wardrop, 6th Ed. p. 78.

[17] Clinique Medicale, tom. ii, page 407.

[18] Laennec on Diseases of the Chest, trans. by Forbes, page 276.

[19] "Ces entozoaires peuvent naitre et acquérir un volume considérable sans causer de douleur, sans altérer le mouvement nutritif général, et sans occasioner d'autre accident que ceux qui résultent de leur présence dans un organe dont le parenchyme peut étre plus or moins fortement comprimé, refoulé, sans préjudice pour ses fonctions."—(Andral Clinique Médicale, tom. ii, p. 407.)

[20] In a case of pulmonary hydatids recorded by Bonetus, there was a "hydrops pectoris" on one side.—(Sepulchretum Anatomicum, lib. i, Obs. 36.)

squills," together with an emetic, which, however, brought up no hydatids, and calomel—the latter medicine would appear to have been the most efficacious. In Dr. Doubleday's case, which was also successful, the patient was given "some pills of G. olib., Sarcacoll, āā 3jss, Sang. dracon., Spec. e tragacanth. āā 3ss—to take four twice a-day, with a pectoral tea and a spermaceti mixture for her cough. Dr. Monro recommended the inhalation of tobacco smoke, and it seems with some benefit. Laennec says, "When the expectoration of hydatids or other signs point out their existence in the lungs, common salt would appear most deserving a trial as a means of cure." This opinion he founds upon the fact of salt being a serviceable remedy in the *rot* and *staggers* of sheep. He further says, "I have more than once employed salt water baths with seeming success, in cases of individuals affected with a disease of this kind. It is not necessary that the hydatids should be expelled to effect a cure; it suffices that these are deprived of their vitality. In this case the liquid which they contain, and also that in which they are contained, is absorbed; the cyst contracts into a very small compass; and upon cutting into the tumours, we find the hydatids quite flattened, closely pressed together, and sometimes stratified with layers of the albuminous and friable matter, which I mentioned above in describing them."[21] In other cases cures are said to have been effected by puncturing the hydatid cyst through the intercostal spaces. Having had no personal experience in the treatment of pulmonary hydatids, I am not prepared to say what remedies are likely to be of most efficacy. If there be a tendency to their expectoration, I should be inclined to think that antimonial emetics or stimulating expectorants might be of service. Under other circumstances I should trust to active and continued counter-irritation, a course of mercury or iodine, and the inhalation of iodine or chlorine vapour.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND TREATMENT OF PULMONARY PHTHISIS.

By J. H. Tosswill, Surgeon, Torquay.

(Continued from page 48.)

The first indication, as I have before observed, towards producing relief, and subsequently restoration, is to lower the functions of the organs diseased; this intention is accomplished by clothing, which, protecting the body from external cold, prevents the rapid abstraction of its caloric. Loss of caloric by any cause from the animal body, must be counteracted by increased respiration—by additional functional changes in the lungs. Clothing is therefore a most prominent feature to be considered in the treatment of consumption, and the best is evidently that which has been proved as the most inefficient conductor of heat. For both sexes, the adoption of a flannel clothing must be insisted upon—flannel waiscoats long in the arms, drawers, and lambswool stockings, have long been recognised as the best description of underclothing which a patient can adopt; these vestments should be discarded at night, provided the patient's bedclothing be sufficiently warm, which is not always the case with the poor; by discontinuing this under portion of the dress during the night, its benefit is the more appreciated in the day time. For males the neck should be protected, the shoes thick, impervious to moisture, and in winter provided with a lambswool sock, whilst the outer clothing should be warm. In addition to the use of flannel, no kind of garment protects the patient more effectually from the cold, and consequently from loss of animal heat, than a jacket of chamois leather, made to fit the body and arms, and sufficiently long to cover the hips. For females, both the under and outer portion of the dress must be of such a height as to cover the collar bones, the neck should be protected, and every variation from this usual method of clothing must be avoided; a low dress, short in the arms and light in texture, must never be worn by those who value life more than appearances. These directions apply to in-door observances; when the patient ventures out, provision must be made to resist the increased coldness of the atmosphere and additional abstraction of caloric from the body. What sight can be more pitiable than that afforded almost hourly in the streets, by men and women with every constitutional predisposition to phthisis, braving the inclemencies of the weather, and "hardening" themselves to the cold, as they express it, by going about lightly clad, open at the neck and chest, unprotected about the feet, and deficient in underclothing. Instead of preventing, by a proper adaptation of non-conducting material, the loss of caloric from their bodies by atmospheric influence, they endeavour to make up for this abstraction by increased activity of movement, which, accelerating the circulation, increases the organic function of the lungs, and consequently hastens the respiration in order to renew animal heat by a process of self-combustion; thus soliciting by every effort the advent of those predisposing causes which, by acting as irritants upon the pulmonary structure, lead to a train of local diseases in those organs.

The best protection against the direct application of cold air to the surface of the lungs itself is the respirator; but the respirator, although one of the greatest boons to a phthisical community, is not individually all-sufficient; it does not preserve the body from the chilling effects of the atmosphere; all its effect is, that it shields the delicate organisation of the lungs from the sudden application of cold, and consequently from the sudden lowering of local temperature, and depression of their vitality, which would otherwise have ensued. When the means of the patient are not such as to enable him to purchase a respirator, a common silk handkerchief or a comforter, tied lightly over the mouth, will form an excellent substitute. Such are the essentials respecting clothing, which are necessary to be observed by every individual affected with incipient phthisis, or a predisposition to it. They cannot oppose the proximate exciting cause, but they *can* combat those atmospheric influences, which, by their action, contribute to excite irritation in the pulmonary structure; and it is with this view, namely, that of lowering the organic functions of the lung, that I suggest their adoption.

A regulated temperature at home, or a change to a warmer climate, acts much in the same way as the warmth artificially produced by clothing and the respirator. Its benefits are derived from lowering the functions of the lungs by lessening the abstraction of heat from the body. I confess that all the advantages derivable from a change of temperature by change of locality, so far as temperature *alone* is considered, I apprehend may be obtained by a regulated artificial in-door temperature at home. The great advantage of the natural temperature of warm climates arises from the patient being able to take out-of-door exercise with impunity, under circumstances which could not be indulged in at home; and I admit that, in this climate, when phthisis has fairly manifested itself, and when the weather is cold, I am averse to permitting the patient to leave the house. The chief advantage of exercise lies in promoting the disintegration of tissue for combustion, and the disengagement of sulphuric and phosphoric acids; but if these elements can be supplied artificially by a diet and treatment adapted to circumstances, I decidedly object to their being promoted by exercise and exposure to the air, for the good effects resulting from their production are more than counterbalanced by the ill-effects of increased organic function in a diseased lung. Instead of supplying the elements for combustion to renew animal heat, and the generation of sulphuric and phosphoric acids by exercise, I recommend that description of food which I know is calculated for the purpose of combustion, independent of exercise and phosphoric acid internally. By rest you prevent the further metamorphosis of the organic tissues, and waste, that great feature of the disease; by animal food you supply increased nutrition, whilst by a non-azotised food you furnish those materials which may enter into combination with oxygen, and produce animal heat without the combustion of the organic tissues themselves. Lastly, by the administration of phosphoric acid, you supply that acid which is otherwise generated during the metamorphosis of organic tissues, and which metamorphosis you are desirous of sparing; and you furnish that which, combining with the insoluble salts of lime, renders them soluble, inert, and capable of being eliminated by the kidneys.

By increasing the number of red globules in the blood, another means of lessening the organic functions of the lungs is ensured; these bodies act, as it has been previously shown, as *carriers* of the oxygen introduced into the system by the lungs. In the capillaries they part with their oxygen, which, combining with the carbon and hydrogen of the metamorphosed tissues, gives rise to the formation of carbonic acid and water in the capillaries, to be discharged subsequently by the lungs; these chemical combinations occurring in the lungs themselves, when the quantity of oxygen transported by the globules is not sufficient to combine with all the carbon and hydrogen of the disintegrated parts, being sent first to the liver to be secreted as bile, and subsequently to the lungs, there to enter into combustion. By increasing the number of red globules you therefore increase capillary chemical combination, and diminish the hepatic and pulmonary functions. Indeed, in scrofulous subjects it is notorious, as Andral observes, that the liver, like "that of the fœtus, and very young children, which is naturally in a state of hypertrophy as compared with that of the adult, but which, as the infant advances in age, diminishes in size and in amount of function; this natural atrophy," he continues, "in some cases does not take place, and the organ retains during childhood, and even during life, the excess of bulk it had at the period of birth;" this condition he plainly asserts "is generally connected with other perversions of nutrition, which, together, form that particular state termed the scrofulous diathesis." In phthisis this comparatively large condition of the liver exists, and we have thus plainly demonstrated a cause of the disturbed equilibrium of function between the changes effected by the globules in the capillaries and those changes accomplished in the liver; the latter organ, preponderating in size and function, diminishes the amount of function performed in the and, at the same time, adds to that of the lungs, by causing an increase of those chemical changes (namely, the formation of carbonic acid and water in their tissues) which a less active condition of the liver, and a *more* active state of the capillary combination, would have spared. This cause, then, is to be considered as one predisposing to the development of phthisis by producing increased function in those organs the seat of that disease. The indication, as regards the treatment to remedy such condition, is obviously to increase the number of red globules in the blood and diminish the activity of the liver; these intentions cannot be effected rapidly, and therefore, must not be urged beyond a certain point. Whilst a sufficient amount of sparingly azotised food is given to meet the demands of oxygen, which demands will be the less urgent the warmer the temperature, and the warmer the clothing the individual adopts, a sufficient quantity of animal food should also be recommended in order to increase the nutrition of the body and effect the production of red globules. In this instance a decided and well-marked case of phthisis is presumed; I, therefore, enjoin rest and quiet, in order to prevent as far as possible waste of tissue, and thus negatively to obtain another means of increasing the weight of the body. When nutrition has improved, and waste has diminished (facts indicated by an addition of weight), gentle exercise should be recommended, the amount increasing with the powers of the individual, at the same time the quantity of non-azotized food must be diminished whilst that of the highly azotized should be augmented. With these provisions I am satisfied until the nutritive powers have been improved, an end effected by diminishing the waste of the body, the result of mechanical efforts, and by increasing the deposition of new material by a judicious supply of nutritive food, at first of a description but slightly azotised, but subsequently of a character highly so, as presented by an animal diet. Whilst this intention is being accomplished, those non-nitrogenised elements of the food should be furnished which may ensure the demands of oxygen for the production of animal heat without producing disintegration of

[21] On Diseases of the Chest, trans. by Forbes, page 377.

the organic tissues to meet this necessity, and which disintegration is effected by motion. By promoting the nutrition of the body the number of red globules is thereby increased, and the opportunity for effecting chemical changes in the capillaries is improved; when this has been done, as will be indicated by the increased weight and general health of the patient, exercise must be enjoined, in order to promote those capillary changes, but which should only be equivalent to the amount of globules in the blood and quantity of azotised aliment administered —gentle at first, more active subsequently—for by an inconsiderate haste, that function is promoted which it is requisite to check, namely, the secretion of bile by an abundance of those metamorphosed tissues the result of exercise, and which are *superabundant*, because there is as yet an inadequate amount of red globules charged with oxygen in the in the blood chemically to combine with their carbon and hydrogen, and which, therefore, has to be eliminated by the liver. As bodily exercise is increased, the amount of the non-azotised matters in the food should be gradually diminished, discontinuing butter, sugar, gums, &c., which can only pass off from the system by being excreted as bile by the liver, and consumed as carbon and hydrogen in the lungs. By patient persverance in this system by the adaptation of means to an end—the great aim in view is at length accomplished, nutrition is increased, waste is diminished, the capillary changes are promoted, whilst those of the liver and lungs are diminished. Whilst the utility of increasing the number of red globules in the circulation is, therefore, fully recognised, it will be useless—nay, it will be absolutely prejudicial—to administer any remedy which shall accomplish this without at the same time insisting upon an amount of exercise which shall furnish a sufficient quantity of disintegrated material to combine with the oxygen of which they (the globules) are the carriers, whilst at the same time it must be remembered that exercise (by which metamorphosis and waste is accomplished) *cannot* be permitted, unless a food sufficiently nitrogenised be supplied in order to renew the waste, occasioned by motion, by a deposition of fresh material. In the administration of iron these facts should therefore be borne in mind; *it cannot be given advantageously* unless the patient can indulge in exercise, and unless a nutritious diet be conjoined.

POISONING BY ACONITE.

By GEORGE SAYLE, M.R.C.S., King's Lynn, Norfolk, formerly Curator of the Anatomical Museum in the St. George's Hospital School.

I was called on the morning of Sunday, April 27, 1845, to see John Wickham, aged thirty-nine, a slater, and found him in bed, rolling his arms about and foaming at the mouth; the pupils widely dilated; lower extremities apparently paralysed; surface cold and clammy; great nausea; pulse scarcely perceptible; perfectly insensible; I ascertained that he had, an hour previously, taken a solution of aconite; I gave him a teacupful of neat brandy, which, after the lapse of a few seconds, brought him sufficiently round to resist the application of the stomach pump, at the same time telling me he was better, and should "do now." I determined on emptying the stomach to remove as much of the poison as might remain, but had scarcely withdrawn the contents of the pump twice before he again sank. I immediately introduced the same quantity of brandy by the pump, but it was evident, before it had all entered the stomach, he was dead. Half the decoction was left in a bottle, and also some of the plant from which it was extracted. I now ascertained that he obtained this medicine, under some ignorant person's advice, and prepared it after his directions, for disease of the rectum, or urinary organs, which had baffled numberless medical men to cure or palliate. It will be seen, by the post-mortem examination, nothing here presented itself worthy of notice.

The plant was the aconitum napellus, stalks and leaves quite fresh.

Of these, six were cut up and boiled in half a pint of beer down to a quarter, half of which he drank. Upon adding a solution of nitrate of silver, an abundant deposit followed, both in the decoction and the contents drawn from the stomach. The solution of the diacetate of lead produced the same results in larger quantity.

Post-mortem Examination Forty-eight Hours after Death.—Abdomen.—The liver, spleen, and kidneys distended with dark blood; veins generally congested; the stomach presented a slight blush near the cardiac extremity; the whole alimentary canal emptied of fœcal matter and distended with air; the valvulæ conniventes distinctly seen from without, owing to the congested state of the blood-vessels; pelvic viscera healthy. Remaining part of the body not examined.

Remarks.—The case in itself presents nothing remarkable; but as they are rarely met with, I think it behoves the medical man to publish these symptoms carefully for the information of others.

Dr. Fleming, in his prize dissertation, speaks of four *degrees* of operation on man, and finishes his remarks on the fourth degree with these words:—"When the action of the drug is carried to a fatal extent, the individual becomes entirely blind, deaf, and speechless. He either retains his consciousness to the last, or is affected with slight wandering delirium; the pupils are dilated; general muscular tremors, or even slight convulsions supervene; the pulse becomes imperceptible both at the wrist and heart; the temperature of the surface sinks still lower than before, and at length, after a few hurried gasps, death by *syncope* takes place." It will be seen that this case and Dr. Fleming's description admirably agree, and that death takes place by syncope is proved by all the organs examined being enormously distended with blood. The *quick* action of the stimulus was very remarkable, and I imagine if he had been seen earlier, and the same plan adopted, although the dose was very large, it would have been attended with success.

ANOMALOUS TUMOURS ON THE CRANIUM.—POWER OF DISTINGUISHING COLOURS IN A MAN BLIND FROM INFANCY.

By J. BLACK, M.D., Glasgow.

On the 18th of February, 1841, I was requested to visit Mr. J. Thomson, a blind man, who was suffering from bronchitis. At that time he directed my attention to a small tumour, situated on the upper part of the right parietal bone, near to the coronal suture. It was then the size of a small marble, and was occasionally accompanied with a burning pain, that, in a short time afterwards, became so severe and teasing as, in a great measure, to deprive him of sleep. Leeches, fomentations, and anodynes were used as local applications, but no good whatever followed this mode of treatment. I was afraid lest this tumour should prove of a malignant nature; it felt hard, became more irregular in form, more painful to the touch, and appeared to arise from under the integuments of the head. At this stage of the disease the patient was seen by other medical gentlemen, who all agreed, with one exception, as to the danger of removing the tumour.

About a month after this a second tumour was felt under the skin, and at a later period a third made its appearance; they all rose in an oblique line, and were nearly equidistant from each other. The two new tumours were likewise vigorously attacked with leeches, astringents, and alteratives. The patient complained of a burning pain over the parts long before the medical attendant could feel any elevation whatever, which showed that the pain did not altogether arise from their pressing upwards on the scalp.

The first tumour increased to the size of an egg, but was more of a ridgy form than that of an oval; it was subdivided at the top, and in this subdivision a small quantity of fluid collected. When let out by the lancet, it proved to be a portion of serum; the wound continued open and slightly inflamed for a few days, then healed up kindly. The Liq. op. sed. gave him a few hours of refreshing sleep, and had no need of being increased in quantity for two months. When thrice the quantity of tinct. opii or muriate of morphia was given, they produced stupor, which was followed in a few hours by great excitement and constipation of the bowels. Acute pain and continued fever reduced his body to a great extent, and he died on the 8th of September of the same year. His mental faculties continued till the last unimpaired. Forty-eight hours after death the largest tumour was exposed; it adhered closely to the integuments that covered it, so close indeed was the connection that the edge of the scalpel had to be constantly employed before a separation could be effected. A portion of the tumour was removed and carefully examined. It had a white appearance, slightly tinged with yellow, and was closely organised throughout the whole of its structure. When the tumour was *altogether* removed, the hand of a scalpel was introduced by Dr. Manford (now of Newcastle), when it went freely, without the least interruption, into the membranes of the brain. The medical gentleman who had all along advised the removal of the tumour, observed that the pressure it had received from the integuments over it had caused the absorption of the bone. For the purpose of ascertaining the truth of this, we removed the smallest tumour, which was about the size of a garden pea, but more of a conical form, was inclosed in no capsule, had no communication with the others, and appeared to be composed of the very same substance as the former—when in this also we found a free communication with the brain.

Owing to a circumstance, which it is needless here to relate, no further investigation took place.

Had Mr. Thomson's history been faithfully delineated by an able pen, it would have been equally interesting to the metaphysician, the physiologist, and the public generally.

He lost his sight, when twenty months old, by a second attack of small-pox; notwithstanding this, he could with great ease distinguish one colour from another, refuting that common saying, "that such a one is no more able to judge of this or that thing than a blind man is of colours." He could impart all kinds of colours to all kinds of cloth, and, what is still more remarkable, all *shades* of colours. He was by trade a dyer, and followed that occupation, unassisted, with great success for a period of fifty-five years.

The drysalter that supplied him with dye stuffs says no man was a better judge of their qualities than Mr. Thomson. I inquired how he was able to give lighter and darker shades to his goods. This he did by submitting them to a longer or shorter process—and how he was able to distinguish the goods that were clouded from those that were uniformly coloured? "That is more than I can tell," said he, and I believe he spoke the truth when he said so; for when one of the external senses is destroyed, or constitutionally wanting, the rest, in consequence of frequent employment, are in most cases endowed with an extraordinary degree of energy, as if the share of sensorial power, naturally belonging to the lost organs, was distributed among the rest and modified to their respective uses; and the facility with which Mr. Thomson managed every department of his intricate business is an interesting example of what has just now been stated. He seemed to understand the common rules of perspective. After reading to him a description of a landscape, I asked him if he saw it in his mind's eye? He said "perfectly well." The writer first brings into view a stream, then, beyond the stream is a level plain, which is bounded by a circle of high mountains, at the same time stretching out his arm to different lengths, which represented the distances of the different objects mentioned. This strengthens a declaration of Professor Reid's, "that sight discovers almost nothing which the blind may not comprehend." I informed him that if his sight could be restored by an operation, that the objects which he conceived to be at a distance would appear to his eye as all on one line, and he would have to learn only by experience to judge of their distance. But this doctrine he was slow to believe. I informed him that the patients who were couched by Cheselden, Wardrop, and others, thought everything they saw touched their eyes; "it may be so," says he, "but, as this is a lesson I will never need to learn, I will say nothing more on the subject."

Mr. Thomson's life shows what patience and perseverance will accomplish. His parents died when he was young, and though the greatest object left in a large family, yet without his aid they would have been left destitute. He had an excellent constitution, was temperate in his habits, of a

cheerful disposition, and fond of music. He left this world of suffering on the 11th of September last. His illness was long and severe, but was supported by a magnanimity of mind which showed it was fixed on a sure and noble anchor.

Glasgow, Sep. 27th, 1845.

QUACKERY IN WALES.

By EVAN THOMAS, Esq., late House-surgeon to King's College Hospital.

CASE.—*Uterine Hemorrhage before Delivery.—Death.*—I shall briefly sketch the case of a married woman, the daughter of a respectable farmer, who was attended in labour with her second child by a quack. The history of the case, such as it is, was culled partly from the friends of the unfortunate deceased, and partly from the evidence, as it was given before the coroner and jury, on Friday, September 19, 1845.

The woman, ætat. 26, had always enjoyed very good health and spirits, and had recovered from her last confinement without an untoward symptom. She was at her full reckoning, but was as well as ever she had been till about ten, p.m. On Monday, Sept. 15, shortly after returning into bed, she got poorly, when a messenger was instantly despatched for the doctor,—a farmer, living in the neighbourhood, who arrived, without loss of time. The first warnings which she had of her illness were slight labour pains in the lower belly, followed by a gush of blood from the vagina. The doctor remained with his patient during the night, comforting both her and the friends, that she would either soon be delivered, or, perhaps, would remain in that state for weeks. Owing, doubtless, to the discharge increasing, about eight, a.m., on the Tuesday morning, he deemed it judicious to consult a professional brother, who, besides, is a druggist, living in the same neighbourhood. The wiseacres could not agree: the latter, in consequence, retired, leaving the case to the mercy of his rival. Much in this condition the poor woman remained (in the mean time gradually sinking under the constant trifling, weak, hardly-to-be-called labour pains) till four, p.m., when some of the friends interrogated the doctor as to the propriety of seeking further advice, who admitted that he wanted further assistance. It fell to my lot to be called, but, before I could arrive, a messenger was sent to meet me, and to say that she had died undelivered, after a labour of about twenty-three hours.

On Friday, Sept. 19, the two learned sages were summoned before the coroner and his jury, to make any statements which they might think proper. The account which they furnished was, that the deceased had slight floodings, which towards the last, becoming more severe, made him send for assistance. The midwife, however, told me that the deceased had constant oozings, both of fluid blood and coagula, and that, for many hours before she expired, she was no sooner out of one fainting fit than she was in another. She was very easy, and disposed to sleep, and, towards the last, she repeatedly exclaimed that she could neither see nor hear anything.

Sectio Cadaveris, Twenty Hours after Death.—The abdomen only was examined, the body generally was strikingly pale; there were none of the effects of the circulating fluids, gravitating into the most pendant parts, so palpable to the naked eye in cases where there has been no loss sustained during life. The small intestines appeared as if they had been artificially inflated with air, and almost transparent; there was no blood in any of the large abdominal venous trunks; the uterus was carefully laid open along its anterior surface, where a very large, dark-coloured, flabby clot of blood was exposed, which being removed the placenta was found completely detached from the internal surface of the uterus. The os uteri was found fully dilated, and the membranes entire; the child, a fine boy, in the second position; all the textures divided in the inspection were bloodless; there were no morbid appearances upon the placenta, nor upon the uterus opposed to it.

Remark.—There were one or more medical practitioners present at the inquest who maintained that, if called to such a case in its early or more advanced stage, they would have been satisfied with rupturing the membranes only. I, however, differed from them. Considering the facility which I have experienced in dilating the os uteri where the hemorrhage has been but slight, and how great a desideratum it is, in such trying cases, to have the duration of labour in our own hands, I should have proceeded, in an instance like the present, to turn, and deliver by the feet, in addition to the no less important practice of rupturing the membranes. They asserted that it would have been an impossibility to have diagnosticated, during life, whether the placenta was, or was not, attached so near to the os uteri as it was found to be after death. I was of opinion that it was sufficiently practicable to do so, notwithstanding a failure, by the vaginal examination, from the direction, and the intensity in which the uterine souffle would have been audible to the ear or to the stethoscope.

"A quack! to feed like fleas on human blood."—*Smollett.*

Some say quackery can never be suppressed by authority, nor by force of law. What, then! is there nothing to be done to check the quack nuisance? Some practitioners whom I know boast of their indifference towards quacks, nay, even in some instances they countenance the vagabonds, as in one instance which recently came to my knowledge, where the charlatan would have had a pretty good chance of a few months upon the treadmill; but a medical practitioner must needs express his opinion (conscientiously?) publicly to the coroner and the jury, that "he did not believe that X. Y. had done anything wrong;" whereas, if one may form an opinion of the law, as applicable to such cases, as it is distinctly laid down by Mr. Justice Williams, and reported in the MEDICAL TIMES for June, 1844, the party here accused was undoubtedly guilty of manslaughter. Let, then, every medical practitioner avail himself of the occasion, whenever it offers, of showing up charlatanism in its true light. If practitioners would contribute to the suppression of quackery, let them, really and in good earnest, take the matter into their own hands. Let them personally employ their best zeal and diligence to prevent the ignorant public from being killed, gulled, and doctored in whatever way they may think proper. H. Hunter Hughes, Esq., the medical coroner, in summing up, and in addressing the jury, said, that in cases where death ensues in consequence of gross ignorance on the part of the person in attendance, whether qualified or otherwise, he was guilty of the crime of manslaughter; it would be for them to say whether he was guilty. What was the verdict? "That he had done his duty as a midwife, and had sent for a qualified person in time." It should have been added, in time for what? Certainly not to save life!

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, October 11, 1845.

Academy of Sciences; Meeting of October 6, 1845; M. Elie de Beaumont in the chair.

Dysentery.—M. Guyon, surgeon in chief of the African army, relates the following cases of dysentery, which he considers analogous to a disease he formerly observed in tropical climates, and is there known under the names of "maevlo," "bicho," &c.:—

The first case relates to a soldier, aged twenty-four, who, after a slight diarrhœa of twelve days, duration, entered the Hospital of Tlemecen, on the 2nd of July, 1843. Although, on the first examination of the patient, the disease did not present an alarming aspect, its symptoms became rapidly aggravated, so many as thirty, and even fifty stools being passed in the course of twenty-four hours, notwithstanding venesection, the repeated applications of leeches, and the daily exhibition of a grain and a half of calomel, combined with one-third of a grain of opium, in three doses. The complaint became speedily fatal, and death occurred on July 11, nine days after admittance into hospital. On dissection, the large intestine was found to be the seat of extensive inflammation, besides the thickening of its coats, and intense vascular injection; *a cylinder of mucous membrane*, eleven inches in length, was discovered almost completely detached from the gut, on the inner surface of which several gangrenous ulcers were also noticed.

Case 2.—A soldier, aged thirty, notoriously addicted to drunkenness, was admitted into the same hospital on July 12, 1843, on his return from an expedition, during which he had suffered much from diarrhœa; he died on the 14th. The transverse colon was found perforated by a small aperture through which fœcal matter had escaped into the peritoneum The internal face of the large intestine was, in several regions, ulcerated and gangrenous, and in this instance again, *a tube of mucous membrane, thirteen inches in length*, was found almost altogether separated from the colon; a small abscess was also detected in the right lobe of the liver.

Reaction of Alkaline Bicarbonates on Salts of Morphia, Narcotine, Strychnia, and Brucine.—Oppermann.—The experiments of Lassonne have demonstrated that several organic substances, such as sugar, tartaric acid, albumen, interfere with the precipitation of an oxyd, and prevent its detection by a large number of reagents. M. Perroz having further observed that a certain number of bases are thus *masked* by tartaric acid, M. Oppermann has endeavoured to ascertain if the separation of vegetable alkalies is, in a similar manner, prevented by albumen, tartaric acid, and other fixed organic bodies. The chief results of his researches are, 1st, That salts of morphia, in combination with tartaric acid, are *not* precipitated by the alkaline bicarbonates, whereas narcotine is, under their influences, immediately deposited in the shape of a thick white cloud. 2. Salts of strychnia are also precipitated by the same reagents, which remain without action on solutions containing brucine.

Academy of Medicine; Meeting of October 7, 1845; M. Roche, vice-president, in the chair.

The Quarantine.—M. Kéraudren, M.A., read a paper on this subject, and observed it is important to distinguish between the sanatory regulations to be observed in the sea-port towns on the ocean, and those which ought to be enforced in the ports of the Mediterranean; the ships trading with the Levant not being permitted to land their cargoes anywhere but at Marseilles, it is to cholera and the plague that the southern ports are exposed; whereas, the West India trade being monopolised by the ports on the ocean and the British Channel, it is typhus and yellow fever which are there to be guarded against. The contagion of the cholera is not proved, but that of the plague is generally admitted. M. K. is therefore of opinion that active precautions are indispensable in the ports of the Mediterranean, but thinks the present mode of quarantine may be safely divested of many of its most vexatious measures, and that it would be sufficient to detain only such persons as should happen to be ill at the time of coming into harbour. As to yellow fever, M. K. acknowledges that, in the West Indies, it is probably contagious, but that the disorder is modified by being transferred to a temperate climate in such a way as to lose its contagious properties. At least, in Solâvre, where the precautions taken against communication with the crews of the ships in quarantine are most negligently attended to, the city is entirely free from the disease. M. K. concludes that quarantine measures are necessary only against typhus and the plague.

Connection between Paralysis of the Third Pair of Nerves (motores oculorum) and Neuralgia of the Fifth.—Trigemini.—M. Marchal (de Calvi) read an interesting paper, of which the following is an abstract. The cases being valuable in a physiological point of view, their leading features are here briefly sketched:—

Case 1.—A soldier, aged forty-seven, of a nervous habit, complained for two or three days of intense pain in the supra-orbital region, and also in the upper maxilla, and the vicinity of the mastoid process. The left eye, though not deviated, was affected with diplopia; common sensation was abolished in the skin of the left cheek, and olfaction partially preserved in the corresponding naris. On pressure of the frontal nerve, diplopia instantly ceased. Eight blisters were applied to the supra-orbital region during the space of three weeks. The pain ceased, and common sensation returned, but diplopia persisted, the upper lid became paralysed, and *in-*

ternal strabismus ensued. Pain suddenly appeared over the right orbit, and diplopia without deviation in the hitherto healthy eye. From that day the left eyelid gradually recovered voluntary motion, but diplopia persisted on both sides, and after various means employed had proved ineffectual, the patient was suddenly cured after a long fit of intoxication.

Case 2.—A girl, at the age of eight or nine, was accustomed to work standing by the side of a table, against the side of which she frequently struck, on the same spot, the left region of her forehead. An abscess followed, which was cured after a long suppuration, leaving the skin in a state of adhesion with the bone. Some years later, the scar became the seat of pain, which irradiated as far as the ear, and recurred with increased violence at the periods of menstruation. In October, 1843, the eyelid fell, and the eyeball deviated *out*wards. She was then admitted into Professor Gerdy's wards, at the Hospital La Charité, when the means resorted to (blisters and electro-galvanism), were unsuccessful.

Case 3.—A soldier, aged twenty-eight, who had suffered much from rheumatism, became affected with violent pain in the frontal region, recurring with irregular exacerbations. After some time the pain ceased, but was followed by paralysis of the left upper eyelid, and *ex*ternal strabismus.

Case 4.—A girl, aged thirty-three, had experienced excruciating pain from a decayed tooth in the left upper maxilla; the neuralgia extended to the side of the face, and to the frontal region, and was accompanied by *in*ternal strabismus. The patient is now affected with paralysis of the upper lid, *ex*ternal strabismus, and loss of the common sensation of the cheek; the pupil remains insensible to light.

The 5th *case* refers to a man who, after a blow on the eye, retained a considerable degree of pain in the corresponding frontal region, particularly on pressure. Paralysis of the lid here, also, has followed the disappearance of neuralgia. M. Marchal gives the following explanation of the facts observed. He conceives they are to be attributed to a reflex action taking place in the ophthalmic ganglion, expressed, at first, by morbid sensibility in the branches of the fifth pair, and afterwards reflected upon the nerves of motion, so as to occasion convulsive muscular contraction and paralysis. It is to *convulsion* that the internal strabismus, noticed in the first and fourth cases, is, in his opinion, to be referred. The author thinks his theory might be applied to all the ganglions of the nervous system, and would account for many hitherto unintelligible phenomena of disease. Thus the lenticular or ophthalmic ganglion, presiding over the connexion between the retina and iris, receives notice from the rami which it sends to the former of any change in the sensibility of the membrane. and *reacts* upon the motor nerves of the iris, so as to accommodate the size of the pupil to the degree of irritability of the retina, and also upon the motor branches distributed by the third pair to some of the muscles of the orbit.

HÔTEL DIEU.

Suture of the Perinæum; by M. Roux.—A patient having recently died in Professor Roux's wards, from the progress of erysipelas consequent upon suture of the perinæum, the following remarks, partly gathered from a few observations of the professor himself, and partly from the remarkable thesis of his pupil Dr. Frémy, may not prove altogether devoid of interest:—Suture of the perinæum was performed, for the first time, by a surgeon of the name of Guillemeau; it has since been advised by Lamotte, Smellie, and other authorities, but no evidence exists of their having ever performed the operation themselves. Towards the close of the eighteenth century, Noel, of Reims, and Sancerotte, of Lunéville united, successfully, the ruptured perinæum; and Dupuytren, in 1805, operated on an unmarried person, whose case he most indiscreetly published in 1832. In Germany, Menzel, Osiander, and particularly Professor Dieffenbach, have patronised this operation, which was all but abandoned in France, as difficult in its execution and unsatisfactory in its results; when, in 1832, Professor Roux, yielding to pressing solicitation, consented to attempt it in a case of extensive laceration of the perinæum. The operation was practised according to the received methods, the twisted suture being used. It proved a signal failure; but the patient having courageously submitted to a second trial, the "quilled suture" was employed, and her resolution was recompensed by the most satisfactory results. The most frequent cause of rupture of the perinæum is, undoubtedly, difficult labour: thus, the absence of a sufficient curve of the sacro-coccygean wall, the unusual length of the pubes, or a vicious direction of the vagina, contributing to lead, during parturition, the head of the child towards the centre of the perinæum, must be considered as predisposing anatomical conditions; the presentations of the breech, feet, or face, are also looked upon in the same light. Gangrene, originating in various causes, may occasion a loss of substance; and the lesion is sometimes due to accidents or violence; thus a women who fell under M. Roux's observation, received from her husband a stab with a sharp instrument, which divided the perinæum, and threw the anus and vulva into one common orifice; and in another case, related by Dieffenbach, the injury was produced by the fragments of a china vase. As to congenital divisions, M. Roux observes it is very uncommon to meet in the perinæum that *bifid* state so frequently noticed on the mesial lines in other regions. Whatever may have been their cause, perinæal ruptures are but imperfectly cured by the unaided efforts of nature; the lips of the wound heal separately, and sometimes with a certain degree of regularity; on the other hand, some incomplete lacerations are so trifling as not to require any operation, as they do not subject the bearer to serious inconvenience. But when the division is extensive, when the sphincter ani is concerned in it, the sufferings of the patient are very great; she becomes incapable of retaining fœcal matter, prolapsus of the womb or rectum complicate the local disorder, her spirits gradually sink, and any operation which can remedy such a truly deplorable condition becomes an invaluable benefit conferred upon her. What is the most favourable time for the operation? Professor Dubois and Professor Dieffenbach are of opinion the suture should be performed as soon as possible after the rupture has taken place; on the contrary, Professors Velpeau and Roux think that the condition of a woman after severe labour, the various discharges which follow parturition, and the contused state of the organs, should induce the surgeon to defer suture to a later period. Previously to the year 1832, the *twisted* suture had been constantly employed in France, and it is to that circumstance M. Roux attributes the disfavour into which the operation had fallen, and its almost constant ill-success. The professor has substituted to it the *quilled* suture, and a change in the results has shewn the importance of the improvement. M. Roux operates in the following manner:—The patient being placed as for lithotomy, the edges of the lips of the laceration are excised, and also the margin of the recto-vaginal partition, the sutures (three in number) are then passed from right to left, the most inferior one the first, and the threads are introduced so as to embrace as much as possible of the neighbouring healthy structures. The extremities of the threads are then firmly fixed on one side, tied on the other upon the bougies or quills, so as to keep the lips of the wound in close apposition. Professsor Dieffenbach recommends lateral incisions, calculated to relax the soft parts —a plan which M. Roux does not adopt. A catheter is placed in the bladder, to prevent the contact of urine with the wound, and to avoid the necessity of introducing the instrument should it be indispensable to remove the urine after swelling of the organs has taken place. It is on the eighth day only the ligatures are removed, and not before one motion at least has been brought on by the exhibition of castor oil, as the solidity of the union might be compromised by efforts of defecation, or by the expulsion of hard fæces. Professor Roux has now operated sixteen times; twelve patients have been perfectly cured, three have died, and one experienced no benefit. Several of the twelve first have since given birth to children, and the cicatrices of the sutures have never given way.

HOPITAL DES ENFANS.

Bright's Kidney.—Communication between the Ventricles of the Heart.—A child, aged twelve years, was admitted at the Children's Hospital on July 16, 1845. From his earliest infancy his health had been delicate, and he had been subject to swelling of the face and violent *attacks* of dyspnœa; two years since the oppression had become almost incessant, and the swelling of the feet was permanent for three months before admission. When the patient entered M. Guersant's wards, his condition was the following:—Face *pale*, but considerably puffed by œdema; distension of the veins of the head and neck; anasarca of the lower extremities; effusion of liquid in the peritoneum and pleuræ. The renal region was painful on pressure, and the urine, tested by heat and nitric acid, contained a large proportion of albumen; the dyspnœa was extreme, and a mucous sibilant rale existed in the whole extent of the lungs. *Pulse* irregular, though not quick (86). The heart extended from the right edge of the sternum to two inches nine lines from its axis on the left side, and vertically from the lower edge of the second, to the inferior edge of the fourth rib, beneath which the apex could be distinctly felt. The impulse was strong, and the two sounds of the heart were joined by a souffle which was manifest throughout the præcordial region, but which did not extend into the arteries. On the 20th of July a *syncope* took place, which by its duration gave serious uneasiness. Notwithstanding revulsion, in the shape of a blister, and Vienna caustic on the region of the heart, and the exhibition of tonic medicines internally, the symptoms became more and more distressing, and death took place on August 9.

Sectio Cadaveris.—The peritoneum and pleuræ contained a large quantity of liquid; the liver was of a clear chamois colour; the kidneys, in a state of advanced disorganisation, their external surface was greyish, spotted with black; the cortical substance pale, discoloured, and granular; the tubes of the organ presenting the dark red appearance commonly met with in similar cases. The left ventricle of the heart was very much enlarged, and the ventricular partition perforated at two lines and a half below the posterior sigmoid valve of the aorta. The aperture was oval; its extent was three lines vertically by one in its transverse diameter. It was the entrance to a short channel, which terminated by a somewhat narrow orifice behind the tricuspid valve in the right ventricle. The lining membrane of the heart was distinctly continuous with the internal surface of this abnormal passage, which was rendered slightly rough by the presence of one very small bony concretion, and by several granulations. The tricuspid valve itself was covered with vegetations, and the pulmonary artery was very *narrow*. This case presented two symptoms, which M. Louis looks upon as characteristic of the communication of the right and left cavities of the heart; the violent *attacks* of dyspnœa, and the *syncope*. Indeed, the returns of suffocation in the shape of *attacks* is the most valuable of the two, and even in the absence of cyanosis, as in the present case, might have led, perhaps, to a suspicion of the nature of the disorder. The diagnosis, besides, derived light from the circumstance of the age of the patient, and of the symptoms of disease of the heart having shewn themselves from his earliest infancy. Thirteen cases of communication of the *ventricles only*, without any other alteration of the heart, have been hitherto published; the greater number have, as the patient whose history we have just related, lived only to the ages of eight (Hunter);[1] thirteen (Farre);[4] one patient, observed by Louis, lived to the age of twenty-five. The orifice of communication is often large enough to admit the finger, and is placed usually close to the aortic orifice. As might be previously supposed, the orifice of the pulmonary artery is in general found straightened, but this alteration was not so well marked with the

[1] Hunter's Medical Observ. and Inquiries, vol. vi, p. 299, case 2.
(Richard Pulteney);[2] twelve (Corvisart);[3] nine

[2] R. Pulteney, Medical Transact., Coll. of Phys. London, vol. iii, p. 339.

[3] Corvisart Essai sur les Maladies des Enfans, p. 286.

[4] Farre, Malform of Human Heart, p. 24.

patients who lived nineteen, twenty, and twenty-five-years (Louis).

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE

By SIGISMUND SUTRO, M. D., Physician to the German Hospital.

Professor Schlossberger endeavours to give the following explanation of the adipose liver occurring in phthisis, in a treatise on the physiological and pathological importance of fat, published in the *Archive fur Physiol. Médic :—*

No explanation has been attempted of any local collection of fat, by chemical pathology, except adipose degeneration of the liver, and since our author appears to proceed from physiological and pathological facts, his explanation has been read with much approbation. The frequent combination of pulmonary phthisis, with fatty infiltration of the liver (from the nutmeg liver to complete fatty degeneration), indicate a physiological connexion between the liver and lungs. Antagonism is certainly shown between these two organs, inasmuch as both excrete carbon and hydrogen from the organism, though by opposite means, and an increased function of either organ generally causes diminished function in the other. It is, therefore, perfectly reasonable to assume an increased hepatic function during the tubercular disorganisation of the lungs, and the adipose degeneration of the liver forms a good confirmation of that conclusion. It is only to be regretted that the well-formed deduction shows some deficiencies, if subject to closer examination! For it is not only unproved that a diminished absorption of oxygen, or exhalation of carbonic acid and water takes place in pulmonary phthisis; but on the contrary, many consider the proximate cause of phthisis an increased absorption of oxygen. Even Andral's theory suffers from the inexcusable fault of considering the fatty infiltration of an organ as the consequence of an increased function; whilst, on the contrary, excessive accumulation of fat not only causes a retrocession of the vascular substance, but also the real or potential destruction of numerous parenchymatous cells, and thus it certainly rather induces a diminution than an increase of the specific function of freeing the organs from carbon and hydrogen. If we compare the daily increasing prevention of biliary secretion from the blood, with the complement by the added deposition of fat into the cellular interstices, we cannot retain our doubt whether this complement equals in quantity the amount of diminished biliary secretion. The former theory, already shaken by the above, is perfectly refuted through the proved assertion of Rokitanski, viz., that adipose liver not only belongs to pulmonary tuberculosis, but essentially to tubercular dyscrasy in general, whether it may be located in the lungs, the intestines, the lymphatic glands, bones or other organs. Instead of that disproved theory a probable explanation of the frequently combined pulmonary phthisis might be given thus:—*that considerable tubercular depositions, being albuminous or fibrinous exudations, produce a diminution of proteine in the blood, consequently* the other constituents of the blood, and particularly those of the fat, are caused to preponderate. The fatty degeneration of the liver would thus be the result of the sanguineous composition, consecutive to the tubercular (albuminous) dyscrasy, and a localisation of the dyscrasy in that organ, which is no doubt immediately connected with the formation and consumption of fat. That such depositions of fat correspond to a distinct composition of the blood (adipose dyscrasy), is also confirmed by the acute fatty infiltration of the liver, observed by Rokitanski, appearing with inflammatory symptoms. As in real inflammations, the blood contains an abnormal amount of fibrine, which is deposited by an operation of nature; so in these fatty infiltrations the local accumulation of fat is the consequence of an excessive proportion of fatty matters in the blood.

On the Proximate Causes of Incarceration in Intestinal Hernia.—Pauli considers organic derangement of the ruptured part to be the cause of incarceration. Sometimes this may be correct, but it does not explain satisfactorily the spasmodic incarcerations, nor the incarceratio stercorea. The sudden first incarceration is no doubt based on the peculiar property of the intestines *to inflate themselves actively*. If an intestine, or the pylorus of a living animal, be stimulated by compression, &c., the upper piece becomes inflated, like a leech; and this is, no doubt, the effect of contraction of the longitudinal fibres, which obtains a predominance over that of the circular fibres. Active intestinal inflations of this description may be perceived in many persons of a spasmodic and hysteric disposition through the abdominal integuments. The intestines sometimes form long rolls, which possess a vermicular motion, and sometimes cause the patients to believe that they have a living animal, such as an eel or a serpent, in their bodies. These symptoms are usually only considered as mere flatulence, but they act a principal part in the formation of intussusception. Thus, the sudden appearance of intestinal incarceration, and the rapid cure by antispasmodic remedies, is to be explained in the following way:—either the newly incarcerated piece of intestine is unaccustomed to the stimulus of compression, or an internal cause has increased the irritability of the prolapsed intestine, and has disposed it to spasmodic inflation. Intestinal irritation by the ingesta, flatulence, fermenting chyme, &c., or increased reflex irritability by mental excitement, weakening influences, sexual disturbance, hysteric irritation of the spine, &c., may be reckoned as causes of this spasmodic action. Accumulation of blood and inflammation may be added to the symptoms without being the primary cause of the incarceration. *Dr. Richter, of Dresden, in the Journal fur Chirurgie.*

Strabismus as a Remedy for several forms of Blindness instead of the formation of Artificial Pupils.—The author states that he has employed the process of Petrequin in opacity of the central part of the cornea with the desired effect. By myotomy he places a lateral part of the cornea in front of the pupil. In three cases he restored as strong a degree of visual power as could have been expected from the formation of artificial pupils. In one of the cases communicated, he cut through the rect. super. and the caps. aponeurot. of the eye, thus producing strabismus inferior, and that part of the cornea which had remained transparent came opposite the pupil. In the two other cases, by cutting through the rect. extern. and intern., an internal and an external strabismus were produced with an equally successful result.—*Dr. Sperino in Schmidt's Jahrbucher.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

The following are the only articles of interest to the profession in one number of the *London Medical Gazette:—*

POLYPUS OF THE UTERUS.—Mr. Pearl describes somewhat minutely the case of a lady who suffered from a large polypoid tumour of the uterus, with its attendant symptoms, such as excessive hemorrhage, &c., until she was reduced nearly to the brink of the grave. It was finally removed by the application of the ligature, and was supposed, after its separation, to weigh about three pounds. The patient recovered.

COPAIBA INJECTIONS IN GONORRHŒA.—Mr. Oates mentions the case of a man who, when a boy, tied a string so tightly round the penis as almost completely to divide the urethra and corpus spongiosum, and thus formed a fistulous opening through which the whole of the urine was voided in micturition. The appearance of the penis afterwards, when not erect, was as if broken; the anterior portion hanging down almost at right angles with the posterior. The man got an attack of gonorrhœa, with a profuse discharge from the meatus urinarius, as well as from the fistulous opening. Under the use of copaiba, administered internally, the portion of the urethra posterior to the fistula, viz., so much of the canal as was traversed by the urine, got completely well, while from the anterior portion the discharge was as profuse as ever. The copaiba was continued, and the man was directed to inject the urine into the meatus urinarius after each act of micturition. In a few days the cure was complete.

SPONTANEOUS AMPUTATION OF THE FŒTAL ARM.—Mr. Pollard, jun., attended a female, twenty-six years of age, in her third confinement, which went on well. On examining the child, Mr. Pollard found that it had but one perfect arm; the humerus of the left was about two inches long, terminating in a sharp point, almost protruding through the skin, which appeared to be contracted over the bone, but perfectly cicatrised; there was also a small nipple-like fleshy growth at the end of the stump contracting each time the arm moved; in every other respect the child was well formed. Mr. Pollard examined the coagula, &c., but could not find any trace of the missing arm. The child, up to the date of the report, was doing well.

OBSTRUCTION, INFLAMMATION, AND GANGRENOUS PERFORATION OF THE COLON.—Dr. C. J. B. Williams, in a clinical lecture, details the particulars of a case of obstruction of the colon occurring in a washerwoman, fifty-five years of age, and of regular habits. The attack came on without any known cause, and was at first treated by medicines prescribed by a druggist. The symptoms, which were at first those of obstruction, were, after a time, followed by evident indications of inflammation, and also of slight effusion into the cavity of the abdomen. They were but slightly checked by the treatment which was adopted, and the poor woman died two or three days (for the time is not clearly stated) after admission. The body was examined seven hours after death; it was not much emaciated; there was a tolerable thickness of fat over the muscles of the abdomen and chest; numerous livid spots of purplish discolouration about the neck and posterior parts of the body generally. The surfaces of the pleuræ were adherent at the upper part of the chest on the right side. The lung at the same part was very irregular; at its apex emphysematous prominences projected around a deep contracted scar, which on incision was found to consist of a dark, grey, dense texture. Near the root of the lung was another dense tough patch, puckered and depressed like a cicatrix; the lower lobe also had several emphysematous projections at its base connected with an adjoining portion of tough contraction. The weight of this lung was fifteen ounces. The left lung had also similar tough puckerings and partial emphysema at the apex and towards the root. Weight of this lung twelve ounces. The pericardium was perfectly transparent, and not adherent. There was a thin patch of opaque deposit on the left ventricle of the heart, and another on the right. The walls of the left ventricle were slightly thickened; no disease of the valves. Weight of the heart, nine ounces. The abdomen was much distended, chiefly by gas in the intestines, corresponding with that tympanitic state which had been marked during life. No gas in the cavity of the abdomen. The peritoneum was adherent to the intestines near the umbilicus by recent lymph: on either side and below there was altogether about an ounce of muddy serous fluid. The peritoneal covering of the intestines was generally injected and coherent with slight films of soft lymph. The omentum was closely adherent to the colon, and partially to the small intestines. The stomach was healthy. The cœcum was greatly distended, and reached from the right iliac fossa to above the umbilicus. Its peritoneal surface was of a dark chocolate colour, with some patches of dark iron grey; and on separating its upper surface from the adherent omentum, feculent matter was found to have escaped from several small perforations in its coats. The peritoneal and mucous coats of the intestine, to the extent of the size of half-a-crown around these perforations, had sloughed away, leaving only the muscular fibres and a portion of the connecting texture. There were four or five similar patches, of a dark grey colour, and very soft, in other parts of the cœcum, and another of these patches was found perforated by several minute openings. The arch and descending portion of the colon were generally injected, the mucous membrane much softened, with a few patches of superficial ulceration. The colon was throughout much distended with liquid feculent matter, and some

scybala; but at its termination in the rectum was a contracted point, with much thickening of the mucous and sub-mucous membrane, so that it would scarcely admit the end of the finger. At the upper end of this stricture was a circular ragged ulcer with indurated edges; the red indurated edges bore marks of recent inflammation; below the stricture the rectum was empty; and no inflammation, no disease, below that part. At the upper part of the duodenum Brunner's glands were enlarged and very distinct; Peyer's glands, also, towards the termination of the small intestines, were beautifully marked: there was no appearance of ulceration. The liver was small; left lobe remarkably so; slight appearance of cacoplastic deposit on the surface; the texture soft, but the structure distinct. The gall-bladder much distended with bile of a dark colour, and of the consistence of treacle. Weight of the liver, two pounds and three-quarters. The right kidney rather rough and granular upon the surface, particularly at the lower part; the capsule adhered firmly; the weight five ounces and three-quarters. The left kidney had some granular appearance, but was less in size than the right; this is contrary to what is usual. There were two cysts on the surface containing muddy fluid. Weight, three ounces and a quarter. Bladder much contracted; contained no urine. Uterus shrunk, and very dense in structure; the os uteri was red, and slightly injected. Dr. Williams considers that the obstruction in this case was produced by the scybalæ in the colon blocking up the stricture, thus giving rise to inflammation, which proceeded to gangrene and perforation, and caused fatal peritoneal inflammation.

Femoral Aneurism.—In a case of this disease, Mr. B. B. Cooper ligatured the external iliac artery. The ultimate success of the case had not been ascertained at the date of the report; but the patient was apparently going on well. The ligature, however, had not separated, and Mr. Cooper feared there was some danger of suppuration taking place in the aneurismal sac, which was not in the least diminished in size, and was hard, tense, and hot.

The Nature and Treatment of Flooding after Delivery.—Mr. Francis Adams, in a paper read before the Aberdeen Medico-Chirugical Society, examines at great length into the questions connected with the nature and treatment of flooding after delivery, and also into the different opinions put forth by medical writers on that subject, and finally draws the following conclusions: —1. That the doctrine generally taught, namely, that in floodings after delivery the blood escapes by exudation from the placental vessels of the uterus, is founded on a mistaken hypothesis regarding the construction of the placenta; while the symptoms of the case which were supposed to uphold the doctrine of uterine torpor, that is to say, the flaccidity of the womb when felt externally, and its distension and relaxation as discovered by the introduction of the hand, are to be regarded as the effects, and not the causes of the flow of blood. 2. That all the phenomena of the case are satisfactorily accounted for, upon the supposition that the hemorrhage proceeds from lesions, which are proved to be of no uncommon occurrence, about the uterus and perinæum after delivery, but that analogy would lead to the conclusion that they sometimes proceed simply from violent action of the uterine exhalants. 3. That there is no reason from analogy to suppose that blood would flow from an organ or member, merely because it is in a relaxed state, provided it had sustained no solution of continuity. 4. That it has been demonstrably proved that contraction of the uterus is no safeguard against flooding, and that flooding is not necessarily the consequence of non-contraction after delivery. 5. That the facts and circumstances connected with the Cæsarean operation, and the removal of the placenta in inertia of the womb, militate strongly against the established opinion, that flooding is apt to arise from the non-contraction, or sudden emptying, of the womb. 6. That, beyond all dispute, instrumental and precipitate deliveries are those in which floodings are of most frequent occurrence; and it is well ascertained that lacerations are common in both these cases. 7. That the introduction of the hand into the uterus, with the intention of stimulating the organ, or of compressing the bleeding point, is a practice highly dangerous, tending to produce increased determination of blood to the part, syncope, and convulsions; and that the only circumstance which could justify the most gentle modification of this practice is the existence of a coagulum in the vagina or womb. 8. That, agreeably to his own experience, laying the head low, exposing the patient to a current of cool air, applying cold cloths to the parts, with small doses of opium and gentle compression of the abdomen, are means which will rarely fail to arrest the flow of blood; but that in extreme cases it may be warrantable to try to ascertain the situation of the bleeding point, and secure it by surgical means. 9. That, as far as can be ascertained, fatal results under this mild system of treatment in former ages were of much more unfrequent occurrence than they have been under the harsh mode of treatment pursued for some time past. Finally, that the flooding which follows delivery has none of the characters of a passive hemorrhage, as has been generally taught, but is to be referred to the class of active hemorrhages, and treated upon the principles applicable to them.

Aneurism of the Aorta. — Dr. Norman Chevers lays down the following general principles of treatment of aneurisms of aorta. He considers it necessary to encourage, as much as possible, the deposition of thin layers of plastic coagula within the aneurismal sacs. To render the circulation through the visceral arteries, general capillary system, principal venous trunks, and lungs, as free as possible. To diminish, as far as is practicable, the volume of the circulating fluids, but in such a manner as to reduce the proportion of their watery constituents without impoverishing the fibrine, or producing debility in the system, and to maintain the muscular power of the heart.

Nervous Irritation.—Dr. George Burrows narrates several cases of chorea and delirium tremens under the head of nervous irritation. The first case is one of chorea occurring during pregnancy, and terminated fatally. The patient was a weakly young woman, pregnant for the second time, and had suffered from protracted domestic misery. The principal pathological appearances were, unusually numerous bloody points in the brain, the substance of which was quite firm and healthy; posterior congestion of the lungs; congestion of the left Fallopian tube; a fœtus of the second month in the uterus; and, finally, great fluidity of the blood. The second case is also one of chorea, the patient being six months advanced in pregnancy. Improvement followed the exhibition of stimulants with morphia and camphor, together with nutritious diet, but the patient did not stay long enough in the hospital for a cure to be effected. The third case, chorea from lactation, great and rapid improvement was the result of the treatment by preparations of iron, purgatives, the shower-bath, and good diet. The fourth case is an ordinary instance of delirium tremens occurring in a female drunkard, which was successfully treated by the exhibition of wine and opiates; and the fifth and last case is one of spinal centric irritation from inflammation of the rachidian meninges. The patient was an errand boy, fourteen years of age, tall, and much emaciated, and of feeble general health. He lay on his back, quite motionless, unable to turn his head or bend his neck; any attempt to do which caused intense pain in the cervical spine. He had constant pain in both arms, with occasional violent spasmodic movements in them, by which the limbs were drawn behind his back, and could be with difficulty returned. There was complete loss of power of motion in both arms, with considerable loss of sensation, especially of the right; reflex movements could be excited in both by pinching. He had pains, with partial loss of motive power, and frequent spasmodic movements in both lower extremities; sensation perfect; reflex movements could be excited in them by pinching. The sensibility of the surface of the trunk was moderately acute, the slightest touch producing pain. There was partial loss of power over the bladder, the urine occasionally escaping involuntarily; perfect command over the rectum. Speech, vision, hearing, and intellectual faculties also unimpaired. He also suffered from severe pains at the back of the head and neck, with considerable tenderness on pressure over all the cervical, and several of the upper dorsal vertebræ; this tenderness was most marked over the lower cervical and upper dorsal ones. There was also pain at the præcordia, increased by inspiration; respiration hurried and laborious; no cough. Palpitations of a fortnight's duration. Upon ausculting in the cardiac region, a loud and rather harsh systolic bellows-murmur was audible at the apex of the heart, becoming fainter as it was traced up to the base, where it was heard slightly. The history of the case showed that the boy had suffered previously from a rheumatic attack, and his present illness was consequently regarded as connected with that complaint, and treated accordingly. He was cupped and blistered on the nape of the neck, and had calomel and opium internally; the ung. hydrargyri was rubbed in every night, and aperients were given to keep the bowels open. Under this plan of treatment he gradually improved, so that at the date of the report he was entirely free from pain or spasmodic movements; could move his head without pain, and turn round in bed; he could also readily bend and extend the legs, and had considerable power over the right hand and arm, the left arm remaining very feeble. There was still an increased degree of sensibility of the integuments of the left side of the thorax, especially in the cardiac region, and the systolic cardiac murmur remained, but less intense. The mouth was slightly affected with mercury.

The Nature of the Green Alvine Evacuations of Children.—Dr. Golding Bird has analysed the green alvine evacuations of a hydrocephalic child, passed while under the influence of mercury. It presented the following characters:—It was a dirty-green turbid fluid, which, by repose in a glass vessel, separated into three very distinct portions—1, a supernatant fluid, of oil-like consistence, presenting a brilliant emerald-green colour; 2, a dense stratum of mucus, coagulated albumen, and epithelial debris, mixed with red particles of blood; 3, a deposit, occupying the lower part of the vessel, of large crystals of triple phosphate of magnesia and ammonia, in fine prisms of an apple-green colour. From the results of the analysis, Dr. Golding Bird concludes that the composition of the fluid part of the evacuation may be thus expressed:—

Biliverdin, alcoholic extractive, fat, cholesterine, with traces of bile	24·5
Ptyalin, aqueous extractive coloured by biliverdin	11·25
Mucus, coagulated albumen, and hæmatosine	56·0
Chloride of sodium, with traces of tribasic phosphate of soda	5·5
Tribasic phosphate of soda	1·75
Sesquioxide of iron	1·0
Water	900.
	1000.

Simon has given the analysis of the dry extract of a green calomel evacuation, which consisted of—

Soluble in alcohol	Bile, bilifellic acid, biliverdin	21.4	42·5
	Fat containing cholesterine	10·0	
	Alcoholic extractive	11·0	
Ptyalin, aqueous extractive			24·30
Albumen, mucus, epithelial cells			17·10
Saline matter			12·90
			96·7
Loss			3·3
			100·

This table shows a much greater proportion of bile than was discovered by Dr. Golding Bird in the specimen which he analysed. The biliverdin described by Dr. G. Bird as constituting a considerable proportion of the evacuation, and to which he refers the green colour of the stools, very closely approaches in its proportions the xanthe-hæmatin, which was described by Dr. Brett and himself some years back as being one of the products of the action of nitric acid on the blood. He is, therefore, inclined to regard the green colour of the emerald and chopped spinach stools of children as depending upon the presence of modified blood, rather than on an excess of bile. Streaks or clots of normal blood are also very often observed in them. The presence of green stools, therefore, according to Dr. Golding Bird, is not indicative of a copious

secretion of bile, but of a congested state of the portal system, in which blood is exuded very slowly, and in small quantities, so as to allow of the colour being affected by the gases and secretions present in the intestines. When these stools are first voided, they are of a bright orange colour, and only assume the characteristic green hue after a longer or shorter exposure to the air.

Disease of the Shoulder-joint.—Dr. Williamson describes two cases of disease of the shoulder-joint occurring in soldiers, in one of which amputation was performed, and in the other excision of the head of the humerus. Both patients recovered. The amputation at the shoulder-joint was performed for scrofulous disease of the joint and upper part of the humerus; the other operation was practised on account of caries of the head of the humerus, caused by the passage of a ball through that part of the bone during an action. The excision of the bone was effected in the following manner:—A semilunar flap was made of the deltoid muscle by an incision stretching from the anterior to the posterior sinus: this being raised, and the attachment of the several tendons, &c., around the head of the bone divided, dislocation was attempted, but being found impractible, in consequence of anchylosis of the joint, the humerus was as much as possible cleared of soft parts and sawn across, about an inch below its head: its attachment to the glenoid cavity was then broken down, by the cutting plier being introduced into the tract of the ball, and the isolated portion of the bone removed; the glenoid cavity and part of the neck of the scapula, being also carious, were scooped out with the gouge, and the operation concluded. A few ounces only of blood were lost during the operation; the circumflex artery and two small branches alone required ligatures. The examination of the excised part showed that the articular surface of the head of the humerus was soft and carious; in consequence of its anchylosis with the glenoid cavity, it was entirely broken down during removal, either by the cutting pliers or by the gouge: the remainder of the part excised is preserved in the Museum at Fort Pitt, and exhibits the tubercle and upper part of the shaft much enlarged from the deposition of new osseous matter. Through the centre of the bone there is a long deep groove (the course of the ball), extensively ulcerated; a little below this groove there is an aperture about one-fourth of an inch in diameter, leading into the medullary cavity.

Bright's Disease simulating Poisoning by Opium.—Mr. Moore narrates a case of Bright's disease, which, after the exhibition of a dose of laudanum by a druggist, presented symptoms which gave rise to the suspicion of poisoning by an overdose of that medicine. The man, a pensioner, thirty-nine years of age, was admitted into the hospital in a state of somnolency, from which he could be occasionally roused. A mustard emetic, coffee, strong tea, galvanism, ether, and ammonia, &c., were employed, but with the exception of an occasional attempt at a rally, the man continued to sink, and died forty-four hours after admission, and one hundred and two hours from the time of his taking the supposed fatal dose. The body was examined twenty-one hours after death. The brain was apparently healthy, the lungs much congested, the heart hypertrophied, the stomach, small intestines and liver much congested; a considerable space in the stomach was infiltrated with black matter, and about six inches of the ileum was deprived of its epithelium, and partially ulcerated. The kidneys were both of small size. The right presented externally an irregular lobulated surface of a yellowish grey colour, having, here and there, small stellate congested patches: when cut into, it was found to be extremely dense and of granular texture; the cortical portion was the subject of extensive fibrinous deposit, which imparted to it a light yellowish grey colour; the tubular structure generally was changed into a buff-coloured fatty substance of firm consistence; two or three of the coni, however, still retained their healthy appearance: small punctæ of earthy deposit were irregularly dispersed over the cut surfaces. The left kidney presented the same general characteristics, externally and internally, as did the right, but had in addition, lying beneath its peritoneal surface, two cysts (of about the size of horse beans) which possessed distinct membranous walls, and did not communicate with the pelvis of the kidney; both were filled with a yellowish brown albuminous looking fluid. The urine in the bladder was albuminous; no trace of opium could be detected in the stomach, but urea was discovered in the cerebral substance on analysis. Mr. Moore enters into an examination of the symptoms which this case presented during life, and of the appearances after death, and shows that they are all compatible with the indications of poisoning by opium; but inasmuch as the kidneys were diseased, and their diseased condition was of itself sufficient to produce these symptoms and post-mortem appearances, he concludes that the man died from natural causes. The case is very instructive, but the absolute cause of death remains doubtful. The concluding case contained in Mr. Moore's communication is also of value. A brewer, aged thirty, was admitted into the Queen's Hospital, under Dr. Melson, on the 16th of September, 1844. He was stated by his friends to have been a hard drinker, but to have had, apparently, good health till within the last three days, during which time he had passed no urine, and had been insensible. His symptoms were, insensibility, temporarily removable by excitation; when roused he answered questions, but rather incoherently; countenance pale and œdematous; eyes fixed, with a vacant expression; pupils contractile; sclerotic of pearly whiteness; conjunctivæ generally extremely pallid; pulse small and weak. No defined abdominal tumour detectable; abdomen generally tympanitic, excepting in the right and left lumbar regions; tenderness of right lumbar and hypogastric regions; stools passed away involuntarily. A catheter was passed, but no urine flowed; and despite of active treatment, coma with stertor and blowing respiration supervened. He died on the fourth day after admission. The post-mortem examination showed that the brain was firm and exsanguine; the lungs congested. The heart weighed fifteen ounces and a half, free from valvular disease. The right cavities dilated. The right kidney weighed twelve ounces, was soft and friable; the lining membrane of its pelvis (which was large) ulcerated extensively. The left kidney, weighing three ounces, consisted of little else than the distended pelvis, which contained about half a pint of albuminous fluid, floating in which were numerous vesicular bodies, of irregular form (apparently owing to commencing putrefaction). About one ounce of urine was found in the bladder; this was albuminous. The other abdominal viscera were healthy. The peritoneal lining of the abdominal parietes on the right side, and also the serous investment of the ascending colon, were intensely inflamed, and here and there coated with fibrin. Urea was found to exist extensively in the cerebral substance.

Functional Disorder of the Heart,—Dr. Christison has observed a description of cases of disorder of the heart, which he conceives have not been taken notice of by any author who has written on the subject. The cases referred to are met chiefly during adolescence, and among young adults. The greater number that Dr. Christison has seen, have occurred among young adults, who do not appear to present any other remarkable constitutional peculiarity, besides that excitability of the nervous system which prevails more or less in all cases of excessive action of the heart from functional causes. This disorder is attended with frequent and very violent palpitation of the heart, constant violent pulsation in the præcordial region. The pulse at the wrist is firm. There is always a sense of palpitation in the chest, which, together with occasional beating in the head, is particularly troublesome in bed, and, above all, when the patient lies on the left side. The sense of pulsation is aggravated by active locomotion, but not by moderate exercise, though long continued. There is no marked difficulty in breathing. One peculiarity in this disorder is, that the apex of the heart is felt pulsating, not as usual under the left nipple, between the fifth and sixth ribs, but directly under their costal cartilages, very near the sternum, and generally between the fourth and fifth ribs. The dulness over the region of the heart is not so extensive, and, in particular, does not reach so low down as usual. There is no sound indicative of structural change in the valves, and no irregularity in loudness or interval. This state, as well as the symptoms generally, is aggravated by sedentary occupation and hard study, and is relieved by regular exercise and such mental occupation as employ the faculties without straining them. Dr. Christison is disposed to attribute these symptoms to the heart being disproportionately small in size, and to its being somewhat displaced, so that its apex lies unusually close to the parietes of the chest. Dr. Christison's paper is published in the *Edinburgh Medical* and *Surgical Journal*.

Disease of the Omentum and Kidneys.—Mr. Harrinson, at a meeting of the Reading Pathological Society, exhibited the omentum and kidneys which he had removed from a patient, aged forty-five, a male. The symptoms had been chiefly those of confirmed dyspepsia. On the fourth day before death, he suddenly brought up, partly by coughing and partly by vomiting, a considerable quantity of blood and bloody fluid. He had become highly jaundiced; on the third day he was easier, but did not like to be disturbed; on the day before death the vomiting of bloody fluid recurred, and he could scarcely be roused; coma advanced during the day, and he died at night perfectly comatose. He had been in the habit of drinking freely.—*Post-mortem:* Skin uniformly yellow; lungs healthy; effusion on both sides; heart small; valves slightly thickened; three pints of yellow-coloured serum in the abdomen; omentum rolled up into a mass, and thickly interspersed with little whitish bodies—similar bodies existed in the whole of the mesentery; liver of a bright yellow colour, soft, beginning to contract at its edges (cirrhosis); kidneys large, filled with minute yellow deposit; spleen very soft. Mr. Harrinson's opinion of the cause of death was, that the individual died poisoned, by matters, probably bile, and some of the constituents of urine, which neither the kidneys nor the liver were in a condition to eliminate.

Enlarged Pelvis of the Kidney.—Mr. May, at a meeting of the Reading Pathological Society, presented a tumour, weighing four pounds two ounces, taken from a patient, a female, aged 80. The patient died apoplectic, having been paralytic; the tumour was not complained of until a week before her death; it filled up the pelvis, and did not appear to be in the region of the kidney. Examination discovered one large cyst, and several smaller cysts, on the surface of the left kidney. On cutting open the tumour, it appeared to be a dilated pelvis, the whole kidney having disappeared; the contents of the cyst contained no elements of urine. The urine healthy; right kidney normal.

Placenta Prævia.—Mr. Greenhow adds his testimony to that which has already accumulated in favour of the practice of detaching and removing the placenta in cases when it presents, prior to the birth of the child. His patient, a lady forty-four years of age, had had thirteen children, and had been the subject of placenta presentation on several occasions, when profuse hemorrhage took place, requiring immediate delivery by turning. On the last two occasions, Mr. Greenhow separated the placenta, with the effect each time of arresting the hemorrhage. The cases are recorded in the Provincial Medical Journal.

Inflammation of the Aorta.—At a meeting of the Birmingham Pathological Society, Mr. Bunn presented a case of diseased arteries,—the lining membrane of the aorta very much inflamed and thickened, the substance of the heart very soft, the pulmonary valve loose, the commencement of the innominata slightly ossified. These parts had been taken from a patient, aged 50, who died of senile gangrene of the great toe, and there was suppuration on the inner side of the leg, probably, he thought, connected with the veins.

Laryngitis: Contraction and Ulceration of the Larynx.—Mr. Elkington, at a meeting of the Birmingham Pathological Society, exhibited a larynx, in which there was contraction and ulceration, taken from a female patient, aged 56, who had died suddenly. She had been married three times, but had never had any children. She had a severe attack of erysipelas in the legs in September, 1844: from this she recovered in about three weeks. About the end of October, and very soon after she had recovered from the first attack, she

had a second from which she recovered very slowly. It was followed by low, continued fever, and when nearly convalescent, after walking out and getting very wet, she complained of sore throat, which was followed by laryngitis. She had cough, hoarseness, pain in the larynx, increased by external pressure and by swallowing, and frequent attacks of dyspnœa, each time threatening instant suffocation. She was leeched and blistered repeatedly; at first with marked relief, but, as the symptoms got worse again, she was mercurialised, &c. The relief afforded was only temporary; the symptoms gradually grew worse, the pain and difficulty in swallowing greater, the fits of dyspnœa more frequent and more urgent. She was exceedingly unmanageable, and could not be prevailed upon to remain in bed. During the last two or three weeks she never laid down, but was constantly sitting in her chair down stairs, except when the attack of dyspnœa came on, when she immediately raised herself up, and continued in the erect position till the fit was over. She died during one of the attacks, whilst standing up, on March 21st. The body was examined fifty-six hours after death:—The larynx and trachea have been removed and laid open; there was found at the lower part of the larynx two pieces of lymph, one about two inches long, and as thick as a goose-quill, the other much less. On removing these portions of lymph, the larynx was found much contracted; the mucous membrane thickened and ulcerated. The lungs and abdominal viscera were healthy; the ovaries were exceedingly small; indeed, nearly obliterated.

Ovariotomy.—Mr. Dickin describes in the *Provincial Medical Journal*, a case of ovarian disease, in which the extirpation of the diseased ovary was successfully performed. The patient was eighteen years of age, and unmarried; the disease when she was first seen was of eighteen months' duration. The operation was practised according to the plan of proceeding recommended by Dr. Clay, namely, by the large incision. An exploratory incision of about three inches, having indicated that there were no adhesions within reach of the finger, which did not readily give way, the incision was extended downwards towards the os pubis, and upwards towards the ensiform cartilage. The tumour, covered by the omentum, then presented itself to view. The omentum was not adherent to the peritoneum covering the abdominal parietes at any point, except where the trocar had penetrated, but there were several adhesions between that membrane and the surface of the tumour, above the umbilicus and on the sides. All, however, were with care, easily separated with the finger. This done, and the incision having been carried to the fullest justifiable extent, the diseased mass would not even then quit its bed, so firmly was it fixed in its position. Mr. Dickin then endeavoured to lessen its bulk by means of a trocar, but not more than two pints of fluid escaped; this did not appear to have any sensible effect in reducing the size of the tumour. He therefore passed his two hands, one on each side of the tumour, deep into the pelvis, and succeeded in raising a large firm mass, which at first seemed to be almost distinct from the general swelling above. This movement caused the whole tumour gradually to move forwards, and the abdominal coverings being carefully closed behind it, a double ligature of thin but strong *netting twine* was passed, by means of a needle, through the pedicle, and then divided. The two halves were separately tied with all the force he could exert, notwithstanding which several vessels, one of which was of considerable size, continued to bleed in one of the portions after he had detached the tumour with a knife. Wishing to avoid enclosing the whole of the pedicle in another ligature, he included in one silk ligature by means of a tenaculum, in the ordinary way, all the bleeding vessels. The left ovary was then examined and found healthy; the wound, which was probably about fourteen inches long, was brought together, and secured with thirteen interrupted sutures. Adhesive straps were placed across in the intervals between the sutures, and the whole covered with compresses and a bandage. The patient was placed in bed and appeared to suffer but little from the shock of the operation, which, including the dressing, did not occupy more than half an hour. The patient suffered afterwards occasionally from pain in the right iliac region, as might have been reasonably expected. On the whole, however, according to M. Dickin's report, everything went on very favourably after the operation; the second ligature came away in a fortnight, and the one first applied a week after. The patient, at the date of the report, was walking about the wards, and doing well. The tumour, thus successfully removed, consisted, in great part, of a series of cysts, in different degrees of development, and distinct from each other. The portion which was lodged in the pelvis, though cellular, was considerably more solid, containing, in parts, an oily substance resembling butter, mixed with locks of white hair. The weight when removed was nearly 28lbs. Horizontal circumference as it lay on the table . . 43½ inches.
Vertical circumference (long). . . . 39 ditto.
Ditto ditto (across) . . . 29 ditto.

Calculus in the Appendix Cœci Vermiformis.—Mr. Bury states, in the *Provincial Medical Journal*, that he was called to see a lad in the last stage of peritonitis, which was attributed to his having eaten a large quantity of blackberries. The case soon terminated fatally. The body was examined twenty hours after death.—Marks of decomposition going forward rapidly were visible externally, particularly upon the abdomen. Within the latter a vast quantity of turbid serum was effused, and the entire reflections of the peritoneum exhibited the most intense vascularity. The appendix vermiformis of the cœcum lay rather more anteriorly than natural, and was somewhat directed to the left side. It was most conspicuous from the state of dark ulceration which it was in, and from forming the centre as it were of the inflammation existing during life. On more closely examining it, a perforation surrounded by purulent matter, was found near its blind extremity, large enough for the passage of a pea; and just above this a calculus, the size of a horsebean, soft and pultaceous externally. The several convolutions of intestine adjacent were glued together by organised lymph, firmly adherent, and of the thickness of chamois leather; they were of a dark black colour. The cœcum contained some healthy feculent matter in a liquid state, and the mucous membrane internally was unaffected. No traces of the blackberries were met with. In a few minutes after exposure to the air the concretion became harder, and rattled when shaken in the saucer containing it. Dr. Prout, who has examined it, states that it contains a small portion of a crystallisable fatty matter, which is propably cholesterine. The bulk consists of inspissated mucus, with a considerable proportion of phosphate of lime, and some carbonate of lime, the usual composition of all such deposits.

Calculus in the Kidney.—Mr. May presented at a meeting of the Reading Pathological Society, the kidneys of a man, aged 60, a carpenter of irregular habits, who had frequently passed lithic acid calculi. He remained at work until three weeks before death, when his symptoms were loss of appetite; thirst; vomiting of every thing he took; bowels confined; vision obscure; sleep disturbed; cramps in the legs; slight subsultus. The urine was at first a pint in the twenty-four hours, gradually diminishing to a quarter of a pint; specific gravity 1·010, pale, albuminous, alkaline. *Diagnosis:*—Advanced stage of renal disease. The vomiting continued to the end, and he died by asthenia. *Post mortem:*—Kidneys enveloped in fat; capsules much thickened; the right small, atrophied, compressed, the cortical portion of a yellow colour, very distinct from the tubular; the left kidney larger, and not so hard; the calices and pelves of both were dilated, and the ureters enlarged; sabulous matter found in the right, and in the left a calculus, the size of a filbert.

Chorea.—Three cases of chorea are reported by Dr. Durrant, from his practice at the East Suffolk and Ipswich Hospital. In the first case it was caused by an unhealthy accumulation in the intestinal canal, and was cured by free purgation, followed by the exhibition of the sulphates of zinc and iron. The sulphuret of potassium bath was also used. In the second case, the disease was referable to the state of the uterus. The patient was a girl, sixteen years of age, and the catamenia had not appeared. She was cured by means of calomel, castor oil, and turpentine, with salines; after which the sulphate of zinc was administered in gradually increasing doses, until fourteen grains were taken three times a day. In some remarks on this case Dr. Durrant observes, that the tonics most available in the treatment of this affection, are the shower-bath, sulphate of zinc, sesquioxide of iron, and in the event of these failing, the arsenical solution. The sulphate of zinc, by increasing the dose gradually, may often be exhibited with great advantage in this disease, after the failure of smaller doses. Dr. Babington states, that he has occasionally found the disease resist treatment until the quantity taken, without producing sickness, has amounted to half a drachm three times a day. In the treatment of chorea, Dr. Durrant thinks he has occasionally seen considerable advantage derived from a judicious combination of tonics, instead of administering one form singly; and also in severe cases, by alternating the exhibition of two or three different tonics during the progress of the treatment. In the third case, there were, in addition to the chorea, evidences of cerebral congestion, which was not removed until ptyalism had resulted from the internal employment of mercury, in the form of the hydrargyrum cum creta. Purgatives were required throughout the treatment. The sulphate of zinc was not well borne, and the sesquioxide of iron was consequently exhibited in its stead.

New Form of Urinometer.—Dr. Johnson describes in the *Provincial Medical Journal* a new and simple form of urinometer. It consists of a cylindrical paste-board case, which, when closed, measures seven inches long and one inch and a quarter in breadth. The upper part takes off, and the lower part includes a glass tube, open at one end and closed at the other, which is made round and thin, to enable it to bear heat. This tube is of such a size as to receive within it the urinometer; the bottom part takes off, and encloses a small spirit-lamp. The mode of using this instrument is sufficiently obvious. The specific gravity of the urine to be examined is first taken by the urinometer; a portion of the liquid being then poured out, heat is applied by the spirit-lamp to the tube itself, and thus may be ascertained, whether the urine be coagulable or not, and if there be any turbidity or any sediment, whether or not they be removed by heat, an experiment by which valuable information as to the cause of these appearances may be obtained.

The Development of the Teeth in Fishes.—Professor Owen says, that in all fishes, as in other vertebrate animals, the first step is the production of a simple papilla from the free surface of either the soft external integument, as in the young *pristis* (sword-fish), or of the mucous membrane of the mouth, as in the rest of the class. In these primitive papillæ, there can be very easily distinguished a cavity containing fluid, and a dense membrane *(membrana propria pulpi)* surrounding the cavity, and itself covered by the thin external buccal mucous membrane, which gradually becomes more and more attenuated as the papilla increases in size. In some fishes, as the sharks and rays, the dental papillæ do not sink into the substance of the vascular membrane from which they grow, but become buried in depressions of an opposite fold of the same membrane; these depressions enlarging with the growth of the papillæ, and forming the cavities or capsules in which the development of the tooth is completed. They differ from the capsules of the matrix of the mammiferous tooth, in having no organic connexion with the pulp and no attachment to its base; the teeth, when fully formed, are gradually withdrawn from the above described extraneous capsules, to take their place and assume an erect position on the alveolar border of the jaws.

Something rather absurd.—A writer in the *British and Foreign Medical Review*, in the article on Professor Owen's Odontography, observes, that Professor Owen mentions a pair of jaws of the great white shark (Carcharodon), preserved in the United Service Museum, of which the upper one measures four feet, and the lower one three feet eight inches, following the curvature; the length of the largest tooth in this specimen is two inches, and the breadth of its base an inch and three-quarters; the total length of this shark was thirty-seven feet. Now fossil teeth, precisely corresponding in form with those of the Carcharodon, occur abundantly in the tertiary formations of both the old and new continents; some of which teeth exhibit the extra-

ordinary dimensions of six inches in length and five inches across the base. If, therefore, the proportions of these extinct Carcharodons correspond with those of the existing species, they must have equalled the great mammiferous whales in size; and, combining with the organisation of the shark its bold and insatiable character, they must have constituted the most terrific and irresistible of the predacious monsters of the ancient deep. From the dimensions of the jaws of the recent specimen just adverted to, it is evident that its gape must have been wide enough to make no difficulty in receiving the body of a stout man; but even this is one of a degenerate race; for the sharks of former times would have "made no bones" of a grampus some thirty or forty feet long, and ten or twelve feet round the belly, or of a ship's long boat with its crew of the same dimensions; but would have bitten them in half as easily as we should bite a radish. Truly we may be thankful that we do not live in such times. There is no knowing what fossils may hereafter come to light; perhaps our geologists may alight some day upon a tooth, that Professor Owen will find to have belonged to a shark large enough to *have received the Great Britain into its capacious maw, and strong enough to have cut it in half, clean through the engine room!*

NOTICES TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

☞ ☞.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

A Blue Jacket *suggests to us to publish the remainder of* Foy's Formulary *in our next Almanac. This would be unfair to the majority of our subscribers, who keep the* Medical Times *bound for reference. We hope, however, to continue its weekly publication with regularity for the future, under which circumstances it will be concluded in ten or twelve more numbers. It is not our custom to give uncivil answers to civil communications.*

Mr. W. Jack *informs us that he is the only maker of* Mr. Clendon's *tooth forceps.*

We regret that Dr. George Ellis's *first letter did not arrive in sufficient time for the alteration of his address on the number of the same week.*

H. R. C.—*There is nothing definitively arranged as yet, but we should* advise *our correspondent's pupil to enter to lectures and hospital practice* immediately. *Most probably apprenticeship will be altogether set aside under the new order of things.*

F. Y.—*All who hold diplomas from British or Irish recognised colleges are legally qualified practitioners, although in some cases corporate rights interfere to restrain their practice within certain districts; these rights are, however, never enforced, and each legally qualified practitioner is qualified to give the registrar's Certificate.*

Non-Medicus (a Subscriber and Well-Wisher,) *has sent us a severe criticism of our late article on Homœopathy, or rather on that part of it in which Mesmerism was touched.* Non-Medicus *misunderstands us. We cast no slur on our numerous correspondents, when we speak of British society, and our opinion on Mesmerism is now what it has ever been. He must not imagine because we open our pages to articles from correspondents, that we identify ourselves in every case with their opinions.*

Medicus *has sent us a prospectus, of the title-page of which the following is a copy: "Kidderminster Provident Institution for Ensuring Medical and Surgical Aid to Poor Persons in the Time of Need. Surgeon William Roden, M.D., M.R.C.S., assisted by Mr. George Bolster, Surgeon, Licentiate of the Royal College of Surgeons of Edinburgh." These societies, when formed* by the labouring classes, *for mutual relief in time of need, are productive of much benefit to them, but must be looked on with suspicion when proposed by members of the medical profession. We observe, in rule* 4, *that* "the payments shall be made regularly, either weekly or monthly, according to the circumstances of the members, either to one of the secretaries or to the surgeon, according to the convenience of residence, but always to the same person." *The surgeon here, in addition to his professional duties, performs the office of collector. We notice, too, that* "members of the lying-in department not able to pay the fee for their accouchment at one payment, may pay the same by instalments to any of the secretaries." *We fancy that Dr. Roden has been misled into a false step.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s.; Quarterly,* 6*s.* 6*d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is* 6*s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

Saturday, October 18th, 1845.

"Quid quisque vitet, nunquam homini satis:
Cautum est in horas."—Horace.

——— "Latet anguis in herba."—Virgil.

We make no doubt that our readers will readily hear what we have to say upon a matter very important at this time both to the public and the profession—the present "disease" amongst potatoes. It concerns us to inquire into the subject, as well from an interest which we feel in the fate of the poor, who will be the chief sufferers by the calamity, as from a desire we have to aid the wise working of an efficient system of *hygiene*, by stating the bad effects which we have known to follow the use of this depraved food.

The "potato murrain," as it has been ridiculously called, is said to be comparatively new in this country, but has been known in America for many years past. During the present season it has visited us to so serious an extent, as to cause considerable anxiety for the physical welfare of of that class of people who are in a great measure sustained by potato-food. The "disease" has prevailed more or less extensively throughout the land; the salubrious atmosphere and kindly soil of Ireland have not exempted that country from the visitation, and it has swept with various severity through the continent, but particularly in Belgium, Germany, and Holland.

As the matter interests everybody, so we find that almost every body has got an opinion upon it. In the midst of the mass of speculation, it is not to be wondered at that a good deal of folly as well as falsehood should be let loose upon one's credulity and wonderment. There are a certain class of people yclept philosophers, and we fear we must include in that very large class another scarcely less capacious, we mean the *soi disant* sect of chemists, who are able to see and ready to swear anything. Give them a subject with a crotchet in it, and they will have an explanation ready in no time. The one will prove, by a series of reasoning as difficult to refute as to comprehend, that such and such causes are at work, and, *ergo*, that such and such consequences must follow; the other will prove the precise opposite, and confirm the truth of his theory by chemical analysis, carried out with such decimal minuteness, that, like the lote tree in Mahomet's seventh heaven, there is no going beyond it. The one silences you with an awful profundity that neither himself nor anybody else can fathom; the other knocks you down, or rather tries to do, with ultimate analysis and the talismanic name of Liebig. There are some people with whom this system of illustrious humbug operates like Mesmerism, but we old fashioned folks don't belong to the class of greedy gullibles, and we feel little inclined to trust either the words or the figures of one half of the Giessen-bitten boys of the present day, without something more than their own proof, *per se*, of the integrity of what they utter.

To return to our subject, as one upon which philosophic, microscopic, and chemical speculation are magnificently rife just now, we find all sorts of theories propounded to account for the mysterious phenomenon. The wise saws, who are great in the magic of the marvellous, consider the potato-disease as in some sort a sign that the world is nearly as old as it ever will be, and that the present crop of tubers, though a bad one, is the last reaping we shall have. What necessary connection there is between the end of the world and the potato epidemic, or whether this said calamity is any proof that the aforesaid globe is nearly worn out, we are not able to say, nor on this point do the mystery-mongers inform us. The physical philosophers say that electricity is at the bottom of it all, or rather that *it is not at the bottom;* in other words, that the potatoes have not been electrified enough! Without telling us to whose measurement, calculation, or instinctive sagacity they are indebted for the fact, they gravely give us to understand (if we had sufficient sagacity of belief for the feat), that in those parts of the island and continent, not forgetting America, in which the electricity above has behaved better to the territories below, and, to use a monied phrase, "has come down handsomely," that in those said spots the potatoes are in their usual health and strength, and looking "very much like themselves." If we were in the mood for joking, as unfortunately we are not, we should say that this sublime enunciation looks "very much like a whale." Taking advantage of the experience of that stupid old man who tried to pelt a lad out of an apple-tree with tufts of grass, they suggest (the philosophers we mean) that we should compel the electricity, whether it chose or not, to come down to the dust and do its work as quick as lightning, instead of idling away its time in visiting amongst the clouds, and doing no good at all. Some propose to disturb and displace the said fluid by the erection of multitudes of iron rods, well spiked, bristling like bayonets, and seeming to say that they don't mean to be trifled with; others suggest that it shall be invited to sundry iron pots, made attractive by being permanently electrified; and others propose to traverse the earth with metallic culverts for the electricity to run up and down in. "In the name of the prophet—*figs!*" These sublime ingenuities, these vast creations of fancy, these mighty minds in travail with mighty projects, which

Seem as 'twere
An ocean in labour an ocean to bear,

all tend to the solemn secret of growing potatoes! Would that as much talent were brought to bear upon the more hidden and important secret of cooking them! The physical philosophers aver, and they may safely do so for any practical disproof they are likely to meet with, that if only the means be employed which any one of them proposes, we may always calculate upon an immunity from potato disease. We don't doubt it for a moment; we feel as certain of it as of catching sparrows by throwing salt upon their tails!

Less sublime and speculative than the physical philosophers, but far more practical and minute, come the microscopists to settle the question of the potato epidemic. They see deeply into the depths of things, and of course are expected to draw therefrom much valuable matter that unaided optics must always be strangers to. In fact, a man with a microscope may see anything; and as "seeing is believing," we see no just cause why he should be expected to doubt anything. We anticipate, consequently, that the time is not very far distant when *credulity*, properly so called, will be regularly defunct, and such people as our forefathers would have called "easy of belief," will be *bonâ fide* matter of fact men under the irresistable persuasion and proof of the microscope. This instrument, as we have said, has been brought to bear, with artillery-like precision, though with less point, upon the "potato murrain," and wonderful have been the discoveries in consequence! Fungi of all sorts, sizes, shapes, and colours, have been found fattening themselves, cormorant like, upon the poor potato; sporules, granules, cells, and dust that deserved no better name, all have been found upon the potato; and many a discoverer has been obliged to rub up his Greek to furnish technicals for the unknown objects that have tumbled in the way of his observation. Talk of special trains, they go nothing so fast as discovery has lately gone along the line of damaged potatoes!

The "supineness and treachery" of the gentleman who wrote the calm and sensible letter thus sharply commented on, are about as hypothetical qualities as the dignity and philosophy displayed by our correspondent. True, the Medical Profession has suffered from treachery and supineness, but from whom? From those who have assumed exactly the same tone of exaggerated fierceness which deforms the letter we were supposed to be afraid to publish. Who were more absurdly declamatory about the misgovernment of the College of Surgeons, when nothing could be done, than the leaders whose tone Mr. Wilson so well imitates? Who were so supine when Government was avowing its intention of giving that charter which was so successful in making bad worse? The neglect and degradation of the Profession has arisen, not from such thoughtful well-wishers to its prosperity as a "General Practitioner," but from the fierce brawls, vulgar policy, and unprincipled characters of those whose sayings and doings have defiled the name of Medical Reform, and disgusted from its active support respectable men the most willing and able to render it efficient service.

It has been our humble aim to neutralise the efforts of these "supineness and treachery" men—to rally round the cause of professional amelioration all that is high, and intellectual, and classical in our body—to make the question of high scientific progress and just medical government a matter of peaceful and gentlemanly co-operation, by all sections of our community, rather than a watch-word of a low and miserable faction adroitly used to secure an equivocal, but profitable, notoriety.

On the subject more especially discussed, or rather declaimed on, by Mr. Wilson, much will surely not be required from us. The motto of that gentleman appears to be *nugis addere pondus*. We can fancy him a Government stipendiary, calculating coolly, and with due professional dignity, the death fees he has been lucky enough to make the current twelvemonth. If his reasoning have any force, he must obstinately decline to ask a friend how he does, unless pre-assured that he is to get his fee for the "professional time and trouble" expended in the interesting interrogatory.

Virtus est medium vitiorum et utrinque reductum.

If there really were no exceptions to general rules—if right principles ought to be strained to their utmost application, despite any amount of mischief or absurdity that might arise from it—if summum jus were not summa injuria—we should feel bound to occupy the same ground as Mr. Wilson. None can be more convinced than we that the Profession labours under no heavier curse than the existing system of gratuitous services. We believe that the *unpaid* surgeons and physicians of our public institutions do more—not from individual intention, but the very character of their appointments—to deteriorate the practice, lessen the wealth, and lower the standing of the Profession than all the other nocent causes put together. They are not only giving something professionally for nothing—a bad general principle—but they are doing it systematically and on so large a scale as to reduce medical attendance in the market of public opinion to a thing that may had for the asking. Useless to us is it to say, that it is generous, charitable, munificent. It is not generous, for it wants generosity's best ingredient, justice. It is not charity, for the object is not to benefit the poor, but ourselves. We seek publicity and practice at any price, the fair remuneration of less fortunate practitioners being *uncharitably* impaired, that we may secure a footstool to professional eminence. It is not munificent, for we *give* what the country does not need to get gratis, and by giving we lower in social standing, and domestic comfort, one of the first professions of the country. The example set by our best men in high places is contagious, and gratuitous or ill-remunerated services become the order of the day. Here is, indeed, an evil, enormous and withering, deserving the best attention of every member of the Profession, and requiring his most energetic, yet prudent and gentlemanly, exertion.

But the noble cause here at stake—the great cause that our Profession shall not be more an honorary profession than that of the Law or Church—is ill served, nay, is made ridiculous, by the obtrusion of such a point as that advanced by Mr. Wilson. There is no calamity like the zeal of an injudicious friend. It is said that Mr. O'Connell never received so strong a shock to his repeal movement, as in the public proposition from some fanatical follower that Wales should have a repeal too. Mr. Wilson's earnestness in extremes is of a like character. While the Profession is quietly swallowing the camel of almost universal no-payment, Mr. W. is straining at the gnat of giving two minutes' service per annum (as a public citizen) to the registry of the deaths that occur in his—we dare say—not very fatal practice.

It is well affirmed that the clergyman will not bury the dead, nor the barrister defend his client for nothing. Nor should they. But the barrister will sign his brief, and the clergyman will register the interment, without asking extra fees. What is the difference between these duties and the one which Mr. Wilson deems so onerous? The registry is in no case a professional service; it is a social accommodation of small onerousness required in turn from every class of citizens, as citizens—and no remuneration can be awarded for it, simply because a *fair* payment would be so small as to be beneath the acceptance of a professional man, and a high payment would require so large an aggregate sum as would outworth the advantage to be secured.

In the remark that Government should directly check quackery we concur; but we do not therefore decline to aid the Registrar-General (who is not the Government) in a rational attempt to give honourable precedence to the legitimate practitioner. That is a bad state of feeling which finds food for suspicion in a good intent, and matter for invective in a good act. It is the part of policy, as well as of right-heartedness, to give every honest attempt at amelioration an honourable welcome.

THE REGISTRATION OF DEATHS.

A RATHER warm-headed correspondent from Leeds, whose zeal wants nothing but good direction to make it respectable, has addressed us in fervid language on the subject of the gratuitous registration of deaths. In a private appeal, in which he *enforces* on us the publication of his epistle, he applies to *us* the phrase "*quem Deus vult perdere*," &c., and in an equally unhappy state of self-ignorance thus apostrophises his commands and opinions to our editorial highness:—"Mr. Editor,—I will thank you to insert the above in your next. Should you decline, I shall then know that you are afraid of fair discussion, and hearing both sides." In other words, "Should one of the thousand reasons which may arise in the management of a weekly periodical exclude my letter from your *next* number, I shall forthwith conclude that you are not only afraid of me, but are a foe to fair play!"—deductions, we fancy, which, in their compliment to our correspondent, and disparagement to ourselves, are about equally just.

Here is the letter of which it is so confidently anticipated we are to be afraid. We insert it with a few comments on the abused principle, we fear, of "giving something for nothing."

3, St. Peter's Square, Leeds,
October 10th, 1845.

Sir,—I have just read in your number of last week a letter from "A General Practitioner," on the New Registration of Deaths question. He favours us with his opinion that we ought at once to submit to the exaction of the Registrar-General, and give to the Government the fruits of our time and intellectual toils *for nothing*. Let us just examine the bearings of the question.

It seems to be universally admitted that the labourer is worthy of his hire, that whatever commodity a man can bring into the market has its price, and is worth a certain quantity of other commodities, or of the money which represents their value. This is as much the truth in respect of legal, or medical, or chemical, or astronomical knowledge, as it is of shoemaking, or brewing, or baking knowledge. If a man were to give his skill in any of the latter arts to the Government or to the public *gratis* he would be considered insane, and if he were *compelled* so to give it *gratuitously* he would be as greatly injured as if he were compelled to submit to highway-robbery. Yet the former of these two predicaments is precisely that of the "General Practitioner," who keeps an account of his patients' cases that he may be enabled to fill up the Registrar-General's blank certificates *gratis*, and the latter would be that of the Profession if compliance with the Registrar's demands could be enforced upon its members by law. In either case the medical man would be furnishing a commodity *which nobody but himself could furnish*, without receiving an equivalent. He would be giving *some*

thing for *nothing*, as the New Zealanders did to the missionaries.

The medical man spends years in severe and disgusting studies, he gives his money largely, passes strict examinations, and at last, probably with shattered health, commences a life of hardships and discomforts, with the certainty of being worse paid, in proportion to his services, than the members of any other profession or calling whatever. *To the poor* he gives his skill and substance, his time and property, his *capital*, in a word, *for nothing*; not only in hospitals and dispensaries, but in private practice. But, *even to the poor*, neither the clergy, nor the lawyer, nor the merchant, nor the baker, nor the brewer, give their stock in trade *for nothing*, still less do they to the Government, or to the public at large; and least of all do the members of the Government themselves do anything *for nothing*. *Why, then, should the medical profession?*

It is true, as your "General Practitioner" says, that a complete registration of the causes of death would be a great public benefit. But it is *not* true that medical men should submit to pay for this public benefit. The correct administration of the laws is also a public benefit; yet who ever expects a lawyer to give his services *gratis*, or to fill up Government certificates *gratis*? The safe pilotage of an Indiaman through a dangerous passage is a public benefit; but what pilot undertakes the task *for nothing*? No; the skill required to pilot the ship is an article, a commodity, which he has paid for in money, time, and study, and which, having thus bought, *he has now to sell to get his bread by*, and if he does not get the very highest price he can for it, he is a fool for himself and a knave to his family.

One word on the little bit of empty clap-trap of our friend the Registrar-General about putting down quackery by refusing to receive certificates from quacks. If he be not laughing in our faces, this is a plain admission that quackery OUGHT to be put down. If, then, the Government be in earnest, let them put down quackery *to begin with*, and *then* we will talk about keeping their books *for nothing*. Meantime I would earnestly urge my professional brethren to withstand this new imposition; and if they really feel that their knowledge is worth anything, not to barter it for nothing. Let them remember that there was a time when they were expected to work *gratuitously* at coroners' inquests, in courts of law, and for insurance companies.

Finally, I would hint to the "General Practitioner" that it is to the treachery and supineness of such as he, that, in a great measure, the medical profession is indebted for its present degraded and neglected position.

I am, Sir,
Yours respectfully,
GEORGE WILSON, Surgeon.

The concluding sentence intimates to us the unpleasant truth that Mr. G. Wilson has received his instruction in the wrong school, and is by a great deal too much a stranger to the spirit of his calling.

Next come the chemists, with their prodigal paraphernalia of apparatus and tests, to acquaint us with the malady of the potato. They find alkalies where acids ought to be, and the converse; they state, to a shadow of a shade, the particular blush of blue which iodine gives the sickly potato, in contrast with what it gives the potato that is sound; they tell us, precisely, what the former has lost in mealiness and gained in waxiness—what is due to the condition of the starch,, the mucilage, and other such things—that good potatoes lose 75 per cent. by drying at a gentle heat, whilst the bad ones lose 77!—and, finally, the man with a chafing dish, glass tubing, oxide of copper, caustic potash, and other like simples, waves his wand, and, lo! an ultimate analysis settles the point at once, by proving that some delicate decimal is wanting to make up the due amount of a certain constituent which has been most rascally robbed of "its fair proportions" by another certain one! "So much for Buckingham!"

After this amount of detail, to say nothing of the amount of trouble we have had in *practically* getting it ready, we may perhaps claim a hearing for ourselves. *We*, the "plural nominative singular," in our triumph of tripod, feel that it is our right to state both what we know, and what we think, upon the matter at issue.

We have looked at the electricity with "our mind's eye," and, like Mathews in the play, can "see nothing at all in it." We have looked through the microscope, and have seen ten-thousand curious sights in the morbid potato, but nothing equal to what we have seen in a pinch of musty horse manure. We have tortured the poor potato in retorts, crucibles, and tubes of glass, but products and educts have told us nothing more than we knew aforetime. Amidst this Babel of investigation and discovery, it occurred to us to think that there might be something "rotten in the state of"—the potato! And after wiping from our eyes the films created by philosophy and fancy, we saw a clear evidence of a simple decomposition in this said tuber! And what is there that philosophers cannot find worthy to talk about, microscopists to stare at, and chemists to analyse, in rottenness! We have always thought it a wonderful field for minute investigation, and such it has proved to be, as the present condition of the potato crops can testify.

To close this part of our subject, for we shall take occasion to complete it finally in another article, we give it as our decided opinion that "potato-disease" and "potato-murrain" are merely idle terms that bear no direct relation whatever to existent things. There is no "disease," no "murrain," properly so called; the potatoes are just *rotten*, and that is the long and the short of it. The discolouration, commencing in this spot and extending to that, the softness, the waxiness, the fetor, all these things, and many more such like, we have seen a score times in potatoes that have spontaneously rotted in a damp dark cellar. We can confirm what the microscopists and chemists say about appearances and reactions, and tell them plenty of untold truths besides; but not potatoes only, any vegetable of similar composition will give like results when in a state of decay. These acids, alkalies, atomic defects, sporules, granules, ruptured cells, dust, dirt, &c., are a *consequence* of the potato mischief, and not a *cause* of it. There is nothing new in the circumstance; we have been familiar with it from childhood, and so have many simple observers who are older in the art of taking notice than ourselves are. It is no novelty in this country, any more than elsewhere; it attracts attention because of the almost universality of its prevalence. And has not the cause been as universal? Cold water is the *fountain head!* Take our word for it, there is no mystery in the affair; cloudy skies and drenching rains have done it all!

THE RISE AND PROGRESS OF HOMŒOPATHY.

By GEORGE HILBERS, M.D.

It is undoubtedly an essential part of the duty of editors of a medical journal to bring before the notice of their readers any novelty sought to be introduced into medicine or medical science, provided such innovation is of sufficient importance to warrant its occupying a portion of their pages, and is supported by men who, from their medical education, may be considered competent judges of the merits of such new discovery. In doing this, the editors are clearly not responsible for the truth or fallacy of the cause sought to be advocated. They merely publish the statement furnished to them, and then leave the profession to decide on its value or worthlessness.

The circumstance of there now being many hundreds of medical men practising homœopathy in different parts of the world is of itself sufficient reason why the subject should no longer be passed over in silence by the medical journalist. Surely any opinion advocated by so numerous a body of their professional brethren claims the unprejudiced consideration of those whose great object is, or ought to be, the discovery and advancement of truth. Some, previous to their conversion, have contributed in no small degree to the improvement of medical science, and by far the larger number of English homœopathic practitioners of the present day have testified their sincerity by personal sacrifices of no slight kind.

In free countries like England and America (in which latter country alone there are more than four hundred homœopathic practitioners) the societies established among its professors refuse to admit, or in any way recognise, any as physicians who have not received the regular medical education, and obtained the usual diplomas. In other countries where the government is more despotic, as Prussia or Austria, unqualified practitioners of medicine, whatever may be their opinions, are alike proscribed. It is much to be regretted that the laws in England have no power of preventing mercenary charlatans, whose sole qualification for practice, if they have any at all, consists of an easily purchased diploma of a third-rate German university, from taking advantage of the increasing demands of the public for homœopathic physicians. These men, however, are no more recognised by the professors of the new than they would be by those of the old school. It would be just as fair to discredit the doctrines of allopathy because of the quack advertisements which abound in every newspaper, as to cast a slight on homœopathy because there are a few disreputable characters who practise it.

Believing, then, as I do, that homœopathy is a subject of the greatest and most vital interest to the profession, and of overwhelming importance to the public, I take the liberty of addressing you at this time, trusting to your well-known impartiality for the insertion of my observations.

Both medical men and their patients, educated in the faith and submissive to the authority of the schools, view with wonder and contempt the therapeutic novelties of the day. Homœopathy appears to them to be purely ridiculous. Accustomed to deal with drugs in doses of from three to twenty grains, they cannot conceive it possible that any effect can be produced on the animal organism, either for good or evil, by the thousandth or millionth part of a grain. The doctrine of *similia similibus curantur*, on which their efficacy is stated to be founded, appears to them, to say the least of it, visionary and gratuitous. Still they are unable to deny the fact that this new theory is endowed with extraordinary vitality; that it has survived all the ridicule with which it has been assailed; nay, that after a lapse of more than fifty years it is still rapidly increasing, and daily making new proselytes, not only among the public, but in the profession. This of itself, one would think, would have been a sufficient inducement to stimulate the profession carefully to examine into its claims for support, even though their ultimate object might be to expose its fallacy. If true, none can deny that the new theory is of inestimable value to medicine in general, and to therapeutics in particular. The fixed principle on which to regulate the administration of drugs would then have been obtained. This is the consummation in medicine devoutly wished for by many, and this is the discovery which Hahnemann professes to have made. Up to this time the truth of it, though often called in question, has never been refuted.

It was in the year 1790, while translating Cullen's nosology into German, that he was astonished at finding an author, generally so clear and perspicuous, give so confused and unsatisfactory an explanation of the *modus operandi* of bark in the cure of ague. The Germans are naturally a philosophical and reflective people; they think out everything, and are never satisfied till they arrive at a principle. Hahnemann's understanding—his genius his followers would say—was of this kind. He had looked keenly into medicine as he had seen it practised, and had himself put it to the proof. It appeared to him pure empiricism, and unsuccessful empiricism too. Its supporters, he thought, could not explain what they attempted, and their attempts were not unfrequently

failures. Reflecting, then, on this passage in Cullen, the thought occurred to him that it would be highly interesting to know how quinine, so noted in its efficacy in the cure of ague, would act on himself. He at once tried it, and a febrile attack was the result; it produced in him what it cured in others; it brought his bodily system into the state out of which it removed others already in it. To his inductive mind this was clue enough to the principle of *similia similibus curantur*. It afforded him sufficient encouragement to proceed; the idea was at least worthy of investigation.

For six years he prosecuted a series of experiments on healthy persons, and gradually accumulated a large store of observations on the action of medicines on healthy bodies. In the meantime his application of the theory to practice was anything but encouraging. When he gave, to cure a malady, a remedy which produced similar symptoms, he found only that he made it worse. However, he would not hastily abandon an idea which had once taken possession of his mind. The quantity might be excessive, and thus defeat his object. He therefore reduced it again and again, and applied the substance, each time with greater success. Still he was not satisfied; but his repeated reductions had now afforded him a fresh clue. Perhaps extreme division of the substance might be a necessary condition to its desired action. With this idea he again reduced the substance to an infinite state of subdivision. The quantity of the dose, it is true, become ridiculously minute, but he had brought the agent into a new mechanical state, and the results daily became more favourable.

This discovery, though essential to the success of the homœopathic practice, was not by any means a part of the theory. The two must not be confounded. The theory, as the name homœopathy implies, consisting in the *one* point, namely, that to cure a disease such a medicine must be administered as would have the power of producing *similar* symptoms on a person in health. The size of the dose was a mere matter of practice, and the result of experiment. Reasoning on the theory would never have led to the adoption of the infinitesimal doses.

It was in the year 1796 that Hahnemann published the first account of these experiments in *Hufeland's Journal*, suggesting that they might lead to the establishment of the long-desired fixed principle in the action of medicines. He earnestly entreated his brother physicians to test for *themselves* the truth of his observations, and more especially to institute a series of experiments on the action of remedies on the healthy body. Without knowledge on this point he asserted that they could not be advantageously administered to the sick. Contempt and neglect were the only fruits of this appeal. His doctrines were despised, and his practice ridiculed, by his contemporaries. After a lapse of fifty years, however, at a meeting of the physicians of Vienna, one of the most renowned schools of medicine in the world, it was decided, after a long discussion, *that medicines must be proved on the healthy body before they can be safely administered to the sick*. They also determined that steps should be immediately taken to further this object. From this point Hahnemann started. Is it unfair for his disciples to hope that these new inquirers may arrive at the same goal? Up to the present day the progress of homœopathy has continued uninterrupted. This of itself ought to be strong presumptive evidence in its favour. Propounded by a comparatively-speaking obscure individual, with nothing inherently captivating in its outward appearance, with everything to shock, and with nothing to recommend it to the prejudices of its opponents, every succeeding year has seen its strength increase. The biting frost of prejudice and bitter animosity assailed the tender plant, and for a time retarded its growth. The vitality remained unimpaired; and we now see it throwing out fresh branches, stronger and more vigorous, perhaps, in consequence of the impeded growth of the parent stem.

The contemptuous neglect which greeted the first appearance of Hahnemann's treatise in *Hufeland's Journal*, was, perhaps, more injurious than the subsequent abuse that was poured upon him on the appearance of the *Organon*. This work was published in the year 1810, and was the signal for a more active attack to be commenced on him. The flame, however, was by this time too strong to be easily extinguished. Rejected by the older members of the profession, it found favour with the junior members and the public. The number of attendants on Hahnemann's lectures at Leipsig, testified the estimation it was held in by the rising generation of medical men. No ordinary self-denial was required from its youthful supporters, when they submitted to be made the subjects on which the medicines were to be proved. Independent of other things, they had to submit to a rigorous discipline, peculiarly distasteful to youth. Yet not only the students in medicine, but many others, offered themselves willingly for the self-imposed task. The six volumes of the *Materia Medica pura* will ever be a living monument of their self-devotion.

It was not to be supposed that Hahnemann would be allowed to continue his successful career uninterruptedly: when other means failed, persecution must be tried. They therefore took advantage of the laws regulating the compounding of medicines in Saxony, and thus, by a side wind, obtained his expulsion from his native country. The Duke of Anhalt Köthen generously offered him an asylum. Homœopathy was, therefore, transferred, from a flourishing university to an obscure state, but the increasing number of his patients showed the rapidity of its progress.

In the year 1824 there appeared translations of the *Organon* and *Materia Medica pura* into the English, French, Italian, and Russian languages. In all these countries the subject excited much attention.

But it was the success which attended its practitioners in the treatment of the cholera which mainly contributed to its universal extension on the Continent. Large numbers not only of the laity, but also of the profession, seeing the cures effected, became converts. Of 1557 cases treated homœopathically in Vienna, Munich, Berlin, Prague, and Peste, the deaths were only 93, which is at the rate of 6 per cent.; whereas in the same towns the average mortality of those treated allopathically was 49 3-10 per cent. In a district in Hungary, where the two modes of treatment were tried one against the other, of 331 cases treated allopathically, 102 died; while of 278 treated homœopathically, but 27 terminated fatally.

The proofs of the advantages of homœopathy now appeared incontestable. A severer test than the cholera could hardly have been applied, and from this it came out triumphant. It was now admitted into countries in which it had hitherto been proscribed. The Austrian government, especially, repealed all laws against it which were up to that time in force in the Imperial dominions. They, moreover, gave up a hospital to its professors, in which from 1000 to 1100 patients are annually treated entirely homœopathically.

But the history of its success in Vienna, and its effects on the medical profession there, are far too interesting and important to be passed over hastily. I feel, moreover, that I have trespassed too long on your space at this time. If, however, you will allow me, at a future period, I will briefly trace out its course, and furnish you with extracts from the statistical report of the Homœopathic Hospital. Your readers will then see what homœopathy really can do; and, I trust, some may be even excited to examine into its details, and ascertain for themselves whether these things are not worthy of attention.

Norwich, Sept. 1845.

[We forbear in any way to identify ourselves with the doctrines professed by Dr. Hilbers, but on the principle of *audi alteram partem*, we shall be happy, in case any one of our readers equally competent, and holding orthodox opinions, feels inclined to discuss the subject of homœopathy with Dr. H. to place our columns at their service.—*Ed.*]

PROMOTION. — Assistant-surgeon Sidney Bernard, to the rank of surgeon, and confirmed in his appointment to the Eclair. (This brave officer, who nobly volunteered his services at Madeira, did not live to enjoy his promotion; he died of the fever on Thursday morning).

APPOINTMENT. — Assistant-surgeon W. Loney, of the Penelope, to be acting-surgeon of the Pantaloon, vice Robinson invalided.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

By ROBERT LEWINS, M.D., &c.

(Continued from page 479.)

The year 1842 was a memorable one in the history of the University of Edinburgh as a medical school, no fewer than four medical chairs having been vacant—the surgical, physiological, pathological, and the practice of medicine. Such an unusual occurrence could never have happened at a more untoward time; the Free Church controversy was then approaching its acme, and men were returned to serve as town councillors (who are the patrons of most of the medical chairs), without reference to any other qualification than so far as they were favourable, or the reverse, to that then engrossing question. The consequence was, that there never was a town council of Edinburgh less qualified than that of 1842 to act with the rigid impartiality which has almost invariably characterised the proceedings of that body in the election of professors. I mean not, however, to question the judgment, much less to impugn the motives, of individuals. Different opinions will be entertained in regard to the deportment of those who were the most active promoters of the secession that took place from the Presbyterian establishment in Scotland, in 1843, but there can be only one opinion as to the conduct of nearly five hundred clergymen, who in one day resigned church livings which they could no longer consistently hold.

In proportion to the praise due to such individuals is the obloquy that attaches to those, and which will remain while they live, who, after instigating others to resist the law of the land, in a dastardly manner shrunk from the performance of the duty, when it required a sacrifice, which their avowed principles inculcated. Such mammon-loving men there were, who retained a position which they could not occupy without dishonouring themselves and their office! One of these apostates took an active part in the medical elections of 1842, and, I fear, misled some well-meaning councillors.

On the death of Sir Charles Bell, early in the summer of 1842, Mr. Lizars, Dr. John Argyle Robertson, Dr. Handyside, and Mr. James Miller, become candidates for the surgical chair—all men of high reputation, who had distinguished themselves as hospital surgeons and extra-academical lecturers on surgery. Dr. Handyside had, besides, taught anatomy for several years, and was known at home and abroad as an excellent anatomist. In zeal and ability, as an anatomical teacher, Dr. Handyside has been equalled by few, surpassed by no one, of the present day. It need not be a matter of surprise, under these circumstances, that no candidates from other quarters appeared.

Long before the day of election it was apparent that the contest would be between Dr. Robertson and Mr. Miller. In addition to a profound knowledge of the principles of surgery, Dr. Robertson possesses a philosophic mind, and the talent of communicating information in an eminent degree. Mr. Miller had been the favourite pupil and assistant of Mr. Liston, and was allowed to be an excellent lecturer.

Little occurred during the canvass worthy of commemoration, except that Dr. Robertson's cause was supposed to have been injured by an anonymous partisan of questionable honesty.

Mr. Miller carried his election by a decided majority. The present professor of surgery in the University of Edinburgh has proved a good teacher. As a *writer*, the papers he has published in medical periodicals display talent and discernment as a practical surgeon. His work on surgery is a highly creditable production; and if reviewers can be trusted, their authority may be adduced in its favour, in refutation of O. P. Q.'s depreciatory estimate of all the books which have recently been published by the medical professors of the capital of Scotland. As additional proof of the excellence of Mr. Miller's work, I may mention that it has been re-printed in America. We have, therefore, transatlantic evidence inconsistent with the harsh criticism of O. P. Q.

Soon after the election of Mr. Miller to the surgical professorship, Dr. Home, the late professor of the practice of medicine, resigned his chair, and

Dr. Alison was appointed his successor, in a manner I conceive objectionable—that is, without a vacancy being formally declared; a mode of proceeding which should never, in my opinion, be practised by such a body of men as that of which the town council of Edinburgh consists, whose boast it has been that, in the performance of their duty as electors of professors, they have ever acted, as do jurymen, on the evidence laid before them *after having taken due pains to procure a choice of candidates.* When any one is appointed to a chair without allowing others an opportunity of stating their pretensions who think themselves fit to fill it, the electors actually shut out from the field of competition those who have a right to admission.

It is not sufficient to say that, the minds of the electors being made up from the first, it were unnecessary to act on the principle which I maintain is the correct one. Those who argue so have not a just conception of their duty. Nor is the practice I censure less objectionable in the case of a professor who, as in the case of Dr. Alison, has previously distinguished himself in another chair, as the history of the university of which I speak affords at least one memorable example.

This much I feel bound to say in the discharge of my duty, as a faithful writer, on the subject under consideration. But all will allow, O. P. Q. not excepted, I presume, that Dr. Alison, to whose merits I have in a former paper endeavoured to do justice, as the professor of the practice of medicine, fully supports the high character he fairly earned as the incumbent of the physiological chair.

"Turn we now" to the election of Dr. Allen Thomson to the position in the University of Edinburgh, which had become vacant by the "translation" of Dr. Alison. The competitors for the chair of which I have now to speak, were Drs. Craigie, Knox, Carpenter, Hunter Lane and John Reid, all individuals of high reputation. Dr. Allen Thomson and Dr. Reid, however, were the two candidates whom the town council of Edinburgh delighted to honour. As was the case in the contest for the midwifery chair, that for the physiological was very sharp. Dr. Allen Thomson, like Dr. Simpson, carried his election only by a single vote! Here we have another instance of the fallacy of O. P. Q.'s sentiments in regard to the bearing of "local and family influence" on the election of professors at Edinburgh; there is good reason to suppose that Dr. Allen Thomson would have been elected by a larger majority had he not been a professor's son! But, be that as it may, it is evident that family influence was not in active operation when, without any, recommended solely by his talents, aided perhaps by his attachment to the Free Church, John Reid so nearly seated himself in an academical chair in the University of Edinburgh.

It is an interesting and cheering fact, and worthy of being recorded in a publication so extensively circulated and eagerly read as the *Medical Times*, that Dr. Simpson and Dr. Reid, natives of Bathgate, a small town in Linlithgowshire, were schoolfellows there together, and went to study medicine at the University of Edinburgh; when they arrived there, they were perfect strangers, without friends and without fortune. The talents and the conduct of both, in due time (and that whilst still in the morning of life), to the honour of the medical aristocracy of Edinburgh, placed them in the temple of science, side by side with the descendants of the Gregorys, the Hamiltons, the Alisons, the Christisons, &c., whose progenitors' deeds spread a lustre around the northern metropolitan university, the radiance of which has actually been brightened by the present occupants of the medical chairs.

To return to Dr. Allen Thomson, and to his claims as a medical teacher and writer—claims specially questioned, I believe, by O. P. Q. During the winter sessions from 1832 to 1836, Dr. A. Thomson delivered three six months' courses of lectures on the institutes of medicine in the extra-academical chair of medicine in Edinburgh.

In 1834-35, Dr. Thomson delivered a popular course on the laws of the animal economy for the Edinburgh Association. In 1838-39, Dr. Thomson taught anatomy in Edinburgh during the winter and summer sessions. He was appointed professor of anatomy in Marischal College, Aberdeen, in 1839, and taught that department of medical science there for two years. In 1841-42, Dr. Thomson again taught anatomy in Edinburgh during the winter and summer sessions to large classes.

Dr. Allen Thomson has written;—1. Three papers on the Development of the Vascular and Respiratory Systems in the Fœtus of Vertebrated Animals.

2. Essay on the Formation of New Blood-vessels in Wounds, Granulations, &c (1832).

3. Accounts of the New Experiments on the Sensibility of the Skin, by Professor Weber, with additional observations (1833).

4. Review of Professor Panizza's works, on the Structure of the Lymphatic Absorbent Vessels, with additional observations (1835).

5. Syllabus of Lectures on Physiology in the Form of Outlines (1835).

6. Treatise on the Circulation of the Blood, in the Cyclopædia of Anatomy and Physiology. Lond. (1836.)

7. Treatise on the Functions of Generation in the same work. Loud. (1838.)

8. Contributions to the History of the Human Ovum, and Embryo in its early stages (1839).

9. Account of New Observations on the Structure of the Glands of the Stomach and Intestines, read before the meeting of the British Scientific Association, at Glasgow, in 1840. An Abstract of which is published in the report of the Transactions of that year.

10. Papers on Double Monsters.

These publications are all most valuable contributions to medical science, as has been acknowledged by such unquestionable authorities in physiology as the late Drs. Fletcher, Roget, Alison, Von Baer, Barry, and others. The very learned and acute Dr. Carpenter (one of Dr. Thomson's opponents), in his excellent work entitled Principles of General and Comparative Physiology, has said, "In the foregoing account of the development of the vascular system, the author has availed himself freely of the valuable papers of Dr. Allen Thomson." Dr. Allen Thomson's papers on embryology, were translated into German, and published in *Froriep's Notizen.* Wagner makes most favourable mention of Dr. Allen Thomson as an anatomist and as a physiologist, and in the *British and Foreign Medical Review*, 1840, pp. 20 and 31, we find his name most honourably associated with the most illustrious physiologists and anatomists, dead and living, who have graced the history of our profession. "We rejoice to see," says the writer, "that the number of our countrymen is daily increasing, who with Owen, Grant, Allen Thomson, and others, are earnestly contending in the same field, where Harvey, and Needham, and the Hunters, formerly achieved a lasting renown with better means and clearer prospects."

Professor Allen Thomson is a first-rate microscopic anatomist. Indeed, it was he who first, in this country, applied the microscope much to anatomy; and made his important discoveries in development. Something new has come from the medical school of the University of Edinburgh, it appears, despite of the assertions of O. P. Q.; but further, I firmly believe, that Goodwin's (the university demonstrator) late work contains more *new* anatomical facts, than have been divulged in any other school in Britain, in the course of the last fifty years—a belief, which I defy O. P. Q. to shake, clever anatomist as I believe him to be, and conversant, as he no doubt is, with the secrets of the dissecting room.

In regard to the pathological chair of the University of Edinburgh, I shall only say, that I am convinced the gentlemen of the town council of 1842 are, ere now, convinced that they erred in refusing to elect Dr. David Craigie, one of the most accomplished scholars of our profession in the kingdom, and who, by his practice as a hospital physician, by his lectures as a teacher, and by his learned work on pathology, had proved himself so competent to teach that branch of medical science which explains the laws of diseased action in the human system. I may here remark that I have always maintained, since the creation of the chair alluded to in 1834, that, as an *imperative* one, it is superfluous in an university where there are six months' courses of lectures delivered by able professors on the practice of medicine, on the institutes thereof, on the principles and practice of surgery, on clinical medicine and surgery, and on midwifery.

The opinion I have expressed in regard to the pathological chair is that which was entertained by all the medical professors, with the exception of Dr Thomson in the University of Edinburgh (including Sir Charles Bell), when they were called upon to express an opinion on that subject in 1837.

The last professorship of which I have to speak, is that of chemistry. After filling the chemical chair for upwards of half a century, with great credit to himself, and advantage to the community (O. P. Q. has spoken very differently of Dr. Hope, of which more hereafter), the late Dr. Hope resigned it in the summer of 1843; and due pains were taken by the town council to secure an able successor. Circumstances rendered it expedient to defer the election until the following year. Dr. Traill conducted the chemical course of 1843-4. After much serious deliberation, Dr. William Gregory, then professor of chemistry in Marischal College, Aberdeen, was appointed. A better choice could not have been made. Dr. Gregory has descended from a long line of ancestors distinguished by extraordinary talent, especially as fitting them for the discharge of professorial duties. Dr. Gregory had devoted himself to the study of chemistry from his earliest years; whilst a very young man he lectured extra-academically in Edinburgh on that science; and for several years had been professor of chemistry at Aberdeen.

The wisdom of the town council's selection of Dr. Gregory, as the successor of Dr. Hope, has been proved by the popularity he very speedily acquired. As a teacher, as an examiner, and, in short, in every relation in which he stands to others, as a professor, he is respected and beloved, and gives ample promise of supporting the reputation of his name—one venerated by the Edinburgh medical students of many generations. As a teacher, Dr. Gregory possesses powers of the highest order. As a writer, he has made himself honourably known at home and abroad. The merits of his Outlines (part. I) of Chemistry are well delineated, in the twelfth volume of the *Medical Times*, page 71, in the few following words:—"It is all that a class-book on organic chemistry should be." So, with truth, may it be said of its author, *he* is all that can be wished or desired in a professor of the interesting and important department of science which he teaches in the University of Edinburgh.

(To be continued.)

PHARMACY AND THE GENERAL PRACTITIONER.

(To the Editor of the Medical Times.)

Sir,—Pray do not overlook the well-meant, but very mischievous, efforts to disassociate pharmacy from the practice of the profession. It would be all very well to leave prescribing to the druggists, and take a chance of living by consultations, if, first, we were *one*-half less numerous; secondly, if people could not get prescribed for at hospitals and the private houses of physicians for nothing; thirdly, if druggists would decline to give consultations; fourthly, if the public would be satisfied to pay for *advice* and not for drugs. But, as the opposite conditions exist, the general practitioner who gives up pharmacy, as a general rule, consents to accept the workhouse. It is all very well to talk of professional dignity, and all that sort of thing, but general practitioners must live by their calling; and I have yet to learn, that what Hippocrates, Galen, and the first men of our body were compelled to attend to—the preparation of their own medicines—is any degradation to their successors. The aristocratic prejudices against mercantile employment are disappearing from the minds of all men, save a few "*snobbish*" physicians who have more pride than pence, more pretension than prestige; and everybody knows that to send a prescription to a druggist is to hazard the publication of a new patent medicine, or a negligent poisoning of a patient. Omnia bona bonis; the gentleman who would feel soiled by the touch of a drug is wondrously susceptible of pollution. Excuse these few hints from a man who had some trouble himself to

keep the pot boiling, but who has, nevertheless, maintained himself—integer vitæ, scelerisque puru, —as much as some of those who talk in a higher key.—Ofellus.

GOSSIP.

Apothecaries' Hall.—Gentlemen admitted Licentiates on October 2nd, 1845:—Alfred Haviland, Jabez Henry Elliot, William Thomas Black. October 9th, 1845:—Stephen Monckton, John Hinde Gandy.

Obituary.—We regret to record the death, at Brighton, in the 69th year of his age, after a short illness, of James Johnson, M.D., of No. 3 Suffolk-place, Pall-mall. We propose to give a sketch of this gentleman's laborious and useful life in our next number. On the 8th inst., at Blackburn, Ayr, John Robb, Esq., Deputy-Inspector-General of Hospitals. On 6th instant, at his residence, Stroud, aged 78, Edward Humpage, Esq., surgeon. At Church Stretton, William Wilding, Esq., surgeon, of that place.

The Eclair.—Sheerness Friday, evening: Dr. Sidney Bernard, the medical officer who joined the Eclair at Madeira, died yesterday on board the Worcester. He was an assistant-surgeon of 1838, and had he survived, would have been immediately promoted to the rank of surgeon; in fact, it is stated that his commission as surgeon is now down here. Mr. Bernard is the fourth medical officer who has been carried off by the epidemy. Dr. Coffey continues to improve. Lieutenant Isaacson and the pilot are not so well, and it is feared the latter will not recover. He fears so himself, and is much dispirited. There are no other bad cases on board. A party of Kroomen are in charge of the Eclair. A large quantity of wood was sent up to them to-day to fumigate her, and a large boat and oars for the healthy part of the crew to row about the creek with for exercise, was towed up this afternoon. Sheerness, Saturday: As might have been anticipated from my last communication, Mr. Saunders, the pilot who brought the Eclair round here from Portsmouth, has also fallen a victim to the fever. He died last night about half-past ten o'clock, and was buried in the quarantine-ground this morning. Lieutenant Isaacson is a little better, but not yet out of danger. Dr. Coffey and the other sufferers on board the Worcester are going on quite favourably. The medical attendants, Drs. Stewart and Rogers, continue well. Sunday: Dr. Rogers was attacked yesterday afternoon, and was dangerously ill last night, but is considered better to-day. Lieutenant Isaacson died this morning. One other fresh case has occurred since yesterday. Dr. Heath, of the Dwarf, having volunteered his services, has been put on board the Revenge to watch any symptoms of disease among the healthy part of the crew. Monday: I am happy in being able to report more favourably to-day of the sufferers at the Creek. Dr. Rogers has passed a good night, and is considerably better this morning; and the other fresh case, which I reported as having occurred yesterday, is but one of slight indisposition in the person of the sick Bay man. Dr. Coffey and the other patients continue to improve, and will join the other convalescents in the Benbow in a few days. —*Times.*

Devon Lunatic Asylum.—This magnificent structure is now nearly completed, and has been opened for the reception of patients, of whom there are at present about 150, male and female. The arrangements appear to be of the most perfect description, and reflect great credit on those concerned in their carrying out. The whole of the cookery for the numerous inmates is performed in a kitchen in the centre, which is fitted up with apparatus for roasting, boiling, steaming, &c., on a large scale; whilst baking, brewing, &c., are carried on in separate apartments. The laundry is at the extremity of one of the wings, and is most complete in its kind, the drying being done by steam. The immense building is divided into the male and female departments, the point of junction being a commodious chapel, where prayers are read twice every Sunday, and once on all other days. In the centre, in front, is the governor's house, an elegant and commodious building, containing offices for the visiting magistrates. The whole of these extensive premises is lighted with gas, which is manufactured on the premises, and the apparatus (which includes, we understand, about 200 burners), has been completed within the last day or two. The superintendence of this important establishment is entrusted to Dr. Bucknill, the resident physician; and as we have had an opportunity of going over the whole of the asylum, we can speak with some confidence of the effects of the system which he has pursued.—*Exeter Gazette.*

We perceive that Dr. Percy, the eminent chemist and chemical pathologist, has resigned his connection with the Queen's College and Queen's Hospital, at Birmingham. Various rumours are afloat upon the circumstances, but all tending to prove that the institution has lost, what it could ill afford to lose —its chief ornament. From what we know of Dr. Percy's reputation as an investigator and author, we feel assured that his place will not easily, if ever, be efficiently supplied.

Bristol General Hospital.—Dr. William Alleyn Nicholson has been elected physician to the Bristol General Hospital, in the room of Dr. Symonds, resigned. Dr. Symonds has been appointed honorary and consulting physican to the Institution.

Hydrocephalus.—Mr. Chater has placed on record, in the *Provincial Medical Journal*, a case of hydrocephalus, treated by repeated puncture, and the passage of a seton into the ventricles of the brain, which terminated unsuccessfully. Some relief appears from time to time to have followed the operation of tapping.

A SELECT PRACTICAL FORMULARY.

Translated from the French of M. Foy, Principal Pharmacien to the Hospital Saint Louis, at Paris.

Storax, Liquid, or Balsam of Copalme and Storax, Solid.—Stimulants, which are rarely employed, unless it be externally, in some officinal preparations. Dr. L'Héritier recommends liquid storax in the treatment of blenorrhagia and leucorrhœa. See Pills of Storax.

Liquid storax has been employed with success for several years in hospitals, especially that of St. Louis, and in private practice, in the treatment of herpes exedens. It is spread in thin layers on the ulcers, from which the scabs have been previously removed, either by poultices made with fecula, or by vapour douches.

Succinum.—An antispasmodic, which is now very rarely used.

Succinate of Ammonia, Impure.—An antispasmodic, obtained by saturating hartshorn with succinic acid. It is rarely used.

Sugar, Orange, Purgative (Form. Cadet).—Half a drachm of the essential oil of orange, thirteen drachms of sugar, triturated together in a porcelain mortar, and then two ounces of jalap, and one ounce of neutral tartrate of potash added. Mode of exhibition: Two to three drachms in a pint of orangeade.

Sugar, Vermifuge Mercurial (Baumé).—Three drachms of powdered sugar, three drachms of mercury, two drachms of Æthiop's mineral; triturate the mercury with the sulphuret; add the sugar when the mercury is killed; mix carefully, and divide into packets weighing one drachm each. Mode of exhibition: A packetful to be taken evening and morning in a little water.

Soot.—The unburnt material, mixed with carbonaceous products and ashes, which have been mechanically carried up the chimnies.[1] It is composed of empyreumatic resin, mixed with acetic acid, extractive matters, &c. It is said to possess vermifuge, antidartrous, antiophthalmic properties, &c. See Pommade against Tinea and Decoction of Soot. It has also been administered, in the form of injection, in chronic phlegmasia of the bladder. At the Hôpital des Enfants, Dr. Baudeloeque employs it in the treatment of scrofulous ophthalmia (see Collyria). It enters into the composition of the compound tincture of opium of Dr. Caron du Villards, which see. In Prussia it is employed, combined with fat and the sulphate of zinc, in the treatment of tinea and dartrous eruptions. Wepfer has given it with success in rachitis. Mixed with butter, it forms a pommade which may be used instead of that of Desault.

Sulphate of Cinchonine.—Powder, four to sixteen grains in bolus or pills, or in solution in an appropriate menstruum. See Sulphate of Quinine.

Sulphate of Copper.—Internally, as an emetic, two to six grains in a glass of warm water; as a stimulant in some catarrhal affections, in epilepsy, chorea, intermittent fevers, &c., one-fifth, two-fifths, three-fifths, and four-fifths of a grain, and more progressively in bolus or pills, or in solution in an appropriate menstruum. See Solution of the Sulphate of Copper. Externally, from one to ten grains and more, in solution in an ounce of water.

This very dangerous medicine is scarcely ever employed at present, except externally as a caustic. It is used to cauterise certain fungous ulcers, atonic venereal chancres, aphthæ, granulations of the cornea, &c. Dissolved in water, it is employed as a styptic in external hemorrhage and croup, and as a stimulant in leucorrhœa, and in chronic hemorrhages, and ophthalmia, kept up by atony of the mucous membranes.

Sulphate of Copper, Ammoniacal.—Powder, one-fifth of a grain to five grains progressively in the four-and-twenty hours, in bolus or pills, in the treatment of epilepsy, chorea, &c.

Sulphate of Iron.—Internally, one to six grains, and progressively to twenty-four grains, in bolus or pills, or in solution; externally, two to three grains or more in the ounce of liquid. An excellent astringent, successfully employed, with care (for in large doses it violently irritates the digestive canal), in scorbutic hemorrhage, diabetes, intermittent fevers, diseases of the heart, phthisis, &c. Externally, it is used in injections, lotions, collyria, &c., against hemorrhages, mucous discharges, irritable ulcers, &c.

Sulphate of Magnesia.—Possesses the same properties, and is given in the same doses, as the sulphate of soda.

Sulphate of Morphia.—See Acetate of Morphia.

Suphate of Potash.—As a purgative, half an ounce to an ounce in a quart of veal broth, &c.; against galactorrhœa, ten to sixty grains in bolus or pills, or in an appropriate ptisan.

[1] M. Foy, in speaking thus of soot, alludes to that which is formed in the French chimnies—the result of wood-fires. Coals are, comparatively speaking, very rarely burnt in France.—Trans.

MORTALITY TABLE,

For the week ending October 11, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 year
All Causes . . .	786	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	193	201	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	73	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	115	155	159
Diseases of the Lungs, and of the other Organs of Respiration	214	323	292
Diseases of the Heart and Blood-vessels . . .	30	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	70	68	71
Diseases of the Kidneys, &c.	15	6	6
Childbirth, Diseases of the Uterus, &c.	5	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	8	6	6
Diseases of the Skin, Cellular Tissues, &c.	6	1	1
Old Age	29	74	70
Violence, Privation, Cold, and Intemperance . .	22	27	26

No. 317. **SUMMARY.** Oct. 25.

CLINICAL LECTURES ON SURGERY. By M. F. LALLEMAND—
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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

CASE.—*Traumatic Stricture; Fragment of a Catheter left behind the Obstacle; Rupture of the Canal; Infiltration of Urine, Gangrene, &c.; Incisions; Sondes à Demeure for Five Months.*

Brouillet (Antoine), a farmer, living at Boisseron, twenty-seven years of age, and of good constitution, came to the hospital of St. Eloi on the 21st of December, 1843, saying he had a portion of a broken catheter in the urethra. According to his own statement, he contracted about twelve years ago a severe attack of blenorrhagia, which was attended with chordee, and, whilst suffering from severe pain, he gave the penis a heavy blow with his hand, and, to use his own words, "*he broke the chordee;*" this was immediately followed by profuse hemorrhage and acute pain. About three months after, an abscess appeared in front of the scrotum; it burst, and suppurated for a long time; shortly afterwards he was compelled to have recourse to the use of the catheter for a stricture which was situated in front of the scrotum; he soon learnt to sound himself, and generally used a gum-elastic one (No. 2). About a fortnight ago, when withdrawing it, he observed that it was broken off at its extremity; on the same day violent inflammation came on with dysuria; these symptoms, increasing in severity, induced the patient to seek hospital assistance. On examining him, the penis was found to be enormously swollen —a profuse and fetid suppuration flowed from it; repeated attempts at catheterism could not force a passage to the bladder; on withdrawing the instrument it was covered with a brownish matter, of an insupportable odour, which indicated a state of gangrene of the parts. The catheter could be passed to the bend of the urethra, where the finger could feel, through the perineum, an unequal roughish hardness, which appeared to be the end of the instrument that the patient spoke about. I immediately decided on its extraction, and accordingly placed him in the position for the operation of stone; and from the positive assertions which he made as to the seat of the obstruction, I cut down on the part he described; a profuse, fetid, and gangrenous suppuration came away, with some shreds of cellular tissue, also a small portion of the spongy tissue of the urethra; but the portion of sound must be found, and to effect this, a second incision was made behind the scrotum; a grooved sound was now introduced from above, and another by the incision made in the perineum, when it was ascertained that no foreign body existed in this portion of the urethra; the perineal incision was then extended to the side of the bladder, as far as the prostate; and on introducing the finger, and by means of long forceps, it was ascertained that no obstacle existed in that part of the passage. At this moment, the patient insisted that the operation should be continued, exclaiming that he felt the detached portion of broken sound fall into the bladder. The fact of such an accident being possible, as there are several instances of the kind on record, and the incisions having been made, the lithotome of Dupuytren was introduced by the wound in the perineum, and a double superficial incision was made in the neck of the bladder and prostate; the finger and forceps were now passed into the bladder, but no foreign body could be found. It was now evident that no trace of the fragment of sound that he spoke about existed. The two arteries of the bulb were cauterised, which arrested the hemorrhage. Although the condition of this patient appeared to be a most deplorable one, every care was bestowed on him; a catheter was passed along the urethra into the bladder, and left there, to encourage the cicatrisation of the parts and the re-establishment of the urethra. The catheter was not a very large one (No. 5), but it conveyed the urine away, and preserved the direction of the canal; the incision which was made in front of the scrotum was brought together with adhesive plaster, and a small opening was left for the discharge of pus; the patient was then removed to his bed, and placed as after the operation for stone. The symptoms immediately improved, as the urine and pus, which were pent up beneath the skin, as well as the gangrenous matter, had a free outlet.

23.—No fever; remarkable improvement; the urine comes away from the perineal wound as well as by the catheter; appetite good; sleeps well.

25.—Suppuration healthy; catheter No. 6 is now introduced; every second day the instrument is changed, successively increasing its calibre until No. 12 is introduced; healthy granulations appear, and a rapid cicatrisation goes forward. A remarkable embonpoint soon replaced the extreme emaciation to which he was reduced, and the yellow, wan colour which he had on coming to the hospital was changed for one which denoted a restoration to health.

March 22.—The perineal wound is entirely cicatrised; the patient walks about with the *sonde à demeure*; the wound on the penis is reduced to a small fistulous opening.

June 1.—There is only a small capillary opening in front of the scrotum; the patient left the hospital.

When inflammation is extended to the erectile tissue of the urethra, as we see in blenorrhagia, it loses its spongy organisation, and it cannot, during erection, be extended with the corpus cavernosum; the penis is consequently bent downwards (hence the word "chordee") as if held by a cord. If erection is effected in this state, or if any violent effort is made to produce a straightening of the penis, the spongy tissue of the urethra being softened, like all other inflamed tissues, it becomes broken, and the lacerated vessels pour out more or less blood, which becomes effused in the subcutaneous cellular tissue, or comes away by the canal, which is the cause of these alarming hemorrhages, and is often very difficult to arrest; or the urine may pass through this breach of tissue, and become infiltrated, and produce gangrene, or abscesses, &c. Under all circumstances, if the patient recovers, there remains in the lacerated point a cicatrix which is an obstacle to the passage of the urine, and produces a new series of accidents.

In the case of this patient, it is more than probable that the end of the catheter became broken in the canal, and caused acute inflammation in the part, and that the urethra becoming softened, was torn in some one point by the urine which was retained by the stricture; the rupture of the canal would occasion the urinary effusion, which produced gangrene of the cellular tissue of the scrotum and penis; hence the large eschars, the profuse and fetid suppuration which discoloured the silver catheter. In the midst of such disorders, the fragment of sound that was broken in the urethra became decomposed, and came away with the urine and sanies without the patient being aware of it. The incisions that were made gave an outlet to the immense urinary infiltration that existed, and to the discharge of the gangrenous tissues, which would have speedily induced death, not solely from the effects of irritation, but from the incessant absorption of the deleterious matter; consequently the patient experienced the greatest relief when this miasmatic infection was removed, which reacted on the whole economy. The incision that was made in front of the scrotum facilitated the introduction of the sound, which could thus be directed through the disorganised tissue; for not only was there gangrene of the cellular tissue of the penis and scrotum, but there existed a destruction of a portion of the spongy tissue of the urethra. The double incision that was made in the neck of the bladder was only requisite to ascertain if the fragment of the catheter was in the cavity of the bladder, for if it was allowed to remain there, it would form the nucleus for a stone, which would require at a later period a new operation, and lithotrity would be impossible under existing circumstances. The operative part being finished, it was considered necessary to bestow every care on the patient, and the result proved that the restoration of the canal was practicable. The insensibility and want of intelligence of the patient accounted for allowing such an extent of disorder; but, again, this state was favourable for the success of the operation, as he was perfectly unaware of his peculiar position, and felt no anxiety concerning it. Soon after the operation the alarming symptoms ceased, and even the *sonde à demeure* which he wore for five or six months produced no inconvenience; his wants being supplied, he became satisfied, and suffered no more disturbance than animals who have been operated on.

GENERAL CONSIDERATIONS.

When we observe what takes place in strictures that are situated at the meatus urinarius, it is easy to understand the formation of those which are situated at a greater depth. When inflammation appears on the glans, it produces an increase of sensibility, swelling, and afflux of blood, and afterwards leaves a circular induration, which surrounds the orifice, and may extend more or less far into the interior of the canal. On other occasions venereal ulcers come on the orifice of the urethra, and when they are cicatrised the edges are drawn closer together, or the corresponding surfaces become united. In all these cases the obstacle to the course of the stream of urine is owing to induration, which is the result of inflammatory action, with this exception, that in the last-mentioned cases there is also a loss of substance. The same may be said con

cerning the formation of strictures which are seated much lower down; generally they consist in an induration of the tissues, which have been previously softened by the effects of inflammation; but in some cases the same phenomena are preceded by a destruction more or less great in extent. All these alterations are attended by a continual obstacle to the free passage of urine.

However, individuals exist whose sensibility is so great, or who are subject to a peculiar nervous disposition, so that a spasmodic action is induced, which leads to the belief that a permanent obstacle exists, although there is no induration or any organic lesion in any one point of the urethra. These spasmodic contractions, which are improperly called strictures, constitute quite a different class of disorders, both as to cause and treatment. Thus, strictures of the urethra may be divided into two great classes.

1st. *Organic strictures*, which are attended by a permanent obstacle to the emission of urine; they comprise ordinary strictures with simple induration, and strictures with induration and loss of substance.

2nd. *Spasmodic contractions*, in which the obstacle is produced at different periods, but does not exist in a continuous manner. I shall briefly examine the circumstances connected with these two principal divisions.

ORDINARY STRICTURE—SIMPLE INDURATION.

Formation.—This is the most general kind of stricture that we meet with, and it is owing to an induration of the tissues of the urethra, which has been occasioned by inflammation extending beyond the mucous surface. These alterations are the general result of blenorrhagia, and they are commonly attributed to that disease. However, other causes may equally produce the same state, when the inflammation extends to the other tissues. I have just related the history of a case which terminated fatally, and the stricture was brought on from the effects of masturbation. I have met with two cases of stricture which were solely brought on by venereal excesses. The first patient never had the slightest discharge from the penis, nor the slightest excoriation of the prepuce or glans: he was not subject to any cutaneous affection, nor could he assign any cause for his complaint. The stricture began by a fixed pain behind the scrotum; the jet of urine became progressively smaller, until complete retention came on, which was followed by urinary abscess in the perineum that left a fistulous opening. The other patient was about thirty years of age, and had a fistula in front of the scrotum; he married at the age of twenty-two, and never had intercourse with any other woman but his wife, and she never suffered from leucorrhœa, excoriations, or any cutaneous affection. During the first months of his marriage he committed such venereal excesses, that an attack of urethritis was induced, and it principally affected the spongy tissue of the urethra, for there was scarcely any discharge, and the penis was "*bent downwards*" during erection. The emission of urine became difficult; an abscess appeared about the middle of the penis, and opened before the scrotum; since then the urine has continued to pass through this opening. All the exploratory instruments that were introduced into the urethra were arrested a short way before the stricture; for fifteen days every attempt to penetrate into the stricture proved abortive, the canal being completely obliterated for the extent of three or four lines. I interrogated this patient in every possible manner, but he invariably repeated the same history. This severe attack of inflammation of the urethra was then exclusively occasioned by the excess of venery in which he had indulged. In certain conditions horse exercise may produce the same results. A man who was treated by M. Dupuytren had a very long stricture at that part of the urethra which comes on the saddle, and which could only be ascribed to severe horse exercise. This kind of stricture should not be confounded with that caused by a traumatic lesion; for in this species there is no loss of substance, and it is the result of protracted inflammation, which has produced induration and a narrowing of the parts. Strictures are much more prevalent in England than in France, and this may be easily accounted for by the much greater indulgence in horse exercise in the former country.

I have seen strictures come on from the irritation of bougies on the canal. I lately attended a case where the obstacle was situated about the middle of the urethra, which was brought on by wearing bougies, in the vain endeavour to overcome the pernicious effects of masturbation. In the cases I have met with, inflammation was the evident cause of these organic strictures; but the inflammation was not confined to the villous or secretory surface of the urethral mucous membrane. A discharge may continue for years without causing induration or a permanent obstacle, because the effects of the inflammation are carried away by the discharge itself. On the other hand, inflammation of the tissues subjacent to the mucous membrane may terminate in induration, without occasioning any remarkable increase of secretion. When stricture comes on after urethritis, it is not to the "catarrhal affection" that we should attribute it, but to the still deeper inflammation which it has provoked; for blenorrhagia is but an inflammation of the follicles of the urethra and of the prostate, and if suitable remedies are employed in time we may obtain a rapid resolution of the case; but if the inflammation has extended beyond the mucous membrane, the disappearance of the symptoms may be slow and difficult. The secretion which is pent up in the cells of the inflamed tissues gradually loses its aqueous parts by a process of absorption, and the new tissues are always harder than those at the expense of which they have been formed, and the canal undergoes a diminution in its capacity. The same changes take place in the urethra thus affected as in ordinary inflammation. The inflamed tissues first lose their consistence, then they become softened, and at the same time the morbid action calls to the affected part new materials, which are completely taken up by absorption if resolution takes place quickly; but when this state goes on slowly and incompletely, they are only deprived of their aqueous portions by the absorbent vessels. These new elements, which are generally of a gelatino-albuminous nature, remain in the tissues, and there constitute diffuse indurations, adhesions, indurated knots, tumours, &c. These transformations, which have not undergone absorption, combine with the normal tissue, and at length they sometimes assume a fibro-cartilaginous consistence. In the case of a patient whom I attended for strangury, and who died from spontaneous perforation of the stomach, I found at the sub-pubal curvature a stricture, which would scarcely permit the passage of the smallest sound. At the strictured point there was a circular thickening of the mucous membrane, which began and terminated in a gradual manner. On dissecting the mucous membrane it was found to be so adherent opposite to the alteration that it could not be removed, which proved that the cellular tissue uniting these parts had shared in the affection of the mucous membrane. The altered tissue was of a yellow-white colour, hard, and difficult to tear; it did not offer any distinct fibrous appearance. A gelatino-albuminous substance was deposited in the cells of the mucous membrane, and in that of the subjacent cellular tissue, as in a sponge, and had concreted there.

We may compare this cylinder to the ossification of the periosteum around one of the long bones when fractured, and as the inflamed and swollen periosteum becomes incrusted with calcareous phosphates, so, in like manner, the mucous membrane and the corresponding cellular tissue preserve in their cells, after the attack of inflammation, a gelatino-albuminous substance, which increases their volume and density. Strictures are circular if the inflammation has affected the circumference of the canal, and they are reduced to segments of a circle of different size and thickness, or present a longitudinal form, &c., according to the seat, the extent and intensity of the pre-existing inflammation. When inflammation affects the exterior of the mucous membrane, it leaves more or less prominent tumours, which sometimes can be seen or felt, and thus constrict the canal by compression.

Seat.—The beginning of the curvature of the urethra is the most frequent seat of stricture, and this is probably owing to that portion of the canal being connected with the thickest part of the spongy tissue.

Sensibility.—In general, strictures are much less sensitive as they get older, and consequently become harder. When the canal offers an exaggerated sensibility, it is not in the indurated part that this abnormal susceptibility exists, but in the contiguous parts, which may be the seat of irritation, or of chronic inflammation. The frequency of such a complication is explained by the continual efforts which the urine makes to overcome the obstacle. If strictures become harder by length of time, their sensibility diminishes in the same proportion, and gradually becomes lost, as in fibro-cartilaginous tissues, which they much resemble. However, the mucous surface that lines the obstacle is sometimes excoriated, or even ulcerated (see Case 56); then the sensibility becomes excessive on the inside, and the efforts that are made to pass a bougie cause violent pain, and the sound cannot be worn without producing spasmodic contractions in the canal, and general febrile symptoms, which compel us to abandon their use. Cases of this kind have induced some authors to speak about the sensibility of strictures, and of the immediate effects of cicatrisation.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN.

By J. BOUILLAUD, D.M.P., M.A.M., Member of the Chamber of Deputies, Professor of Clinical Medicine at the University of Paris, Knight of the Legion of Honour, Physician to the Hospital de la Charite, &c., &c.

LECTURE VII.

MENINGITIS.

(Continued from page 65.)

I now proceed to the *treatment* of meningitis.

Treatment.—The antiphlogistic treatment is that best suited to meningitis—and in what manner are we to employ it? I can assure you that free detraction of blood is of infinitely more importance than any other means; but you must not expect that successful results are to be obtained immediately after the first venesection; it is generally after two or three days only, during which bloodletting has been often repeated, that you will see the symptoms improve, the delirium diminish, and the fever lessen. It is necessary to forewarn you, that in this inflammation the most energetic and best applied treatment is far from producing the same happy results that occur in inflammation of other organs. I am very near the truth when I state that the best arranged and most vigorous bloodlettings hardly cure half the cases of meningitis submitted to our treatment. It is enough to say of the other thousand and one remedies which have been praised as efficacious in this affection, that they should not all be despised; on the contrary, there is a certain number of them which you will always find useful when employed in addition to bloodletting. Thus, to the *cortége* of antiphlogistic means—that is to say, to venesection, leeching, diluents, cold or iced drinks, ice locally employed—and to the revulsive means which so powerfully assist the true antiphlogistic treatment—that is to say, to irritants (camphorated are preferable) applied to the lower extremities and to the scalp; to all these means, I say, you should add musk, castor, camphor, &c., the employment of which has, in many cases, been followed by favourable results. Respecting opium, tartar emetic, sulphate of quinine, and other remedies which have been used in meningitis, without giving a direct opinion on their usefulness or inconvenience, I shall say only that in despair of any good result from other means you should try them also, provided they be administered with prudence and moderation.

In enumerating the antiphlogistic means which we ought to use, I have omitted to mention one which merits strong recommendation in every respect, and the effects of which have been, in very many cases, *heroic;* I mean baths by affusion. You should return to these at different periods and combine them carefully and at proper times with the means before mentioned. MM. Guersant and Foville praise these baths by affusion much, and use them frequently, but they differ as to the period of the disease at which they ought to be employed. M. Guersant rarely prescribes them except after the symptoms in the first stage have given place to drowsiness and a state of coma; I have myself obtained good effects from their use at this period.

M. Foville, on the contrary, recommends them to be employed as a principal remedy from the commencement of the malady; venesections, leeches, and other means being considered by him as only additional.

Meningitis is one of the diseases in which the practitioner must arm himself with courage and perseverance, and act energetically whilst he has time. Happy is he to have sufficient time to employ and to turn to account the principal means which art possesses against such a disease; for there are cases of meningitis (chiefly amongst children) that, in the space of twenty-four or thirty-six hours, carry off the individuals without giving us time to consult as to the means by which the disease may be combatted.

Some Remarks on the General Paralysis of the Insane.—When inflammation of the pia-mater and arachnoid membranes takes on a chronic form, we see, after the close of the excitement, which lasts sometimes whole months, the individuals fall by degrees into a state of brutishness, which, says M. Calmeil in his excellent work on the subject, renders them fit to be compared with vegetables only; vegetative life alone, in fact, is active in them. They are first affected with demency, and fall at last, generally, into the most complete idiotcy. Sometimes these individuals reach the term of their existence without the occurrence of any other phenomena than those we have just mentioned, but in other cases they are attacked with paralysis, either of motion or sensation. In other cases no paralysis exists, but their motions, at first a little irregular, become by degrees more disordered. They now begin to stammer and stutter. They speak always less distinctly, so that they express themselves with difficulty. They walk and stand with increasing difficulty, and at last they are unable to take a single step. However, all the motions of the tongue and the limbs can be performed; they can retract the tongue perfectly, and it is not drawn to one side; when lying down or sitting, and even whilst standing, they are able to move their lower extremities. When pinched they feel pain. They hear, see, and feel. There is then no paralysis of motion or sensation, and, notwithstanding this, they cannot use their muscles. There is disorder and want of consentaneity of the motions, like that occurring in animals in which the cerebellum has been destroyed. And this affection has been called *general paralysis of the insane.* A singular paralysis in truth is this affection, where the powers of motion and sensation are preserved, and where only the co-ordination of the motions is lost.

I can scarcely understand how M. Calmeil, who has studied this *general paralysis*, could have kept this improper name for an affection which is far from being a true paralysis, and which may unite thus under the same name very different affections and lesions of very different parts. These errors in language indicate sufficiently how erroneous are the ideas and opinions formed by M. Calmeil respecting the affection, although he has made it the object of special and prolonged research and study.

How can M. Calmeil, after having himself stated explicitly in his writings that, although the insane are incapable of expressing more than certaiu harsh inarticulate sounds, although they have lost, in one word, the faculty of speech, they still enjoy the power of motion in the tongue, which they can raise, lower, move laterally, or protrude from the buccal cavity—how can M. Calmeil call this complete or incomplete loss of the power of speech, a paralysis of the tongue? He might just as well have called it a paralysis of the lips, or of the cheeks, or velum pendulum palati, as all these parts certainly contribute, equally with the tongue, to the articulation of sounds and the formation of voice; for if we only had the tongue to produce sounds, we should be, in truth, very badly provided; and besides this, are there not individuals who, although they have lost a part, or nearly the whole of the tongue, still articulate pretty well, and speak so as to be understood? But what is the use of insisting on these facts, since, by the admission of M. Calmeil himself, the tongue still enjoys its powers of motion? It is evident, then, that the tongue is not paralysed, and that if the insane cannot speak, if they begin by simple stammering to arrive by degrees at the point where the irregularity of association of the motions necessary to speech is increased to a complete loss of this faculty, without any loss of motion in any of the different parts (tongue, lips, cheeks, velum), which assist to produce the phenomena of speech, it is evident, we repeat, that this loss of speech, is not owing to a paralysis of the *organs*, but to a lesion in the centre of *co-ordination* of the motions of these organs.

As soon, then, as the motions previously associated towards a common end find themselves disconnected, and, as it were, without aim, the different mechanisms which are their seat, taken from the regulating influence which directs them, will obey, each simply and independently of the others, the blind instinct animating it. But the result of their motions will be *null* or only irregular and incomplete as regards the production of the perfect phenomena, which the motions associated and acting together would have produced. Notwithstanding, then, what some physiologists have said, there exists a centre directing the different motions necessary to the production of speech, and this centre is situated in the anterior lobes of the brain.

I do not hesitate to affirm that, whenever, in the general paralysis of the insane, loss of speech, or more or less decided stammering occurs, it arises from a chronic inflammation, increasing by degrees, having attacked the anterior portion of the cerebral lobes. I am convinced that an attentive examination will always discover in these cases some lesion in this part of the brain.

Loss of speech is not constant, as some persons have wished to infer, and there is a great number of cases in which stammering, and, afterwards, loss of speech, coincide with disorder in the motion of progression. Neither is it rare to meet with cases in which loss of speech only is evident, as well as others where disordered action of the lower limbs alone exists.

Now, respecting disordered motions in progression I shall repeat nearly what I have just said about disordered speech. The name of *paralysis* is still applied to a lesion which consists, not in an absolute loss of motion and sensation, but in the simple loss of the faculty of making use of these motions, and of that general sensibility which is provided for the purpose of passing from one place to another, and of maintaining the equilibrium on the lower extremities in standing and walking. How could M. Calmeil give the name of *paralysis* to this affection? But in addition, under the generic term of *general paralysis*, he has placed this lesion of the motions of the lower limbs by the side of the lesion of the motions necessary to the production of speech; as if the same cause, the lesion of one and the same organ, or the same part of the nervous centres, caused these phenomena, which in this regard are so dissimilar. But if we should see that the anatomical lesion is ordinarily the same in the two cases, there is still this difference between the two phenomena (loss of speech and incomplete loss of motion) that the organ affected in the one is situated at the antipodes of that in the other. This difference of seat in the anatomical lesions is certainly of some importance, especially when by this difference we can account, in the mode most in harmony with experimental physiology, for the difference of phenomena observed in the lesions of function which result from them; and it is difficult to admit that two things should be confounded and mixed the one with the other, under a common, and otherwise very improper, denomination.

I say a very *improper denomination;* we have seen how far the term *paralysis* of the tongue can be given to loss of speech; well, the paralysis of the lower limbs is no more a true paralysis than that of the tongue, for the patients commence by a kind of uncertainty and hesitation in their motions of progression. Afterwards, the irregularity in these motions becomes more and more distinct, they stumble or seem uncertain, they make numerous efforts and useless contractions of the muscles, in order to retain their balance. Soon the disorder and stumbling of the lower extremities is more evident; the individuals are not able to take a single step without falling; and the time comes when their limbs refuse to support or carry them, and they are then reduced to *vegetate* on a couch or bed, incapable of quitting the situation in which they are placed, like a plant fixed in the ground. Is it on this account that power of motion is lost? Certainly not; that it may be weakened, we do not deny: it would be remarkable, indeed, were it not so, whilst all the system is in a state of weakness in which the muscular apparatus must partake. But from weakening to total loss of motion is a long stride, and these wretches may lose the power of making use in any way of their limbs for standing or walking, whilst the contractions of all the muscles of the limbs still take place with a relatively considerable vigour. In bed they are able to alter the position of their limbs, to raise them, and to perform various, and undoubtedly voluntary motions. What, then, is required to enable the patients to walk? They want the power of *consentaneity* in this class of motions, the association of which terminates in a regular and orderly walk; they want the pendulum regulating their system of machinery.

These persons are like those animals which, having been deprived of the cerebellum, perform all kinds of irregular and absurd motions (almost like those of epileptic persons), without being able to balance themselves on their paws or their wings, nor to take a single step towards a determined spot. Such a paralysis occurs, I repeat, in all animals on the destruction of the cerebellum, and, to express it better, by an anatomical lesion of the same organ, this paralysis occurs in man.

A complete destruction, or even a considerable lesion, of the cerebellum is not necessary to produce epileptic phenomena in animals; the most superficial cauterisation suffices, but, generally, they, quickly pass off. Why?—because the irritating cause is of only momentary duration, and is not reproduced; whilst in man, in the case we are considering, it is a chronic inflammation which continues and acts without ceasing, which even goes on always spreading in depth and extent, and which must produce the phenomenon in a manner becoming continually more distinct.

What is, then, the physiological action of the cerebellum, that the lesion of this organ should be followed by a disconnection of the movements of locomotion? I have already stated it in some of my first lectures, and I shall repeat it here: the cerebellum is, at least in part, the seat of the co-operative centre of that series of motions, of which progression and its varieties are composed. For the rest, M. Calmeil has himself shown in many of his cases lesions of the cerebellum; but he has confined himself to stating the fact without drawing any inference from it, or attaching any importance to it, pre-occupied, as he was, by his "chronic diffused peri-encephalo meningitis," to which he has been obliged to return in despair, to explain the different phenomena to which he has given the name of *general paralysis of the insane*, after having been obliged himself to admit how different these phenomena are from the paralysis (properly so called) which is observed either in cerebral apoplexy, softening, or abscess of the brain, and tumours of the dura-mater, or bones of the cranium. However, although he has been struck by the enormous difference between these two affections, notwithstanding the persistence of motion in that we are now studying, he has not the less persisted in the idea of paralysis. He might just as well say that epilepsy is also a paralysis!

I have already noticed that these two phenomena of loss of speech, and loss of the power of locomotion, may both exist in the same individual, as well as arise independently one of the other. Here, then, is another proof of the plurality of the cerebral organs, and a refutation of the opinion of M. Flourens, which I have so often disputed, who contends that if one faculty be destroyed all the rest are necessarily destroyed with it. We find here also the refutation to another opinion of the same author, according to whom, the cerebellum is the centre of all voluntary motion. But do we not see from what precedes, that the centre of motion of the lower limbs alone is situated in the cerebellum, and that the centre of motion for the organs of speech has its seat in the anterior lobes of the brain? It seems to me very probable that we shall discover some day as many directing centres of motion as there are different motions destined to the performance of the different functions. Thus it is certain that there exists a centre for the respiratory motions, another for the

association of the motions of deglutition, &c. After what we have to-day seen of the cerebellum and the anterior lobes of the brain, everything tends to confirm me in the belief that this must be the case.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 69.)

Bilious Sputum.—This variety of expectoration possesses many features of pathological and practical interest, as well from the diseases which it accompanies, as from the frequency with which it is mistaken for "purulent" sputum.

Appearances and Qualities.—Bilious sputum is of variable consistence and composition. In chronic cases, it is chiefly "thick opaque mucus," or "muco-albuminous" matter, tinged with bile; in acute and critical cases, it is mostly "thin mucous sputum," similarly coloured.[1] Its hue varies from the lightest yellow,[2] through every shade of orange, green, and olive to an almost perfect black. Yellow bilious sputum is either alkaline or neutral, usually the former; its degrees of darkness generally indicate corresponding degrees of acidity. The reverse may happen, and the mischief lies chiefly in the secreting organ. This sputum imparts more or less bitterness to the tongue; often, indeed, the sensation is constant.[3] It may be discharged in limited or in profuse quantity, the latter obtains, for the most part, in acute and critical cases. It occasionally accompanies or alternates with "bloody" sputum, and in some rare cases contains pus. It is liable to be mistaken for purulent sputum. We have more than once known the yellow bilious sputum of a dyspeptic patient considered purulent, and a fatal prognosis made in consequence. The darkest form of bilious sputum is likewise apt to be mistaken for blood, and to be the source of an equally unfortunate opinion. To distinguish between purulent and bilious sputum, it is advisable to use, first, the microscope; if pus be present, its characteristic globules will be readily recognised. Should these not be apparent, secondly, add a drop or two of muriatic acid to the specimen; if it contain bile, the colour will gradually pass from a light yellow, through every intermediate shade, to a deep green or olive. It is sometimes necessary to aid the action by a gentle heat. To distinguish between the darkest forms of bilious and of bloody sputum, it generally suffices to smear a small quantity of it with your finger upon a piece of writing paper. If it be bilious, it will shade off to an olive or a green tint; if bloody to a tint more or less red. It should be examined both in a reflected and a transmitted light. The most satisfactory source of distinction, in either case, consists in evaporating (carefully over a water bath) the specimen to dryness, and acting upon the residue with alcohol. If bile be present, the alcoholic solution evaporated furnishes a notable quanity of biliary resin and cholesterine. The latter may be often seen sparkling upon the dried surface of sputum that is deeply impregnated with bile.

Even in chronic cases a discharge of bilious sputum is seldom of long continuance—a few days or weeks—it is more or less intermittent, and it usually terminates by the bilious impregnation being gradually less, without any reduction in the quantity of the vehicle which conveyed it.

Pathognomonic Relations.—Bilious sputum is apt to be discharged in a great variety of morbid affections; in all, indeed, which may be complicated with disease or disorder of the liver. Morgagni mentions a case of inflammation of the right lung, attended with bilious expectoration. This lung was found hepatised, deeply vascular, and its pleuræ adherent. The other lung was comparatively sound. He does not speak of any morbid appearances in the liver.[4] Even as far back as Hippocrates, we find allusion made to the bilious sputa of pneumonia and pleuritis. "Quicunque vero cum bilioso purulentum educunt, aut seorsim, aut permixtum, plerumque decimo quarto die moriuntur, si non mali aut boni quippiam ex præscriptis superveniat."[5] Stoll, in speaking of the greenish sputa which are often met with in pneumonia, says their coloration is due to an admixture of bile. Laennec thinks that the shades of green are "owing to blood existing in a greater or less proportion, and more or less intimately combined with the expectorated matter." He says, "Certain it is that I have frequently met with them in cases where there existed no bilious complication; although, I must admit, at the same time, that I have sometimes seen them disappear after bilious evacuations."[6] These observations of Laennec not only convey a contradiction, but also a looseness and an inaccuracy that are seldom observed in his writings. In the first place, the presence of blood in sputum, can never, as far as I am aware, impart to such sputum the green tinge communicated by the presence of bile. I have never once remarked such a thing, and on the other hand, have never failed to obtain from the green sputum of pneumonia, proofs that its colouration was due entirely to bilious matter. In many instances these sputa are at first yellow, and alkaline to test paper, and afterwards become green from a prevalent acidity. In the next place, it is not always possible to say that there is, or is not, a complication of hepatic disorder with pulmonary inflammation. Apart from local pain, or tenderness, or turgescence, which are often enough absent, we have no evidence of liver derangement intercurring with pneumonia, except a yellow countenance, a yellow fur on the tongue, or bilious sputa; the last being, according to my own experience, the least exceptionable testimony. And thirdly, if these sputa are seen to "disappear after bilious evacuation," is this not proof enough that the sputa themselves were bilious? But the best test of all is that of chemical analysis, as I have before explained. It not only tells us that the green sputa of pneumonia are strictly bilious, but that inflammation of the right lung or pleura seldom occurs without more or less mingling itself with the matter of expectoration.[7] A sudden subsidence of the bilious tinge is often the forerunner of recovery. When the sputa are deeply coloured and profuse in quantity, the fæces are often observed to be deficient in bile,[8] and again, as these become natural, the bile generally disappears from the sputa. Like consequences are apt to follow if the bile find an exit by the kidneys, or by the skin in a critical diaphoresis. Bilious sputum is met with in all the stages of pneumonia but chiefly in the first and second.

In bilious fevers attended with cough and expectoration, these sputa are commonly present. Stokes says that the tongue may or may not participate in the colouration.[9] In bilious catarrhal fevers these sputa are rarely absent;[10] as also in the autumnal catarrhs, with which hepatic disorder is very liable to be complicated. The gastric and hepatic affections, whether acute or chronic, which arise from climate, season, errors of diet, and regimen, or local disease, are generally accompanied by more or less cough, and when with expectoration, the latter is almost invariably bilious. Indeed, we seldom meet with bronchitis sympathetic with disturbance of the liver without bile being a component of the sputa. Such also may be said of the sputa of jaundice, from what cause soever this may arise. The thick yellow "phlegm" discharged in these several cases is familiar enough in the routine of practice. But, as we have said, it may be *purulent*, and should only be accredited upon the evidence of the microscope and of chemical tests.

Abscesses of the liver, pointing through the diaphragm and communicating with the bronchi, are another source of bilious sputa. In these cases bile is sometimes expectorated alone, but generally in conjunction with blood or pus. Morgagni relates a case of this kind.[11] Dr. Pemberton says, "I have seen an abscess of the liver where the matter has been spit up for several weeks. On examination after death, the abscess appeared to contain at least two quarts of matter, which, by a very gentle pressure on the liver, could be made to ooze through the diaphragm by innumerable orifices into the lungs which adhered to it."[12] Dr. Carswell relates a case of bilious expectoration from a perforating abscess of the liver opening into the cavity of the chest and the bronchi at the same time.[13]

Local Symptoms and Physical Signs.—These are necessarily variable from the many organic complications of which bilious sputum is an accompaniment. The chest symptoms may be any of those which characterise acute or chronic inflammation of the lungs or bronchi, or commencing or advanced phthisis. I have sometimes detected bile in the purulent sputum discharged in the last stages of consumption. There is always cough, more or less severe, but it is generally harassing, tickling, short, and recurrent in the chronic cases. Often, there is no pain or uneasiness whatever in the right side, and again we shall meet with a dull, heavy, dragging, or darting, acute pain, tenderness on pressure, and general or circumscribed enlargement of the liver. Respiration is for the most part oppressed, even when the accompanying symptoms are not severe. The complexion is usually sallow,

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[1] Without any increase in quantity, the natural mucus of the trachea and bronchi is sometimes tinged with bile. Dr. Hodgkin observes, "Mucous at times acquires a bitter taste from the admixture of bile. This admixture of bile not only affects the taste, but also gives to the mucus, which when pure is colourless and transparent, more or less of a yellow tinge."—(On Diseases of Mucous Membranes, page 23.)

[2] The coloration however, is sometimes so trifling, that an inexperienced observer might overlook it. I have frequently, on the addition of muriatic or nitric acid, evolved a yellow, and finally a green, tinge, from sputum whose external character would not have indicated the presence of bile. A gentleman, whom I attended some years ago for occasional attacks of dyspepsia, was always made sensible of their occurrence by a most disagreeable bitterness in his mouth and morning expectoration. I often looked at the sputum without observing anything remarkable in it, but at last I began to suspect the lurking presence of bile. On careful examination, the expectorated matter gave abundant proof of the existence of this material. His treatment was now altered; the *liver* was *primarily*, and the *stomach secondarily*, looked to; the copious dosings with tonics were exchanged for an alkaline bitter once a-day; a necessity for constant purgatives was overcome by an occasional aperient, with blue pills; and an ammoniaco-mercurial plaster on the right side completed the cure. The habitual wearing of this plaster was at last his only and most efficacious remedy.

[3] Bennet says, that bilious sputum is sometimes free of bitterness. "Multum vero minus mirandum, si sputa lutea saporem amiserint, eum non solum massa sanguinea universim perfusa fuere, sed per partium parenchymata et membranarum poros percolata. Per hos etenim meatus angustissimos non transivit illa substantia in qua amaror habitaverit." (Tabid. Theatr. p. 54.) Babad, in his report on bilious fevers, says that the expectoration, though generally bitter, was sometimes void of taste.—(Ann. Clin. de Montpellier for 1812, tom. xxviii, pp. 274-5.)

[4] De Sedibus et Causis Morborum, ep. 20, s. 3.

[5] Coacæ Prœnotiones, cap. 15.

[6] On Diseases of the Chest, Trans. by Forbes, p. 215.

[7] For instances of an extension of inflammatory disease from the lung to the liver, see Andral, Clin. Med., tom. iv., obs. 23, and Regnault, Memoires sur les Alterations, et l'Influence du Foie dans plusieurs Maladies, et sur les moyens curatifs qu'elles reclament.

[8] In Guy's Hospital Reports, vol. i., p. 507, et seq. is a case of hydatid expectoration, the muco-purulent sputum attending which became bilious, and corresponded with clayey stools. As these recovered their natural character, the bile disappeared from the sputum.

[9] On the Stethoscope, p. 197. And Schönlein says that the sputa crocea of pneumonia sometimes exist without any yellowness of tongue or bitterness of taste.—*Lancet*, April 13, 1844.

[10] See a paper by M. Caucanas, Ann. Clin. de Montpellier, for 1813, vol. xxxii., p. 317.

[11] De Sed. et Causis Morb., ep. xx., s. 9.

[12] Practical Treatise on Various Diseases of the Abdominal Viscera, 2nd edit., p. 36.

[13] Cyclopædia of Practical Medicine, Art. Perforation of Viscera.

or actually jaundiced; the tongue red at the tip and edges, and covered in the middle with a thick white, yellow, or brown fur. There is almost constantly a bitter taste in the mouth, and invariably some derangement of the alimentary organs. Thirst, nausea, and hectic fevers are frequent concomitants; so are sympathetic palpitation and intermittent action of the heart.

Pathology.—The expectoration of bilious sputum is not connected with any necessary pathological state. Whatever may be the causes of the absorption of bile into the circulation, and they are very numerous, they are so many *remote* sources of bilious expectoration. The *immediate* cause, under these circumstances, seems to be merely the facility afforded to the transudation of bile from the blood by local congestion, or by a laxity, or some other favourable state of tissue. I am not prepared to say that there is no elective influence exerted by the bronchial and tracheal membrane, but my belief is that the action is chiefly mechanical, as much so, in fact, as when, under other circumstances, the bile finds an exit with the common matter of perspiration through a relaxed skin. Bilious sputum which is due to a fistulous communication between the liver and the contiguous bronchi, is, of course, the offspring of causes directly and exclusively mechanical.

Treatment.—When bilious expectoration is complicated with organic disease or lesion of a serious nature, as is too often the case, the treatment can be only palliative. When otherwise, and the mischief is only functional, reliance should be chiefly placed upon alterative doses of mercury and iodine, gentle aperients regularly and continuously administered, vegetable tonics with alkalies, daily exercise on foot or horseback, change of air, an occasional warm bath, and systematic diet. Wines and malt liquors should be avoided, and if a stimulant be necessary, a little weak cold brandy and water, without sugar, may be given. Butter, fat meats, rich soups, spices, fruit, and pastry should be especially prohibited. It is desirable to direct the flow of bile into its proper channel, but in severe cases, when the expectoration is profuse, we must be careful not to check the discharge suddenly, at least until some emunctory organ shall be prepared to transmit it.

ON STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By LEROY D'ETIOLLES, M.D., Member of the Academies of Brussels, Madrid, St. Petersburgh, &c.; of the Imperial Society of Physicians at Vienna; of the Royal Medical Society of Edinburgh; of the Medico-Chirurgical Society of Berlin; of the Society of Medical Sciences at Lisbon; of the Royal Society of Arts and Sciences at Nancy; of the Medical Societies of Antwerp, Bruges, Ghent, Guadalaxara, Lyons, Malines, Munich, Nancy, Willebrock, and Paris; and of the Council of Health at Brussels.

Edited by JOHN FOOTE, Esq., M.R.C.S.L.; Honorary Secretary of the Royal Medico-Botanical Society; Corresponding Member of the Sociedade Pharmaceutica Lusitana; of the Société Industrielle at Angers, &c. &c.

Ulcerations are met with most frequently behind strictures, as a consequence of the efforts at expulsion, and the detention of the urine by the obstacle. The mucous membrane is first softened, and afterwards ulcerated. The ulceration in this case is secondary, but it may also be primary, and be the cause of all the subsequent mischief.

Ulcerations are the most common cause of the most severe kind of stricture, that which is formed by the tissue of a cicatrix, or fibrous tissue. It sometimes happens that the fundus of the ulceration has been cicatrised some time, and already forms a projection in the urethra, whilst the surface is not healed. In such cases ulcerations are met with even on the stricture itself.

Fungous growths or vegetations are occasionally, but rarely, a sequence of ulcerations of the urethra. Although their existence has been denied by some writers, yet incontrovertible facts, recorded by other surgeons, clearly shew that such cases have been sometimes met with.[1] Morgagni, in his forty-second letter, relates the case of a young man, in whose urethra, at about one-third of its length, there was a small fungous tumour, "tenuis excrescentia luxuriantis carnis." He adds, however, that this was the only case of the kind he had ever seen. Pascal, in his work on gonorrhœa, states that at the post-mortem examination of the bodies of two soldiers, who died in the Milan Hospital, in 1718, the urethra was found to be quite full of fungous and callous excrescences, and that they were the cause of death. Several medical men were present at the autopsy.

Vegetations are principally met with in the fossa navicularis, where the mucous membrane, by its vicinity and texture, presents the greatest resemblance to the membrane which covers the glans, and reduplicates the prepuce. Goulard, after Fitz-Geral, speaks of a case where a carnosity sprung from this part, and projected externally beyond the meatus urinarius; the patient himself cut away the projecting part from time to time. Galen also says that he destroyed with the catheter a carnosity, the remains of which he brought away, and thus removed a retention of urine. It is probable, however, that the case was one of fungus of the neck of the bladder.

The orifice of the urethra in women is more frequently the seat of vegetations than that of men: they are often developed on the external parts of generation, around the meatus urinarius. The continuity of the mucous membrane of the vagina and labia minora with that of the urethra is so immediate, and its resemblance is so complete, that we can not only readily understand their formation in the urinary canal; but must feel surprise at not meeting with them more frequently. One of the most remarkable instances of their growth is recorded by Muller, who says that he has seen a carnosity projecting from the urethra as large as a bean; "quæ fabæ magnitudine prodierat."

Vegetations or carnosities have been met with much more frequently during the last half century, in consequence of the greater frequency of autopsies; Sir Charles Bell has figured a remarkable specimen in his pathological anatomy. Their existence has also been confirmed by M. Civiale, who says that he found in the membranous part of the urethra of a patient who died in the hospital Necker, a series of granulations similar to those that are sometimes seen in the bladder. Amussat, Ricord, and Mercier, have met with similar cases.

These vegetations present a different aspect according to the part whence they spring; at the neck of the bladder, they appear in the form of small polypi, but elsewhere they resemble the vegetations which are seen so frequently on the corona glandis.

M. G——, residing near Auxerre, came to Paris in 1833, to be treated for stone in the bladder, where there were several small ones, of which I freed him at four sittings, at one of which M. Dieffenbach was present. Some rather large pieces were passed with difficulty after the two first applications; but after the third, a very large fragment was arrested at the membranous portion of the canal. After endeavouring several times, ineffectually, to push it back into the bladder, I broke it up *in situ* with a three-branched urethral forceps, without a hook; among the debris of the stone, I found portions of firm granular carnosities. The next day the same thing occurred; additional portions of the calculi were extracted, and also portions of the vegetations. The bladder was afterwards completely cleared of the stone, and the patient for eighteen months had no other annoyance in making water, than that the stream was rather smaller and twisted. Pain in the loins was then complained of; the urine, generally sanguinolent, became turbid, and then purulent, and caused scalding as it passed. In the belief that he was again suffering from stone in the bladder, M. G—— returned to Paris in 1836. I sounded him, but did not discover any foreign body in the bladder. I met with some difficulty in traversing the membranous portion, and, recollecting the vegetation which I encountered two years before in that part, I explored the urethra with a bulb bougie. Its passage was difficult, but its extraction was much more so, and the instrument was not disengaged without considerable effort. The olivary bulb was again arrested at about nine lines from the meatus urinarius, where it had met with only a comparatively slight resistance when it was passed in. A fleshy excrescence, pushed forwards by the bulb, made its appearance at the orifice of the urethra, was torn away by sudden traction; and the instrument was then readily withdrawn. If the general health had been less deteriorated, I should have pushed the destruction of the vegetations further, and should have made use of Ambrose Paré's canula, with a cutting blade inside, but the persistence of fever with exacerbations, which was wearing the patient out, the want of appetite, and the state of the urine, prevented me. A fortnight after my exploration, the patient was seized with symptoms of resorption, severe rigor, and abundant perspiration. The second attack carried him off.

At the autopsy I found the left kidney changed into a sac filled with pus, in which floated three calculi of uric acid, covered with the triple phosphate. In the urethra, about one-third down the membranous portion, there was a vegetation of the size of a pea behind a stricture, while a smaller one sprung from near the posterior lip of the fossa navicularis. The latter I did not discover when I practised the operation of lithotrity. By far the larger portion had been torn away, as I have already said, a fortnight previously. If I may judge by the projection it made when it was drawn out of the meatus urinarius by the bulb, it must have had its insertion in the fossa navicularis. The stricture at the commencement of the membranous portion did not exist two years previously; I do not believe it to have been caused by the arrest of the fragments of calculi, nor by the efforts made to crush them, as that was not the part where they were stopped; I suppose it to be due to the repeated attempts the patient made to pass bougies for himself.

I have upon two occasions brought away portions of urethral vegetations with the bulb bougie. I shall narrate the particulars of one of these cases, as it is remarkable in several respects.

M. B. de M— had gonorrhœa three times; the last having been, as it were, grafted on the second, as he had still a mucous discharge when he caught it. It continued for six months very freely. Three cauterisations, at a fortnight's interval, were practised by Dr. G——, with the view to arrest it, in which he so far succeeded as to cause it to disappear for four months, when it returned, with a diminution in the size of the stream of urine; M. Pasquier, who was afterwards consulted, employed cauterisation six times, when the further treatment of the case was suspended by the patient accompanying the Duke of Orleans to the army in Africa. M. Amussat afterwards passed No. 16 metallic bougie (of five millimetres and a half); the discharge, however, continued, and the patient ceased his attendance. Three months afterwards, he had complete retention of urine; Dr. Descot passed a filiform bougie, and others afterwards; and when the dilatation was sufficient, he practised twelve lateral cauterisations. For six months the stream of urine was sufficiently free; but the difficulty of micturition then returned, and retention again took place, which M. B—— removed b passing fine bougies down to the stricture. Dr. Descot was again consulted: he cauterised the stricture three times, and had recourse to bougies, in using which he had so far succeeded as to be able to employ one of five millimetres, when he died of phthisis pulmonalis. M. B——, after the lapse of some months, placed himself under my care, the retention of urine having recurred. I discovered at the commencement of the membranous portion, an obstacle which only admitted of the passage of a bougie of one millimetre diameter (half a line); after remaining in the strictured part for an hour, the bougie was held as tightly as at first; a week of temporary dilatation of an hour's duration was attended with very slight improvement. The want of success of the cauterisations previously practised, induced me not to recur to them, and I proposed the plan of permanent dilatation, in which Dr. Foscati, his medical attendant, coincided. In the course of four days I succeeded in passing an instrument of seven millimetres in diameter, and this continued for five days; temporary dilatation with large bougies were had re-

[1] I saw a case of the character here described by M. Leroy, about ten years since. The fungous growth, a sequence of protracted gonorrhœa, was situated at the fossa navicularis. It was removed by the repeated application of caustic, and by the insufflation of powdered savine. J. F.

course to, to insure the dilatation, but each day we lost a little ground, and were obliged to diminish the calibre. I therefore passed a bulb bougie, the better to understand the nature and extent of the obstacle. At its exit the bulb was stopped at a greater depth than the situation of the commencement of the stricture. I pulled away a vegetation about the size of a pea, after which I re-introduced the same bougie, and brought away more debris of vegetations, which I continued to do until the bulb could pass and repass over the part where they had been, without causing any other sensation than that produced by a very slight projection. The discharge of the urine immediately improved, but nevertheless bougies were passed daily for half an hour. A fortnight afterwards, the stream of urine again diminishing, I re-introduced the bulb bougie, and I found more vegetations to be removed; in order to prevent their return, I cauterised the part from which they sprang by means of the retrograde bulb porte-caustique, avoiding touching with the caustic the fibrous stricture situated at the orifice of the membranous portion, and which had been already so frequently cauterised. Some weeks afterwards the bulb bougie removed some more granulations from the middle of the membranous portion; this part was touched with caustic, which, I believe, had not been done before, because the applications made by the surgeons previously in attendance having been made with Ducamp's instrument, it must, from its structure, be stopped behind the bulb on the obstacle, unless the cuvette (and there are some such) be half an inch long.

Some time afterwards I again passed a bulb bougie for M B—— without withdrawing any more vegetations, without even discovering any marked projection at the part. The stricture at the commencement of the membranous portion had a diameter of five millimetres. M. B—— passed every week bougies of four, five, and six millimetres for a quarter of an hour at a time. If he had not been prevented from following out the treatment by legal proceedings in which he was engaged, it was my intention to practise scarifications through the entire projection of the stricture, and then to resume the process of permanent dilatation.

The occurrence of a varicose condition of the neck of the bladder cannot be doubted; it is a frequent accompaniment of enlargement of the prostate. The existence of varices, however, in other parts of the urethra, is far from being generally admitted. Civiale absolutely denies it, while Morgagni and Amussat admit it. Morgagni says, "turgentibus et varicosis sanguiferis vasis, certa urethræ loca coaretantibus." He explains their want of projection after death by the contraction of the vascular canals. "Scilicet eum vi circulationis sanguinis cessante in obitu causâ quæ eas cellulas introrsum urgebat, deplentur hæ sensim, et subsidunt nullumque sui quærentium oculis indicium relinquunt."

Varicose stricture can only be admitted in the living by induction; the abundance of the discharge of blood caused in some patients by the slight contact of a flexible catheter, sometimes even the discharge of that fluid by jets, lead one to suppose that the opening of a vein could alone produce so much hemorrhage; I have seen it occur three days after cauterisation, when the slough was separating.* This, however, is nothing extraordinary; but in two cases it was produced by the exploratory bougie of Ducamp, and by a wax bougie which was twisted at the bulb, where it was forcibly pressed by a surgeon who thought that it had entered the bladder—a not uncommon mistake with such instruments so wanting in consistence. When I withdrew the bougie, it was followed by so free a discharge of blood as to require the use of cold injections into the urethra, and the application of compresses soaked in iced water to the perineum. Dr. Pasquier, who has paid great attention to strictures of the urethra, assures me that he has several times seen these urethral hemorrhages occur, when they could only be attributed to the rupture of a superficial dilated vessel.

In a note added by Mr. Shaw to Sir Charles Bell's Treatise on Diseases of the Urethra, it is stated that this kind of stricture, admitted by the French surgeons, and to which Goulard gave the name of *embarras vasculeux*, is nothing else than the state of turgescence of the corpus spongiosum, the injected vessels of which occasionally present the appearance of varicose veins. He adds that Sir Charles Bell, judging from the symptoms observed during life, classed this kind among the dilatable strictures. There can be no doubt that the varicose stricture is dilatable, or rather that it is capable of being effaced by the obliteration of the dilated vessels. Mr. Shaw, while seeking to controvert the opinion of those who admit this form of stricture, is, on the contrary, in reality strengthening it. What does it matter, in fact, whether the varicose veins belong to the mucous membrane, to the submucous tissue, or to the corpus spongiosum, if they really exist, and produce certain symptoms, by which they constitute a particular species of stricture?

Cartilaginous strictures are met with only in the penis; they seem to result from the disorganisation of the fibrous membrane which envelopes the corpora cavernosa. It is not at all uncommon to feel a hard point in the fibrous septum of these bodies. They have been noticed by Lallemand, and other writers. These points sometimes remain stationary, or are even dispersed; but they sometimes increase, become hardened, and form rings which encircle three-fourths of the circumference of the penis. I have seen four such cases; one of the patients had previously consulted MM. Marjolin and Cruveilhier. In another patient, whom I saw with Dr. Deville, the alteration of structure was very remarkable, for the penis was surrounded with a series of rings like those of the trachea. In a person whom I saw in consultation with M. Tealier, I ascertained the existence of several of these cartilaginous rings, which have never yet been described, and which have hitherto resisted every mode of treatment.

In the plates of M. Rayer's work on the diseases of the kidneys, are seen two examples of tubercular degeneration of the mucous membrane of the urethra, extending to the bladder and ureters. In the second plate of the thirty-ninth livraison of the pathological anatomy, Cruveilhier has represented a tubercular prostate. I have myself twice met with tubercles of the urethra, but the cases differed from the preceding; in one, which was communicated to me by M. Barth, the prostate was destroyed, and changed into a sac containing pus mixed with tubercular matter. In the other case a single isolated tubercle was developed in the midst of a fibrous barr, which constituted a stricture behind the bulb. There was not any other tubercle to be found throughout the whole extent of the urinary apparatus; there were however crude tubercles in the lungs. Death was caused by a serofulous abscess in the lumbar region. The development of this isolated tubercle in a small fibrous tumour is remarkable, but it is not a solitary fact. Isolated tubercles are known to be thus developed in the cicatrices of the pleura and peritoneum.

Goulard admits another kind of stricture, caused by the swelling and inflammation of the different kinds of glands which are situated near the urethra, and pour their secretions into its cavity. "The glands of the urethra," he says, "may become obstructed, increase in size, and form tumours which, projecting more or less into the cavity of the canal, may diminish its calibre." This glandular engorgement and tumefaction are caused, according to this author, by the obstruction of the orifices of the excreting canals by the acridity of the thick matters remaining in the urethra. This hypothesis is not tenable.

The prepuce occasionally becomes strictured. Its orifice sometimes, naturally very small, becomes inflamed, and thickened, and forms a more or less elongated and narrow canal, through which a capillary bougie only can pass, so that whenever the patient makes water, it accumulates under and distends the prepuce, irritates the orifice of the small canal, and increases its length by a progressive induration of the tissue. The most remarkable case of this species of preputial stricture I ever met with was in a patient residing at Choisy le Roi, to whom I was called in consultation by M. Escofier. The small fibrous canal formed by the indurated prepuce, through which the urine filtered, was not less than an inch and a half long, and the compressed and atrophied glans could not be felt. It being impossible to pass a probe through the small callous, and sinuous canal, I directed the patient to evacuate the bladder, and when the prepuce was distended by the liquid, I plunged a bistoury behind the species of ligament formed by the degenerated prepuce, and removed it at once.

Strictures of the prepuce, like those of the urethra, may be the primary cause of diseases which may terminate fatally, of which the following is an instance:—

On the 10th November, 1844, I was called at the last moment to a man, sixty years of age, who had had retention of urine for thirty-six hours, with infiltration of the scrotum, and perinæum. The prepuce formed in front of the glans a hard tube, about two centimetres long, but not so narrow as in the preceding case, inasmuch as a very narrow-bladed and sheathed bistoury could be introduced, with which I slit up this kind of ligament. The urethra having been thus exposed, I passed a catheter of four millimetres diameter, to the depth of five inches and a half, when it entered a large sac, from which there escaped per saltem, a thick urine, the gangrenous odour of which attracted my attention, as also that of Messrs. Ratier and Bachelet, who were present. A catheter with its stylet, was then carried on into the bladder, whence a similar urine was withdrawn. The imperceptible pulse, cold skin, and deathlike countenance, left no doubt as to his approaching fate. At my request, he was taken to the hospital La Pitié, under the care of M. Bérard, and died there twenty hours after his admission. At the post-mortem examination, we found the urethra destroyed from the bulb as far back as the neck of the bladder; instead of the membranous portion, there was a large greyish ulceration. The prostate, which was hollowed out throughout its whole extent, and was divided by membranous partitions into compartments communicating with each other, contained a great number of small brown calculi, shining as if covered with varnish externally, and white internally. They were composed, as calculi of the prostate generally are, of the phosphate of lime; in the central compartment there was one about nine lines in length, and six broad, and having exactly the shape of a bag-pipe.

The first symptoms by which these alterations of structure were manifested, dated from thirty years back; and the primary cause was, according to the account furnished by the patient, the original narrowness of the prepuce, afterwards increased by inflammation.

(To be continued.)

* A similar case occurred at the Westminster Hospital several years ago under the care of the late Sir Anthony Carlisle, when I was a dresser there. Great difficulty was experienced in arresting the hemorrhage, which was very severe.—J. F.

ON PURPURA HEMORRHAGICA.

By A. W. Close, Esq., Manchester.

Solomon had a large share of intellectual powers, and, as he remarks, "gave himself to seek and search out wisdom." He was a profound student in natural and moral philosophy, and it is not improbable that the circulation of the blood was known to him. Be it so or not, the metaphorical language employed by him in Ecclesiastes is beautifully expressive of the fact which was proved, and more fully elucidated, by Harvey, in a succeeding age. "The pitcher broken at the fountain" is supposed by some commentators to mean the venæ cavæ which return the blood to the right auricle. "The wheel broken at the cistern"—the aorta which receives the blood. I should rather take the former to represent the pulmonic; the latter the systemic circulation. The idea of a fountain is associated with that of purity, and may perhaps more properly be applied to the viscus in which the blood is freed from its impurities, and whose mechanical properties, its suction power, its vacuum, are not unlike those which are used in the construction of an artificial fountain. The circulatory and reverberatory motions of a wheel convey no indefinite notion of the forces, the *vis a tergo*, the centrifugal and centripetal coincidences, which assist in propelling the blood through the capillary tubes, and back again to the heart and fountain from whence it issued.

There are other remarkable allusions to the blood in sacred writ, viz., "The life of the flesh is in the blood." "It is the life of all flesh, the blood of it is for the life thereof;" and again, "The life of all flesh is the blood thereof." No doubt, the direct and primary bearing of such statements were intended for theological, spiritual, and moral purposes; yet, it is curious and interesting to notice in the most ancient of books, allusions to subjects which so prominently engage the attention of scientific and philosophical men of the present day.

The recent efforts and discoveries of organic chemistry are fraught with information of vast importance to medical science. Much of this is due, as Liebig observes, to the *quantitative* method of research which is now applied by organic chemistry to the investigation. "From the moment that we begin to look earnestly and conscientiously for the true answers to our questions, that we take the trouble by means of weight and measure to fix our observations, and express them in the form of equations; these answers are obtained without difficulty. When a lean goose, weighing 4lbs, gains in thirty-six days, during which it has been fed with 24lbs of maize, 5lbs in weight, and yields 3½lbs of pure fat, this fat cannot have been contained in the food, ready formed, because maize does not contain the thousandth part of its weight of fat, or of any substance resembling fat. And when a certain number of bees, the weight of which is exactly known, being fed with pure honey, devoid of wax, yield one part of wax for every twenty parts of honey consumed, without any change being perceptible in their health or in their weight, it is impossible any longer to entertain doubt as to the formation of fat from sugar in the animal body. We must adopt the method which has thus led to the discovery of the origin of fat, in the investigation of the origin and alteration of the secretions, as well as in the study of all the other phenomena of the animal body. In the hands of the physiologist 'and pathologist,' organic chemistry must become an intellectual instrument, by means of which he will be enabled to trace the causes of phenomena invisible to the bodily sight."

These remarks are preliminary, and not altogether irrelevant to others which I have to make upon a case of purpura hemorrhagica. What is the pathology of this disease? Is the fault in the fluids, or solids, or both? Some pathologists have supposed that it is dependent on a peculiar but inappreciable state of the tissues, chiefly the mucous. Others, that it consist in a congested, or debilitated, or paralysed condition of the capillaries. Most have conjectured that some abnormal constitution of the blood prevails, that it is qualitatively or quantitatively imperfect. Whatever be the pathological condition, it is general and not partial. The flow of blood is not caused by mere impetus, or the rupture of larger or smaller vessels in a particular locality. If plethora be the cause, certainly the hemorrhage would cease before all the blood of the body is drained off. I had a demonstrative proof of this yesterday, when, in a case of epistaxis in a plethoric female, I permitted the bleeding to go on unchecked; after about a quart had been lost it ceased, and as it was vicarious of scanty catamenia at the age of forty-five, I have no doubt the good of the patient will be promoted.

In an elaborate paper, by MM. Becquerel and Rodier, containing analyses of the blood in health and disease (vide *Gazette Med. de Paris*, 1844, et *Medical Times*, vol. ii, p. 184), eight laws are deduced, one of which is—in a plethoric condition of the system, there is no change in the composition of the blood, and no striking chemical peculiarity, it is simply the mass that is increased; this law was arrived at from an examination of the blood of six men and one woman, suffering from the ordinary symptoms of plethora. But the blood was analysed in a case of purpura hemorrhagica. In 1000 parts were found important alterations.

Water	795·244
Solid constituents	204
Fibrine	0·905
Blood corpuscles	121·701
Residue of serum	83·405

Now, if we compare this with the composition of the blood in a state of health, we shall find that the deficiency of fibrine is remarkable, being as ·9 to 2·2 the mean in health, or 3·5 the maxima; the deficiency of blood corpuscles as 121·7 to 141·1 the mean, or 152·1 the maxima; solid constituents as 204·7 to 208·1; the excess of water in the proportion of 795·2 to 779. These figures vary a little in the analyses given by different chemists. Nevertheless, a comparison with any recent analysis of healthy blood will shew a most important loss in the fibrine and blood corpuscles, and as a consequence a diminution in the density or cohesive force of the blood particles.

I have long thought that the pathological explanation of the disease would be found in the simple fact of the diminished amount of one or several of the more adhesive constituents of the blood. The following case is one which particularly attracted my attention:—

April 8.—Edward B——, of Chapel-road, Ardwick, a youth eighteen years of age, was brought to my house by his mother. Petechial spots were present on the abdomen, neck, upper and lower extremities, and his pocket handkerchief was literally soaked by the hemorrhage from the gums. I ordered him to go home, and to bed. Shortly afterwards I visited, and bled him to ℥v, as much for the purpose of inspection as anything else. The blood taken presented a pale red, transparent appearance, and formed a homogeneous semi-fluid mass. I ordered him the Haustus rhœi, and, afterwards, the Pil. plumb. diacet., with the Acid. sulph. dil. in a mixture.

9.—The blood to day is issuing profusely from the mucous membrane of the mouth, bowels, and bladder, and constantly oozing from the gums.

10.—Every thing seemed worse with him, and I gave him gr. iij, Quinæ disulph. 4tis horis, and as much beef-tea of double strength as he could take, together with a pint of porter, which was afterwards increased to a quart daily.

From that day progressive improvement took place; his diet was rapidly improved and solidified; the quinine was continued until the 26th of the month, when he ceased to take medicine, and to the present time has continued free from any symptom of the disease.

I knew the family well. His parents had always enjoyed good health, so had the youth, and his domestic condition and place of residence were rather favourable to its promotion. There was no lack of marks of plethora, and symptoms of irregular distribution or congestion of blood in the lungs, liver, and kidneys—in fact there was a full plethoric quantity of blood circulating in his body; I endeavoured to get at the causes of the disorder, and on the 10th I was informed that a fortnight previously he had had a quarrel with his father, on account of which he left his home, and being so situated as only to have the sum of five shillings weekly at his own command, he was obliged to place himself on a very low and inferior diet. To this cause may be attributed the diminution of the full normal constituents of the blood.

Andral gives a case (vide *Medical Times*, vol. ii, p. 214). "A man aged thirty, apparently of a powerful frame, came to the Charité, in July, 1844, ailing only two or three days previously." The symptoms were those of purpura hemorrhagica. Venesection was performed, and the blood was found to be composed of

Solid substances in the serum	83
Fibrine	9
Globules	121
Water	795·1

The treatment is not given, but he prefixes the following observations:—"Another change which may take place in the blood is the diminution of the spontaneous coagulable matters. One of the most remarkable and constant effects of this diminution is the facility with which the blood escapes from the vessels, whether spontaneously or from the slightest external cause, and the following case of purpura hemorrhagica shews that the fibrine alone of the blood is diminished in this affection."

We know that petechial spots are often the results of febrile action of a typhoid, or malignant character. Now the labours of organic chemistry will serve not only to open mines of useful knowledge hitherto unexplored; but to clear and establish many facts already known, but not sufficiently understood and appreciated. Andral and Gavarrat assert that the fibrine decreases in proportion to the advancement of the disease. The fact of petechiæ being present in some cases and not in all, may depend upon the unequal and impinged flow of nervous energy in some; upon violent and excessive muscular contraction, conjoined with sudden alteration in diet and disturbance of chylopoietic functions in others. It is to be observed, that the disease not only occurs amongst children ill-fed and nursed, and in consequence of deficient nourishment, and other most unequivocally debilitating causes; but, also in persons who up to a short time previously, had been in robust health, and of "powerful frame." This was the case with my patient, and Andral's, and with most of those whose cases are mentioned in the published reports of the London hospitals. The state of the blood, combined with the dynamical effect, *exosmose*, and this, with the conditions I have just mentioned, may not be improper particulars to be recollected in the treatment, which has been most successful when it has consisted in the administration of tonics and fibrinous aliment. Large bleedings have been resorted to in some cases with apparent success; but it is a practice not supported by the state of matters which it has been my object to draw attention to at this time, and one which I apprehend will form one of the exceptions to the rule.

In conclusion, I may notice that MM. Becquerel and Rodier arrange the circumstances under which fibrine may fall below the normal average, and possibly be affected in its physical characters under two heads. The first embraces intermittent typhoid and yellow fevers, the plague, the various exanthematous diseases. The second includes those states arising from unhealthy and insufficient food, under which conditions purpura hemorrhagica is developed.

I may also observe that a diminution in the amount of blood corpuscles characterises the state of the system called anæmia, but there is no deficiency of fibrine; anæmia occurs after repeated venesections, hemorrhages, suppurations, diarrhœas, in convalescence after severe illness, &c.

A contrast is presented in the great increase of fibrine in inflammatory diseases.

THE TREATMENT OF OTORRHŒA.

By JOHN HARRISON CURTIS, Surgeon to the Royal Dispensary for Diseases of the Ear.

I have recently met with several cases or otorrhœa, in which, judging from their history, the nature of the disease and its causes, seem to have been mistaken by the practitioners previously in attendance. Influenced by this belief, and in the full hope that the information I am desirous of conveying may be of service to the profession, I am induced to trespass on your pages for a small space to detail my opinions respecting that complaint.

Your readers are probably aware that otorrhœa is a disease affecting the meatus auditorius, either partially or throughout its entire extent, occasionally even involving the membrana tympani, and consisting essentially in inflammation affecting the lining membrane of the canal, the normal secretion being changed in character and become puriform. In the most simple or primary form the inflammatory action is of a chronic character, and the discharge more or less copious, but there are not any symptoms indicative of danger. It is in general easily curable by cleanliness, and the internal exhibition of alterative medicines, the topical applications being principally of an astringent character, after the symptoms of inflammation have been subdued by appropriate remedies. The injection which I have found to be most serviceable is a solution of the lapis divinus, a remedy with which I first became acquainted when visiting the hospitals at Prague. I afterwards found it was employed with equal success at the hospitals of Vienna, Munich, Berlin, Leipsic, and Hamburgh. The formula for its preparation is contained in the *Berlin Pharmacopœia*, but as it is very probable that that work may not be within the reach of the greater number of your readers, I subjoin the directions necessary for it to be properly made.[1] The employment of a weak

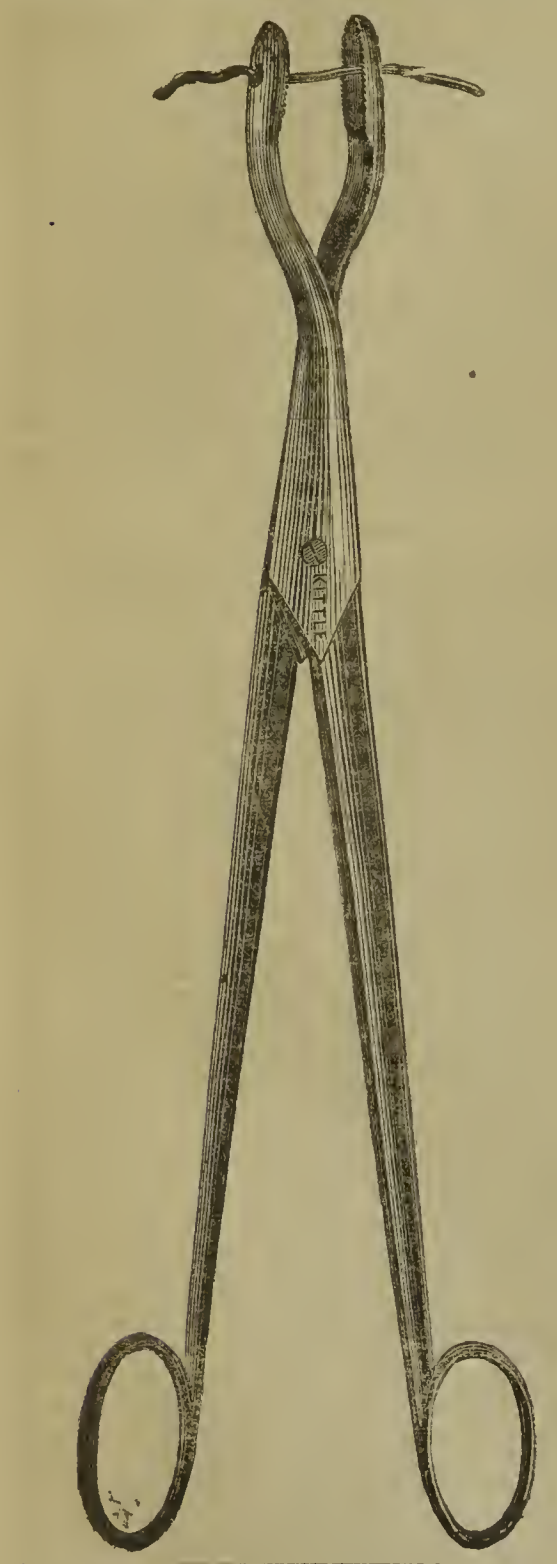
[1] Take sulphate of copper, nitrate of potash, and alum, of each sixteen parts. Powder them sepa-

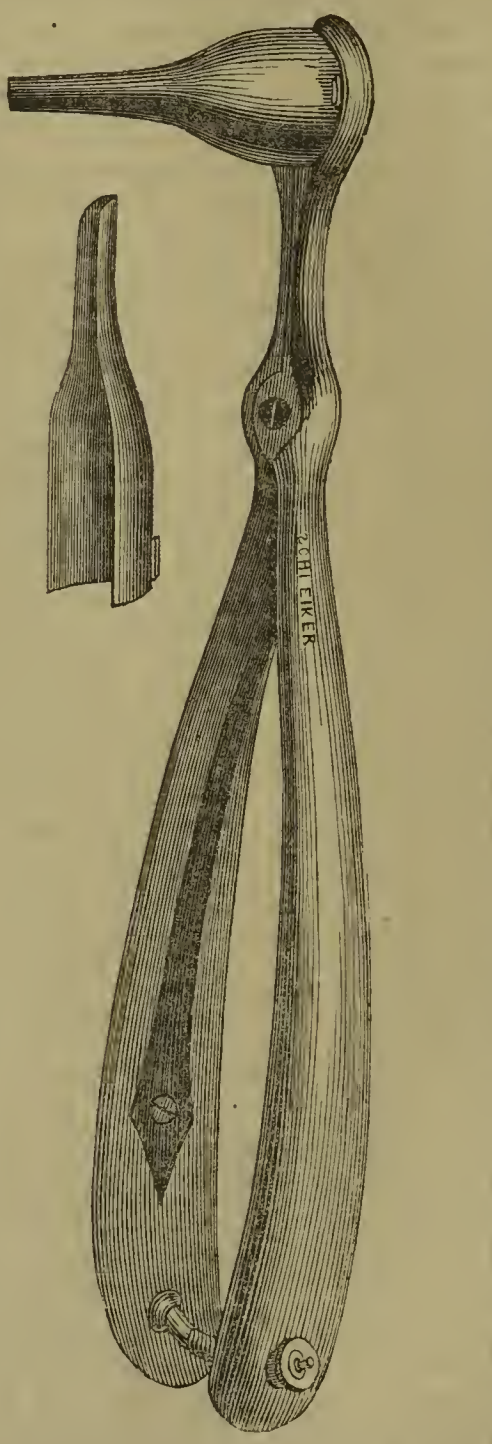
solution of this compound, gradually increased in strength according to the effect it produces, does not cause pain; it acts as a mild stimulant and astringent, and under its use a cure is generally effected.

¶ In the more advanced stage of this disease the inflammatory action has caused an absolute change of structure, in addition to the alteration of the secretion. Fungus, or polypus, springs from the membrane, and gradually acquires such a size as to be of itself, independent of the parent disease, a sufficient cause of deafness, by the mechanical impediment it offers to the transmission of sound. It is evident that this complication renders the case much more serious than the one previously noticed, and makes requisite a more accurate examination of the canal, and a more decided line of practice in its treatment. Some surgeons are of opinion that the polypus, by which the irritation and discharge are maintained, should be torn away with the forceps; but this practice is decidedly objectionable, for if, as is not unfrequently the case, the polypus springs from, or is in part connected with, the membrane of the tympanum, any violence offered to it may end in the destruction of that membrane, by ulceration, or even by sloughing. It is not impossible that the ossicula auditus, even, may be disarranged, and the chain of connection broken. These dangers may be avoided by the methodic application of a ligature round the cervix of the polypus—an operation which may always be performed with the aid of a pair of forceps, such as those represented in the accompanying engraving, and which I procured of Kettel when at Berlin. The eyes in the grasping part of the forceps carry the thread, which is more readily passed round the neck of the polypus than by any other instrument I am acquainted with.

After the removal of the polypus, the argentum nitratum may be cautiously applied to the ulcer, to promote its granulating and cicatrising, or the solution of the lapis divinus may be employed as an injection. When the polypus has been destroyed the case resembles the disease in its most simple form, and is to be treated accordingly. In the last stage, when the contiguous bones have become carious, the disease, as in most cases where structural changes have taken place to any extent, is scarcely, if at all, amenable to treatment, and generally, sooner or later, terminates fatally, by the extension of inflammatory action to the meninges.

I have been much assisted in the examination into the condition of the meatus, by using Gruber's speculum, of which I subjoin an engraving.





It will be seen that it differs from other specula, inasmuch as the shield does not form one solid piece with the instrument, but either half can be detached and left behind in the meatus to protect the parietes, while caustic or other applications are made to the diseased parts. By means of an adjusting screw connecting the handles, they may be kept more or less apart at the will of the operator, according to the exigencies of the case; both these differences I consider to be marked improvements, and do not doubt they will be found such in practice. Gruber's lamp, which has a strong reflecting lens attached, is also of great service in ascertaining the pathological changes affecting the membrane of the tympanum, as by its means light can be powerfully thrown into the meatus, and on to that membrane. By its means I was, when at Vienna, enabled to detect an ulcer on the membrana tympani, in a case in which I met Dr. Schreiber, physician to the Emperor of Austria, and Dr. Gruber, in consultation. Had it not been for the information obtained by the use of the reflecting lamp, I should not have discovered the existence of the ulcer in this instance. I was led, in consequence, to purchase one of them, and have since found it very serviceable in practice.

In proof of the statements which I have here made, I could cite several cases, but as I am unwilling to occupy unnecessarily your valuable space, I must content myself with referring such of your readers as desire additional information, to my treatise on the Diseases of the Ear, and to the late edition of my work on the present state of aural surgery.

rately, and then mix them well together; fuse them in a glass vessel in a sand bath, and add one part of powdered camphor; break the mass in pieces when cold. The acetate of copper is sometimes used instead of the sulphate, but I prefer the latter.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND TREATMENT OF PULMONARY PHTHISIS.

By J. H. Tosswill, Surgeon, Torquay.

(Continued from page 70.)

A fourth indication in the early stages of phthisis as a means of lowering the pulmonary function, is obtained by promoting and increasing that of the cutaneous secretion. I have always regarded the depressing perspirations which accompany phthisis and other diseases of debility, as efforts of nature to relieve the structures suffering from disease, of a portion of their function by lessening the quantity of circulating fluid, which, whilst it may truly induce general debility, may relieve local derangement. By these observations I must not be understood as advocating the promotion of this distressing symptom, but as merely offering an example of the manner by which one organ co-operating in the same intentions, will, by additional energy of its powers, endeavour to relieve another which is suffering derangement from functional or organic disease. Sponging with tepid salt and water, effectual friction in the subsequent process of drying, the use of the flesh-brush and hair-belt, will be found the best and most effectual remedies for stimulating the skin, and should be recommended when the mechanical efforts do not induce too great a degree of exhaustion.

We cannot, however, in the majority of cases, have every circumstance favourable to our intentions. The patient's position in life, his occupation, or his natural refractory disposition, preclude this hope; but from the foregoing observations, the outline of the general treatment I adopt may be seen. It is evident that the character of the food employed must be regulated by the occupation and amount of exercise which the patient takes. If the occupation be laborious the waste is great, and the disintegration of the animal tissues is great, consequently a food highly azotised and in abundant quantity should be taken. If the employments be sedentary and little exercise be indulged in, a small amount only of waste will occur, and unless animal heat be sustained by artificial means, the tissues will not undergo their metamorphosis in sufficient quantity to furnish the elements of respiration; consequently a food containing a greater amount of less highly azotised principles should be recommended in order to supply independently of metamorphosis of tissue, those elements in sufficient quantity which, by combining with oxygen, may support the temperature of the body.

"Clothing is equivalent to food," by preventing the abstraction of caloric from the body. The quantity of food must therefore vary with the amount and character of clothing, and the ignorance of, or inability to comply with this fact, is, I believe, one of the principal predisposing causes to the development of phthisis among the poor, since, in addition to their laborious occupations, they are supplied not only with an insufficiency of nutritious food, but suffer from a want of such clothing as

might protect their bodies from the influence of the atmosphere. Self-combustion is the result of this condition, a combustion of the oxygen of the air with the carbon and hydrogen of their bodies, *promoted* by exercise, *not renewed* by food, and *aggravated* by deficient clothing. Tubercular deposit may and does very frequently remain inactive and innoxious for years; nay, for a long life time, but where these irritating predisposing causes are in action, it is quickly evidenced by the usual long train of phthisical symptoms.

The occupation and amount of exercise recommended to a patient labouring under phthisis, if he be refractory in the selection of his diet, may be regulated by the diet of his own adoption. If an animal highly azotised is selected, exercise and occupation must be advised; if, on the other hand, a diet poor and deficient in azote be preferred, the amount of exercise must be curtailed accordingly.

Such is the *general* outline of the plan I pursue in the treatment of tubercular phthisis; I shall now pass on to the *special* treatment I adopt for special indications. These indications are afforded: 1st, at the early stage of tubercular deposition; 2nd, by the irritative and inflammatory stage; 3rd, by the suppurative stage.

Treatment during the First Stage or Period of Tubercular Deposit.—The first intention which presents itself, is to endeavour to prevent the further deposition of tuberculous matter by arresting the cause producing it. This cause we have asserted to be an insoluble salt of lime, the result of a non-sufficient generation of phosphoric acid to effect its solution, *and which can only be thrown off from the system in a soluble condition.* This indication is accomplished by the patient's abstaining, strictly, from taking into the stomach those matters which contain lime, either in solution or in any shape capable of being converted into a soluble salt. Water containing lime or its salts, milk abounding in caseine or adulterated with chalk, bread equally contaminated, must be avoided, as should also those free alkalies or alkaline carbonates which, by entering the circulation, may determine a decomposition of the soluble super-phosphate of lime, and the deposition of an insoluble salt of that earth. With a view of endeavouring to furnish a solvent for the insoluble lime already in circulation or deposited in the parenchyma of organs, I am in the habit of administering the phosphoric acid of the *London Pharmacopœia* alone, or in combination with dilute sulphuric acid.

The second object to be observed in the treatment of this early stage of consumption, is to lower the organic fuction of the lungs, as I have previously deseribed: 1st, by promoting capillary chemical combinations; 2nd, by inducing increased nutrition which shall more than equal the waste of the body; 3rd, by lowering the hepatic functions; 4th, by promoting the cutaneous functions by friction; 5th, by insisting on a sufficiency of clothing to resist atmospheric changes; and lastly, by recommending such amount of exercise as shall be proportionate to the supply of azotised diet, and adequate to the demands of oxygen for material with which to enter into combination in order to support animal heat. Finally, everything which may excite irritation in the lungs, directly or indirectly, must be studiously avoided; these circumstances include exposure to cold, the continuance of prejudicial habits, deficient clothing, improper medicines, a diet inadequate to the amount of exercise, and the demands for animal heat, or an amount of exercise not suited to the description of food as regards its highly azotised, or sparingly-azotised proportions.

Treatment during the Second Stage or Period of Inflammatory Action.—At this period of the disease we have, in addition to the condition before mentioned, (namely, that of tubercular deposition), to combat a train of urgent symptoms which demands immediate attention. These symptoms originate from some exciting cause, which, producing, first, irritation, subsequently leads to an inflammatory condition of the part surrounding or in the immediate vicinity of the tubercle; or else by exciting this inflammatory condition in the whole tissue of the organ generally, affect at the same time the tubercular deposit. Any of the predisposing causes to irritation which have already been considered may lead to this result, or the tuberculous deposit itself, by acting as an irritating foreign body, will produce the same symptoms; but it usually happens that the two causes are combined, and it should be our object to counteract by every means in our power whatever may so prejudice the lungs as to induce irritation; we cannot probably prevent the tubercles already deposited (so long as they remain), from acting on the contiguous parts as irritating bodies, but it is in our power to obviate and subdue the mischief arising from external agents, and also to prevent further deposition. On the first indication of an inflammatory condition existing in the lungs, the cause producing it should be sought for, and the patient immediately removed from its influence; the urgent symptoms must be combatted by such treatment as the symptoms themselves demand, until the inflammatory condition, of which they are the production, is entirely subdued, when the treatment will revert to that which was recommended for the first stage, where tubercular deposit exists without any symptomatic evidence of local hyperæmia. According to the intensity of the symptoms prevailing, so should the rigour of the treatment be varied; the application of a few lecches (if absolutely called for), dry cupping, or the opening of an issue in the arm, will often be found of much utility, whilst digitalis, ipecacuanha, nitrate of potass, and the usual antiphlogistic remedies should be administered as the emergency of the case requires; strict quietude should be enjoined, and the patient should be impressed with the necessity of conversing as little as possible; under these circumstances there will be but little waste from motion, so little nutritive food will be required; but such amount of a non-highly azotised respiratory food should be advised as may be sufficient to furnish carbon and hydrogen for the purpose of supporting the animal temperature without consuming and abstracting those elements from the organic tissues themselves. When all symptoms of local inflammatory action have been subdued, I then revert to and adopt the treatment I have recommended for the first stage, one of simple deposit uncomplicated by inflammatory symptoms.

Treatment of the Third or Suppurative Stage.—At this period of the disease the local hyperæmia which had given origin to the train of symptoms presented in the second stage, has advanced a stage farther, namely, to that of the destruction of the neighbouring tissues and the secretion of pus, which, mingling with and dividing the tubercular deposit, breaks it down to that softened condition such as it is presented to us in the phthisical expectoration. This advanced train of symptoms is caused by the longer continued influence upon the tissues of the existing inflammatory condition, the result of the persistant irritating cause. Meet, therefore, the causes keeping up this irritation, and withdraw the patient from their influence; combat the symptoms and endeavour to suppress them. If the irritating cause have been removed, and the inflammatory symptoms subdued, I adopt such measures as may in my opinion most effectually promote cicatrisation of the cavities, taking care, however, that the stimulating local effects of these remedies do not renew the inflammatory symptoms. This I seek to accomplish by counter-irritation, dry cupping, &c., whilst I endeavour to arrest further destruction by the inhalation of medicated vapours, and to improve the constitutional strength by the administration of such tonics as quinine, iron, and a generous diet.

The origin of tubercular softening I regard, as I have previously stated, as arising from the longer continued action upon the contiguous parts of the causes which have originated, and which continue to support, inflammatory action; thus whilst these causes operating in one situation give rise simply to an inflammatory condition of the surrounding tissues, in another, by their long continuance, they have gone on to the period of suppuration and softening of the tubercles; and this is the reason why the three stages into which phthisis has been distinguished usually exist at the same period; either the tuberculous deposit occurred at various periods, and the neighbouring parts are consequently in different stages of progression from the different length of time to which they have been subjected to its irritating influence, or some other cause, such as increased size of the tubercular deposit, or otherwise external irritating agent, have sooner produced that condition in one part which ultimately leads to its becoming the subject of inflammatory action and subsequent softening, than has been produced in other situations more out of the reach of their influence. This fact explains the reason why the upper portion of the lungs is so generally the seat of cavities, whilst lower they may present nothing further than incipient softening, and still nearer their bases merely tubercular deposit in its first stage. The upper portion of the lungs, being from its situation more exposed to atmospheric irritation, first becomes subject to its influence, progressively the middle portions suffer, whilst subsequently the inferior parts, if life continue long enough, may also present the same condition. Increase of function in the upper portion of the lungs is another cause of irritation, the pinched and contracted waist induced by tight lacing preventing the expansion of the lower lobes and the admission of air, whilst the superior portion being left at liberty has a double amount of function to perform in order to produce that arterialised condition of the blood which is demanded by temperature and the individual's feelings.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, October 18, 1845.

Academy of Sciences; Meeting of October 13th, 1845. M. Elie de Beaumont in the chair.

Action of Chlorine on Acetic Ether of Alcohol; by M. Cloëz.—In a former memoir M. Cloëz described the chief properties of perchloro-formic ether, a substance which, in all its reactions, furnishes products constantly belonging to the acetic series. Thus, under the influence of ammonia, in a dry or dissolved condition, chloracetamide is generated; from this body ammonia and chloracetic acid are obtained when it is placed in contact with acids and alkalies. Chlorine in a liquid state decomposes chloracetamide, taking the place of one equivalent of hydrogen. A crystallised body is thus formed (C^4 Chl^4 O^2 Az H), which M. Cloëz names chloracetamic acid.

Action of Chlorine on Acetate of Methylene; by M. Cloëz.—The composition of this liquid, and its physical, though not its chemical, properties, are precisely the same as those of the formic ether of alcohol. Alkalies decompose it in acetic acid, and *esprit de bois*, whereas formic ether gives under their influence formic acid and alcohol. The final result of the action of chlorine furnishes a liquid identical with perchloro-formic ether—a circumstance which M. Cloëz considers to be in direct contradiction with the received opinions relative to chemical *types*. Were this theory correct the perchlorated formic ether should be differently formed in its molecular constitution from the perchlorated acetate of methylene, the action of chlorine generating, in the theory alluded to, compound bodies of a molecular arrangement identical with that of the original substance from which they were derived. M. Cloëz concludes that the admission of chemical types is a mere hypothesis, not constituting a theory of any general application, as recent experiments would seem to imply.

Academy of Medicine; Meeting of October 14th, 1845. M. Caventou in the chair.

After a report on a memoir relative to uterine hemorrhage by M. Serres, which the weak voice of the reporter (M. Caperon) did not permit us to hear, an uninteresting debate took place on mind and matter, in which M. Rochoux and M. Castel alone took any share. The meeting adjourned at 5, p. m.

MEDICAL SOCIETY OF EMULATION.

Extract of Belladonna in Chronic Inflammation.—A report was read to the meeting by Dr. Caffon a memoir of Dr. Philippe, of Bordeaux, relative to the external use of extract of belladonna in chronic and sub-acute enlargements of the epidydimis, testicle, or lymphatic glands. Dr. Philippe relates a great many cases in which he derived great benefit from the application of an ointment composed of one part extract of belladonna and three parts lard. The action of the medicine is very rapid; fifteen cases of epidydimitis, treated by this system, were cured in a mean period of fifteen days.

Necrosis of the Lower Jaw; by M. Depaul.—A girl, aged eight, who had previously enjoyed good health, beeame affected, in Mareh, 1845, with a severe pain in the left side of the lower jaw, the pain being apparently due to deeay of the two first temporary molar teeth. The pain shortly afterwards subsided, but was reprodueed soon after the cessation of a slight eruption of scarlatina. A swelling then showed itself in the lower jaw, and was followed by an abscess whieh opened in the mouth at first, and ereated a little later ulceration beneath the angle of the maxilla. The abundanee of suppuration weakened the patient considerably, and hectic fever and noeturnal perspirations also contributed to the impoverishment of her eonstitution. Under those eircumstanees, M. Depaul's attendance was requested, and he found on examination (July 29) that a loose fragment of denuded bone could be distinetly felt with a probe through the cutaneous ulcer, and with the extremity of the little finger introdueed into the orifice situated within the mouth. Having slightly enlarged the inner opening of the abseess, M. Depaul removed a dead fragment whieh had formed the angle of the jaw, the greater part of its ramus, and one-third at least of its body. The neerosed structure eontained a tooth belonging to second dentition. Sinee the operation the condition of the patient is very mueh improved, the febrile symptoms have disappeared, and the orifice of the abscess seeretes no more pus.

HÔPITAL COCHIN.

Dr. Jarvis's Surgical Adjuster.—This instrument having been already noticed in this journal (see *Medical Times*, vol. xii., p. 152), we will only record two eases of dislocation, in which its applieation has been followed with sueeess.

CASE 1—*Dislocation of the Second Phalanx of the Thumb on the First;* by M. Michon.—M., a cook, having extended both arms forward to save himself from a fall, dislocated the thumb of his right hand; he was earried to the Hopital Cochin, where various unsueeessful attempts at reduetion were made during five days. The thumb beeame very mueh swollen, and leeches, poultices, and emollient fomentations were applied to abate the inflammation. When Dr. Jarvis saw the patient six days had elapsed sinee the aeeident. The extremity was swollen and painful, the second phalanx of the thumb was displaced, and earried obliquely upon the external faee of the first phalanx; it was also slightly rotated inwards, and a laeeration of the soft parts existed on the inside of the thumb, whieh was in a state of permanent flexion. The adjuster was applied, and reduction obtained in fifteen minutes.

CASE 2—*Dislocation of the Metatarsus.*—A earter had been confined to bed for twenty-two days for an injury inflieted upon the right foot, in a fall from his horse. Notwithstanding a considerable amount of swelling due to conseeutive inflammation, the following signs of displaeement of the metatarsus were distinetly reeognised:—1st, shortening of the foot; 2nd, the internal edge of the foot formed a deep eoneavity terminating abruptly at its posterior extremity in a hard tumour, belonging to the internal euneiform bone, in front of whieh was a depression usually fitted by the head of the first metatarsal; 3rd, the apophysis of the fifth metatarsal projeeted more in front of the euboid than in the left side, and the sole of the foot was turned slightly outwards. No attempt at reduction had been made. Dr. Jarvis's instrument was applied, the eounter-extension being fixed to the heel and ankle, the extending power aeting upon the anterior extremity of the metatarsus. The bones were replaeed in the spaee of a quarter of an hour. Both patients are doing well. The following enumeration of the eases in whieh the adjuster has been employed appeared in the *Gazette des Hôpitaux* of October 2nd:—

Disloeations of the shoulder	9
Fraetures of the humerus	4
Disloeations of the elbow-joint	3
Fraetures of the fore-arm	5
Disloeations of the femur on the ilium	2
Fraetures of the femur	7
Sub-luxation (?) of the knee	1
Fraetures of the tibia	3
Displacement of the astragalus	1

LA CHARITÉ.

Delirium Tremens—Treatment by Opium; by Professor Cruveilhier.—A man aged thirty-six, of a strong constitution, a waterman by trade, entered the hospital on the 26th of September, affected with delirium tremens; he was addicted to stimulant drinks, and usually took three or four quarts of wine daily, besides several glasses of spirits; in addition to his habits of intemperance, M. Cruveilhier considers that grief, caused by late peeuniary losses, had a considerable share in the development of his symptoms. On the day of admission, delirium had not yet set in, but there was slight trembling of the limbs; the pulse was irregular, at 90; a purgative medieine was exhibited, and the patient plaeed on low diet. During the night of September 29, the patient beeame violently delirious; in the morning the pulse was at 108; the faee red, and eovered with perspiration; the trembling well marked in the hands and upper extremities; the efforts of the patient to rid himself of the strait waistcoat were eontinuous, and his talking incessant. M. C. ordered a grain of extraet of opium to be administered every sceond hour until sleep should ensue. Twenty grains were thus given in less than forty-eight hours, during which the delirium continued with unabated energy; the watchfulness of the patient at last yielded to the influenee of the narcotic, and he sank into a troubled sleep. From that moment forward the symptoms beeame gradually more and more favourable, and he is now (October 18) in a most satisfactory eondition. The delirium has not returned, and the trembling has quite ceased; food is allowed, and wine mixed with water. The large quantity of opium exhibited to this patient in so short a spaee as forty-eight hours, produced several important, though perhaps not uncommon, phenomena. 1st, Strong contraction of the iris in both eyes, so strong as to cause almost complete temporary oeclusion of the pupil; 2nd, extreme debility and lowness of the pulse, whieh rendered neeessary the use of bark and tonie medieines; 3rd, an eezymatous eruption on the baek of both hands and on the stomaeh.

Hydrarthrosis; Injection of Solution of Iodine into the Knee-joint; Professor Velpeau.—A boy aged nineteen, of a lymphatie and nervous temperament, was admitted into the hospital Sept. 9, 1845, for hydrarthrosis of the right knee. The eomplaint had existed for six years, and various means of treatment, leeches, blisters, &c., had been vainly and repeatedly employed to remove it. Pain had appeared a twelvemonth only previous to admission, and had oeeasionally been severe, although the patient, a eountry lad, was not altogether ineapaeitated from walking, and even from working oeeasionally in the fields. M. Velpeau determined upon injecting into the joint the solution of iodine in the proportions used for hydroeele, viz.: ℞. Tinet. of iodine, ℥j; Dist. water, ℥ij; Hydriod. of potash, gr. vj or viij. The operation was aeeordingly performed on the 19th of September in the following manner:—The articular effusion was pressed upwards with the hand into the superior part of the eapsule, under the cruræus and vastus externus museles, so as to form a eonvexity above the joint, and on its outer side; into this swelling a hydroeele troear was inserted, and about four ounees of a transparent synovial fluid eseaped. The solution of iodine was then injeeted, and did not return through the eanula. The introduetion of the liquid was attended with considerable pain, not in the knee only, but along the thigh and in the ilio-femoral artieulation, a phenomenon whieh reeals the singular and well known faet, that in disease of the hip-joint suffering is often experieneed in the knee. For twenty-four hours after the operation the urine did not eontain any iodine, but on the seeond and third day white paper impregnated in the urine, and touched with nitrie acid, at onee assumed a blue eolour. During the twelve days whieh followed the injeetion, the artieulation was the seat of intense pain and of a very abundant effusion; to moderate the violenee of inflammatory aetion, it was found neeessary to employ mereurial frietions, several purgative medieines, and to keep the patient on low diet. Under the influenee of this treatment pain has gradually abated, though it has not entirely disappeared, and the effusion in the capsule is not less abundant now (October 18) than before the operation. A case of hydrarthrosis of the shoulder, submitted to the same treatment, was read to the Academy of Medicine, at its meeting of September 30, 1845 (see *Medical Times* of October 11), in whieh the joint was reported by the operator to be eompletely restored to its functions. It will also be recolleeted that in this case success was purchased by much suffering, and perhaps some danger, three abseesses having formed in the expansion of the synovial capsule. Professor Velpeau's ease seems unfavourable to the method, the bold (rash ?) character of which will doubtless prevent it from finding many patrons even amongst the most enterprising in England.

HOTEL DIEU.

Injury of the Foot—Immediate Amputation—Death—Metastatic Abscesses; by Professor Roux.—A man, aged twenty-five, of strong constitution, was brought to the hospital immediately after the infliction of a severe injury, by the fall of a heavy stone on his right foot and leg. The bones and soft parts were literally crushed, particularly in the metatarsal region, and the tibia and fibula were both shattered by the violence of the blow, and their fragments perforated the skin. The patient was full of courage, and consented to have the limb removed at onee. The operation was accordingly performed, and the leg taken off below the knee. During the first days which followed amputation the patient did tolerably well, but on the fifth the leg beeame swollen, and it was then evident that union had not taken place in any part of the wound. The lower region of the thigh soon participated in the inflammatory symptoms, and the suppuration diminished in abundance, whilst the colour of the stump assumed a greyish unhealthy hue. Gangrene appeared in the skin whieh covered the anterior angle of the tibia, and the patient complained of cold and shivering. The skin of the whole body assumed an earthy tinge, low delirium appeared, and, notwithstanding a stimulant treatment, he sank and died a little more than three weeks after the operation. Metastatie abseesses were found in both lungs; none in the kidneys, liver, or spleen.

Tetanus.—The following ease is communicated to the *Gazette des Hôpitaux* by Dr. Allut.—A man, aged twenty-nine, had reeeived some contused wounds of the left arm, when, fifteen days after their infliction, tetanie symptoms suddenly appeared. Leeches, a blister to the neck, purgatives, opium in large doses, were employed unsuccessfully during twelve days. M. Allut then reeommended the use of eight grains of tartrate of antimony and pot., in ℥ iv of inf. of arnica, with the addition of ℥j of syr. papav. somnif.; to be given in tablespoonfuls every hour. From the time this treatment was instituted the symptoms gradually yielded, and eompletely eeased within one week, the patient having taken seventy grains of emetic without having been sick once, and only one motion having been produced by the medicine eaeh day.

DAN. M'CARTHY, D.M.P
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE

By SIGISMUND SUTRO, M. D., Physician to the German Hospital.

Experiments for determining the Quantity of Chyle introduced into the Blood through the Thoracic Duct.—Aeeording to Lieberkuehn, 25lbs. of ehyle are brought into the blood from the intestinal eanal in one hour; aeeording to Cruikshank, only about 4⅓lbs; and aeeording to Haller, from ℥iv to ℥viij of ehyle are prepared daily. Magendie obtained from the thoraeie duct of a middle-sized dog, opened at the neck, ℥ss of liquid in five minutes (at the rate of ℥vj in an hour); Collard de Martigny obtained from rabbits gr. ix. of ehyle in ten minutes. The author employed cats and dogs, previously strangled, for his experiments. As soon as the reflex-motions had ceased at the eyes, the thoracic duet was either surrounded with a thread or compressed with the fingers, then eut through at the top, and freed from its eonnections for the distance of about a line, in order to be placed conveniently in a glass cup. Since the preparation of chyle is independent of external eireumstances, the discharge of chyle from the duct being nearly uniform

during abundant, as well as in deficient consumption of food, no material objection can be raised against this method of investigation, especially as the absorption of chyle in the intestinal canal continues for a considerable time after death. The result of the experiments is: in five experiments with cats, the weight of the body stood in proportion to the quantity of chyle calculated for twenty-four hours (1 to 2 pounds on the average), as 229:43 or 5·34:1. As according to Valentin, the quantity of blood in cats, is proportioned to the weight of the body, as 1:5·75, in these animals a quantity of liquid would be poured within twenty-four hours from the duct into the blood, equal to the weight of the whole mass of the blood, and surpassing it in volume. In two experiments with dogs, the quantity of chyle calculated for twenty-four hours (6⅔ to 9 pounds), stood in proportion to the weight of the body, as 28:144 and 40:309=68:453=1:6·66. According to Valentin, the quantity of blood is proportioned to the weight of the body, as 1:4·5; thus the quantity of chyle poured into the blood would amount to ⅔ of the whole mass of blood. But a quantity equal to the introduced liquid must be discharged from the blood, in order to induce a healthy action of the blood-vessels. The reception of new matter into the blood is brought about in two different ways, either directly through the lymphatic system or indirectly through the blood-vessels themselves. The blood-vessels generally receive those substances brought into the organism from *without*, whilst the source of nourishment to the lymphatic vessels lies *within* the organism. Therefore the substances absorbed by the blood are *changing*, those absorbed by the lymphatic vessels pretty *constant*. Thus organic metamorphosis forms a two-fold circle—a large one, describing the reception from, and emission into, the outer world, and a smaller one situated between these two terminal points of change of matter, and executed by the circulation of matter within the organism. If, then, an adult, consuming on an average eight pounds of food per diem, which with the exception of the fæces are transmitted into the blood, and if the same quantity be eliminated, the daily change in this regard will amount to the twentieth part of the weight of the body, or the fourth of the blood. A measure for the circulation of matter within the organism is given by determining the quantity of liquid brought into the blood from the thoracic duct. This change is considerably more rapid, and may amount within twenty four hours to ¼ or ⅓ of the weight of the body.—*Dr. Bidder, of Dorpat, in Müller's Archiv.*

On the Employment of Cold Affusion in Pulmonary Phthisis.—The deposition of tubercles and the annoying cough, stand in close relation to the inflammatory state of the lungs in phthisis; the inflammatory state is increased by the cough; cough and tubercular formation are favoured by the inflammatory state, whilst cough and irritation are produced by the tubercles. If, then, *one* of these phenomena could be relieved, the others must also undergo a favourable change. Water, which renders such distinguished services in softening, and the formation of pus, must thus counteract the whole disease. The author mentions two cases of hooping-cough which he cured in seven days with affusions of cold water after the usual remedies had been employed in vain for three months, and this induced him to try the same application in pulmonary phthisis. The following is the most prominent of the cases reported:—A man, thirty-one years of age, who had suffered in his childhood from eruptions on the head, afterwards from itch, and frequently from bleeding of the nose, and annual catarrhs, was seized in 1842, in consequence of a cold, with pains in the throat and chest, violent cough with expectoration, hoarseness, and fever. This state passed into pulmonary phthisis, which could not be abated by any of the usual remedies. When the patient came under the author's treatment he ordered a mixture of salep and lactucarium internally, and cold affusions over the chest and throat. From the first moment of this treatment the cough diminished daily, the chest became easier, the strength and appearance improved considerably; and, from October to the end of December, the patient was completely restored. At the inner side of the left heel (where the patient wore an issue) a strong perspiration exhaled about the middle of the treatment. The heel was rather swoln, and drops of perspiration fell from it. The author preferred cold affusions to the alcoholic lotions recommended by Marshall Hall. Both, however, mitigate the inflammatory state, stimulate the skin gently, and exert a beneficial influence on the thoracic nerves and the whole organism.—*Dr. Von Jaray in Oesterr. Wochenschrift.*

On the Efficacy of Vezin's Itch Ointment.—The author radically cured several hundred itch-patients within two years and a half with the unguent. hellebor. alb. recommended by Vezin, and only twice was he obliged to resort to sulphur. Not one relapse occurred among the criminal patients whom he treated with this ointment. Nor did he find any disadvantage from the sudden suppression of the external disease, whenever it was uncombined with herpetic complaint. The simple itch, which is not too deeply rooted, easily and safely yields to the unguent. hellebor. alb., if, at the same time, clean linen be properly attended to. For convenience' sake the author begins the application at night. After the body has been cleaned with warm water and black soap, he orders a composition of nitrat. potass., pulv. rad. hellebor. alb., ol. laur. and saponic. domest. to be rubbed three times within thirty-six hours into the whole body, with the exception of the face and hair. For each friction (in adults) two drachms to two drachms and a half of hellebor. alb. and half a drachm of nitre are used. The linen is not changed during the cure. After each friction strong perspiration is favoured, and only twelve hours after the third friction the patient is cleaned for the second time, and puts on a fresh dress. The ointment is more expensive than sulphur ointment, but the saving of time and inconvenience compensates for the greater expense. —*Dr. Keber, of Schubin, in Pr. Vereins Zeit.*

Hydriod. Potass. in the Dropsy following Scarlatina.—During an epidemic of scarlatina, distinguished by means of its great tendency to dropsical effusions in the cellular tissue, and into the different cavities of the body, none of the usual methods of treatment could avert the commonly fatal issue, till the idea occurred to the author to employ iodide of potassium in such cases. The remedy answered; it increased vascular absorption and the functions of the skin and kidneys, and was even employed without injury in cases with inflammatory disposition of the thoracic organs, where detraction of blood was found necessary. The following is one of the most desperate cases in which the iodide of potassium produced an unexpectedly good effect:—A weakly boy, of nine years of age, who had formerly been afflicted with severe attacks of acute hydrocephalus, had complained for several days of difficult and painful deglutition, headache, &c., nevertheless he was sent to school in rough weather (beginning of December), when the above symptoms were joined by general fatigue, dejection, sleeplessness, and anorexia, swelling of the face, left hand, feet, and serotum. When the author saw the patient for the first time, the pulse was found very frequent, small, and hard, cardial pulsation greatly extended, respiration obstructed (particularly when the patient tried to lie on the right side), sudden frights during sleep, dry cough, dry hot skin, urinary secretion, and alvine evacuations scanty. Percussion gave a very dull sound in the left side of the thorax, and bronchial respiration was detected at the same place by auscultation, and the respiratory murmur had completely vanished. There was no doubt, therefore, that water was already effused into the thorax. Leeches, blisters, nitre, borax, calomel, foxglove, &c., were unable to check the disease. On the contrary, dyspnœa increased, the abdomen swelled, and the patient fell into a state of stupefaction, bored his head into the cushion, and was seized with the most violent convulsions, lasting for several hours with unconsciousness, extreme dilatation and immobility of pupils, in short, with all the phenomena indicating effusion into the cavities of the brain. A venesection of eight ounces, leeches to the swelling of the neck, frictions of mercurial ointment on the head, &c., were all ineffectual. Then the author prescribed, by way of trial, one drachm of iodide of potassium in an ounce of distilled water, of which fifteen to twenty drops were to be taken every half hour. The convulsions diminished a little, the child became a little calmer, and discharged a considerable quantity of urine. After repeating the medicine, beside the increased urinary secretion, thin liquid stools were discharged; the skin became warm and moist, and all the symptoms improved considerably. The dose of iodide of potassium was now increased, so that the patient took one drachm within twenty-four hours. Some consciousness returned. After the patient had taken seven drachms of the remedy, he had completely recovered consciousness. But he could not yet see; the pupils were much dilated, and he recognised the persons present by their voices; his speech was not yet connected. The iodide of potassium was now discontinued, and replaced by the Tinctur. colocynthid., potass. bitart., &c. &c., under the use of which all morbid symptoms completely disappeared, and the boy was restored to perfect bodily and mental vigour.—*Dr. Höring, of Mergentheim, in Wurtemb., Correspondez. blatt.*

On the presence of Iodine in Squill.—Dr. Grandoni has extracted iodine from the ashes of squill. This discovery will throw great light on the employment of squill in dropsy, and occasion the use of the remedy in other diseases, as organic induration, glandular swellings, &c. &c.—*Dr. Grandoni in Schmidt's Jahrbucher.*

Galvanism in Amaurosis.—After the author had proved the efficacy of galvanism in two cases, producing a complete cure in the one and considerable improvement in the other, he arrived at the following conclusions:—1, The continuous stream of Wollaston's column, modified by Faraday, is exceedingly efficacious; 2, this efficacy is very considerable if the circle of combination be directed towards both eyes, but most considerable if it only extends to one eye; 3, the positive pole operates as a solvent on a leucoma, but displays little or no effect on staphyloma; and 4, the assertion is perfectly unproved of the zinc pole possessing a condensing, and the copper pole a solvent power; but, on the contrary, the author's observations show that the positive pole neither clouds the cornea nor produces a decomposition of the aqueous humour, but rather operates more powerfully on the nervous system than the negative pole, at least in case violent streams are employed for the purpose.—*Dr. Finella, of Saluzza, ibidem.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Cases of Injury of the Head.— Dr. Toogood narrates several cases of injury of the head in the *Northern Journal of Medicine.* The first is that of a strong man, thirty-two years of age, who was thrown from his horse, and received a violent blow on the left side of the head and shoulder, by which he was stunned, and rendered insensible for some time. On examination, no injury of the head could be discovered; he was bled to thirty ounces, and purged. The next day he was seen by Dr. Toogood. The patient was then in a state of abstraction, but not insensible, was easily roused, and answered questions rationally; his head was fixed to the pillow; the pupils were natural, and contracted readily; there was a great intolerance of light; the pulse was frequent, but natural, neither full nor hard; the respiration and skin natural; he was very irritable and restless, and complained of much pain in the head; the tongue was furred and loaded, and there was frequent sickness; he was deaf in the left ear, but heard perfectly in the right; there had been no discharge of blood from either. The head was carefully examined again, but no injury could be detected. He was again bled and purged, and was much relieved. The succeeding day he was able to get out of bed without assistance; but when in the erect posture required to have the head supported. Each time he got out a few drops of blood fell from the nose. The intellect was at this time clear, and the memory perfect. The pulse having become fuller and harder, and the face flushed on the third night after the accident, thirty ounces of blood were again abstracted with advantage. The next day he was again seen by Dr. Toogood. He then complained not a little of his head, and also mentioned a tingling sensation and numbness of the left arm. The pupils were natural, and contracted very

readily; the pulse regular, but frequent; respiration natural; the patient perfectly sensible. On minutely examining the head, he shrunk on pressure being made on the temporal muscle of the right side; and on increasing the pressure, he immediately had a violent epileptic fit, from which he soon recovered, and became as sensible as before. Another trial was made, by pressing very firmly on the same spot, which did not, however, produce a similar effect, although he shrunk from it as if it gave pain. At eleven, a.m., he had another fit. At twelve, he expressed himself as feeling much better, raised his head from the pillow and shook it, saying that he felt no pain, but only a weight on his forehead; he complained still of the numbness and tingling of the left arm and hand. At one, he had another severe fit, and as soon as he recovered from it he was bled. Soon after this he had another, after which he lay motionless on his back, the fits succeeding each other at intervals of a quarter of an hour, until three, when he expired. The pupils contracted on exposure to light, and he gave tokens of sensibility ten minutes before his death. On denuding the cranium, not the slightest injury could be discovered. The right temporal muscle was removed, but no fracture could be detected at the part on which the pressure seemed to have produced the epileptic fit. The left temporal muscle was black, with extravasated blood, from the blow which seemed to have been received on this part. The vessels of the dura mater were loaded with blood, and on removing it, the right hemisphere was found enveloped in coagulated blood. On removing the hair, two fractures were immediately visible—one on the right side, extending about two inches upwards and downwards, in a right line through the squamous suture—the other running through the centre of the mastoid process and petrous portion of the temporal bone, to the centre of the base of the skull. A piece of the petrous portion, about the size of a pea, was entirely detached, but not displaced so as to cause pressure. The next case was one of extensive fracture of the cranium from being thrown from a horse. The patient was forty-four years of age. On a careful examination of the nature of the injury, it was found to be very extensive, the fracture running through the anterior superior angles of the parietal bones, and upper portion of the frontal bone, immediately over the longitudinal sinus. Several loose pieces of bone were driven into the brain to a considerable depth, so that it was a good deal lacerated. It was determined at once to proceed to an operation. Accordingly, an angular portion of the bone was first removed with Hey's saw, with the intention of raising the depressed pieces, but this was found to be impracticable, until a larger portion was removed by a circular saw, which gave plenty of space for detaching the numerous broken pieces. One very large portion was driven down under the frontal bone, immediately over the longitudinal sinus, the removal of which was effected with much difficulty, and followed by profuse bleeding from the sinus. This, however, was completely checked by the introduction of a plug of lint. He was bled freely, and the usual antiphlogistic practice pursued. His recovery was perfect, although delayed by the supervention of an attack of acute rheumatism. In the next case, which is somewhat briefly detailed, the patient was a boy; the accident was caused by a blow from the vane of a windmill. There was extensive laceration of the scalp, and fracture of the temporal and occipital bones, which were broken into many pieces, some of which were completely detached, and driven into the brain, portions of which were discharging from the wound. Sixteen pieces were removed by Dr. Toogood; the largest had been driven down to the base of the skull, and was got up with great difficulty. He remained insensible after the operation, but on the following morning was free from fever. Although he did not regain his speech or senses until the tenth day, he completely recovered in a short time, without any active treatment. The last case is one of fracture of the frontal bone, and is detailed at great length, apparently because it involves an important point of practice. The accident was caused by a kick from a cart-horse. It did not stun the man, who, when seen by Dr. Toogood, presented the appearance of stupor, with sickness and dilated pupils. He was bled twice, and had a cathartic, which, however, did not remain on the stomach. The next day, the symptoms being rather increased in severity, Dr. Toogood divided the scalp right and left, in a semicircular direction, which enabled him to ascertain the nature and extent of the injury. The fracture began about the middle of the frontal bone, and ran across the frontal sinus towards the temporal bone, to the extent of nearly two inches. The principal depression was at the sinus; the edges of the bone, particularly towards the orbit, were very jagged, and irregularly broken. Eighteen fragments were removed, including the whole frontal sinus. A considerable quantity of coagulated blood having been carefully removed from the dura mater, the scalp was laid down and covered with light dressing. The pulse rose immediately to 86, and became perfectly regular, and the patient felt so much relieved that he got out of bed, stood upright, and put on a clean shirt without any assistance. The treatment after this was principally antiphlogistic, each successive bleeding appearing to afford relief at the time, but the patient manifestly becoming worse afterwards, until, at the suggestion of an old medical friend, Dr. Toogood exhibited opiates, which procured sleep, and the patient then manifested amendment, and by pursuing the same plan, with careful attention to the bowels, he perfectly recovered.

Poisoning by Arsenic.—Mr. Adams has placed several cases of poisoning by arsenic on record in the *Northern Journal of Medicine*. In the first case vomiting has occurred freely before Mr. Adams saw the patient. He found her in bed; the features were cadaverous, sharpened, and expressive of great anxiety; the eyes were prominent. bright red, and sparkling; surface of body cold and clammy; pulse quick, fluttering, and very feeble. These symptoms were accompanied by great prostration of strength, and she complained only of a sense of extreme faintness. There was no swelling of the abdomen, and she did not complain of pain when pressure was made over it. No vomiting had occurred for half an hour previously. Sulphate of zinc emetics, and draughts of milk, with magnesia, were exhibited, and, after a time, the stomach-pump was used. On introducing the œsophagus tube vomiting was excited, by means of which, and by the continued action of the stomach-pump, considerable quantities of the contents of the stomach were withdrawn. Very soon after she was seized with excruciating pain in the epigastrium, and repeatedly exclaimed that her "inside was burning." She called incessantly for cold drinks, which were freely administered. Her pulse shortly became imperceptible, and the heart's action feeble, and ascertained with difficulty. Soon after convulsions came on, accompanied with delirium; the pupils became dilated, and she sank rapidly. A period of five and a quarter hours occurred from the time she took the poison until her death. The body was examined twelve hours afterwards. The alimentary canal, from the stomach to the sigmoid flexure of the colon, was much contracted, and its serous surface was closely injected with bright arterial blood, giving it an inflamed appearance. The peritoneum generally had a peculiar, dry, and waxy-like aspect, very markedly different from its ordinary appearance. The stomach was filled with coagulated milk, having flakes of magnesia suspended. On removing its contents, the inner surface, especially towards the cardiac extremity, was found lined with a dark red pulpy substance, composed apparently of extravasated blood, mixed with mucus. Several elevated patches, of a dark colour and a fungoid appearance, were scattered over the inner surface, but were found principally towards the pylorus and in the duodenum. The greater portion of the inner surface of the stomach was corrugated into thick prominent rugæ, between which, and especially in the vicinity of the dark patches referred to, quantities of a yellowish powder were found closely adherent. The villous coat, together with the pulpy substance alluded to, was easily detached with the finger-nail, exposing patches of extravasated blood; and the whole organ seemed thickened, and felt soft and gelatinous. Several parts of the intestines presented similar appearances upon a smaller scale. The bladder was firmly contracted, and its mucous lining streaked with red vessels. The contents of the stomach on applying the ordinary re-agents, were found to contain arsenic. In the next case, although half an ounce of the mineral had been taken, the patient survived his suicidal attempt for nine days, although for seven days he had not any medical assistance. His symptoms were principally vomiting and profuse diarrhœa, with epigastric tenderness. He became comatose before death. The body was examined twenty hours after death. There was great emphysema of the lungs, particularly on the right side, where there also existed some old adhesions of the pleura. The pericardium contained nearly five ounces of serum. The heart was enlarged, though not to a very marked degree. The stomach was dilated, and a slight but distinct contraction divided the pyloric from the cardiac extremity. The serous surface of the stomach was congested with dark vessels, and the cardiac portion was quite black. A quantity of thick, brown, muddy-looking fluid was removed from the interior of the stomach, having flakes of coagulated mucus floating in it. At the cardiac extremity, and corresponding to the blackened portion already mentioned, the villous coat, to the extent of three or four inches, was also black, caused by extravasated blood lying beneath the membrane. The duodenum had much the same appearance as the stomach. The mucous coat of the intestines was throughout very soft and pulpy, and peeled off readily with the finger-nail. The whole tract of the intestinal tube from the œsophagus downward was congested, and in several parts injected with bright red vessels, both externally aud internally. Considerable quantities of mucus were thrown out in different portions of the intestines, but by far the greatest quantity was found in the rectum, which was also highly injected with red vessels. Yellowish particles resembling fine sand, were found adherent to the mucous lining at various parts. The mucous membrane of the bladder was slightly streaked with red vessels. In the third case recovery took place. The man had severe vomiting and purging, with convulsive tremors and sensations of cold and extreme faintness. The treatment consisted in the exhibition of lime water, powdered charcoal, and carbonate of magnesia, by which emesis was again induced and kept up for a time, after which the precipitated carbonate of iron was given, and mucilaginous drinks. The after treatment was directed to quell abdominal inflammation. Although the man escaped the immediate effects of his crime, he did not perfectly recover, for Mr. Adams learned afterwards that he had fallen away in flesh considerably; his general health was not good, and he occasionally suffered from affections of the stomach.

Modification of the Chest Callipers.—At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Spittal exhibited two pairs of brass callipers, similar to those described by Drs. Walshe and Stokes, for ascertaining the diameter of the thorax. The one had a fixed, the other a moveable spring for the purpose of keeping the blades, with their flat disks or button-like extremities, applied to the chest; and both had a graduated scale below the attached extremity of the blades. Dr. Spittal called the attention of the society to a modification which he had found advantageous in using the instrument, viz., the enlargement of the disks, which should not be less than from two-thirds to one inch or more in diameter, and the rendering of them moveable in the direction of the motion of the limbs of the instrument. By this arrangement, the extremities of the callipers always adapt their flat surfaces to the thorax; whereas, when the disks are fixed, their edges, in certain measurements, are presented to the chest, and sinking into the soft parts, render the observation less accurate; a like objection, of course, applying to disks of small size. The amount of the movements of elevation and depression of any part of the thorax during respiration, is very easily ascertained by this modification, the moveable extremities of the instrument following the motion of the chest, the exact range of which is shown by the corresponding movements of the index over the graduated scale.

Distoma Hepaticum.—Klencke has ascertained that the structure usually considered as the ovum of this animal is, in fact, a cyst containing ova. These ova are cells so microscopically minute as to

be able to pass along the smallest capillaries. The liver of the sheep is seldom free from them: only two were so in twenty-one that Klencke examined. They are also to be found in other organs, as the mammary glands, thymus, &c. It appears probable that the distoma passes through two or three stages of development, and that one of these stages at least is completed externally to a living organism—that, in fact, the animal returns to a living body to deposit its ova. The distoma may be dried without destroying its vitality.

TO CORRESPONDENTS.

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office*, 49, Essex-street, Strand, *price* 12*s. neatly bound.*

Surgeon Snipe *is amusing, on the head of the printer's singular transposition of the leading articles in our last number. We have this week incurred the expense of giving an extra eight pages to supply the place of the transposed columns. The binder should be instructed to cancel the former eight pages.*

A Constant Reader *asks a leading article on a subject which, with its causes, is familiar to every medical man. It may, however, admit of further elucidation, and on that score may not be passed unnoticed.*

Senex *is very clever, but inadmissible. The insertion would be a cruelty; and there is so much good behaviour at present, that silence on so personal a topic becomes now a duty—as to us it would always have been a pleasure. The quotation from Dr. Costello's letter is not given correctly.*

It is our intention to take up the subject of A. B.'s *communication at some future period—not far distant, we hope.*

Anti-Humbug *has sent us a handbill, part of which we reprint* verbatim:—Packer's Alterative Powders, for the Diseases of Children. Sold in packets, at 1s. 1½d. each, by Willoughby and Co. Bishopsgate-street; Chapman, High-street, Islington; Cox, John's Row, St. Luke's; Crook, Parrock-street, Gravesend; and all respectable chemists throughout the kingdom; and of M. Pichon, Rue de la Ecu, Boulougne. Prepared only by Charles Packer, Surgeon and Apothecary, 12, Pitfield-street, Hoxton, Registrar of births and deaths for the district of Hoxton Old Town. *We are sorry Mr. Packer is a duly qualified practitioner.*

We regret we cannot afford more space to the subject of Mr. George Wilson's *communication. His favour of October 20th is left for him at our office, and shall be delivered to any duly authorised person who demands it.*

By a strange coincidence two gentlemen named Harvey *resided about the same time in* Edgar's-buildings, Bath. *One of these gentlemen*, Mr. Theophilus Harvey, late of 5, Edgar's-buildings, *is a defaulter on our books to a considerable amount, and has, we understand, recently quitted England. When, according to our usual custom, we published a list of our defaulters, some time since, we inadvertently announced this gentleman as* Dr. Harvey. *The occurrence of this error is a source of considerable regret to us, and we take the very earliest opportunity for its correction.*

Mr. C. J. Newstead, of Brighouse, Yorkshire, *has sent us the following case:*—"October 14.—J. L., aged eight years, received a slight injury to the hip-joint, from a fall two years since. He got about with the aid of a crutch, for several weeks, and had no surgical assistance. The pain, however, getting worse, after several months, his mother consulted a quack. This individual undertook to pronounce the 'hip out,' and set to work to accomplish the reduction, '*vi et armis.*' The pain increased, and the joint became surrounded with abscesses. Emaciation went on up to his death, which occurred on the 13th. On examination after death, the head of the femur was found on the dorsum ilii. The ligaments and cartilages were destroyed, and the acetabulum was carious, and completely perforated.

Medicus *suggests that medical men, in practice before* 1840, *should be allowed to obtain the degree of M.D., Lond., by passing one examination only.* Medicus *thinks many would avail themselves of this opportunity who are unable to leave their practice for a sufficient length of time to undergo the several examinations at present required.*

F. *is anxious to learn when the Transactions of the College of Surgeons, which were advertised about three years since, will be published; and, further, when the next part of the work on Calculi will make its appearance. We presume that the college council have been too busy in disenfranchising the commonalty to attend to scientific labours.*

A Country Bookseller.—*Many thanks for the suggestions, which shall not be overlooked.*

Dum Spiro Spero.—*The oversight alluded to is of no importance.*

Detur Digniori.—*Our correspondent conjectures rightly. Saturday, the 1st of November, is the last day on which we can receive* prize reports.

G. M. Burton.—*We hope a favourable change in our correspondent's circumstances may enable him soon to perform all he desires. For the present we are satisfied to wait.*

Mr. W. P. Brookes *writes, in the* Shrewsbury Chronicle, "*The peaceful occupation of medical practitioners renders them so habitually averse to public excitement, that it is not surprising they should desire some repose after their recent exertions in opposition to the medical bills of last session. I begin to think, however, that my Shropshire friends have taken a long nap, and beg to remind them that the National Association never sleeps.*"

In reference to a statement in our last, we have since been furnished, by a "Hater of Penny Clubs," *with the following additional information:*—"*It seems this vile system has been of long standing in Kidderminster and its neighbourhood, and, instead of being introduced by Dr. Roden, as the remarks of "Medicus" would lead us to suppose, was adopted some years past by* Mr. Thrustfield, *a practitioner of long standing and some repute. The system was afterwards perpetuated by his apprentice,* Mr. Tailor, *who exposed his trashy bills in divers shopkeepers' windows. Next came* Mr Bogers *with his penny club; and lastly, if not least,* Mr. Pillbrick, *whose bills are also in the shop-windows.*" *We have thus before us, at the present moment, four more of these unfortunate productions. Of course, these facts much alter the aspect of affairs as contrasted with our remarks last week. Of all the plans, we must yield the palm to* Dr. Roden (*who appears, to some extent indeed, to be fighting the battle of the legitimate practitioners of the town against the "penny club system"*), *in having, at any rate, managed his society in the most delicate way, commensurate with such an unfortunate state of affairs. The subject is so pregnant with unfortunate associations, that we shall feel glad not to recur to it.*

A Competitor.—Dr. George Gregory, Mr. Samuel Lane, and Mr. Henry Ancell, *have kindly undertaken the arbitration of the* Medical Times Prize Reports.

THE MEDICAL TIMES.

SATURDAY, OCTOBER 25th, 1845.

"Homines ad deos nulla re propius accedunt, quam salutem hominibus dando."—CICERO.

De gustibus disputandum est.—MEDICAL TIMES.

OUR leader of last week, it will be remembered, had reference to the damaged state of the present crops of potatoes. We enumerated with some care and not a little curiosity, all the learned opinions which have been lavished upon this common-place subject, and, after discarding such sublimities as we had no occasion for, came to the unpretending conclusion that the potatoes are *rotten!* With this opinion, we think most good judges will agree. So much for the mischief itself. Now, our good-humoured bye-play about the electricians, microscopists, and chemists, was simply to give a slap at the growing rage for explaining everything by subtle agencies, even to the exclusion of what may be called honest eye-sight, or good common sense. Novelty and discovery are so much the order of the day, that, really, to keep pace with them one would want to be argus-eyed, and Briarlus-headed, and never know the luxury of an idle hour or a nap. But as we carry only one head, and no more eyes than are usually found in that organ, we are obliged to be cautious how, when, and upon what subjects, we exercise them. And this caution increases so much in us, that we now look suspiciously upon mere *ipse dixits*, and entertain theories and suggestions with a degree of invariable qualification. Some years ago there was a great rage for converting deal into oak. A long-headed fellow, after many agonisings of genius, delivered himself of the costive conjecture, that, as deal is so much lighter than oak, "*argal*," if the former were only sufficiently compressed, as a matter of course, it would be turned into the latter. The bright spark struck from his brain found ready fuel in the brains of plenty others. The ignition was followed by a blaze, which proved, with a demonstration equal to daylight, that the affair was clear enough. The scheme was forthwith set on foot. The first consideration was money—that was caught as fast as fever—advertisements were issued, shares were disposed of, and a company was the consequence! Everything proved to be true in the rule laid down, except its application. The compressing machine worked "not wisely, but too well,"—the incarcerated deal came out, looking not quite so much like oak as like sawdust! The aerial machine is a more recent folly, which, spite of its ridicule in Rasselas, obtained more believing converts than Mormonism. We mention these, out of a multitude of popular fallacies (the day is gone by for "vulgar errors"), so that we may just whisper in the ear of many an *adventurer* in microscopy and chemistry "*mutato nomine, fabula de te narratur.*"

Whether the potatoes complained of be really rotten, *as we say*, or in a "morbid state," *as some other people say*, has little to do with two questions naturally arising out of the circumstance, viz., are these potatoes fit to be eaten, and what are the poor to do without them? The former is especially a query for ourselves to answer; the latter rather belongs to Ministers of State, political economists, and parish guardians.

That potatoes in their present bad condition are totally unfit for food, might almost be assumed *à priori*. It is well known that vegetable matter in a state of putrescence, either commencing or confirmed, is not only for the most part innutritive, but is also capable of irritating the alimentary organs, and even of poisoning the system. "Sprouted wheat," as the farmers term it, never bakes into spongy substantial bread, but remains "sad," soft, and nauseously sweet. The refermentation which bread undergoes when kept in a warm, damp atmosphere, and which is succeeded by "ropiness," as it is called, is an approach to the same condition. Either is unfit for food, and serious mischief has often been known to follow its use. History is familiar with instances of epidemics consequent upon eating the unsound corn grown during wet and cloudy seasons. One of the most figurative adventures in the classical writings is amongst the earliest references to this well-known fact. The most ancient plague mentioned by profane authors occurred during the sovereignty of King Athamas; it desolated Thebes, and was the occasion of the Argonautic expedition for obtaining the Golden Fleece and consulting the oracle at Colchis. That plague is said to have been occasioned by the wrath of Ino, who, to revenge herself on Nephele, produced the pestilence of poisoning all the grain which

had been sown in the earth. It is not necessary to inform the classical reader that Nephele signifies a "cloud," and that hence, as an old scholiast observes, in this tradition of a universal malady is shadowed forth the vitiation of grain by means of clouds, showers, and inclement seasons, as well as in the same legend are detailed the terrible effects which grain so distempered is capable of producing. We learn from Procopius (Persic., lib. ii., cap. 22), that during the reign of Justinian a fearful pestilence swept through a vast portion of the Roman empire, and seemed to be referrible to no cause except the use of unsound grain. When Cæsar besieged Marseilles, a pestilence prevailed, and affected his whole army, and was supposed to be owing to a bad kind of farinaceous food. "Panico enim vetere, atque hordeo corrupto, omnes (*Scil* Massilienses) alebantur," &c. (De Bello Civili., lib. ii. 22.) In 1529 an epidemic disease spread throughout Norway, Denmark, Holland, and Flanders, and appeared at Hamburg, Bremen, Lubeck, Dantzic and Cologne. In those districts birds were frequently seen to fall dead from the trees, and were found to have small abscesses about them, especially under their wings, and Schiller (de Peste Britannica) attributed all these things to a moist cloudy state of the atmosphere long prevalent; but other more accurate observers referred them to the use of impoverished and rotten grain (Schenck. Obs., p. 764). The pestilential disease which ravaged Messina in 1554, so well described by G. Agricola (apud Schenck., p. 764), seemed to be for the most part attributable to the use of deteriorated farinacea. Forestus imputes the plague which appeared at Delft in the year 1557 to the eating of mouldy grain which had long been kept up by the merchants in a time of scarcity. At the same time a similar disease prevailed in Spain; many died of it, and their bodies were found covered with purple spots. Coincident with this visitation was a rotten and mouldy state of the grain, the consequence of a cloudy and very wet summer (see De Thou's History of his own Times, Vol. 2). Sir John Pringle remarks that he has heard of dysenteric affections being frequent among the common people on the Continent, who chiefly live on grain, and that these affections are especially prevalent when the crops are found to have been injured by wet and cloudy weather. An epidemic fever, described by Silvius de la Boe, raged at Leyden in 1669, and was generally attributed to the use of unsound vegetable food. In 1690 the summer was very rainy and hot in Italy, and most of the crops were rotten or mildewed. In the year following, when this grain was eaten, a general and fatal epidemic prevailed (Webster on Epidemic Diseases, Vol. i., p. 332). In 1693, the corn in various places was gathered in an unripe or rotten state, and, subsequently, those places were visited by putrid fevers and dysenteries—wounds degenerated into ulcers, blisters were followed by mortifications (Webster, op. cit).

In the description given by Gregorius Horstius of a fatal epidemic, the malady is chiefly attributed to the use of a bad farinaceous food. "Causas hujus affectus quod attinet, ex ægrotantium relatione scire licet, quod externa causa communiter in alimento, ad nutriendum minus idoneo et improportionato, consistat dum pauperis rebus ad vitam necessariis destituti, panem impurum et male coctum longo tempore in summa famis urgentia, devorant," &c. (Greg. Horst. op. vol. ii. lib. 8.) A similar report upon this epidemic is made by Sennertus in his chapter "De febre maligno cum spasmo." In 1816, he crops in this country were seriously injured by the profuse rains which fell, and subsequently, when the grain was made use of, dysentery and typhus fever became prevalent. In the following year, in consequence of the heavy rains which fell between the months of January and March, most of the crops in Bengal were vitiated; and shortly after this, and seemingly as an effect of it, came the cholera. And the laborious train of investigation pursued by Dr. Tytler, renders it more than probable that fatal disease owed its eastern origin and progress mainly to the use of deteriorated grain—chiefly rice. (See Tytler on the Morbus Oryzeus, *passim.*) Dr. Tytler fed a healthy young goat with Ouse rice; it caused a diminution of appetite, excessive thirst, weakness, stupidity, watery eyes, and apparent suffering. The animal died in forty-two hours from the commencement of the experiment. The only morbid appearance of moment was an "erythematic inflammation," extending from the stomach to the intestines. In several instances mentioned by Dr. Tytler, the effects of this rice upon the human subject were very serious. (Op. cit. p. 80.) Some very remarkable cases in proof of the bad effects of unsound grain taken as food are recorded in the Philosophical Transactions, Nos. 83, 84, 85, and 98; and in Med. Museum, tom. i, p. 442, and tom. ii, p. 449. The particulars are briefly these. In 1762, J. Downing, his wife, and six children, residing at the village of Watisham, were seized with violent pains in the feet, legs and thighs, the other parts not suffering materially. The affected limbs grew black, gangrenous, and fell off. The father, most triflingly attacked, was fortunate enough not to lose a limb. A child, four months old, died before any of the members separated. The mother, three girls, and two boys, lost, collectively, seven legs and four feet. The Rev. Mr. Bones, minister of the parish, in answer to questions put by Dr. Baker, states, that they made their bread, the summer before, of what is called clog wheat. The grain was damaged; it had been laid, gathered, and thrashed separately; it was not mildewed or grown, but discoloured, and smaller than the rest. It made bad bread, and worse puddings. We have not space to go further into detail, or we could give many more examples derived from history, and some from personal observation, of the baneful or fatal consequences which have followed the alimentary use of unsound grain. *Ex uno disce omnes*—others of the farinacea, similarly diseased or rotten, would be likely, if taken as food, to be productive of equally bad effects. Hence, as we said at the outset, we might *à priori* assume that the present deteriorated potatoes would not only furnish little nutriment, but might be actually poisonous, to those who partook of them. The assumption would be perfectly logical, and we should be as perfectly justified in making it, did we not prefer the *à posteriori* argument as being more in accordance with the matter-of-fact subject upon which we are treating. And it is one not to be disregarded or trifled with—calamitous consequences may, and most likely will, follow the eating of these corrupted potatoes—already, indeed, they have begun the work of mischief—and it behoves the Profession to consider well the circumstances. What further we have to say upon these will be contained in our next article.

A SHORT AND SEASONABLE LECTURE TO MEDICAL STUDENTS.

By Surgeon Snipe.

Gentlemen,—The tendency and object of the observations we now offer, will be to give you a very plain exposition of some of the drawbacks, lets, and hindrances which are sure to fall to your lot in pursuing that career on which you now enter. They will comprise and elucidate some of the stern realities of life—realities which, if you could but pry into futurity, would be enough to damp that ardour which smiling Hope now upholds, and cause you to shrivel, as the charred leaf, in despair. Happy, indeed, is it for you that the future is beyond your vision! Were it otherwise, you would be disappointed, stunned, paralysed with the prospect; your energies would fail you, and your aspirations after medical renown and glory would seem filmy delusions.

The Profession of Medicine, at the present day, is a galling illustration of the miseries of mismanagement, and affords abundant proof of the convulsive struggles of the few to keep down, and, if possible, annihilate that spirit of sound and growing intelligence which characterises the majority of its members—men who have heads, hearts, and hands endowed as efficiently (nay, we hope, more so), with every function for the public weal as they who so proudly take upon themselves the officious and unwelcome task of subjugating them to the contracted ideas of a faction wretchedly illiberal in principle, puerile in action, and devoid of every sentiment of freedom and justice.

The Science of Medicine is a noble science—worthy of the labours and study of the highest intellect—and incalculably great are the benefits which result to the whole human race from its successful cultivation. But it is a science which is, unfortunately, crippled by numerous absurdities and useless distinctions; and the attainment of honour, station, and emolument, we are sorry to confess, is not reserved for the sons of labour and intellect, but falls like a mantle directed by favouritism and relationship, on the shoulders of those who luckily possess the prime requisites—*money and friends.* These, undoubtedly, ought not to be the governing attributes of a profession like this, but let a few more years pass over your heads, and you will then ascertain, when you come to struggle in the world, that our views are but too true—that we speak the words of soberness and experience—and, however anxious we may be to "set down nought in malice," yet we are bound to declare that this is a blighting curse, which excites both our indignation and regret, and which we are very desirous to impress on your minds as rising members of this useful, honourable, arduous, but oppressed profession.

Recent attempts have been made to re-model the governing powers of this anomalous body, but hitherto, every change has only been remarkable for increased fatuity, increased disregard of the rights and privileges of its members, and increased desire to render the majority a subordinate and degraded class, in order to contribute to the vanity and the supposed superiority of a very powerful but mistaken Council.

> "While poor John Bull, bewilder'd with the scene,
> Stares, wondering what the devil it can mean;
> But as *some* hands applaud—*a venal few!*—
> Rather than sleep, why, John applauds it too."

It is really lamentable to witness the perverted ideas of some, and the miserably contracted notions of others! It is really lamentable to witness what a burning desire still exists for "*class legislation,*" which, to say the best, is but a curse; and what a thorough dread there seems to be of the development of broad and just principles, which alone can ever hope to meet with support and approval.

Hyper-Brodian spirits like these may, perhaps, retard the progress of those salutary changes for the improvement and protection of the Profession which are now almost universally demanded and admitted, but the opposition they evince to the dictates of common honesty and common sense, will, we trust, only make the foundation of any

proposed scheme still more sure, and contribute to enlarge that searching investigation into its merits, which nothing but a combination of truth, honour, and justice can ultimately withstand. Pity it is that men can be found with a film before their eyes so opaque as not to perceive a simple truth like this, corroborated, as it must necessarily be, by daily and hourly events on the passing stream of life! Lamentable it is that men can be found so short-sighted and foolish as to attempt to arrest or divert the deep, clear current of legitimate right and publicly expressed opinion, for no other reason than that they unfortunately possess a store-house of perversity and opposition, alike disgraceful to educated minds, and worthy only of our pity and contempt. They may, indeed, have power to render the stream turbid and unsightly, but, after a little time, its impurities will again subside, and it will flow as pellucid as ever. We cannot, however, admire that judgment and that extent of wisdom which will obstinately proceed after a fashion so puerile and mischievous. We had hoped that age, experience, and contact with the Profession and the world would have had a powerful influence in awakening truly liberal principles and enlightened ideas, and that any opportunity of rendering succour to the oppressed, would have been hailed with joy, and every effort would have been strenuously used, *even at a sacrifice*, to establish a grand NATIONAL FACULTY OF MEDICINE AND SURGERY.

Verily, the enemies of the Profession seem to be centred in the Profession itself! and, maybe, it is a dispensation of providence to remind us that we occupy a sublunary sphere, where all is a mixture of turmoil and disappointment,—hope and fear, imperfection and insecurity,—struggles for right against the abettors and supporters of wrong. Byron says, "imbecility may be pitied, or, at worst, laughed at and forgotten; *perverted powers demand the most decided reprehension.*"

Such is the gloomy picture of the present state of the Profession to which you aspire; but we trust its days of darkness and imbecility are now numbered, and that, in due time, it will again rise like a phœnix from its ashes endowed with new and lasting strength, capable of being a friend to the friendless,—a powerful foe to the evil-doer,—and an object of the nation's dearest care and vigorous protection. This is what we most ardently wish, and what we just as ardently hope that you may live to witness and enjoy. We should like to see you looking up with confidence and gratitude to a National Faculty of Medicine for support and encouragement. Many will be your trials, and severe the labour and study you will have to undergo, in order efficiently to qualify yourselves for a full and scientific discharge of your important duties, and you will have much need of all the encouragement and support which such a faculty would, no doubt, be entitled to bestow. But, gentlemen, much has yet to be done. The council of the College seem to display every disposition to repudiate you—to bring your and our noses to the grindstone—and with true inquisitorial crutch compel us unresistingly to cringe before their Olympian nod! Can the council, however,

> "Bid the whale
> Drink up the sea it swims in?—Can the less
> Contain the greater?—"

Can the council allay the storm which they themselves have contumeliously hatched? Have they power to hurl the tomahawk of defiance with one hand, and meekly offer to their suffering brethren, the "pipe of peace" with the other? If so 'tis an omnipotent council; but we doubt its prudence! They delight to issue statemen after statement in imitation of a Popish bull, granting, by slow degrees and after much compulsion, pabulum for wondering members! They seem to act judiciously, uprightly, and, for once, in strict accordance with the principles and practice of physic, considering correctly,

> "That famish'd people must be slowly nurs'd
> And fed by spoonfuls, else they always burst."

There has been some talk and much print about an imaginary Enfranchisement of Members in the Royal College of Surgeons of England, but the Council resolutely and foolishly say, no. We as resolutely say, yes; and we trust every member will be satisfied with no less. This is what *we* have an undoubted right to ask, and what it will be *their best policy* freely to bestow;—then let UNION take the helm, and safely pilot us into our legitimate haven! We have only to wait quietly until the quack has prepared and issued his "*Patent Mind Expansion Pills*," and then our hopes will surely be realised! They will be duly advertised and sold like the "*Poor Man's Pills*," or the "*Eleven o'clock Pills*," at sevenpence-halfpenny per box—so that, giving the quack a few weeks to work off a supply, and the Council a few weeks more for assimilation, we shall then begin to look for such an intellectual expansion as will truly delight every "*young fellow*" and "*miserable member*" of the Royal College of Surgeons in Lincoln's Inn Fields, London;—though it might as well be at Timbuctoo or Constantinople for any real interest its members have in its present affairs!

However,

> "There's no such thing as certainty, that's plain
> As any of Mortality's conditions;
> So little do we know what we're about in
> This world, I doubt if doubt itself be doubting."

Talk about enfranchisement! What! And ask for a vote in our own college! 'Tis the very height of impudence and indiscretion! It will make tears start into our eyes so soon as ever the prospect opens to our view! We know a sharp lad who accidentally caught a glimpse of a plum pudding long before it was boiled, and the only words he could utter were—"Oh, dear me! the very sight of that makes tears come into my eyes!—and yet when I went for the currants yesterday, I had a faint idea there was going to be a pudding!" *We* are not so certainly impressed, as yet, with any evidences or symptoms of enfranchisement in the Royal College of Surgeons, though we undoubtedly think there is something in the mist—something as "*clear as mud*"—which time and patience will ultimately develope. *Snipe* is not *quite* sure whether his "quick-silver small-talk" will get him a Fellowship or not—that is to say, with the sanction of the College of Surgeons; however, he must keep his spirits, and rest content with homely fare and common things. This is displaying true wisdom, and a principal ingredient of happiness.

In conclusion, should this little lecture have afforded you satisfaction, we shall have much pleasure in transmitting you another, which is in preparation; in the meantime, we wish you to be diligent and careful, and to keep your eyes steadily fixed on the certain accomplishment of your best hopes.

Halifax, September, 1845.

OBITUARY.—The death of Dr. Antonius, physician in chief to the African army at Algiers, is announced in the French medical periodicals. Dr. A. died of dysentery, brought on by the fatigues of inspection during the heat of summer. October 6th, at Stroud, aged 78, Edward Humpage, Esq., for many years a surgeon of that place.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

By ROBERT LEWINS, M.D., &c.

(Continued from page 81.)

Having impartially adverted to the ability with which the present professors in the University of Edinburgh perform the important duties of their office, and faithfully stated the circumstances connected with the appointment of each to his chair, I proceed to the second part of the task imposed on me by the ungenerous mode of attack practised by O. P. Q.

In his paper (*Medical Times*, vol. xii, page 309) he has, in a style truly depreciatory, said, "Two kinds of statistics on which to base an opinion" (of the system of teaching in the Scotch universities, and in that of Edinburgh in particular) "may be collected, but it does not follow that either kind might be acceptable to the Premier. It might first be inquired into by figures:—1st, Whether or not the holders of chairs had not gradually sunk from first-rate men to second-rate, third, or even fourth-rates; 2nd, Whether it was or was not a fact that family arrangements, aided by local influence, had not acted so as to exclude all talent however elevated; 3rd, As applied to actual existing institutions, whether it had or had not happened that such persons as Brewster, Faraday, Davy, Brown, Abercrombie, and others, had been distinctly refused a place within their walls." The first and second of these queries I have already answered, and I have proved to the satisfaction of all candid men, I trust, that the insinuations as to the corrupt condition of the electors, and the incapacity of the professors in the University of Edinburgh, are frivolous and vexatious, or something more reprehensible. The third query I hope to dispose of as satisfactorily as has been done with the two foregoing, and to demonstrate that the system of teaching and training in the Northern Metropolitan University are such as to make it a fit model for the Irish provincial colleges.

When, in the year 1833, the professor's chair of natural philosophy was rendered vacant by the death of Sir John Leslie, a man of extraordinary genius, the members of the town council (the patrons of the chair) in their anxiety to obtain a successor worthy of such a philosopher, offered the chair to Sir John Herschell, who respectfully declined it, being at the period referred to about to proceed to the Cape of Good Hope in the prosecution of his astronomical pursuits. Sir David Brewster and Mr. James David Forbes started as candidates, and, after a keen contest, the latter was elected. Mr. Forbes's success afforded another example of the fallacy of the opinion adverted to by O. P. Q., and which has given rise to a somewhat indecent pun on the motto attached to the city's armorial bearings—*Nisi dominus frustra*—in reference to the election of professors. The Tory Lord Provost of the day (Mr. Learmonth, of Dean)—"a good man and true"—most anxiously desired the election of Sir David Brewster, and exerted himself actively in his behalf, but as unavailingly as did a Whig successor in the civic chair (Sir James Forrest) seven years afterwards for the distinguished Dr. Kennedy, of Dublin. How much the public is indebted to the late Bailie Henderson (an Edinburgh citizen, one of the body politely styled by O. P. Q. a trading shop-keeping oligarchy, and said to be contemners of all science and scientific men) and the party that acted with him, by whose votes the present professor of natural philosophy was placed in his chair, I leave it to those to decide who are best acquainted with what the rival candidates have since done for science, as teachers, and as writers. Whether Sir David Brewster or Mr. Forbes has best supported the character of the universities to which they respectively belong, O. P. Q. is, I presume, aware.

It would be presumptuous in me to eulogise the scientific talents and moral excellence of Mr. Forbes; but this I may say, there never was a more deservedly popular professor in *any* university, and that as a teacher of natural philosophy he is a successor worthy of Playfair and of Leslie. So much for "Brewster having been distinctly refused a place within the walls" of the University of Edin-

burgh, that is, fairly beaten in the field of honourable competition. Under Whig auspices he subsequently got a "place" in another university—St. Andrew's—how much for the advantage of the United College of St. Salvador and St. Leonard I propose as a query to O. P. Q. Faraday, a man of illustrious name in the scientific world, never was a candidate for an Edinburgh professorship. Had he been so for the chemical chair he would, I am convinced, have been received with open arms by the patrons, and his appointment would have been a cause of rejoicing to the *senatus academicus*, and to the *savans* of "Modern Athens."

Dr. John Davy, the gentleman to whom O. P. Q. must allude, was mentioned as an aspirant to the chair of physiology, would, I doubt not, have done honour to the "place," but so does Dr. Allan Thomson. The town council could not put two men in the same chair.

It may be natural for the disappointed to complain, but it is not characteristic of magnanimity. "Others" really possessed of that virtue will gracefully submit to a decision, adverse although it may be to their interests, and if they conceive that their merits have not been duly appreciated, will solace themselves by reflecting on the saying of Solomon that "the race is not always to the swift, nor the battle to the strong, nor riches to the man of understanding." Is it, in the words of one of his most rational admirers (my lamented friend, the late Dr. Fletcher, himself a distinguished ornament whilst he lived of the Edinburgh Extra-Academical Medical School), "the vagabond and despised, but talented John Brown," that O. P. Q. means? If so, to speak again in the language of Fletcher, who duly appreciated the extent of Brown's genius and the imperfection of his judgment, "the ungainly person and disreputable habits of poor Brown" disqualified him for a professor's chair, and justified a town council of the last century in distinctly refusing him a place within the walls of its university.

Is it the Brown who was a candidate for the chemical professorship lately that O. P. Q. means? If so, with due deference to the former be it said, the electors chose a better man. That *O. P. Q.* should lament Dr. Abercrombie's failure in obtaining the chair of the practice of medicine surprises me, as it will perhaps astonish others. On this occasion, I may be allowed to say, it is doubtful if it would have been well for the reputation of the sagacious Abercrombie had he been placed in the chair previously occupied by Dr. Gregory. Be that, however, as it may, I have the best authority, his own, viz., for saying that he did not expect the town council to give him a place within the walls of the University, perhaps he did not anxiously wish it.

O. P. Q., in his usual style of interrogation (*Medical Times*, vol. xii, p. 309), expresses himself thus:—"Suppose the question put is—What do you know of the University of Heidelberg? Is it a celebrated school? Do they issue many diplomas? Do they do much business in that way? Our answer would be this—Heidelberg has produced, and now possesses as its professors, some of the most distinguished scientific men and distinguished scholars the world can boast of; in this way do we value Heidelberg; in this way do we value Berlin; in this way do we value Paris; this made Leyden what it was, and the absence of these, since the advent of the Dutch king, makes it what it is. We are quite sensible that these are not the statistics which the Premier is looking for." I am, perhaps, better acquainted with Heidelberg than O. P. Q., and have the honour to number amongst my personal friends one of its most distinguished professors. O. P. Q. has accurately described that university when he says it has produced, and now possesses as its professors, some of the most scientific men the world can boast of. Such undoubtedly are Tiedemann, Gmelin, Chelius, and Naegele. As to a Heidelberg diploma, I hold it in higher estimation than do many of my countrymen; nevertheless, everything considered, despite of O. P. Q.'s extraordinary assertion, that the University of Edinburgh has ceased to be a place to which a father could send his son with the slightest chance of a sound education (!), I, as a father, and one whose experience on the precise point at issue has been great, declare that I would infinitely rather send my son to Edinburgh than to Heidelberg, Berlin, or Paris.[1] As sound a medical education is to be obtained at Edinburgh as anywhere in Europe, and much more so than at most other medical schools. To Edinburgh, I repeat, any father may confidently send his son to study medicine, where he will certainly receive an education that will enable him to rank with the first of his profession, whether destined to practise it in the military or naval service of his country, or to engage in the important and responsible duties of a medical practitioner in civil life. To this subject I shall probably return in a seventh and concluding article.

"When Gottingen is mentioned we think of Haller," says O. P. Q.; "when Leyden, of Albinus; it was Scarpa who in latter days honoured an obscure Italian school by his presence. He was desirous of improving that school, and accordingly he suggested certain improvements to the Austrian Government. But," adds the incorrigible O. P. Q., "in Metternich and the thick-headed Francis he encountered a Sir Robert Peel, and a trading shopkeeping oligarchy, contemners of all science and scientific men (!). We want good, not great, men, was the Austrian monarch's reply. We want men of an orthodox mediocrity is our present Premier's." Language this, as well as that uttered by O. P. Q. at other times, evidently dictated by a spirit which contemns all constituted authority, modestly considering its own superior and infallible! Of O. P. Q.'s abuse of the amiable Austrian monarch and of his acute minister I say nothing. A North Briton, however, I must remark, might be expected to speak somewhat more reverently of a Prime Minister[2] under whose administration the patronage of the British Crown has unquestionably been dispensed with unprecedented impartiality, of which the Bench, the Universities, and the Church of Scotland afford sufficient evidence.

The "trading shop-keeping oligarchy" (the town council of Edinburgh) performs, as I have shown, its duty to the University, to science, and to scientific men, with the most scrupulous fidelity, and that O. P. Q., a native of Dun Edin, I believe, certainly educated there, an *alumnus* and a graduate of its University, ought to know and acknowledge.

> "Truth will intrude—she bids him yet beware,
> And shakes the sceptic in the scorner's chair."

O. P. Q.'s remarks as to the reminiscences associated with the mention of Gottingen and Leyden have been well responded to by Mr. Deane of Chatteris. In addition to the great men mentioned by him connected with Edinburgh and Glasgow, who were contemporaries of Haller and Albinus, or whose names are known to fame as Edinburgh professors in the eighteenth century, were Whytt, the Monros *primus et secundus*, Cullen, Black, the Gregorys John and James.[3]

By a few plain statements of facts, according to O. P. Q., may the whole system (of teaching and electing to professorships) be understood. "During the last thirty years," he avers, "there has not issued from the chemical laboratories of Edinburgh or Glasgow a single original analysis, from the anatomical establishment not a single original discovery. In Glasgow the names of the professors may be seen attached to the advertising cards of common grinders, a set of men who have all but ruined the medical profession. Two general practitioners occupy the chairs of surgery. In an establishment founded in London, on the Scotch system, one of the professors of anatomy and physiology is not, nor ever was, a medical man in any sense of the term. Lastly, the value of the diploma in the very first of these Scotch establishments has sunk so miserably, that even St. Andrews, the notorious St. Andrews, now drives so very thriving a diploma trade that the sale of the Edinburgh parchment is fairly at a discount (!) and may speedily be all but extinguished. Yet this is the system which the Premier proposes inflicting on the Irish people!"

It is true that, since the time of Black, Scotland has not been renowned for the number of those who have made great original discoveries in chemistry. To Dr. Rutherford, however, the late professor of botany in the University of Edinburgh, was due the honour of discovering nitrogen gas; and it may be stated with truth, that chemistry, as a science, has been well taught at Edinburgh, within and without the walls of the university for upwards of fifty years past, by the late Professor Hope, by Thomson, Murray, Fyfe, Reid, and Kemp, names each and all of them well known in the scientific

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1 A year's residence, however, at Heidelberg is very desirable. The first *annus medicus* of a student under proper management may be very advantageously spent there, and it is certainly highly proper that every medical practitioner with pretensions to a liberal education should see the practice of foreign hospitals, especially those of Paris, Berlin, or Vienna—*all* of them, if possible, before engaging in the actual duties of his profession.

2 The remarks above, in regard to Sir Robert Peel's distribution of Crown patronage, refer also to his acts while Secretary of State for the Home Department.

3 Dr. Whytt, the professor of medicine in the University of Edinburgh 100 years ago, was a man of great worth and learning, and one of the most acute physiologists of his day. He wrote a work entitled, "Observations on the Sensibility and Irritability of the parts of Men and other Animals, occasioned by M. de Haller's late (1761) treatise on these subjects." "In composing it," says he, "the author has been careful not to indulge his fancy in wantonly framing hypotheses, but has rather endeavoured to proceed on the surer foundation of experiment and observation. No doctrine in philosophy, which has not been built on these, has ever been able to stand its ground for half a century; and the theories of Newton, and some few others of the more happy philosophers have, therefore, triumphed over all objections, because they were founded on nothing else but plain facts.

To Whytt's preface I would respectfully direct the attention of the many able men in our time, who (as the ingenious Dr. Lothair informs us, he has done to explain the phenomena of diabetes), have employed themselves in "weaving" hypotheses to elucidate the nature of disease—cobwebs, generally, have issued from the looms of such weavers.

In the spirit of a Christian, I would recommend O. P. Q. to ponder seriously on the following "*Reflections*," with which a professor of the University of Edinburgh, nearly a century ago, concluded his work on vital motion.

"From what has been offered then in the preceding pages, it may appear how unjustly the study of physic has been accused of leading men into scepticism and irreligion. A little philosophy may dispose some men to atheism; but a more extensive knowledge of nature will surely have the contrary effect. If the human frame be considered as a mere *corporeal* system which derives all its power and energy from matter and motion, it may, perhaps, be concluded that the *immense universe* itself is destitute of any higher principle; but if, as we have endeavoured to show, the motions and actions of our small and inconsiderable bodies are all to be referred to the active power of an *immaterial* principle, how much more necessary must it be to acknowledge as the author, sustainer, and sovereign ruler of the universal system, an *incorporeal nature* everywhere and always present, of infinite power, wisdom, and goodness, who conducts the motion of the whole by the most consummate and unerring reason, without being prompted to it by any other impulse than the original and external benevolence of his nature!

> Namquis non videt, finitæ si breve corpus
> Subjicitur menti, mens quanta sit illa supremo
> Quæ regit arbitrio vastum quem condidit orbem?
> Non poterit sine consilio tam parva moreri
> Machina, tam fragilis; te judice tanta regetur
> Mentes inops! Credant Epicuri de grege porci.
>
> POLIGNAC-ANTI LUCRET.

The true physiology, therefore, of the human body not only serves to confute those philosophers who, rejecting the existence of *immaterial beings*, ascribe all the *phenomena* and operations in nature to the powers of matter and motion; but at last, like all other sound philosophy, leads us up to the *First Cause* and Supreme *Author* of *all*, who is ever to be adored with the most profound reverence by the reasonable part of his creation.—*Essay on the Vital Motions of Animals.* By Robert Whytt, M.D., F.R.S., professor of medicine in the University of Edinburgh 100 years since, &c. 2nd Edition, page 436.

world; the two last named excellent chemists for many years conducted the department of *practical* chemistry, in the University, under Dr. Hope, with great credit to themselves, and advantage to the numerous students.

Dr. Duncan, the late professor of materia medica, was, as is his successor, Dr. Christison, unrivalled for his skill in pharmaceutical chemistry, of which their works afford ample demonstration. The present occupant of the materia medica chair has also distinguished himself in the field of animal chemistry; and by applying his profound knowledge as an analytical chemist to toxicology, has done much for that science in general, and for medical jurisprudence in particular.[4] The splendid discoveries of Sir Charles Bell, and the important investigations of Simpson and Allan Thomson, to say nothing of Goodsir's, refute the allegations of O. P. Q., in regard to the dearth of original anatomical discoveries amongst the Edinburgh medical professors. O. P. Q.'s statements concerning the Glasgow professors must be received *cum nota;* but it is too true that strange work was done at Glasgow in regard to university appointments between the year 1831 and the summer of 1841. To render O. P. Q.'s objection valid, however, against the occupiers of chairs of surgery, he must prove the professors guilty of greater delinquency than that of being general practitioners. Does he mean to say that medical or surgical chairs are held by incompetent persons?

As to O. P. Q.'s reflection on one of the professors of anatomy and physiology in an establishment in London, founded on the Scotch system, not being a medical man, I would inquire if the individual referred to be an expert anatomist, a good physiologist, and a competent teacher; if he be, it is not easy to understand the objection of O. P. Q. The late Dr. Barclay of Edinburgh was not—neither are the celebrated Dr. Knox, Dr. Lizars, the professors of anatomy in Marischal College, Aberdeen, Dr. Reid of St. Andrews, Mr. Mackenzie the late, nor Mr. Goodsir the present, very able anatomical demonstrator in the University of Edinburgh—medical men in the sense of the term alluded to I presume by O. P. Q.; better teachers of anatomy, nevertheless, are not to be found in Europe.

Of all the insinuations or direct charges made by O. P. Q. against the university, none is more palpably unjust than that in regard to the estimation in which he says its diploma is held by the public when compared with that of St. Andrews. O. P. Q. must be aware of the true cause of so many diplomas issuing from Fifeshire; that the *senatus academicus* of St. Andrews confers such medical honours as it can give, on a much lower qualification, and that the examinations there are of an infinitely less searching kind than those at Edinburgh. The St. Andrews degree, as a positive testimonial of proper *preliminary* or sound *medical* education is, I say it with shame and sorrow, of little value. If the Premier meant "to inflict" the latitudinarian "system" practised at St. Andrews "on the Irish people," it would be a just cause of complaint; but of that there need be no apprehension. So far as founded on the Scotch system, Edinburgh will, I doubt not, be the model for the Irish colleges. Institutions placed in the "Emerald Isle" on such a basis, especially if subjected to the superintendence of a vigilant council of education, as *all* colleges are, I hope, about to be, will doubtless produce the happiest effects in the sister kingdom—effects widely different from those which have resulted from the noxious system that has been allowed to prevail too long at St. Andrews, and which has rendered its diploma a reproach, rather than an honour to the profession!—a reproach, by the by, which some Southrons seem to suppose attaches to *all* Scotch diplomas and degrees!

The degree of M.D. obtained from the University of Edinburgh, and the diploma of the Royal College of Surgeons of that city, afford proof positive of a very perfect medical education, and as strong presumptive evidence of medical qualification as parchment can furnish.

[4] Dr. Christison's matchless work on Poisons has become a standard book wherever science is cultivated.

"Can science exist," asks O. P. O. in his usual harsh and misanthropic tone, "with the highest educational institutions in the hands of those whose aim it has been to crush its followers? Look at the museums! Have you not shut out all scientific men from the only museum in the country for nearly half a century?"—(*Medical Times*, vol. xii, p. 310.) Of the universities, the highest educational institutions, I have already spoken at some length. As to the museums (for there is at least one on each side of the Tweed worthy of the name) I have to say, it is well known to every man, and to many women and children, in Edinburgh, that access to the museum of the College of Surgeons is very easy, and that the Scottish *public*, as well as the members of the medical profession, connected and unconnected with the College, avail themselves of it freely. I lately visited the museum specially alluded to by O. P. Q., and have had occasion to record my sentiments concerning it in another place in the following words:—The short-comings of the council of the College of Surgeons (the London College) have been greatly exaggerated by certain designing men, who delight to fish in troubled waters. Of the accuracy of this opinion I had demonstrative evidence this day (July 31) on visiting the museum of the College, to which I was introduced by a respected friend—a member. From each officer of every grade connected with the College I received the same attention as if I had gone under the auspices of Sir Benjamin Brodie, or any other distinguished individual of the Council. Every possible facility was afforded us of prosecuting our scientific inquiries. To Professor Owen in particular, the learned and truly urbane conservator, our most grateful acknowledgments are due for the time he devoted to us, in the spirit, and verily with the ability, of a philosopher, in elucidating by his profound knowledge the objects of our inquiry. My avocations and inclination have led to much communication with official scientific men, and I can safely assert that, never, in my intercourse with such, had I the same reason to be satisfied with the deportment of any one as with that of the erudite conservator of the museum of the London College of Surgeons, and with all the officials there. The museum is really a scientific store-house of inestimable value, and captious, indeed, or something worse, must that man be who finds fault with its management, or with that of those to whom the care of the library is consigned.

Finally, in reference to O. P. Q.'s unmanly attack on the memory of the late Dr. Hope (*Medical Times*, vol. xii., p. 310) I shall only say that the "good anatomist" on whose authority Dr. Hope is represented as deficient in anatomical knowledge is a person who has an irresistible propensity to draw on his imagination (and that a distorted one) for *his* facts. I could tell a very different tale as to Dr. Hope's anatomical knowledge, and perhaps will do so at another time; at present I have only to say that the late Dr. Charles Hope will long be remembered as an estimable, high-minded gentleman, who for fifty-six years performed, and performed well, the duties of a chemical professor ere, full of years, he descended to an honoured grave.

> "Peace to the memory of a man of worth—
> A man of letters, and of manners too!
> He grac'd a college in which order yet
> Was sacred,"

and where science, literature, and philosophy, will, I trust, long continue to be sedulously cultivated, and faithfully taught to successive generations of young men, destined, like so many of their predecessors, efficiently to perform important duties, in the discharge of which are involved Britannia's weal or woe. The right performance of these duties materially depends on a sound system of teaching and training in our universities; tested by the *character* and *conduct* of her *alumni* during their academical career, and by their *ability*, *integrity*, and *usefulness* in after life, that of Edinburgh may confidently challenge a comparison with any university in the world. The vigilance and fidelity of her patrons, with the talent, ever in active operation, of her professors, will, I feel assured, enable my *alma mater* to retain the position she has hitherto occupied amongst the highest educational institutions of our country, and render those founded in Ireland on the same plan an inestimable blessing to that division of the United Kingdom, in spite of such depreciatory lucubrations as those which have emanated from the pen of O. P. Q.

DR. ELLIOTSON AND MR. BRAID.

(To the Editor of the Medical Times.)

Sir,—Will you do me the favour to insert in your valuable periodical the following remarks, in reply to some allusions to myself and my mode of practising hypnotism, which appeared in the *Zoist* of the present month from the pen of Dr. Elliotson. I have always endeavoured, in my allusions to that gentleman, to make use of the most courteous and respectful language. I could not, however, conscientiously say that I agreed with him and other Mesmerists who contend for a magnetic fluid, or some special, occult, or exoteric influence, as the *cause* of the sleep. In the face of so much proof that it might rise spontaneously in the course of disease, or might be induced by a person in health, entirely through his own personal efforts, by complying with certain mental and physical processes, as has been practised by the magi of Persia and jogi of India for the last two thousand four hundred years—I say, in the face of all this, I could not subscribe to their notions about the *exoteric nature of the influence*. Nor could I subscribe to many of their extreme views about the *higher* phenomena, as they are called; but I have advocated, as far as I was able, however feebly that may have been, the possibility of artificially inducing a particular condition of the nervous system more generally and speedily, by a very simple process, than had hitherto been realised by the *ordinary* mesmerising processes. I had also endeavoured to prove that this could be converted to most important purposes in the relief and cure of various diseases which had resisted *ordinary* treatment. However, inasmuch as I have ventured to speak, and write, and act, in accordance with my own convictions, I am sorry to observe that Dr. Elliotson, from his zeal to uphold "the old-established modes of mesmerising," has suffered himself to resort to the use of such offensive expressions as the following (p. 345):—"and not upon the *coarse* method practised by Mr. Braid;" and, again, at page 355—"hypnotism is evidently *coarse* mesmerism." I should have expected that a man of Dr. Elliotson's status and attainments might have evinced his partiality without the aid of such *coarse* expressions. In the sequel I may probably show that the modes adopted by Dr. Elliotson, as developed in the paper referred to, are far more objectionable, both in nature and tendency—are *literally and morally* far more "*coarse*"—than any method ever practised or recommended by me.

The following are the circumstances which have afforded Dr. Elliotson a pretext for making this gratuitous attack upon me:—On the 24th of March, 1842, I was consulted in the case of Miss Collins, of Newark, for a rigid spasmodic contraction of the muscles on the left side of the neck, which bound the head in close and firm contact with the shoulder, and had never relaxed either by night or day for the previous *six months*, notwithstanding the most vigorous and persevering efforts of first-rate professional men in her behalf. All ordinary means having failed, she was brought to me, that I might try the efficacy of hypnotism in her case. In a very few minutes I was enabled, without pain or inconvenience to the patient, to place her head upright during the sleep, and when awoke she remained perfectly straight. After three operations she returned home with only a slight nervous tremor of the head, which continued for a week, but which was removed entirely by another hypnotic operation by Dr. Chawner, and *this tremor has never since returned.* The head had been drawn aside about eight or ten times in the course of three years, but could always be set straight *in a few minutes* by Dr. Chawner or her mother hypnotising her, and manipulating it, as I did at my first visit. It appears, with these exceptions, and slow bowels, which required the use of aperient medicines, and irregular and painful menstruation, she had enjoyed comparatively good health for about two years and a-half, when, in October, 1844, after a slight injury to the foot in

walking, it became spasmodically drawn, as her neck had been in 1842; and as neither her mother nor Dr. Chawner succeeded in removing the contraction of the foot by hypnotism, as they always had done when the head was drawn aside after she left me in March, 1842, she was introduced to Dr. Elliotson on the 20th of March, 1845, that he might try the ordinary mesmerising processes with her.

The following is the statement of her case, furnished to me by the father for publication in my little Treatise on Hypnotism:—

"My daughter, sixteen years of age, had been affected for six months with a rigid contraction of the muscles on the left side of the neck, to so great a degree that it would have been impossible to insert an ordinary card between the ear and shoulder, so close was their contact, and consequently she was rapidly becoming malformed, from the spine becoming curved. She had had the best advice to be procured in the country, and I had taken her to London, with a written statement of the treatment previously employed, and had the opinion of Sir Benjamin Brodie, who approved of what had been done, but gave no hope of speedy relief.

"In consequence of seeing a report of a lecture given on the subject by Mr. Braid, Surgeon, St. Peter's-square, Manchester, and a letter written to that gentleman by Mr. Mayo, of London, I went with her by the advice of Dr. Chawner, who, indeed, accompanied us, and placed her under the care of Mr. Braid, on Thursday evening, the 24th of March last (1842). In less than a minute after that gentleman began to fix her attention, she was in a mesmeric slumber, and in another minute was partially cataleptic. Mr. Braid then, without awakening her, and consequently without giving her any pain, placed her head upright, which, I firmly believe, could not, by any possibility, have been done five minutes before without disruption of the muscles, or the infliction of some serious injury, and I am thankful to say it not only continues straight, but she has perfect control over the muscles of the neck. A nervous motion of the head, to which she had been subject (for a week) after her return from Manchester, has entirely ceased, and she is at present in excellent health. It is necessary to remark that, at Dr. Chawner's recommendation, she was frequently watched while asleep, but not the slightest relaxation was observed in the contracted muscles.

"Many respectable persons can bear testimony to the statements herein made.

(Signed) "JAMES COLLINS.

"Newark, 11th May, 1842."

After the lapse of a year Mr. Collins was kind enough to write to inform me that his daughter was in perfect health, with complete control over the muscles of the neck.

In discussing certain points I shall quote a passage or two from the more elaborate detail of the case, from the period when she left me to that when she consulted Dr. Elliotson, three years after, as it appears in the *Zoist;* and I shall then leave the reader to decide as to the propriety or TASTE of Dr. Elliotson on having made such an attack upon me, or on my mode of treating Miss Collins by *hypnotism*, instead of resorting to "the old established modes of mesmerism;" and also as to the relative efficacy of the two modes of operating.

On the 20th of March, 1845, Miss Collins was introduced to Dr. Elliotson, who tried to mesmerise her by passes and pointing, which he continued for the space of five and thirty minutes, but no effect of any sort was produced. He then tried hypnotising her for *fifteen minutes* (not, however, strictly according to my published instruction), but without effect; and also requested the father to resort, for a few minutes, to the usual mode of hypnotising her, which had formerly succeeded, but all in vain. The failure of the mesmeric processes Dr. Elliotson very properly ascribed to the patient's agitation at being with him for the *first* time, and, in addition to this, there was the exhaustion of the attention and irritation from the long trial of mesmerism to counteract the success of the experiment when they commenced the hypnotic operations on that occasion. All this, however, is slurred over as regards *hypnotism*, Dr. Elliotson wishing it to be inferred that hypnotism is as inefficient in the production of the sleep as his mesmeric processes, which he had tried for *twice the length of time;* and then he introduces his attack upon myself and hypnotism in these terms:—"As may be supposed, I resolved upon the old established modes of mesmerising, and not upon the coarse method practised by Mr. Braid."

It appears that on the second day the patient went into the sleep in twelve minutes by the use of the passes, and in the same length of time the following day; on the fourth and fifth in six minutes, and in three the nine subsequent days. "She then, from some accidental circumstance, had a great increase of pain, not only of the foot, but of all the left side, even up to her head;" and, adds Dr. Elliotson, "I was seven minutes upon the 3rd of April, and, as the pain had still increased, I was nine upon the 4th, in producing the mesmeric state." The following three days she went off in three minutes, the next in four, and the following "in not fewer than eight minutes;" on the 10th in four minutes, "on the 11th in five, and she awoke, for the first time, spontaneously, and at the end of two hours from pain in the foot and leg." I then got down to four minutes for several days, "and then it was three again. Soon two; then one. Then three or four passes were sufficient; at length one, if slow, or even an earnest look for an instant, without a pass, sent her at once into perfect sleep-waking."

For the first few days Dr. Elliotson awoke her at the end of half an hour; then she was allowed to remain in the sleep from ten until one or two o'clock, and at length, when it was convenient for her aunt to remain, she was allowed to remain asleep from ten till four or five o'clock, and sometimes *even till seven*.

Let us now inquire into the amount of efficacy arising from these prolonged processes compared with the brief ones to which she was subjected by me in March, 1842.

Page 347. "When I had mesmerised her two days the foot was rather less pained, and, though still equally bent down, was less twisted to one side.

"In twelve days from the first (April 1) she could just stir it voluntarily in bed, and the pain was much less, and, although in a few days more there was an accidental increase of it, her general health was better." On the 6th she had lost all pain, while the foot was at rest, and could stir it a little more. On the 7th of April she had a return of her old severe pain, and I found it extend from the back of the head just behind the left ear, &c. On the 11th of April (that is, on the twenty-second day of mesmeric treatment) I tried her foot, for the first time since the first day, and found it quite flexible in the mesmeric state and after waking. Still she could not put it to the ground on account of the pain which the attempt occasioned. * * * On the 19th she had another accession of pain in the whole side." Page 350.

24.—"She was free from pain after leaving me, and so far improved that, on her return home from me, she walked round the table well, resting her hand upon it, and did the same in the evening, though with a little pain. But the exertion was too much—brought on the pain in the night, and this lasted the next day, so as to wake her up frequently from her mesmeric state. 26. Her foot is now quite flexible in all directions, but still too sensitive for walking without pain." On the 27th she was enabled to walk slowly through Dr. Elliotson's room *with the help of a stick*, "and resting really much upon the left foot." In about another week she was enabled to walk about her room *without* her stick; and "on the 16th of May walked slowly without it from Cramer's music shop, at the Regent-street corner of Conduit-street, to my (Dr. Elliotson's) house, and was soon quite well. But I requested her father to allow her to stay in London till Midsummer, that by mesmerising her daily till that time I might consolidate her cure." She returned home on the 25th of June, so that she had been under daily treatment by Dr. Elliotson for three months and five days. By Dr. Elliotson's request she is still mesmerised occasionally by her father, and is reported to be in better halth than she had been for years, and can walk four or five miles.

Most assuredly there is here displayed a striking difference in the curative efficacy of hypnotism, and the "old established modes of mesmerising." Thus, the rigid contraction of the neck which I succeeded in removing by *hypnotism* in *a few minutes*, and for which I only required to operate on the patient *three* successive days, had persisted *six months*. The contraction of the foot, which Dr. Elliotson treated by ordinary mesmeric processes, was also of *six months' standing*, and it appears that *twelve days* of these *prolonged* séances had been required to enable her *just to stir it voluntarily in bed;* and that *three weeks* had elapsed before it is reported "quite flexible," and the following day "she had another accession of pain in the whole side." It farther appears that daily operations for thirty-eight days had been required to enable her to walk slowly through a room with the help of a stick, ten days more to enable her to walk in her room without it, and nine or ten days more to walk slowly for a short distance in the street without it. When the shortness of my processes and the prolonged ones of Dr. Elliotson are contrasted, my having succeeded in removing the spasm at the first operation, and that in a few minutes, and the great length of time required by Dr. Elliotson's "old established modes," there can be no question as to the greater power and rapidity of hypnotism in effecting a cure.

I may illustrate this still farther by quoting the result of the hypnotic treatment of the case referred to in Mr. Collins's letter, as the immediate cause of his consulting me in the case of his daughter. So rigid was the contraction of this patient's right hand and arm, that previously to my seeing her several powerful men had attempted in vain to bend the arm and to unlock the hand. The muscles on the right side of the face were also in a state of tonic spasm. The following is the statement of the result of my hypnotic processes, which were performed in presence of three friends, as recorded at page 257 of my work on Hypnotism:—

"I found the hand so firmly clenched that it was impossible to open it; the arm so rigid it could not be moved; but, knowing the efficacy of my new remedy, I hypnotised her, and in *two minutes* with the most perfect ease, I unlocked the hand, and removed the other spasmodic contraction, and she was instantly quite well, and has continued so ever since;" now upwards of three years and seven months.

As a proof of the greater certainty of inducing the influence by hypnotism, than by the "old established modes of mesmerising," I shall briefly refer to the following case, which occurred within the last fornight, with a highly respectable gentleman who had, a few months ago, consulted Dr. Elliotson. Dr. Elliotson recommended mesmerism, and one of the most efficient mesmerisers in London was, by his recommendation, procured, and went on with his processes an hour daily, for six days, without producing the slightest visible effect. This induced the patient to decline further trials, as he felt thoroughly convinced that he was not a subject at all susceptible of the influence. When hypnotism had been recommended to him, he was averse to the trial, feeling convinced that *it* could not possibly influence him, as he had so thoroughly resisted the ordinary mesmeric mode. At length, he consented to a trial of hypnotism, and in a few minutes was so thoroughly under the influence as to leave no room, either for himself or his father (a gentleman of the highest respectability and intelligence, who was anxiously watching) to doubt the reality of the power. At my second visit I had the pleasure of the ordinary medical attendant of the family, as well as the patient's father, to witness the effects of the operation. The latter gentleman stood, watch in hand, to note the time. In one minute the patient's eyes were closed, and they soon saw visible manifestations of its power over him; and as the patient retained consciousness all the while, he was enabled to describe his sensations when aroused as quite characteristic of a peculiar influence, and the medical friend determined the marked impression on the pulse. Shortly after, on the same day, he was again operated on to prove the control I could exercise over the power; when he went into the state in half a minute, and I was enabled to satisfy all present how thoroughly I could regulate and control the effects.

The fact referred to by Dr. Elliotson, regarding Dr. Chawner and Mrs. Collins, who had always

succeeded in removing the occasional contractions of the neck, by hypnotising the patient, and manipulating as I had pointed out as applicable to that case, having failed to remove the spasm of the foot by their trials of hypnotism, is no valid argument against its power to have done so, provided it had been varied with that discrimination which experience alone can give, for adopting it to the exact circumstances of the individual case in hand. Their want of experience as to the modes of wielding the power, so as to adapt it to the peculiarity of individual cases, and varieties, even in the same individual at different times, may readily account for their failure. I have not the slightest doubt that had I had an opportunity of hypnotising Miss Collins, in March, 1845, I should have succeeded with equal ease in removing the spasm of the foot, as I did three years previously in removing that of the neck. Experience is as much required to enable any one to practise hypnotism successfully, as is the case in respect to any other branch of art or science.

And now one word in regard to the unfounded and unwarrantable charge of Dr. Elliotson as to "the coarse method practised by Mr. Braid." The father states, *vide* page 342, *Zoist*—"Mr. Braid having very quietly asked her a few common-place questions, desired her to look steadily upon a silver lancet-case which he held about twelve inches above her head, but so that both eyes could gaze upon the object. In a few minutes her eyes closed in sleep. He extended her limbs and made them rigid. After her remaining thus for about five minutes, he gently placed her head upright, apparently with as much ease as a mother would change the posture of the head of her infant." Now, who but Dr. Elliotson can see any coarseness in this? and assuredly nothing could have been more satisfactory than the result, which, I beg leave to add in the words of the father, "and awoke her suddenly; her head, to our utter astonishment and delight, remaining straight."

At page 353, Dr. Elliotson says, "Had she been treated with mesmeric science, the numerous relapses after her head had been first set straight would never have occurred, nor would her foot have been contracted," &c. In reply to this reflection upon me, I beg leave to state that, inasmuch as it was determined by her father and her physician that she should return home immediately after my third visit—26th March, 1842—as they considered the object of their mission to Manchester fully accomplished, so soon as they saw the patient's head set straight, and considered her ordinary medical attendant quite competent for the treatment of every other symptom connected with the general health, of course I had no opportunity of repeating the hypnotic processes, which I otherwise should have done. I ought not, therefore, to be held responsible for any relapses which may have ensued from the too restricted use of hypnotism. I only had the opportunity of treating her three days, and *I have never seen her since*, whereas Dr. Elliotson had her under daily treatment for upwards of three months.

I remain, sir, your obedient servant,
JAMES BRAID, M.R.C.S., Edin.

3, St. Peter's-square, Manchester,
16th October, 1845.

THE UNFORTUNATE FELLOWSHIPS.

At a Meeting of Fellows and Members of the Royal College of Surgeons of England, held on THURSDAY, the 9th of OCTOBER, 1845, at the Golden Cross, Charing Cross, London, ROBERT MARTIN, ESQ., of Holbrook, Suffolk, in the Chair, the following Memorial was unanimously adopted:—

To the Right Hon. Sir James Graham, Bart., M.P., one of her Majesty's principal Secretaries of State.

The Memorial of the undersigned Fellows and Members of the Royal College of Surgeons of England sheweth, That whereas a document has been extensively circulated throughout the Kingdom for the purpose of obtaining signatures, and purporting to be a memorial to the Secretary of State from a meeting of Members of the Royal College of Surgeons of England, at Bristol, styling themselves "*The Bristol Association of Surgeons*," which memorial charges the council of the College with a partial and invidious exercise of the power vested in it by the Charter of 1843, and expresses a hope "that you will deem it fit to advise her Majesty to grant a supplemental charter, by which all those who were admitted Members of the Royal College of Surgeons of England previous to September, 1843, (under such restrictions as her Majesty's Government may consider necessary,) shall, upon just and equitable principles, be placed upon an equality with the recently elected Fellows," we respectfully solicit your serious attention to the following considerations:—

The Royal College of Surgeons of England is governed by its Council, the members of which, by the enactments of the recent Charter, are no longer (as formerly,) self-elected and irresponsible, depend on the suffrages of the Fellows of the College for their appointment to the Council.

Under the direction of the Council, the profession of Surgery in England has attained an eminence surpassed by no country in the world, while the Museum and Library attached to the College are objects of universal admiration, reflecting credit on all connected with them.

We therefore humbly suggest, that the Council, as it is now constituted, is well adapted for the government of the College, and express our hope that no alteration in the present Charter may be effected, by which its power and privileges would be transferred to her Majesty's Ministers, as sought by the Memorial of the Bristol Association of Surgeons.

In accordance with the terms of the Charter granted in 1843, the nomination of a certain number of Members to the Fellowship, for the purpose of forming an immediate constituency, was completed in August, 1844; which being effected, a law was passed, that for the future no Member of the College should be eligible to the Fellowship, but by undergoing a lengthened examination of two days, and the payment of a fee of ten guineas.

On the faith of this assurance, sixty-eight gentlemen, viewing the degree in the light of an honourable distinction, have, at the sacrifice of valuable time, personal labour, pecuniary expenditure, and above all, at the hazard of most ruinous consequences to themselves, in case of rejection, submitted to the ordeal of examination; fifty-three have been thus admitted to the degree, while fifteen have suffered the mischievous consequences of rejection,—a proof that a higher standard of attainment has been required of them as Fellows, than had been deemed necessary to them as Members.

We therefore respectfully direct your attention to the gross injustice and breach of good faith, sought by the prayer of the Bristol Association, if in compliance with it, the professional distinction obtained by examination and fee, should in future be rendered valueless to its possessors by its extension on other and more easy terms.

Assured that an act of so much injustice to individuals, (tending moreover to destroy the benefits arising to the public, as well as to the profession of surgery, by extinguishing the emulation excited amongst its Members, the fruits of which are evidenced by sixty-eight gentlemen having, during the first three periods of examination, voluntarily undergone the ordeal) must stand opposed to the patient and persevering efforts you have directed to the advancement of the status of medicine and of surgery, we express our confident hope that you will advise her Majesty to the adoption of such measures only as shall uphold the dignity of the Council, and maintain inviolate the rights and privileges of the Fellows of the College.

It was also unanimously resolved, That this Memorial be extensively circulated throughout the profession, for the purpose of giving Fellows and Members an opportunity of having their names appended.

It was also resolved, That a copy of this Memorial when so signed, be presented to the President, Vice-Presidents, and Council of the Royal College of Surgeons, accompanied by the following respectful protest.

To the President, Vice-Presidents, and Members of the Council of the Royal College of Surgeons of England.

We, the undersigned fellows and members of the Royal College of Surgeons of England, respectfully call the attention of the Council to the accompanying copy of a Memorial, about to be presented by us, to Sir James Graham, and earnestly solicit its assistance in our efforts to resist the act of injustice sought by the Memorial of the Bristol Association of Surgeons.

It is not now a question—was it right and proper to exalt one Member of the College above another, by conferring the fellowship without receiving some proof of superiority from the party so exalted? since the motive which led to the adoption of such a course, viz. the formation of an immediate constituency is no longer in operation; but after the most positive assurances have been given by the Council, that for the future the degree shall be attainable by examination *only*, thus rendering it a professional distinction sufficiently desired to induce compliance with these conditions, the question now is, how far it can, consistently with justice, be, by consent of the same Council, rendered valueless to its possessors, by extension on other and more easy terms.

The Fellows by examination have earned their distinction on the terms stipulated for by the Council, with cost, inconvenience, and hazard to themselves, and the laws of equity authorise them to seek protection of their privileges from those who claimed the right of making conditions for their attainment.

Should the Council fail to support the prayer of our Memorial, we respectfully submit to its consideration, that it will extinguish the emulation excited in the profession by the institution of the Fellowship as an honorary degree. It will lessen the value of its diplomas, by reducing the Royal College of Surgeons from its present eminence to a level with those Foreign Universities, which, by granting degrees without examination of their candidates, are justly held in light esteem; while those who possess their testimonials, are not to be permitted to register, or even enjoy, their empty titles, in the kingdom of Great Britain.

We therefore express our confident hope that, regardless of external clamour, the Council will unite its efforts with ours, for the protection of its own dignity, and the maintainance of the rights and privileges of the Fellows.

It was also unanimously resolved—That Mr. Kelson, of Sevenoaks, and Mr. Harcourt, of Chertsey, be requested to act as honorary secretaries.

And it was also unanimously resolved,—That a fund be raised for the purpose of defraying the expenses which must necessarily be incurred in carrying out the object of this meeting; and that, in sending the circulars for signature, the secretaries be authorised to mention it is expected that those surgeons who may be desirous of having their names appended, will remit to the secretaries a sum, not less than five shillings, and not exceeding ten shillings, and that the surplus, if any, after all the expenses are paid, be presented as a donation to the "General Medical Annuity fund."

[To this circular the following reply has been sent. We are indebted to the courtesy of "Spectator Medicorum" for the copy we republish.—Ed.]

Gentlemen,—I have received your circular respecting the Fellowship of the College of Surgeons, with which I agree in many respects, and more particularly as to the high standing of the college, which was mainly brought about, not by the present council, but by the highly honourable names which graced the institution a few years ago, and which death has now erased.

A glance at my diploma presents the autographs of Sir Astley Cooper, Sir William Blizard, Sir Anthony Carlisle, &c., all of whom, I am sorry to say, for the honour of the college, are departed; all of whom possessed a European reputation.

There is one step made in the election of fellows I cannot reconcile to my sense of justice; if the college did not mean to recognise the honorary system of conferring scientific titles, why did they elect about four hundred, I believe, without any further examination or claim in any respect to such honour? This was at once putting themselves on a footing with those universities, foreign and Scotch, which have conferred degrees without residence or examination, and honorary degrees are to this day conferred without residence or examination, at Oxford and Cambridge, on worthy individuals.

Why, if a second examination was to make the title of fellow valuable, not examine the first batch, and commence upon a principle they considered a *sine qua non?*

The memorial from the Bristol surgeons I did not sign because I thought it ridiculous; an honour which some thousands may get is no honour at all.

Numberless scientific British institutions confer a series of letters after a man's name; no examination is necessary to become F.R.S., F.L.S., F.Z.S. &c., and which letters great men delight in seeing attached to their names. Sir Astley Cooper was, I believe, a doctor of civil law, yet who ever heard of his having studied regularly for such a distinction, or passed an examination?

How can the college expect men who have been twenty or thirty years in practice, and who are equally qualified, practically, with the examiners themselves, to pass a minute examination on the distribution of the portio mollis or portio dura, or to describe the last new theory of the circulation in the fœtus, or how the lymphatics drink up the chyle according to the microscopical experiments of Professor F———, of Heidelberg, or some other foreign university (as foreigners are the great exemplars to all British schools at present), or to point out the last new sign of pregnancy—taking the cream off the urine. *O tempora! O mores!*—the thing is unjust, useless, and ridiculous.

SPECTATOR MEDICORUM.

HOMŒOPATHIA.

(To the Editor of the Medical Times.)

SIR,—Upon reading in your Saturday number Dr. Hilbers' letter on the homœopathic system of medicine, and your offer of the pages of the MEDICAL TIMES for the purpose of discussing its merits, I felt desirous of engaging in the controversy; but the time I can devote to it is so brief, that if any other of your numerous readers will take up the gauntlet, I shall be happy to resign it to them.

Any man of the least reflection must be struck with the fact that at the present time, three systems for curing all diseases divide and distract the public mind; and, moreover, that they all emanate from the fertile German brain. These different schemes not only wage "war to the knife" against the antique English practice of "physic, bleed and sweat 'em,'" but each one cherishes a violent animosity towards its upstart neighbour. While the "Silesian peasant" gives water without measure, and baths and wet-sheets without end, the homœopath repudiates water, baths, and tea, and a vast number of things in which the "peasant's" patients revel all day long. But, saith the disciple of Mesmer, "I possess a magic power far surpassing all the means and appliances of Allopaths, Homœopaths, or Hydropaths; out of my body proceeds at my behest the miraculous elixir of life, which not only cures all human ills, but imparts sight to the elbows, and taste to the skin, and the faculty of looking through every intervening obstacle into the inside of a man or of a man's pocket." The Rev. Thomas Pyne, vicar of Hook, near Kingston, has recently writ a book—"Vital Magnetism"—wherein he relates, that one day in his rambles he observed a horse, which he expected to belong to a doctor, tied near a cottage-door, which he entered, and found a surgeon about to bleed, blister, and physic a poor woman; he requested the surgeon to suspend the use of his remedies, and give him permission to mesmerise the patient instead, which was accordingly done with complete success. A man who had been sometime treated by the surgeons, and who had not slept for many days and nights from the sufferings occasioned by a bad leg, which was then mortifying, was made to rest and to recover rapidly by the same means; but these cures are mere nothings in comparison with the many wondrous achievements of the Rev. Thomas Pyne, of Hook. The consequence is that hundreds daily beset this worthy clergyman; and he is about to rear a monument to his folly in the shape of a mesmeric hospital. It is not enough for sober-minded sensible men to laugh at the impossible vagaries of Mesmer, Hahnemann, and Priessnitz, for the English people are at this day the victims of a madder credulity than has ever been recorded of any former age; neither would it answer the purpose to exert any degree of force for their reasonable restraint, as anything like persecution raises up in England hosts of friends for the party supposed to endure oppression; but when men such as Elliotson, Epps, Graham, and others, who once marched under the banner of the true faith, forsake their standard to head the renegade views, we will charitably hope that they will soon find they have run their heads against a post, and further trust that the natural soberness of the English mind will ere long still the troubled stream of to-day, which shall again calmly flow on in its ancient and undeviating channel.

I have indulged in these general reflections preliminary to the more particular study of the Homœopathic system of medicine. If it is your wish that I should proceed with the subject, I will, in my next, relate the manner of its introduction into this country, and give a brief sketch of its doctrine and practice. I hope, however, that some abler pen will undertake the task.

I am, sir, your obedient servant,

WILLIAM BAINBRIDGE.

ANALYSIS OF GUANO CONTAINING HIPPURIC ACID.

By M. E. MARCHAND.

Being required to examine some specimens of guano, M. Marchand found them to contain the following constituents:—

- Hippurate, Urate, Phosphate, Oxalate, Hydrochlorate } of ammonia,
- Chloride of sodium,
- Carbonate, Oxalate, Phosphate } of lime,
- Ammonio-magnesian phosphate,
- Alumina,
- Oxide of iron,
- Silica,
- Undetermined organic matter.

The existence of hippuric acid in this substance is very remarkable, whether we consider, with M. Girardin, that guano is the fossil fæces of antediluvian birds, or, with M. Humboldt, that it is the excrement and altered debris of birds which inhabit, as far as our own times, the isles of the African coast, it is not less true, that the origin of this product is difficult to conceive, inasmuch as none of the analyses which have hitherto been made of the excrements of birds have shown hippuric acid to be one of the constituents.—*Journal de Pharmacie et de Chimie.*

GOSSIP.

ROYAL COLLEGE OF SURGEONS.—It has been our unpleasant duty on several occasions to criticise severely the procedings of this corporation; we have, therefore, the more pleasure in favourably noticing the recent appointment of Mr. South to the professorship of anatomy and surgery, lately vacated by Mr. Bransby B. Cooper. Mr. South, who is one of the surgeons to St. Thomas's Hospital, has admirably demonstrated his fitness to perform the duties of the office which has thus been conferred on him by the excellent manner in which he has edited Chelius's System of Surgery. The annotations and illustrative remarks and cases with which he has so amply enriched that important work, show a thorough acquaintance not only with the art, but also with the science of surgery, and give good grounds to hope that the lectures he will have to deliver next year at the College will, by their completeness as to matter, and their arrangement, vindicate the choice of the Council, and sustain the high reputation he has already acquired.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, October 17, 1845:—G. S. Clement, A. B. Wall, C. E. E. Welchman, J. Taylor, R. Edwards, J. Nagle, T. J. Blake, R. Harper, H. A. Newell, J. J. R. Dalliston.

APOTHECARIES' HALL.—Gentlemen admitted Licentiates on October 16, 1845:—Thomas Godwin Salt, William Henry Young, Francis Horsfall, Andrew Davies.

WAR OFFICE (October 17).—73rd Foot: Henry Somers, M.D., to be assistant-surgeon.

APOTHECARIES' HALL—REGISTRATION.—In consequence of the sudden and severe indisposition of the registrar, students are requested to defer the attendance at the Hall for the purpose of registration until further notice.—C. RIVERS, Beadle.

APPOINTMENTS.—Surgeon: J. W. Bowler, to the Alarm; Assistant-Surgeons: J. Leppett and A. Batewell, to the Penelope.

SHEERNESS (October 21).—This morning's post brought the promotion of Dr. John Grant Stewart, Surgeon, R.N., who so nobly volunteered his services on board the ill-fated Eclair, to the rank of deputy-inspector of hospitals, and also the promotion of Dr. William Rogers, additional assistant-surgeon of the Ocean, now convalescent from fever contracted on board the Eclair, to the rank of surgeon in the navy. Dr. Coffey, late assistant-surgeon of the Growler, who volunteered at Madeira, has served the full time (three years) necessary to qualify him for promotion, but has not yet undergone the necessary examinations. On his successfully passing these he will also be promoted to the rank of surgeon; and well this young gentleman deserves his promotion. As has been said of his brother officer, Dr. Sidney Barnard, who joined the Eclair with him at Madeira, but who unfortunately fell a victim to the fatal epidemic the very morning his promotion arrived here, "his duties, in their ordinary execution, could only be performed at the risk of his own life; in the present case they were accompanied by exertions which aggravated the danger, but were never relaxed by apprehensions of the fatal events hourly occurring." The Kroomen are still busy turning over the several stores of the Eclair to the Griffin, under the superintendence of Commander Harston. She will afterwards be thoroughly cleansed and fumigated. When that is completed all are to be admitted to pratique.

EPILEPSY.—Dr. Durrant narrates, in the *Provincial Medical Journal*, a case of epilepsy, induced by pregnancy, which persisted after delivery, and was cured by the regulation of the bowels by alterative doses of mercury with colocynth, the exhibition of salines, and the passing of a seton in the nape of the neck, which was kept discharging for some weeks. Dr. Durrant considers that the seton was mainly instrumental in effecting a cure, and he has seen other instances in which it appeared to have acted with equal benefit.

MORTALITY TABLE,

For the week ending October 18, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 year
ALL CAUSES . . .	774	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	223	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	65	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	113	155	159
Diseases of the Lungs, and of the other Organs of Respiration	193	323	292
Diseases of the Heart and Blood-vessels . . .	28	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	68	68	71
Diseases of the Kidneys, &c.	10	6	6
Childbirth, Diseases of the Uterus, &c.	12	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	6	6
Diseases of the Skin, Cellular Tissues, &c.	...	1	1
Old Age	28	74	70
Violence, Privation, Cold, and Intemperance . .	19	27	26

No. 318. Nov. 1.

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LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN.

By J. BOUILLAUD, D.M.P., M.A.M., Member of the Chamber of Deputies, Professor of Clinical Medicine at the University of Paris, Knight of the Legion of Honour, Physician to the Hospital de la Charite, &c., &c.

LECTURE VII.

(Continued from page 86.)

ENCEPHALITIS.

Softening of the Brain.—The disease I am going to treat of to-day, is one, the correct history of which is due to our own times; as only twenty-five or thirty years have elapsed since it was first thoroughly investigated. The works of Miles Rostan, Lallemand, Abercrombie, &c., and still more recently that of Durand Fardel, have contributed much to our knowledge of this disease.

In my treatise on encephalitis, which dates at a somewhat distant period, I have endeavoured, whilst profiting by the suggestions of M. Lallemand, to describe the different stages of encephalitis, and the different aberrations of function to which it gives rise, according to the part of the brain in which is situated.

This disease was described at first, and is still, by some medical men, from the character of its anatomical lesions alone. The name of *softening of the brain* has been given to it. Hence almost endless discussions have arisen, which, however, might have been easily foreseen, since it was named only from a single anatomical character capable of arising under different circumstances.

Softenings of different kinds have been described; some authors have asserted that the disease is of an inflammatory nature; others, not wishing to admit this, have described a senile softening, and have made it in consequence of a special disease, as if softening of the brain in old people was always of the same kind, had always the same origin, and was different from the softening which occurs in adults or young people. Other practitioners have taken a middle course; I am among that class, and every thing concurs to prove to me that this is the correct view.

I shall say, then, that softening of the brain, like that of other organs, may occur as the result of inflammation, even in old people, as I have elsewhere stated in my treatise on encephalitis; but it may also result from different causes, such as senile gangrene, and cadaveric softening, which may easily impose on persons who are but little accustomed to pathological investigations. I regard this senile softening as exactly resembling, both in its nature and the mechanism of its production, the senile gangrene of other parts, of the limbs for instance, the etiology of which is well known.

I shall describe first the *softening* properly so called, or more correctly *encephalitis*.

The anatomical alterations of encephalitis present in their progress three very distinct periods. During the first period the cerebral substance is not softened; on the contrary, it has an evidently harder consistence, at the same time that it has lost some of its cohesiveness, and is more friable than in its normal condition. It is turgid also, and more or less injected; the vessels are dilated and more voluminous, so that the diseased part may be said to be in a state of inflammatory erection, which may be compared to the true erection that under the well known influence of excitement causes induration in organs previously flaccid. But if, after death, we observe this kind of erethism in the brain, what would have been its condition during life? We have not sometimes an opportunity of seeing after fractures of the cranium with wounds of the brain, when herniæ are formed by the inflamed organ through the fissure. In most of the experiments I have made on animals, I have remarked after even a superficial cauterisation, that the cerebral substance swells and forms a hernia through the solution of continuity in the bone, which had been destroyed for the purpose of applying the cautery. This first stage has been called *induration*. This induration may be compared to that caused by immersion of the brain in alcohol or diluted acid.

In the second period softening of the cerebral substance commences. It is first red, accompanied by vascular injection and turgescence, and replaced afterwards by a white softening. In the brain, as in all other organs, the lungs for example, there are two kinds of softening—the red and the white or grey softening of some writers. The white softening may be of different degrees; at first merely soft, it changes gradually, sooner or later, into a pulpy or almost fluid state of the diseased part, which is disorganised, partly destroyed, and infiltrated with pus; afterwards it becomes a perfect collection of pus. If these three different states of the brain, induration and red and white softening, are the product of one and the same disease, or inflammation of the brain (which in fact they are) at different periods, is it not more convenient, and certainly more logical, to call them collectively by one generic term which indicates the disease, or the pathological state, on the different degrees of which these different lesions depend, rather than to call them cerebral softening? But there are, as we have seen, several kinds of softening, and by expressing ourselves thus vaguely, it is uncertain which is meant; and supposing even that the epithet *inflammatory* be added, it is evident that, in order to render the expression correct, we must only describe under this name the inflammatory softening, and here is another source of embarrassment, because there are two kinds of inflammatory softening, the red and the white; so that it would either become necessary to comprehend two different softenings under the same name, or we should be again obliged to subdivide, or we should not adhere strictly to the appointed name, and thus we should describe under the same term "*softening*" both induration, red softening, and white softening, that is to say, very different states of the same disease. Such is encephalitis in the acute stage.

If the disease continues, it often happens that abscesses form in the centre of the softening, such as are formed in other organs. These are not at first perfectly circumscribed and encysted, but, by degrees, the neighbouring parts become lined by a thin fibro-cellular false membrane, which, becoming better organised, forms a true purulent cyst. These cysts may afterwards, by a process of nature, undergo transformation, and give rise to particular growths, the pathogeny of which was very little known before the researches of M. Lallemand and the authors we have before mentioned.

The pus may be reabsorbed, and then, either the parietes of the cyst, being placed in contact, contract adhesions, and a cicatrix is formed, or these adhesions do not take place, and the cyst remains empty, justifying, in this case, what has been ingeniously said, that the cysts are only empty cicatrices.

It is not long since these cicatrises in the brain were considered to be invariably the results of a cerebral hemorrhage which had been absorbed.

Under other circumstances these matters proceed very differently. The cerebral substance, at first softened, undergoes a transformation, of which the intimate nature is unknown; it becomes hardened in different degrees, and these indurations are, perhaps, formed by new depositions of an inflammatory origin, which have not succeeded in becoming organised as a false membrane, or which are only organised incompletely. It is evident that the cerebral substance thus altered and indurated has entirely changed its nature, and is incapable ever after of fulfilling its functions; it is, to speak correctly, replaced by new and very various products, and it seems very likely that fibrous, colloid, and encephaloid productions are no other than secreted matters of this kind, which, as I have already said, are not organised, or are only incompletely so. These ideas are by no means new or original; Broussais broached them in his admirable treatise on chronic inflammation, and by this means he threw a light on a host of obscure and unknown questions, and has rendered an important service to science.

The symptoms of encephalitis are numerous, and vary much under different circumstances. They would always be the same if the brain acted in the same manner in all its parts (I understand by the term brain, all the matter contained in the cranial cavity); but as the brain performs different functions according to its different portions, the symptoms of encephalitis are necessarily very varied. Paralysis (especially hemiplegia), preceded by spasm and more or less rigidity of the limbs, with a creeping sensation as of ants, is described as a general and constant symptom of this disease. These phenomena only occur in softening of the optic thalami, or of the corpora striata: but do these parts compose the whole of the encephalon? Numerous cases occur where the softening affects the outer layer of the brain, in which neither this hemiplegia nor any other paralysis, either of sensation or motion, happens; but in these cases the intellectual faculties are more or less affected, or even altogether abolished. In every case, however, in which paralysis comes on slowly, preceded by muscular contractions and tingling of the skin, we may generally diagnose a cerebral softening; whilst, if the paralysis occurs suddenly, it must be attributed to a sudden hemorrhage. But cases are not wanting where, if guided by these simple signs alone, we may be exposed to error; for instance, hemorrhage may occur under certain circumstances and the paralysis may supervene slowly; and, in the same way, we may meet with a case of softening in which the paralysis has come on suddenly; bu then this softening will present different character from that which has an inflammatory origin. Th cerebral substance preserves its white colour, and i

softened like an over-ripe pear. It may be very possible that this softening results only from the death and the decomposition, or gangrene, of this portion of the brain.

This is the place to observe that two different kinds of gangrene exist, which may be developed spontaneously; one is of an inflammatory character, for it is not more correct to call gangrene, coming on in inflammatory cases, inflammation, than it is to call false membranes and abscesses, which are also inflammatory products, inflammation. (This is not a mere play upon words, it is the means of distinguishing the cause from its effects). The other kind of gangrene, which is called senile or dry gangrene, results from the ossification, and consequent obliteration, of the arteries leading to the mortified part, without any kind of inflammation, either before or at the time, and by the simple stoppage of the circulation through them. We see dry gangrene very often, in old people, produced by ossification of the arteries. (This gangrene has been improperly called senile, as if every form of gangrene in old people arose from the same cause.) It is well known, that gangrene arising from obliteration of the arteries, has been attributed to arteritis; but, can we believe, that an artery transformed into an inorganic tissue, is susceptible of inflammation? No; it is the want of the elastic action of the artery, from its change into a chalky mass, it is the roughness in its internal surface retarding, and at last stopping the stream of the blood, that causes obliteration of the vessel, and consequent gangrene. We know how commonly these ossific deposits are found in the arteries of the base of the brain; but if one of the sides of the circle of Willis, or a branch passing from it, be ossified to obliteration, the same should occur to the brain that occurs to other organs, viz., mortification or dry gangrene should take place, as I have previously stated. But I will not exaggerate; because we meet with softening of an apparently gangrenous nature in old people, I do not wish to assert that they are never attacked by inflammatory softening; for they are just as liable to this as to pleuropneumonia, or any other inflammatory affection. In fact, encephalitis occurs in them, with all its distinctive characters, just as it does in the young or in adults, but it is less frequent.

We see, then, that the cases of difficult diagnosis, are limited to the class of patients who with advanced age are subject to inflammatory, as well as gangrenous softening. In all other subjects, with a very few rare exceptions, paralysis slowly supervening on contraction, rigidity and tingling sensation in the extremities, may be regarded as a certain symptom of softening; and in the old, whenever sudden paralysis occurs without contraction, we have no right to conclude, that a sanguineous effusion has taken place, because the same symptoms may occur in consequence of gangrene of a more or less extensive portion of the brain. For the rest, it is understood that the symptoms of senile softening are not those of true encephalitis, for with the disorganisation of the diseased part, there is irritation and increase of action in it which causes the rigidity, the contractions, and the tingling, and the paralysis only occurs after disorganisation has made considerable progress. In gangrenous softening (senile), on the contrary, none of all this takes place, and quite an opposite condition must necessarily exist. There may be weakening of the nervous functions, and consequently of the muscular contractions, from the very commencement—a weakness which may last a a longer or shorter time, according as the circulation in the affected portion of the brain requires a longer or shorter time to complete its disorder. At last the day arrives when all sensation ceases, and all motion is taken away, as by an attack of apoplexy, if the gradual weakening which has preceded be left out of the question, and which is absent in a great number of cases, and in many others is of so little importance, that it does not attract the attention of the patients, and still less that of the persons who are about them.

To resume:—1st. Slow paralysis, preceded by symptoms of increase of action of the functions of the encephalon, by contractions, by rigidity, by tingling sensations in the limbs, is, as a general rule, both among young subjects, adults, and old people, the sign of cerebral softening, and particularly of softening of an inflammatory nature.

2nd.—Sudden paralysis which occurs without any premonitory symptoms, must be attributed in young people and adults, to an effusion of blood.

3rd.—The same sudden paralysis, without previous symptoms of excitement, may, perhaps, in old people be considered as either a symptom of cerebral hemorrhage or senile softening; and in the latter case only can any important uncertainty affect the diagnosis. If the brain were an organ accessible in any way to our means of investigation like most other, even internal organs, these errors might, perhaps, often be avoided. Thus, for example, if, as in pulmonary gangrene, the sense of smell were acted on by the grangrenous fetor, in gangrene of the brain the diagnosis between gangrenous softening and hemorrhage would be an easy matter, at least in the majority of cases; but the encephalon, being enclosed in every part in an osseous case, which completely shuts it out from physical examination, can in no way lend itself to these examinations.

We have before stated that the symptoms of encephalitis are very various, especially on account of the different parts of the brain that may be affected by softening. Thus, loss of speech corresponds to softening of the anterior lobes, especially when the disease affects the more anterior parts of both hemispheres. Then it is that loss of speech is complete, although some cases have been observed where this affection has supervened on the disease of a single lobule. Softening of the cerebellum is accompanied by disorder and irregularity in the movements of locomotion. Difficulty of respiration, and afterwards stertorous breathing, and coma, are signs of softening of the mesocephalon, and still later loss of motion and sensation also occurs in these cases.

The causes of encephalitis are nearly the same as those of inflammation of the membranes; the treatment is the same in both cases, and consists, principally, in removing whatever causes of irritation may exist, and in attacking the malady by the most energetic antiphlogistic remedies.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 87.)

Bloody Sputum.—Perhaps not one of the varieties in our classified list of sputa, presents more features of interest, or is a source of greater anxiety, to practitioners and patients, than the one we are about to consider. Therefore, and for other reasons, it is, that we deem it worthy of our most careful comment.

Appearances and Qualities.—This sputum varies somewhat, both in aspect and quality, with the circumstances under which it is produced, and the source whence it issues. It consists either of pure blood, or of blood intermixed with mucus, mucoalbumen, or pus. Occasionally, the debris of solid tissue, as of mucous membrane, lung, or blood-vessel, mingles with it.[1] According as the system is in a *sthenic* or *asthenic* state, will this sputum be dense and easily coagulable, or diffluent and watery. It is generally of an arterial colour, sometimes brilliantly red; and again, it will be black and grumous.[2] These variations point out correspondent conditions of general health, or of local structure and function. It is often a matter of difficulty to say whether this sputum proceed from the lungs, or from contiguous parts.[3] If it be *frothy*, there can be no doubt of its origin. This test is as old as Hippocrates. Ὁκόσοι ἀναπτύουσι ἀφρώδες αἷμα, τουτέοισιν ἡ τοιαύτη ἀναγωγὴ γίγνεται ἐκ τοῦ πνεύμονος. (Aphon. 13, Sect. 5.) Celsus[4] adopted it—"at, qui spumantem sanguinem exscreant, his in pulmone vitium est;" and I am not aware that an exception has ever been taken to its accuracy. The sputum may be liquid or coagulated, without a trace of frothiness, and yet have its origin in the lungs or minuter bronchi. In this case our diagnosis must be chiefly aided by concomitant symptoms, such as the patient's condition, the accession, duration, and nature of his attack, the character of the accompanying cough, sounds of the chest, &c. It is impossible, unless the sputum be minutely frothy or very abundant, to say whether it issue from the lungs, the bronchi, or trachea—if it be brought up by coughing, it is doubtless from one of these; if discharged by *hawking*, and it be black and mixed with tough mucus, it has probably proceeded from the fauces or posterior nares. If it be first recognised about the tongue, with a cold sensation, or a sweet or saline taste, unaccompanied by any particular feeling in the pharynx, trachea, or chest, it is most likely a produce of the salivary glands, the mucous membrane of the mouth, or the gums. (See Cæsalpinus, Spec. Art. Med. Hippoc. 1605, lib. 6, cap. 15.) Bloody sputum is rarely tasteless, being generally mawkish, saline, or sweet. Its quantity is very variable, sometimes only dotting or streaking its accompanying mucus, and at other times, as if vomited, deluging the patient with its sudden profusion. Laennec mentions two cases in which, respectively, there were lost ten pounds of blood in forty-eight hours, and thirty pounds in fifteen days.[5] And he points to Rhodius (Cent. 2, Obs. xxx.) as quoting similar instances. Heberden speaks of a man who spat a pint of blood daily for a month.[6] Its duration is likewise inconstant. Some people will have an attack of hæmoptysis, more or less severe, which never recurs; others will suffer from it for a lengthened lifetime. Heberden knew "a man in good health at seventy, who for fifty years had never been free from spitting of blood above two years together."[7] This form of expectoration may subside suddenly or slowly, may alternate with, or may be succeeded by, any of the other varieties of sputa. It is more common amongst females than males, and chiefly prevails between the ages of fifteen and forty-five.

Pathognomonic Relations.—From their number and variety, these may be conveniently divided into *organic* and *sympathetic*. Of the former, the one of most frequency and consequence is phthisis. At one time hæmoptysis was believed to be necessarily a harbinger of death, from its supposed invariable connexion with pulmonary consumption. The idea which Ovid borrowed from the physicians of his day is at the present time a creed with those who are little learned in pathology.

> "Non est in medico semper relevetur ut æger.
> Interdum docta plus valet arte malum.
> Cernis ut e molli sanguis pulmone remissus
> Ad stygias certo limite ducat aquas."

[1] If the blood be effused and lodged some time before its expulsion, it will then be clotty on its discharge, and the coagula will be of various degrees of firmness and of freedom from colour. Morgagni says of a case of hæmoptysis:—"Sputa erassa, in iisque albæ particulæ quasi polyposæ." (Epist. 21, Sect. 19.)

[2] It is sometime so completely black and tarry-looking that an inexperienced observer may be deceived as to its nature. One of the readiest means, apart from actual analysis, of proving it to be blood, is to smear it upon a slip of white paper. Where it is [illegible] a reddish tint is discernible.

[3] Sometimes, also, what appears to be bloody sputum, has really no blood in it. I have myself, at first sight, been ready to pronounce the presence of blood in a copious purulent sputum, when the colouration proved to be due to a little raspberried-sugar which the patient had sucked. And I have often known jam, and such like things, create much wonder and confusion by finding their way into the spitting-vessel. The practitioner should be particularly cautious how he pronounces sputum to be bloody, until he shall have undeniable evidence of the truth of what he says.

[4] De Medicina, lib. 2, sect. vii; vide Alex. Trall. vii. 1; Aretæus de Sign, Morb. Acut. lib. 2, cap. ii; Forest. obs. lib. 16, obs. 14; Bonet. Sepulchret. lib. 2, sect. v, obs. 11 et 25; Bellini de Hæmoptysi, page 671.

[5] On Diseases of the Chest, by Forbes, p. 187.

[6] Commentaries on the History and Cure of Diseases, cap. lxxxiv. Tulpius mentions a "sputum sanguinis," that lasted for thirty years. (Observat. Med. lib. 2, cap. xi.) See also Nov. Act. Nat. Cur. vol. 1, obs. 1.

[7] Commentaries, chap. lxxxiv.

Authorities are divided in opinion on the question, whether the hæmoptysis of phthisical subject be antecedent to, or indicate the actual existence of, tubercles in the lung; Laennec inclines to the latter belief, as also does Broussais, who, however, expresses himself with some degree of caution; and Louis says,[8] "it is impossible, as it appears to me, not to admit that with a few, unfortunately too rare, exceptions, hæmoptysis, when at all severe, denotes tuberculous disease of the lungs." Andral thinks, that the hæmoptysis not only precedes the tubercular formation, but also contributes to it, by a modification which it may be supposed to occasion in the condition and nutritive function of the part affected. My own experience and reflection incline me to the judgment that these contending opinions are, each, too exclusive. That Laennec and his followers are chiefly in the right, there can be no manner of doubt; but that Andral, and those who believe with him are totally in error, I am in no wise prepared to admit. It is obvious, from what we know of the pathology of tubercle, that in a system predisposed to the development of this morbid material, any error in the process of nutrition may easily give rise to it. And we know that in the products of local inflammation, and also in the blood effused consequently upon injury or vascular congestion, tubercular matter is often rapidly generated when the subjects are scrofulous. In such subjects, an extravasation of blood into the air cells of the lungs may be the immediate cause of tubercular formation, and no doubt often is. Besides that *theory* is in favour of this view, we have the *fact* established in the circumstance of tubercle having been found in the patches of pulmonary apoplexy, when other parts of the lungs were quite free from disease. But it is equally true, that in the majority of cases hæmoptysis coexists with pulmonary tubercles in all their stages. Sometimes the hemorrhage gives us the first warning of their presence—sometimes it is consequent only upon their softening—and again, it is issue of an established vomica. But between hæmoptysis and phthisis there is no pathological connexion further than obtains as a consequence of an impoverished watery state of the blood, a thinness and laxity of its vessels, and irritation caused by the presence of foreign matter, local congestion, or increased force and frequency of local circulation, from the obstruction of the accumulating deposit, or erosion and laceration of parts from its decomposition and discharge. Thus it is that in one case the hæmoptysis will be a mere exudation, whilst in another, as when a vein in or near to a cavity is implicated, the effusion will be sudden, profuse, and perhaps fatal. Bloody sputum is seldom discharged in any quantity, whilst tubercles are miliary or immatured; the only exception to this rule is when there is some constitutional peculiarity, or the crop of tubercles is very abundant. It is generally when softening commences that the hemorrhage makes its appearance and is most to be dreaded. After the complete formation of a cavity, if any blood proceed therefrom, it is chiefly an oozing from its walls; a profuse bleeding never happens in a vomica well-lined, unless from the rupture of a vessel that may cross its interior or lie alongside its walls. Hæmoptysis is not so common in the latter stage of phthisis; and it must be remembered that cases of this disease occur without any blood being expectorated from beginning to end. Spitting of blood is always to be regarded suspiciously, how favourable soever may be the circumstances under which it occurs. Still, it should never be pronounced upon, and especially with seriousness, until stethoscopic and other signs declare the nature and extent of the organic lesion. Physical examination of the chest, skilfully conducted, must necessarily lead to trusty results; but it is due to the subject upon which I am treating to say, that I have never met with an instance of bloody sputum accompanying, or alternating with, "purulent," but when there has been organic disease of the lungs. It was wisely said by Hippocrates—Πτύσις πύου ἐπὶ πτύσει αἵματος κακόν. (Aph. xv, sec. 7.)

In gangrene of the lungs, particularly when the result of inflammation, bloody sputum is common, either alone or mingled with depraved mucus or pus. Itself corrupted, or diluted with corrupt fluids, it constitutes the "prune juice" sputum of the third stage of pneumonia. It is an almost invariable attendant of pulmonary apoplexy, in which affection it is sometimes voided in enormous quantities, with or without fatal results. In colloid cancer, and other malignant diseases of the lungs, this sputum occurs, in appearance like currant juice. In the various congestions and inflammatory affections, both active and passive, to which the lungs and larger air-tubes are liable, we meet with it.[9] The various causes which give rise to impeded circulation through the lungs, are morbid deposits, hepatisation, aneurismal and other tumours, narrowing of the left auriculo-ventricular opening, or of the calibre of the aorta, malformation of the chest, &c., are so many sources of pulmonary hemorrhage. So also are the circumstances which unduly accelerate the flow of blood through the lungs, such as an inflammatory state of the system, hypertrophy of the right side of the heart, violent exertion as in running and jumping, strong moral emotions, hysterical paroxysms, convulsions, &c.[10] Whatever disturbs the proper action of the heart, whether by exciting or subduing it, is liable to be the occasion of hæmoptysis. Severe or protracted efforts in singing and speaking are a fertile cause of this trouble. I have lately had a popular vocalist under my care for a serious spitting of blood, the consequence of extra exertion one evening in an opera. He had previously enjoyed an invariably good state of health, and in his present condition furnishes no indications whatever of disease of the lungs. Under rest and remedial measures he became quite well, and resumed his professional duties. In asthenic fevers, in plague,[11] small-pox, purpura, and other diseases complicating an impoverishment of blood with a laxity of tissue, hæmoptysis is common.

The sympathetic pathognomonic relations of bloody sputum are not a few. The most common are those in which the uterus is concerned. Spitting of blood is sometimes completely vicarious of the menstrual function. Hoffmann mentions a singular case of this kind, in which the patient became pregnant and the expectoration stopped.[12] It recurred, however, after delivery, and continued for years. Three years ago, in consultation with Mr. Carter, I attended a female suffering an innumerable variety of pains and passions, the consequence of amenorrhœa. It was the most remarkable case I ever saw. I visited her daily, and sometimes twice a-day, for nearly forty weeks, but without contributing at all to her cure. And as I left her three years since, so she now continues, though having had in the mean time various assistance from some of the most able practitioners in the town. During the time she was under my care, she had three or four most severe attacks of hæmoptysis, occurring at regular intervals correspondent with the catamenial period. In one of these attacks she spat nearly a quart of blood in twenty hours. Whilst this continued her other sufferings totally ceased, but recurred with diminished severity when the hemorrhage stopped. In other cases, as in imperfect menstruation, the discharge of blood from the lungs will be supplemental of that of the uterus, and varying according to the quantity of the latter. According to Platerus, an hæmoptysis arising from other causes is lessened during the period of the catamenia. "Sed et citra noxam aliquas virgines et mulieres sanguinem purum cum tussi, verum non adeo copiosum, instantibus mensibus resecisse vidimus."[13] Periodical spitting of blood, again, will anticipate, so to speak, the menstrual period, and diminish and finally disappear as this becomes established.

Hæmoptysis is often consequent upon suppression of habitual hemorrhoidal discharge. In some cases the spitting is very profuse, even threatening the patient's life, yet the respiratory apparatus is free from disease or injury. In others, the quantity of sputum is not considerable, but it recurs periodically. "Masson (Dissertation sur l' Hemoptysie) records a remarkable case where the hæmoptysis, which succeeded a suspended hemorrhoidal discharge, returned regularly every month for a year, although the original discharge had not observed the same periodical regularity."[14] Dr. Mead quotes from Dr. Musgrave, in the Philosophical Transactions, a most singular case "of a person, who, from his infancy to the twenty-fourth year of his age, had every full moon an eruption of blood on the right side of the nail of his left thumb; at first three or four ounces, and after his sixteenth year, to half a pound each time, which, when, by searing the part with a hot iron, it stopped, he fell into a spitting of blood, and by frequent bleeding, &c., was very difficultly saved from a consumption."[15] A suppression of other than sanguineous discharges is apt to be followed by hæmoptysis. We have known it immediately consequent upon a sudden arrest of the lochia from exposure to cold, and upon a sudden check of leucorrhœa by strong astringent injections. Also, it has been affirmed to have supervened upon the stoppage of issues and ulcers, gonorrhœa, bronchial mucous flux,[16] diarrhœa, &c.

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[8] On Phthisis, trans. by Walshe, p. 168.

[9] Most of the cases of hæmoptysis which are relieved or cured by rest, change of air, voyaging, &c., are owing to local congestion, chronic inflammation, or weakness, and utterly independent of any organic taint. The state of debility and emaciation to which patients are often reduced under these circumstances, is not more surprising than the occasional rapidity and completeness of their recovery. Inexperienced practitioners are apt to mistake such cases for phthisis, and to regard their cure as little short of miraculous. I once attended a man who suffered from spitting of blood, whilst the superior half of his right lung was completely dull on percussion, and bronchial respiration was heard throughout it. He had been pronounced incurably consumptive. The history of the case, however, led me to doubt whether the deposition were tuberculous, and he was, therefore, treated by local bleeding several times repeated, blistering, and tonics with alkalies, and alterative doses of mercury. In a few weeks he became perfectly well, and at this time, his lung, to all external evidence, is pervious and healthy throughout. Deep-seated chronic pneumonia is sometimes attended by hæmoptysis and other obscure symptoms resembling phthisis, very puzzling to the young practitioner, and perhaps threatening fatally, unless change of air or some lucky change of treatment shall determine otherwise. Heberden relates a case of "peripneumony, in which bloody phlegm had been spit up for two or three days, gradually abated, and the patient seemed to be recovered; but the cough soon came on again, and in a month's time there was a great wasting of the flesh, and a difficulty of breathing, with many signs of approaching death: after going into the country, and riding, the patient lost his cough and shortness of breathing, and lived healthy for many years."—(Commentaries, cap. 84.) Dr. Gilchrist relates many such.—(Use of Sea Voyages in Medicine, 1771, pp. 23, 42, 45, 145, 211, 265, &c.) These are the cases in which the diagnostic services of the stethoscope and sputa are paramount.

[10] The obstructed circulation consequent upon diaphragmatic pressure from ascites, tympanitis, abdomical tumours, and pregnancy, is often followed by spitting of blood. I knew a lady some years ago, who regularly spat blood during the latter months of utero-gestation. Two years since, I attended a female for abdominal dropsy. When the accumulation became excessive, the laboured respiration and cough were accompanied with bloody sputum. This completely declined after tapping. Stoll mentions a similar case.

[11] The plague which ravaged the continent in the fourteenth century, according to Fracastorius, and that which prevailed in the seventeenth century, according to Diemerbroeck, were attended by copious hemorrhage from the lungs.

[12] Med. Ration. et Systemat., tom iv., part 2. Van-Swieten speaks of hæmoptysis vicarious of suppressed menstruation, and quotes Aretæus as his authority. De Causis et Sign. Morb. Acut., lib. ii., cap. 2. Bennet also alludes to it. Tabid Theatr.

[13] Praxeos, p. 699

[14] Cyclopædia of Practical Medicine, Art. Hemoptysie, p. 402.

[15] A Treatise concerning the Influence of the Sun and Moon upon Human Bodies. Trans. by Thomas Stack, M.D., p. 55.

[16] Dr. Parry relates a very extraordinary case of

Hæmoptysis is occasionaliy, but rarely, a critical discharge. I have seen it critical and curative both of pneumonia and bronchitis. These are the inflammatory diseases which it most commonly attends after this fashion, but it has also been met with in others, in fevers, asthma, exanthemata, &c.

Local Symptoms and Physical Signs.—To enumerate these, in so far as they may be the offspring of the various organic derangements and changes which are complicated with hæmoptysis, would be foreign to the purpose which we have in view; and the more especially because the indications of these several morbid states have been pretty fully treated in the previous pages of this work. We have, therefore, only to deal with such as immediately precede or accompany an attack of hæmoptysis.

Blood is sometimes expectorated, whether in limited or profuse quantity, without any warning whatever of the occurrence. Indeed, according to my own observation, the *first* attack is usually of this kind. The patient may have been making some previous effort, or may have been perfectly quiescent, but he feels a sudden tickling in his throat, he coughs, and to his surprise brings up blood. Generally, but not invariably, the subsequent returns of the hemorrhage are anticipated by certain premonitory symptoms. These are, alternations of heat and cold, pains in the limbs, and especially in the head, giddiness or drowsiness, palpitation of the heart, languor or faintness, a peculiar sense of weight and oppression in the chest, with an indescribable feeling of burning, "boiling up," or "foaming," as patients call it, dyspnœa,[17] anxiety, &c. The pulse is commonly quick, full, and vibrating; but sometimes the reverse, rapid, feeble, contracted, and intermittent. The stethoscopic signs are not remarkable until after the effusion of the blood, when should this have been into the parenchyma of the lungs, percussion elicits a dull sound over the affected part, and either respiration is inaudible there, or is accompanied with a bubbling râle, more or less grave or sharp. If the blood proceed from the smaller bronchi, similar respiratory sounds are heard; if from the larger, the sounds are little or not at all abnormal. There is never anything peculiar in the cough, which may be mild or severe, of short or long duration, sonorous or shrill, according to circumstances. For the same reason also, may other accompanying symptoms be few or many, serious or unimportant.

Pathology.—The physical conditions which immediately and remotely tend to hæmoptysis, are various and important. They are either structural or functional, or both. In some subjects we recognise a hemorrhagic diathesis. The merest abrasion or incision of skin is followed by bleeding of days' or even weeks' duration. I am acquainted with a gentleman, who, if he cut himself, however slightly, in shaving, will bleed for several days afterwards. The extraction of a tooth, once nearly cost him his life, so profuse and protracted was the hemorrhage. Cases have occurred in which this simple operation, or the simpler one of leeching, has been followed by a fatal loss of blood. In these instances the fault is chiefly in the blood itself; either its vital properties are diminished, reducing it almost to the condition of an inorganic fluid, and limiting its powers of coagulation, or its albuminous and fibrinous constituents are so small, that a clot forms feebly, or perhaps not at all. This condition of the circulating fluid is either congenital or acquired. We sometimes meet with it as the earliest manifestation of disease in infancy, and again we recognise it in later life, as the offspring of depraved or deficient nourishment, long illness, excesses, damp residence, impure atmosphere, severe mercurialisation, repeated losses of blood, &c. Often, this state of blood is connected with a strength and integrity of its vessels, when of course, spontaneous hemorrhage is not frequent; it is then generally the result of lesion. But when, with an impoverishment of blood, we have a thinness or looseness of its vessels, two conditions exist most favourable to hemorrhage. These are frequently a united source of hæmoptysis which admits of little relief and of no cure. In other cases, the pathological state is confined to the blood-vessels, which are so lax and porous, that they permit the escape of their contained fluid. Here we have an almost continued exudation of blood, whatever may be the preventive measures; and any sudden effort or severe emotion is apt to be followed by profuse, perhaps fatal, bleeding. In asthenic fevers, and certain cachectic states, there is probably some defect in the nervous system, complicated with a deterioration of blood and of blood-vessel. In inflammatory fevers again, and when the right side of the heart is hypertrophied, any hæmoptysis which may occur is chiefly due to the disproportion between the impulse of the blood and the resistant power of its vessels. Stasis of blood in the lungs, whether arising from vital or mechanical action, will necessarily, if long continued or considerable, be succeeded by exudation or rupture. Here, the cause and its consequence are purely physical. So also are they when hæmoptysis proceeds, as it often does, from sudden changes in the barometric condition of the atmosphere, ascending high mountains, &c.[18] An erosion or laceration of blood-vessels, following the softening of tubercles, gangrene, malignant disease, hypertrophy or hepatisation of the lungs, may be considered as the offspring of lesion, with or without any specific pathological condition of the blood or its containing organs. It must be remembered, that in the majority of cases of hemorrhage, whether from the lungs or bronchi, the issue is chiefly from the capillaries, and only rarely from the larger vessels.

The morbid appearances which are the *immediate* consequence of pulmonary or bronchial hemorrhage, are chiefly the following:—Turgescence of the lining membrane of the bronchi, with unusual paleness, or with vascularity varying from a delicate pink to a deep black; this may be in streaks, patches, or diffused throughout the organs. Fluid or coagulated blood in the bronchi. An œdematous or a congested state of the lungs, local or general, with partial or entire loss of crepitation. When cut into, they commonly exude a frothy blood or serum. Local vascular engorgement, or rather extravasation, firm, solid, and perfectly defined from the surrounding structure, which is crepitous and often paler than usual. The indurations are either quite black, or of a deep brown colour, homogeneous, exuding, by pressure or scraping, a little coagulated blood, not frothy, and no serum. They vary in size from that of a shilling to that of the palm of the hand, and mostly occupy the central or posterior portion of the middle or lower part of the lungs. Sometimes, as I have seen, after fatal hemorrhage, these organs have appeared normal. Other pathological appearances, the *remote* cause or consequence of hæmoptysis, it is not necessary that we should detail.

Treatment.—This is of two kinds, palliative and preventive. The former, we are called upon to exercise *during* an attack; the latter *subsequently*. Perhaps the activity, energy, and self-possession of a medical practitioner are never more needed than when he is summoned to a case of severe pulmonary hemorrhage. The patient, and all around him, are in the utmost fear and fright, each imploring assistance, and none knowing how to render it. It is of paramount consequence under such circumstances, that the medical attendant give heed to none of the suggestions of bystanders, but act with promptitude and decision according to the dictates of his own judgment.

The first duty, and not the least important, is to dismiss from the room all superfluous attendants. It is rarely that we are not called upon to perform this ungracious, but most necessary service. Those who remain should be enjoined to restrain ejaculations, and the expression of unsolicited opinions. They should be perfectly mute, and obedient only to the directions of their adviser. The patient should be soothed and encouraged, and especially cautioned against excitement or exertion. He may be placed in any natural position which is favourable to his ease, or a relief to pain or cough, but a semi-erect posture, supported by a bed-rest or pillows, is preferable. Whether blood should be drawn from the arm, or a dose of weak cold brandy and water should be given, is only to be determined by circumstances. If the loss of blood have been excessive, and fatal fainting be apprehended, the stimulant should be administered with the utmost caution, the patient's head laid low, and cool air admitted into the room. In doing these things the greatest care and delicacy are needed; rough usage may instantly rouse the dormant energies, and as instantly bring on a final and fatal bleeding. We once witnessed such a calamity from the rude dashing of water in the patient's face; and a like consequence has been known to follow the injudicious application of ammonia to the nose. The fact should never be lost sight of, that the reaction after fainting from pulmonary hemorrhage, is a state to be regarded with most anxious care. Then it is that we must be especially mindful, in doing every duty, not to do too much. Whatever the hemorrhage may be, should the patient's strength and pulse warrant the abstraction of blood, it ought to be immediately taken in full stream from the arm, and in quantity proportioned to the severity of the attack and the sufferer's power of endurance. This is often a nice point of discrimination, and must rest with the judgment of the practitioner. And it may be well to remind him that the *surgical* is safer than the *morbid* bleeding. The quantity of blood removed is not so much an object as is the impression produced by it, and it should therefore be withdrawn, if possible, the patient being in an upright position. One full bleeding, if safe, is much more efficacious than a repetition of smaller ones. External applications to the chest are often of much service. Mustard plasters, hot fomentations, and blisters, are in good repute. If blistering be desired (though I am far from thinking it desirable), it is best obtained by painting the chest with *acetum lyttæ*, or by directing a stream of boiling water upon it. I have seen greater good done by the affusion of very cold water, or the application of ice, and though some dwell largely upon its tendency to increase the hemorrhage by increasing the internal congestion, I can only say that my personal experience cannot point to a single instance of the kind. The only fear is that the shock may be more than the patient can bear, and that the resulting depression may be fatal. But cold affusions, like bleeding, will of course be regulated by the strength of the pulse and the general condition of the patient. Whatever is given to drink should be cold—lemonade, or water containing cream of tartar, nitre, or common salt, is very serviceable. Derivatives should be applied to the feet or legs—mustard plasters are preferable from their extemporaneous convenience and quick action. The medicinal agents of most value, are the narcotics, sedatives, and astringents. A full dose of opium will often act like a charm. Dover's powder sometimes answers the double intention of composing the patient to sleep and determining

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mucous expectoration, hæmoptysis, and palpitation of the heart, alternating with one another. "A gentleman spit blood copiously almost every day for twenty years, during which he abstained from animal food, and every form of alcohol. Having attempted to return, by slow degrees, to the use of the former, he had in one year four attacks of inflammatory fever. These were succeeded by vehement palpitation of the heart, which frequently returned during several years. They ceased on the supervention of cough, with very copious and constant expectoration of thick mucus, unaccompanied with blood. By degrees, and after some years, the cough and expectoration disappeared, and he had then dyspepsia and occasional attacks of palpitation, both of which seemed to give way to remedies, but were immediately followed by hæmoptöe. From this period, during all his remaining life, which was extended to more than eighty years, the three states of mucous expectoration, hæmoptöe, and palpitation, alternated with each other, but no two of them existed together." (Elements of Pathology and Therapeutics. Second edition, vol. i., p. 312.)

[17] The dyspnœa is sometimes so urgent as to threaten, or actually to produce, suffocation. It depends upon effusion of blood into the air cells of the lungs, and is of course, severe in proportion to the amount of effused blood, and the extent of parenchymatous tissue which it fills.

[18] "On the tops of high mountains, where the air is very light, one breathes with difficulty, has a suffusion of the eyes, vomits, and a spitting of blood ensues. A sudden sultry heat produced, one night, in several persons, hemorrhages of the lungs." Gilchrist on the Use of Sea-Voyages in Medicine, page 73.

gently to the skin. Digitalis should be used with caution, but if the hemorrhage have not been severe, and the pulse continue full and quick, it will do good by controlling the heart's impulse. Hemlock and henbane are preferable remedies in the majority of cases, for there is less risk in their use. Acctate of lead is a good astringent, and is perhaps best given in combination with opium. So also is a simple infusion of roses, acidulated with nitric or muriatic acid. The sustenance should be mild, and not administered too early.

The after treatment is chiefly counter-irritant, tonic, and derivative. If the patient's occupation have had any share in his ailment, as happens to shoe-makers and tailors, from the constrained position in which they sit; to bakers and engine-men, from the heated atmosphere they respire, and the alternations of cold; to grinders and turners, from the inhalation of irritant particles; and to others whose labour may be heavier than they can bear, it is desirable that the employment be exchanged for one of a more fitting nature. The external applications of best service are setons, perpetual blisters, calefacient plasters, tartar-emetic ointment, and croton oil. Of these I prefer the first, and the last three, as being more manageable, safe, and capable of longer continuance than blisters. The application should be made, if possible, over the immediate seat of mischief.

The general tonic remedies are both hygienic and medicinal. The former comprise change of air, regularity of living, early rest and rising, moderate exercise, light nutritious food, with a judicious use of wine or porter, cold sponging, or the shower-bath, pleasant diversion, riding, swinging, sailing, &c. Every extreme and excess should be avoided, and the mind kept free from apprehension and anxiety.

A most useful tonic is quinine with an excess of acid, or any similar tonic astringent. If the patient can bear them, the preparations of iron are very valuable, such as the sulphate with the addition of sulphuric acid, or the sesquichloride, or citrate. The sulphates of zinc and copper are also good remedies. The bowels should be kept in regular activity. Some advise sulphate of magnesia with sulphuric acid as an aperient, but I have generally found it too debilitating. If there be no contra-indication, I prefer the resinous purgatives.

Derivative remedies are called for when hæmoptysis is vicarious or supplemental of any other sanguineous discharge. If it supervene upon the healing of an ulcer or an issue, the best plan is immediately to establish a fresh one. If upon the suppression of habitual hemorrhoids, leeches should be applied *circa anum*, warm aperients or enemata given, and the hip-bath, as hot as can be borne, used once or twice a-day. If upon diminution or decline of the menses, the groin or vulva should be leeched at the catamenial periods, the patient enjoined walking or riding exercise, and other such emmenagogue and tonic treatment instituted as the case may require and the system be able to bear.

When hæmoptysis is the result of organic mischief, we can furnish little more than palliative treatment, which must depend upon the particular nature of the malady.

Apothecaries' Hall. — Gentlemen admitted Licentiates, on October 23rd, 1845.—Richard Fernandez Freeborn, Matthew Hincliffe, Bertie Pardo Matthews, Arthur Charles Copeman, William Guille Dalgairns, Thomas Francis.

Nottingham Hospital.—The medical officers of the General Hospital, near Nottingham, are about to follow the example of the Norfolk and Norwich Hospital, in founding a museum connected with the institution. They have issued a circular to the governors, from which it appears that the proposed museum is intended to contain not only preparations illustrative of disease, but also collections of the best obtainable specimens in comparative anatomy, chemistry, botany, and pharmacy.

The Congress of Naturalists, which assembled at Nuremberg, have fixed on Kiel, in the duchy of Holstein, as their place of meeting for the next year; Dr. Michaels, the professor of chemistry at the University of Keil, is appointed the agent-general for the session of 1846

HOSPITAL REPORTS.

MANCHESER EYE HOSPITAL.

(Communicated by A. W. Close, Esq.)

The Eye Institution of Manchester was established in 1815. The number of patients under treatment last year, according to the published annual report, was 1556; 32 of these were successful operations for cataract and artificial pupil; 553 were cases of acute, chronic, purulent, pustular, strumous, and traumatic ophthalmia; 58 were cases of iritis; 160 accidents; the remainder were exemplifications of almost every form of disease to which the eye and its appendages are liable.

To the pupils attending the medical school of this town the Institution offers most valuable opportunities and advantages which they would do well to embrace, and which, if neglected, will be a source of great regret in after life. A thorough knowledge of the profession in all its branches and ramifications is necessary for all who intend to practise; but especially is a knowledge of ophthalmic surgery requisite for him whose future sphere of practice is to be in the secluded village, where division of professional labour does not exist, and he is, *verbatim et literatim*, "the general practitioner." A medical acquaintance of mine, after having received a first-rate education, with the intention of commencing practice in the metropolis, or some large provincial town, was induced by his love of home and father-land to settle down in his native village, remotely situated in the north of Yorkshire. For some time he waited and longed for practice, but little came, and he began to think that he had fallen under the ban of the well-known and oft-cited adage, "A prophet has no honour in his own country." One day a patient was announced; the case proved to be one of cataract. Greatly to the amazement of the villagers, the blind man received his sight at the hands of the "young doctor." His praises were wafted far and wide, and he now lives in the enjoyment of a practice, the first fruits of which were reaped in the study he had given to diseases of the eye in the days of his pupillage.

> Remote from towns he ran his useful race,
> Nor e'er had changed, nor wished to change his place.

I cannot permit the present opportunity to pass without kindly and respectfully recommending to the medical student the careful and candid perusal of the leading articles designed for him, and contained in the *Medical Times* of the 4th and 11th of this month. They deserve to be in the possession of every student; to be prefixed to each book he reads; suspended in the room he frequents; engraven on the tablet of his memory, and placed in every position where they would be likely to recur to his recollection, affect his judgment, and form his character. I would add to them one sentiment—"Better far a study which conducts to the term of life without a pang, though at the price of some intellectual efforts, than those physical pleasures whose duration is necessarily transient, and which, once satisfied, leave existence surrounded with disgust and misanthropy," and fill the soul with sad forebodings of a future state.

> 'Tis the Divinity that stirs within us—
> 'Tis Heaven itself that points out an hereafter-

On the 25th of last July I witnessed the extraction of a cataract from each eye of the patient in the Eye Hospital. The operation was dexterously—ambidextrously performed by Mr. Walker, a gentleman favourably known to the profession and to the medical reviewers as an experienced operator and the author of the "Oculist's Vade-Mecum." The patient was brought into the operating-room, and placed on his back upon a sofa, with his head raised. Mr. Walker seated himself on a stool at his head, with the intention of making the upper section of the cornea in each eye, and, at the same time, commanding the upper eyelid. The section was made by pushing the operator's double-edged cataract knife through the centre of the anterior chamber, cutting out upwards, and making a free incision, the left eye being first selected, and the operation performed with the left hand. Mr. W. next proceeded to make a similar incision in the upper margin of the cornea of the right eye, using another knife for the purpose, and operating with the right hand. This was effected without difficulty. A curette was next introduced under the flap of the cornea, and into the pupil of the right eye, so as to lacerate the capsule, when gentle pressure with the scoop caused the immediate escape of the lens. Dressings of tissue plaster were then laid over the lids, so as to keep their margins in apposition. The curette was next introduced under the flap of the cornea of the left eye, and pressure made with the scoop; out came the lens, and dressings were applied as to the other eye.

The patient was directed to have thirty drops of tinct. opii immediately; to be repeated at bed-time. He was conveyed to bed, and ordered spoon diet.

Mr. Walker, in his remarks upon the extraction of cataract, mentions that his experience is against the apprehension that *old age* is an unfavourable period of life for after-recovery. He alludes to the case of Sir William Blizard, who had the operation performed upon himself at or about the age of ninety, and also mentions the case of a patient of very nearly the same age, upon whom he operated with the most complete success. As to the *season* for operating, his experience leads him to conclude that the operation is quite as successful in winter as in summer. He would decline operating in a very frosty season. He prefers operating *on both eyes* at once, when both are affected, because it saves a great deal of confinement, anxiety, and suffering to the patient, and he has never seen any occasion to regret the preference.

As to his cataract knife Mr. Walker observes, "The great difficulty in the operation for extraction is in making the incision around the margin of the cornea of a sufficient extent. It but rarely happens, indeed, that the operator can make this of the size which he has previously determined upon, and hence the necessity for instruments to enlarge the wound of the cornea. It occurred to me that this difficulty might be diminished by the employment of an instrument having a cutting edge on both sides, each side forming an equal angle, and of a

spear shape. This instrument, whilst traversing the anterior chamber, and cutting around the upper margin of the cornea, will likewise, to a certain extent, cut around its lower margin, and thus make a larger opening than can readily be effected by the use of Beer's knife. Since I have employed it, which I have now invariably done for several years, I have never had occasion to use any instrument to enlarge the wound made by it." These observations, coming from a surgeon of more than twenty years' experience, and who has brought to bear upon the subject close observation, unwearied study, and considerable native manual adroitness, are worthy of note.

The fore and after treatment of the case related is comprised in the following daily reports:—

July 19.—John Ellis, aged sixty-one, ostler, from Lancaster, was admitted into the hospital; states that his eye-sight has been gradually failing for the last twelve months, and that for three months he has been unable to find his way without a guide, but possesses still an indistinct view of objects. He has usually enjoyed good health, and has no complaint to make, except of occasional pain in the frontal region, which is now present. The eyes have a generally healthy aspect, the anterior chamber in each lining being very capacious, the pupils active, and varying in size according to the intensity of the light, but the lens in each is decidedly opaque, and in the right of a dark amber tint, the space being a little distant from the iris, whilst in the left it is lighter in colour, and nearly touching the posterior surface of the iris. Vision is best when his back is turned to the window, and he sees better in twilight than in broad day.

Ordered to be cupped at the nape of the neck to ℥xij sanguin; to take a purgative every or every other morning; to be restricted to milk diet, and to have the Ext. belladon. applied h. s.

24.—Has had no pain in the head since the cupping. The belladonna produced full dilatation of the pupils, and exposed the cataracts completely. The pupils are now less dilated.

25.—The operation was performed.

27.—Has gone on favourably since the operation

the opiate draught was repeated last night; the plasters had become loosened, and were removed; the eyes are looking very well, there being but little redness of the conjunctiva; the plaster dressings were re-applied. Haust. sennæ cras mane.

August 4.—He complains of pain across the forehead, and both eyes are a little inflamed. The wounds occasioned by the operation appear to be healing favourably; the pupils are free from opaque capsule, and of good size, and his vision is very fair; can distinctly see any object presented to him, but cannot bear exposure to much light.

Ordered Empl. lyttæ nuchæ applic., Pil. cal. c. op. ij, o. n. et haust. sennæ o. m.

12.—He continues to complain of pain in the forehead, and of some irritation of the eyes, with intolerance of light. Some vascularity of the conjunctiva is still observed, but the cornea is clear, and the wounds healed; vision improves.

Ordered Cucurb. cruent. ad ℥viij nuch., Haust. aper pro nc natâ.

From this period he continued to improve rapidly, and on the 30th was discharged cured, having regained excellent vision, so that, with the usual convex lenses, he was enabled to tell the time by a watch, and discern very small objects distinctly.

Grosvenor-street, Manchester, Oct. 25th.

POST-MORTEM EXAMINATION OF A CANCEROUS DISEASE.

By Sir Charles Aldis, M.R.C.S.E.

The following particulars of the post-mortem examination of a lady, aged 41, of a delicate and spare habit, with a cancerous tumour of an extraordinary growth, which had existed about two years and a half, are interesting. On the 12th October 1845, the body was found to be extremely emaciated, the lower extremities and the right arm œdematous. A large fungoid tumour was observed on the chest, involving the whole of the right breast, and extending under the left breast down to the seventh rib. It measured one foot in the horizontal direction, but, including the diseased lymphatic glands of the neck, above the tumour it measured vertically thirteen inches and a half. It measured diagonally, from under the right axilla to the portion of the seventh rib under the left breast, fourteen inches and a half. The thickness of the tumour was between four and five inches. Several of the lymphatic glands of the axilla and neck were enlarged by cancerous deposit, varying in size from a filbert to a small orange.

Chest.—On opening the chest the parietal or costal pleura to the right of the breast bone, and corresponding to the under surface of the tumour, was raised by numerous white tumours, which elevated the pleura, the under surface of which was studded with them. The pleura, or the tissue under the pleura, was in a highly vascular state. The right side of the chest contained about a pint and a half of fluid. A cancerous tubercle was detected under the right pleura pulmonalis, and on the surface of the pericardium; universal adhesion of the left pleura pulmonalis and costalis.

Abdomen.—The liver was greatly enlarged and very pale. The uterus was slightly ulcerated at he mouth. On the upper surface of the uterus, owards the fundus, a scirrhous tumour about the size of a large nut was found. Several old adhesions between the peritoneal surface of the colon and parietal peritoneum were detected. Kidneys and stomach healthy as well as the bladder.

Old Burlington-street, Oct. 20th, 1845.

Obituary.—On the 10th inst., at St. Helier's Jersey, much esteemed and regretted, W. J. B. Parker, Esq., formerly surgeon of Her Majesty's 19th Regiment of foot, in the 67th year of his age. On the 10th inst., at Elgin, Dr. Alexander Murchison, formerly of Springfield, Jamaica, many years Custos of Vere, and also a member of the House of Assembly in that Island. October 11th, after a short illness, Thomas Wybrants, Esq., M.D., of Springfield, King's County. At Calcutta, on the 6th ult., Piercy Howell, Esq., late surgeon of the steam-ship Hindostan, and son of Charles Howell, Esq., of Hove, Brighton. At his residence, Pavilion Parade, Brighton, after a short illness, Sir Matthew Tierney, Bart., M.D.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, October 25, 1845.

Errata.—Page 71, 2nd col., line 67, instead of "mævlo," read "maculo." Page 72, col. 3, footnote, line 6, instead of "Corvisart, maladies des *Enfans*," read "Corvisart, maladies du *cœur*;" and page 71, 3rd col., line 65, instead of "Solâvre," read "Hâvre."

Academy of Sciences; Meeting of October 21st, 1845; Professor Serres in the Chair.

Saliva of the Horse.—A committee of twelve persons named by the Minister of War, for the purpose of ascertaining the best methods of improving the breed of horses purchased for the use of cavalry, having begun its labours by studying the physiology of the horse, M. Magendie, president and reporter of the committee, read a paper entitled: "A Comparative Examination of the Parotidean and Mixed Saliva of the Horse; their Chemical Composition and Physiological Action on Food." The liquid secreted by the parotid gland was received from a division of Steno's duct, and the *mixed* saliva, composed of all the fluids secreted into the mouth, was obtained at its passage through the divided œsophagus, with a bolus of bran which had been previously washed in cold, boiling, and distilled water. (*a*) The *parotidean* saliva is a transparent inodorous liquid, becoming opaline by repose, and containing no globules of any definite shape. It is strongly alkaline from the presence of a large quantity of bicarbonate of potash: a thousand parts of the secretion contain from nine to eleven parts of dry matter, the composition of which is the following:—About one-half of the residue is soluble in alcohol, and is formed of organic matter, a large quantity of chloride of potassium and traces of chloride of magnesia; of the remainder of the residue, about one-third can be dissolved in water, and coagulated by heat; it consists of a large quantity of albumen, at least one-fifth of the entire dry residue, and carbonate of potash. The rest of the residuary substance is formed of ptyaline or salivary matter. The sulpho-cyanuret of potassium does not, according to Payen, pre-exist in saliva, but arises from decomposition of the liquid; the parotidean saliva is totally without action upon starch. (*b*) The *mixed* saliva is a liquid of a greyish colour, generally clouded, and contains round globules, readily detected by the microscope. Its chief difference from the parotidean fluid is the absence of the bicarbonate of potash, which that secretion contains in abundance. Starch is, at the temperature of 40+0, transformed into sugar by the mixed saliva, and this liquid seems to resemble closely in all its characters the saliva of man, which has hitherto been considered as differing widely from the saliva of the horse, probably because it was compared to the parotidean liquid of that quadruped. M. Magendie concludes, that in the first phenomena of digestion, the saliva performs a far more important part than that usually assigned by physiologists, viz., of merely moistening the alimentary bolus and to facilitate its descent through the œsophagus.

Causes of Bronchocele. By M. Guyon.—In general, bronchocele is supposed to result from the earthy impregnation of water used for drinks, or from its disoxygenated condition. Fodéré considers goître and cretinism to arise from a humid state of the atmosphere. M. Guyon thinks these causes do not account for the identical characters presented by the disorder, from the equator to the poles, and that the disorder should be attributed to the short sojourn of solar light in those localities where the goître is most frequently observed. M. Guyon asserts he has always, in the countries most afflicted with bronchocele, been able to ascertain the presence of some obstacle to the free access of the rays of the sun in its yearly or diurnal course. Thus, at Lyons, the city is placed at the foot of a steep mountain which intercepts the rays of the rising sun, and this circumstance would account, in M. Guyon's opinion, for the goîtres so commonly met with in that town. We will merely observe that this theory does not seem more satisfactory than those already brought forward, and leaves unexplained several of the curious phenomena which attend the formation of bronchocele; its greater frequency in women, for instance.

Valeric Acid. By M. Chancel.—The dry distillation of valeric acid furnishes valeric aldehyde, tainted with faint traces of valerone, heated to 350° (centigr.) the valerate of baryta loses not only its water of crystallisation, but is decomposed with a continuous disengagement of inflammable gas; if the heat be increased, at a dark red heat, decomposition takes place, carbonate of baryta mixed with carbon remaining in the retort, whilst in the receiver accumulates a liquid produce, which is "*valeric aldehyde*," or "*valeral*," a colourless fluid, very inflammable, boiling at 110° (+0), and of a density of 0·82 at 22°+0. It is insoluble in water, but dissolves readily in alcohol and ether. By the action of oxydating bodies, valeral is changed into valeric acid, and forms with nitric acid a compound called valeronitric acid.

Academy of Medicine; Meeting of October 22nd, 1845. M. Caventou in the Chair. Sir G. Ballingall present at the meeting.

Ascites.—Professor Velpeau read a report on a paper by Dr. Desjardins, of Hâvre, treating of various cases of ascites not accompanied by visceral disease. The two first cases related by Dr. Desjardins refer to two sailors who fell into bad health at sea, and having become affected with ascites, were both rapidly cured, after puncture, by a short residence on shore. The third case is a far less common one: a gentleman, aged sixty-eight, of a corpulent habit, and addicted to intemperance, had always enjoyed perfect health. Having undressed one day in the presence of Dr. Desjardins, that gentleman was induced, on observing the immense size of the patient's abdomen, to examine it, and to his utter surprise discovered that this person was affected with ascites. No symptoms whatever had existed of this malady, the detection of which was entirely accidental: the patient recollected only that his stomach had acquired its enormous size about fifteen years previously. Paracentesis was performed, and between thirty and forty pints of transparent fluid were removed; no relapse took place, and the patient did not, even for a day, interrupt his accustomed mode of life: he died four years after of pneumonia.

Deviations of the Spine.—M. Bouvier, having read a report on a new plan of gymnastic exercises for youth, the following debate took place:—M. Nacquart observed that the importance of gymnastic exercises had increased in proportion as the now acknowledged inability of orthopedic surgery to remove deviations of the spine had become better demonstrated. Nothing is more common than slight deviations in young subjects, and in a large majority of cases the disease spontaneously disappearing, would be looked upon as cured by the orthopedist, if the patients had undergone operation. M. Nacquart has never seen a case of the kind really cured by orthopedic surgery; and on the other hand, in many cases in which special surgeons have obtained the credit of having completely cured the patient, the deviation persists, though concealed by the artifices of dress. M. Delens confirmed M. N.'s statements, and added that, in schools he has often, very often, seen slight deviations of the spine disappear under the influence of simple means, and the progress of time. M. D. thinks that these numerous and favourable cases can be easily accounted for by the *successive* development of the viscera in children. Thus, if the liver increases in size more rapidly than those organs which balance it on the left side of the body, an abnormal curve will appear in the spinal column, and will gradually diminish and become straightened when the heart, spleen, &c., enlarge in their turn. Thus again, the heart is frequently the seat of palpitations in youth, and by the slow increase of the thoracic cavity, the symptoms cease without any particular treatment. In answer to Drs. Nacquart and Devens, M. Bouvier remarked, that an immense number of spinal deviations in youth had fallen under his observation, and that the opinions he had formed on the subject were in direct contradiction with those expressed by those two gentlemen:—M. B. said that the cases of true deviation cured spontaneously in the manner described, were comparatively rare, and that parents had often bitterly repented having lost, by a similar delusion, a time which might have been employed in preserving their children from deformity. M. B. begged to separate this discussion on

orthopedy, which he intended to resume on another occasion, from the conclusions of his report on gymnastics. The report was unanimously adopted, and the meeting adjourned at five o'clock.

HOPITAL NECKER.

Acute Farcy; by M. Bricheteau.—D., a carter, aged forty-four, of a lymphatic and nervous temperament, was admitted into the hospital on September the 30th, 1845; he stated that, for a week previous to his entrance, he had suffered from rheumatic pains of the limbs, accompanied by headache and diarrhœa. On examination the skin was found hot and dry; the pulse frequent, and the abdomen flatulent, at the same time the patient complained of great weakness. The prostration, headache, and articular pains, increased on the following days, and *several small pustules* were observed on the chest and shoulder, containing a sanious pus. On the twelfth day of the disease *delirium* appeared, and on the thirteenth, *several small and badly limited tumours* showed themselves on the left arm and forearm. *The nose then became stuffed*, particularly on the left side, and on examination of the naris, the passage of the air was found to be interfered with by the pressure of a certain quantity of pus. The *left eye* partaking also of the disorder, a considerable amount of swelling formed in the corresponding side of the face. Epistaxis was observed on the seventeenth day, and on the eighteenth the patient expired in a fit of dyspnœa. The treatment consisted, at first, in the exhibition of saline purgatives, twice repeated during the last days; mercurial frictions, the liquor ammon. acet. (ʒ ss), and three grains of extract of opium, were daily employed.

Sectio-Cadaveris.—On examining the subcutaneous purulent collections, they were found to be surrounded by cellular tissue in a state of congestion; those abscesses, on the contrary, which were placed between muscular structures in the forearm, were environed by tissues apparently healthy. They all contained a sanious pus, the left sterno-clavicular joint was filled with pus. The brain and cerebellum were healthy, the pia-mater was slightly injected. The cavities of the nose were then examined. On the right side the pituitary membrane was swollen, and covered with pustules so confluent on the septum, as to resemble a layer of thick purulent mucus; on the surface of the inferior spongy bone a circular well defined ulceration, with sharp edges and a greyish fundus, was noticed. A similar ulcer, about a line in diameter, existed on a level with the anterior extremity of the inferior spongy bone. The structure of the Schneiderian membrane seemed to have undergone a deeper altcration on the right side, its surface being there covered with a soft pulp formed of shreds of mucous membrane and viscid pus. The throat and pharynx were red and inflamed, and in the larynx, to the right of the mesial line, on a level with the cricoid cartilage, an ulcer had formed similar in appearance to the two excoriations observed in the nose. The bronchi were red and congested, the lungs also were in a state of congestion in their posterior regions. The digestive organs were healthy.

The Potato Disease.—For the last six weeks, not a single meeting of the Institute has passed without one or more papers being communicated, referring to the disease which has lately spread among the potatoes, and which threatens severe suffering to the working classes, in countries where the potato is one of the principal articles of food to the poorer portions of the community. The importance of the tuber as a nutritious substance, and the fears excited by the destruction of the notable proportion of the crop, have given to the subject the weight of a political question of first-rate magnitude; and the study of the various points connected with the development of the malady, its different forms, the several plans brought forward to arrest its progress, the degree of "digestibility" of the diseased tuber, and the modes of still making it available to domestic purposes, have raised the investigation of the disorder to the rank of a scientific problem of deep and absorbing interest. We would, therefore, be failing in what we consider to be our duty, were we to withhold any longer from the readers of the *Medical Times* the speculations the potato disease has given rise to in the French scientific world, and the opinions elicited on the matter from men whose names and acquirements are the object of universal respect.

Historical Account of the Disease.—The epidemic observed amongst the potatoes is not a new malady. In 1816, under the influence of a cold and damp season, they were affected in the same manner as at present, to such an extent as to cause the destruction of a considerable part of the crop in France; and every successive year isolated cases of the same alteration are generally met with. The present epidemic is said to have begun in Ireland in 1842, whence it spread to England, Holland, Belgium, Germany, Piedmont, Savoy, and France, preserving in all these countries the same specific characters; and thereby indicating that it is due to the deleterious influence of *one* general cause, viz., the abundant rains and the low temperature which have prevailed during the last three summers. The visitation has afflicted the dryest as well as the most humid soils, the highest grounds as well as the lowest, and in the neghbourhood of fields wherein the crop was utterly destroyed, other fields placed in apparently identical conditions have enjoyed an inexplicable immunity; in the same field some potatoes have been spared, nay, in the same root diseased tubers are found in immediate contact with healthy ones, although they derived their nutriment from one common stalk, and would seem to have been liable to the same disorders. It is from the 10th to the 15th of August of the present year, that agriculturists agree in placing the origin of the complaint. At that period, under the influence of a sudden change of temperature, the vegetation was arrested, the soil remaining *sans amour* according to the picturesque and poetical expression of the French husbandman. The *early* potatoes—the pink and the red kidney—have suffered less, whereas, the yellow and the late kidney variety (vitalotte), have been almost altogether destroyed.

Anatomical Alterations.—We may refer the anatomical changes to two heads:—1st, structural changes in the cellulo-vascular texture of the potato; 2nd, modifications undergone by the fecula.

1. On dividing the potato, the diseased portions are marked by their rusty *colour;* their *odour* is characteristic, and betrays the presence of cryptogamic formations. The tissue is softened, and more easily dissociated than that of the healthy parts, which are white and of a firm consistency. According to Mr. Payen, the microscope shows in thin slices of the infected potato a liquid of a light brown colour, occupying the inter-cellular spaces; on the walls of the cells are noticed darker granulations, which may also be seen floating in the brown fluid above mentioned. In some potatoes the cortical portion alone has suffered; in others, by far the smaller number, the central part. When the alteration is in an advanced stage, the texture is semi-liquid, and myriads of animalculi can be detected. Their length is 1-100th of a millim. —their breadth 1-1000th of a millim. and they are endowed with very rapid movements. Minute cryptogamic productions, visible only to the microscope, are also seen, being generally pucciniæ with two cavities, and some belonging to the variety of fungus described by Martius, under the name of Fusisporium Solani. When the decay is in its last period, acari, and insects of the order rhabditis, are found in the superficial ulcers of the tuber.

2. The condition of the fecula is quite healthy in most potatoes—the grains remaining perfect in the centre of indurated diseased cells; but the flour is less abundant than in healthy tubers, and much more difficult of separation. The diseased potatoes have yielded to M. Payen, 14 per cent. of their weight of fecula—healthy ones furnishing 18 per cent. This diminution in the amount of fecula arises from two causes:—1st, the absence of secretion from the cells in late potatoes; 2nd, putrefaction in those tubers which are in an advanced state of decay. When the changes are very considerable, the potatoes are an alkaline of reaction.

Three theories are brought forward to account for the disorder:—1st, the development of animalculæ (Gruby); 2nd, parasitic vegetable formations (Payen, Morren, Montagne, Decaisne); 3rd, stagnation of the fluids of nutrition (Philippar, Gérard, Decerfz, Bouchardat). This last opinion seems to us the only correct one; it accounts readily for all the morbid appearances, and may be supported by the same chain of reasoning by which we explain in the human system the formation of dry gangrene of the extremities, or softening of the substance of the brain from vascular disease, thus:—The circulation of the vital fluids of the potato being arrested by a sudden change in the temperature, the secreting cells deprived of nutriment have ceased to live, and consequently to secrete fecula. In *early* potatoes, the flour being already formed at the period of invasion of the malady, has undergone no alteration, but is more difficult of extraction from being surrounded with dead, indurated cellular walls. In *late* potatoes, on the contrary, the cells being rendered incapable of secretion, no fecula is formed; in both, decomposition following gangrene; vegetable and animal parasites arise and complete the work of destruction, but they can no more be considered to have *caused* the disorder than the worms met on a dead body can be looked upon as having occasioned death.

Can the Diseased Potatoes be used as Articles of Food without Danger?—Three of the members of the Commision of Inquiry, appointed by the Academy of Sciences, have, during one week, eat every day diseased potatoes, the altered portions being previously cut out, and they have experienced *no* inconvenience. The labourers of the farms of Villerat and Satory have fed largely upon the affected tubers, and have *not* suffered. M. Bonjean, apothecary, at Chaméry, has during three days, eat eight pounds of diseased potatoes, *without* removing the altered portions, and no symptoms of indigestion showed themselves. Numbers of animals at the two model-farms already mentioned have been fed upon the raw and boiled esculent, in an advanced state of decomposition, and have *increased in weight* on the food. M. Gérard and M. Payen are of opinion, the altered potatoes can be employed by starch manufacturers with advantage; and that the fecula should be extracted for domestic purposes. M. Payen further recommends the removal of the skin and a portion of the cortical structure from the potatoes which have slightly suffered, the remainder of the tuber being quite fit for use. As to those which are most deeply altered, the fecula should be removed by rasping, and the flour dried or submitted to the process of saccharisation. The consequences which naturally flow from the above facts are:—1st, the fecula met with in diseased potatoes is, to all intents and purposes, in a healthy condition, though more difficult to extract than from the healthy tubers; 2nd, the diseased potato is injurious to health only by its indigestible properties; 3rd, the disorder being due to unfavourable atmospheric conditions, its further propagation is not to be apprehended.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

COMPOUND DISLOCATION OF THE ANKLE JOINT. —Dr. Henderson narrates, in the *Northern Journal of Medicine*, a case of this injury, in which the foot was turned in, the sole being nearly on a line with the inner side of the tibia—the ligaments were ruptured—the joint was open—and the anterior tibial artery torn across. When seen about an hour after the accident, the blood was running from the anterior tibial in a small stream; the skin was retracted over the outer malleolus. No attempt was made to replace the retracted skin; the foot was merely put straight and tightly bound to the limb to prevent further loss of blood. On the second day thereafter, the bandages were taken off, and the skin brought down over the outer ankle and fixed to the foot with stitches. A tedious suppuration of five months followed, and for twelve months afterwards there were partial suppurations, with exfoliations of small pieces of bone from the outer ankle. The loose skin from that part ulcerated off, exposing it covered with luxuriant granulations. The foot had a great tendency to turn in; and from the raw state of the outer ankle immediately after the accident, counter pressure could not conveniently be applied. When he began

to use the foot in walking, an iron splint, adapted to the sole and inner limb, was worn for several months, so as to give firmness to the joint. At present the external malleolus is considerably enlarged, and the tendo Achillis shortened; the joint, however, is an useful one, and possesses some motion.

Gorged Leeches.—M. Chevallier states that it is the practice with some leech-dealers to gorge them partially with blood, by which means they double their original weight, and pass with the unexperienced for leeches of a higher quality, and much greater price. Leeches treated in this way are not always easily known. Though generally torpid, they are sometimes active enough; and when squeezed in the hand, contract themselves into a ball, which is, therefore, not an infallible character, as some suppose, of the leech being good. They are best known by the following characters:—When pressed between the finger and thumb, they do not flatten so easily or so completely as when fasting, and they present a reddish appearance; if squeezed between the fingers from the head to the tail, a tumour forms at the end, consisting of blood; if the leech be dusted over the forepart of its body with finely-powdered salt, and a little more be sprinkled on its two ends, when it elongates them in its efforts to escape, the blood will be emitted within thirty seconds. The last test will even detect the minutest traces of blood left in a leech that has been used and stripped, unless the operation of stripping has been performed with unusual care. A virgin leech never emits any blood when touched with salt.

Carbonaceous Infiltration into the Pulmonary Tissue of Coal-Miners.—Under this title Dr. Makellar read a paper before the Medico-Chirurgical Society of Edinburgh, in which he referred principally to the coal-miners of East Lothian. The carbonaceous disease described, was stated to be caused by the inhalation of substances floating in the atmosphere of the coal-pit, such as the products of the combustion of gunpowder, the smoke from the miner's lamp, and the other foreign bodies with which the air of the mines is heavily charged, in consequence of their defective ventilation. In the mines in which gunpowder is used, the disease is most severe in its character, and most rapid in destroying the pulmonary tissue. The carbon in some cases is expectorated in considerable quantity for some time previous to death; in others, it is retained, and accumulates to a great extent in the lungs. As the disease advances, the action of the heart becomes feeble; and the appearance of the blood indicates a carbonaceous admixture. The carbonaceous deposit seems to supersede or supplant the formation of other morbid bodies in the substance of the lungs—such as tubercle; for in individuals belonging to families in which there exists an undoubted phthisical diathesis, tubercle is never found on dissection. The morbid appearances seen in the pulmonary structure, as results of inhaled carbon, may be divided into classes, corresponding to three stages of the malady. In the *first*, there is general irritation of the mucous lining of the air-passages; the carbon is absorbed into the interlobular cellular substance, and granular system, thereby materially impeding the necessary change in the blood. In the *second*, the irritative process, the result of this foreign matter in the lungs, has proceeded so far as to produce a variety of small cysts containing fluid and semi-fluid carbon,[1] following the course of the bronchial ramifications. In the *third*, the ulcerative process has advanced to such an extent, as to destroy extensively the cellular tissue, and produce excavation of one or more lobes. The general results from carbonaceous infiltration, besides disorganisation of the pulmonary structure, are extensive venous congestion, and effusion into the serous cavities, attenuation and dilatation of the heart, and usually enlargement and softening of the liver and spleen.

Placenta Prævia.—Mr. Hutchinson gives the details of a case of placental presentation, in the *Provincial Medical Journal*, in which he successfully adopted the plan of detaching the placenta completely. No further flooding ensued, and the child was afterward removed by the operation of version.

Retinitis. — Mr. Nesbitt, in the *Provincial Medical Journal*, describes, under the title of retinitis, several cases of internal inflammation of the eye, arising from external injury. The first case, which he regards as acute retinitis, appears to us to be merely sclerotitis. The injury by which it was caused was a blow on the eye from the handle of a pump. It was followed by a good deal of pain during the night, and some impairment of vision. When seen by Mr. Nesbitt, there was a slight ecchymosis on the inner part of the upper eyelid, but none on the globe; a narrow zone of minute straight crimson vessels surrounded, but did not extend to the cornea, there being a minute ring of uninjected white selerotic between the pink zone and the cornea; there were a few dilated conjunctival vessels at the inner side of the ball; the cornea and iris were perfectly natural; the pupil was moderately dilated, but contracted when the sound eye was shut; vision very imperfect, hazy; sparkles of light before the eye; pain of an aching and dull shooting character in the globe, but still more over the brow, and at the left temple; no lachrymation; very little intolerance of light; pulse 70; tongue clean. Mr. Nesbitt opened a branch of the superficial temporal artery, and abstracted three ounces of blood, which entirely relieved her of pain, and slightly improved the sight. A quarter of a grain of the potassio-tartrate of antimony, in solution, was exhibited every four hours. The medicine produced sickness and purging, with great prostration; the patient, however, manifestly improved under its use; in three days from the date of the accident, the sight was reported to be perfect, and in two more she was sewing by candle-light. Mr. Nesbitt says that there can be no doubt of this being a case of acute traumatic retinitis, and he adds, that if there be cases so violent as those described in systematic works, he would suggest their being named hyper-acute retinitis, to distinguish such very rare diseases from the common acute varieties. From all this it is evident that he regards this case as being one of severe inflammation of the retina, of which, however, it presents scarcely a symptom; the retina may have been, and possibly was, the seat of concussion, but, in our opinion, the inflammatory action was confined to the selerotic coat and the conjunctiva, the immediate *locale* of the injury; the external signs were those of sclerotitis, and the natural appearance of the iris, the pupil moderately dilated, but contractile, the absence of photophobia, the character and situation of the pain, the relief afforded by the small abstraction of the blood, and the rapidity of the cure without the exhibition of mercury, the patient being able to sew by candle-light in five days after the occurrence of the accident, clearly show that the retina had not been affected with inflammation. Had retinitis existed, the abstraction of three ounces of blood from the temporal artery, with continued exhibition of a quarter of a grain of tartarised antimony every four hours, would not have perfectly restored vision in three days, and enabled the patient to sew by candle-light. No plan of treatment, however efficacious and decided, we are bold to say, could have effected so extraordinary a cure, and certainly not the comparatively moderately antiphlogistic plan adopted by Mr. Nesbitt. The next case, although imperfectly detailed, bears clearer evidence of sub-acute retinitis—vision was almost entirely lost; there was aching pain over the brow, and at the temple; the patient saw sparkles of light when his eyes were shut, and in the dark, the pupil was rather contracted and dull; but there was no intolerance of light. The treatment consisted of cupping on the temple to seven ounces, blistering the nape of the neck, and the internal exhibition of the hydrargyrum cum creta, with small doses of opium. The cupping afforded immediate relief, and the vision began to improve as soon as the mouth was affected. The man recovered. The third case is one of considerable interest in several respects. The patient was a miller, thirty-two years of age, who had been wounded in the right eye by a piece of sharp steel about six weeks before he was seen by Mr. Nesbitt. The foreign body had penetrated the globe of the eye, and the man erroneously thought it had lodged there. When he first consulted Mr. Nesbitt, he complained of slight lachrymation, adhesion of eyelids in the morning, very slight intolerance of light, and blindness. On making him look at the window, he could see nothing but a dull red glare of light; he could not in the slightest degree distinguish the shape of the window. He had seen sparkles of light, but these had disappeared almost entirely. On examining the eye, there was a linear cicatrix at the inner portion of the cornea, and through the iris, in the axis of the globe; the pupil was of a sort of oval, elongated from side to side, and terminated inwardly in a point; the globe deviated outwardly, so that there was a slight squint; the pupil was slightly dull. There was also some redness of the conjunctiva. The general health was good; but he was very nervous; pulse rather quick and weak. Flying blisters were applied behind the ear, and mercury given internally; after a few days, as he was very nervous and irritable, he was allowed some ale daily. Under this treatment he gradually improved; but returning to work too soon, the disease relapsed. Mr. Nesbitt cupped him on the temple to twelve ounces, and had recourse to more vigorous treatment with mercury, under which he again improved, and ultimately recovered perfect vision. Indeed it was so perfect as to be a serious inconvenience to him; for as this eye was deviated outwardly, its sight was no longer in unison with that of the other. As long as his sight was imperfect, its interference with that of the left was trivial; but when completely restored to its healthy function, its want of harmonising with the other eye was the source of continual annoyance, for he saw before him two pictures equally distinct, and was often unable to tell which was the correct one. The right eye being deviated outwardly, represented every object, perfectly indeed, but to the left of the true position; while the left eye did not show these same objects a whit more clearly, yet in their true places. It became then a most puzzling thing to know which was the proper place of the object thus doubly seen. In walking up the garden, for instance, he would see two walks alike distinct, the one gradually diverging to the left of the other. If he shut either eye he could walk on equally well (for on shutting the left eye, the right would at once start into place), but if both eyes were open it required the greatest attention to prevent his walking over the border. He frequently struck and hurt himself by running against doors, in consequence of having mistaken the false for the true object, or *vice versa*. After allowing a certain lapse of time for the eye to be fully free from any tendency to retinitis, Mr. Nesbitt divided the rectus externus muscle, after which the eye returned to its place, and has since acted in unison with its fellow. He consequently sees only one bright picture, instead of two comparatively dim ones; and sight is in every respect as perfect as before the accident. The scar in the cornea and iris of course remain, as well as the distorted pupil, which does not contract quite so readily as that of the left eye; but he is not aware of any consequent inconvenience. The fourth case is one of amaurosis, probably from cerebral disease, and not of retinitis.

Chorea.—Dr. Chambers, in the *Provincial Medical Journal*, narrates the particulars of a case of chorea, in which he effected a cure by exhibiting sulphate of quinine in the form of enema, after zinc, iron, purgatives, and stramonium had failed. The remedy is worth a trial.

Strumous Peritonitis.—Dr. Chambers details, in the *Provincial Medical Journal*, a case of strumous peritonitis, with effusion, treated successfully. The patient, a girl about fourteen years of age, had been ill for twelve months, and was supposed to be in the last stage of phthisis. When first seen by Dr. Chambers, she was suffering from the most intense pain in the abdomen, and constant diarrhœa. She lay upon her back with her legs drawn up; the abdomen enlarged, fluctuating, and exquisitely tender, but more particularly between the umbilicus and pubis. She passed as many as eight to twelve stools daily, and had done so for the last fortnight; the emaciation was extreme; the vertebræ were chafed, and there were bed-sores upon the sacrum and nates; there was a very slight cough, but considerable dyspnœa; pulse 130

[1] By this i meant carbon in a solid and fluid state.

counted with difficulty; the severity of the pain prevented sleep; the appetite was very variable. The treatment consisted in the application of leeches to the abdomen, followed by a cataplasm of scalded bran; opium with quinine, and mucilage, and mercury, used, at first, in inunction, and afterwards in the form of pill. A blister was afterwards applied to the abdomen, and when the inflammary symptoms had nearly disappeared, diuretics of squills and iodide of potassium were administered to remove effusion. Mineral and vegetable tonics were employed to complete the cure. In some remarks which Dr. Chambers has appended to the narrative of the case, he observes, that it was a well-marked and rather severe case of a disease, which, from its invariably insidious character, is apt to escape detection. The emaciation was the most extreme he ever witnessed, where recovery ensued; indeed, so much so, that from it and other reasons, two competent observers pronounced the case perfectly hopeless. He was unable to trace the immediate existing cause of the attack; its progress was so imperceptible, that it had existed for some time before it attracted attention. The symptoms were so formidable when he was called in, that there was no difficulty in making the diagnosis. It is in the early stages of the disease that this is most difficult. The following are the points which he considers most available in forming an opinion:—A constrained stooping gait, an inability to sing, (in the absence of pulmonary disease,) and an inability, or disinclination to endure the shock communicated by walking down stairs. The doubtful point in this case to be determined was, the integrity of the lungs; and after a careful examination, he was satisfied they were free from disease.

Cephaloma.—Mr. George, surgeon of the Bath Hospital, describes in the *Provincial Medical Journal*, the case of a woman who had a tumour in the hollow of her left foot, which in spite of every application that was made to it, continued to enlarge. At the time he was consulted, it had attained the size of a pullet's egg, but was circular in form and much elevated; its surface was smooth, of a purple chocolate colour, and bled upon the slightest touch, while the edges of the surrounding skin were hard and everted; and in the integuments, for four or five inches round the tumour, were scattered several smaller ones, firm and rather insensible, resembling in colour and shape the original at the time it was first noticed. The glands in the upper part of the thigh were enlarged and tender; the patient's complexion, naturally dark, had acquired the sallow leaden hue, which usually accompanies malignant disease; her flesh and strength were gradually decreasing; the appetite was bad, and her nights rendered sleepless by pain. The obviously malignant character of the disease, and the state of the femoral glands forbidding amputation, palliative measures only were had recourse to; Brandish's solution, combined with cascarilla, was exhibited internally, with the effect, after its use had been persisted in for some time, of restoring the appetite and strength, and the natural complexion, while the tumour, contracted to the level of the neighbouring skin, had firmly cicatrised, many of the surrounding tubercles had disappeared, and the glands in the thigh were much reduced in size. Eight months afterwards the health again gave way; vomiting and purging, with pain in the region of the liver, and jaundice ensued, and the patient died in two months. During the month which preceded her dissolution, the femoral glands had attained the size of a large hen's egg; and many small, firm, pale tumours, appeared beneath the skin, covering the thorax and abdomen, some of which were accompanied by enlarged veins, and small extravasation of blood. An examination of the body was made eighteen hours after death. There were two small pearly deposits beneath the pleura of the lower part of the left lung; both lungs were studded with cephaloid tubera in every stage of degeneration; two very minute tubercles were deposited in the subserous membrane of the left ventricle of the heart; the liver was much enlarged, and throughout was crowded with innumerable cephalomatous tubera, varying in size from that of a small shot to that of a pullet's egg, in every stage of growth, and all more or less deeply tinged with yellow; the substance of the liver was gorged with bile, and in the vicinity of the larger tumours showed much vascular congestion. In the submucous tissue of the ileum were two purple, oval, flattened tumours; the inguinal glands were connected with a still larger mass, lying behind Poupart's ligament; both were of a firm texture, and of a uniform white colour.

REPORT OF THE COMMISSION OF AGRICULTURE OF THE PROVINCE OF GRONINGEN ON THE DISEASE AFFECTING THE POTATO IN THE NETHERLANDS.

I.—CAUSES AND NATURE OF THE DISEASE.

The agricultural commission is of opinion that the disease is not occasioned by any direct cause, but rather that various circumstances have combined to give the disease this year an extraordinary impulse, it being in the opinion of many scientific persons not a new scourge.

The primary cause may be attributed to the extremely wet summer of 1845, and to the heavy rains which fell at the moment of the formation of the tubers. It is probably owing to this circumstance that many plants did not germinate. In the second place, the commission is of opinion that the growers do not sufficiently attend to the preservation of the potatoes used as plants, so as to keep them from all damp. It is also very probable that the intense cold in the month of March much injured the tubers.

The more direct causes are probably as follows:—

1. The too rapid development of the plants this year. It is well known that those plants which spring up too quickly, and the grain sown on an over-manured soil, are subject to such diseases as ergot for rye and other cereal grains, and rust for wheat, and the prescence of cryptogamous plants.

2. The intense heat in the early part of the summer of 1845, and which amounted on the 13th of June to 87 Fahr., on the 3d July 87½ and on the 7th July to 91½, necessarily had the effect of drying up the ground excessively; and the rain which fell at intervals during the continuance of the hot weather, and was soaked in, had the effect of scorching, as it were, those plants, and potatoes which, not being very deeply planted, were exposed to the action of the heated water.

3. This intense heat was succeeded by cold and rainy weather, which lasted from the 15th July to the end of the month of August. This damp weather, and the total absence of the vivifying rays of the sun, caused a kind of rottenness among the pithy plants, and especially developed the cryptogamous plants.

4. On the 21st and 22nd of July an extraordinary fog was perceived in many places, which spread a disgusting smell. Soon afterwards, on the 28th of July, the first symptoms of the disease were discovered in the provinces of Groningen and North Brabant, and it is more than probable that the fog, which was epidemic, was intimately connected with the disease.

According to all the experiments and descriptions made of the disease, it appears that it commences on the upper part, and then attacks successively the leaf, the stalk, and the tuber. This is fully confirmed by an experiment made at Groningen. As it is the upper part of the stalk which is generally first attacked, it is probable that the disease originates in the leaves, descends the stalk by means of the peel, and then communicates with the part below the ground.

5. On the leaves spots have been perceived, and also a kind of fungus described in the work of M. M. Maleschott and Baumhauer, and classed by M. de Martins among the *fusisporium salini*. These fungi are similar in every respect to those drawn by the above gentlemen.

It is very probable, then, that the above-enumerated circumstances have been the simultaneous causes of the plant rotting, and of the fungi which are observed thereon. It unfortunately happens that these fungi, which are extremely minute, are quickly propagated to an inconceivable extent, favoured by the dampness of the atmosphere.

But the principal cause, or rather the character of the disease, is a kind of gangrene or mouldiness in the leaf, which occasions a very hurtful and even mortal decay to the plant. The dangerous influence of the cryptogamous plants has long since been shown by the example of the rust (*uredo rubigo*) in corn.

As soon as the rust spot developes itself on the leaf of the wheat or oat plant, it is observed that the leaf turns yellow and withers at the spot where the rust shows itself.

No traces of the fungi have been found in the interior of the stalk or in the tuber. The commission, therefore, considers, that the disease of these parts results from that of the leaf.

It is very probable that the disease has long existed in this country, but it has never hitherto sufficiently developed itself to attract serious attention. Having been fed for two years by a moist temperature, it has increased this year to a frightful extent, and become a real calamity. The commission is, however, of opinion that the disease, as now known to us, has never been treated of by naturalists. At any rate, it is far from resembling the cancer described by De Martins, or the scurf of potatoes, as these two diseases arise in the tuber and not in the leaves.

II.—REMEDIES FOR THE DISEASE.

The disease itself, its character, and causes, having now been sufficiently considered, it is necessary to consider the remedies for the disease, of which the commission points out three different kinds:—

1st—A means which, unfortunately, it is not in our power to adopt at pleasure—that is a drier atmosphere; for if it be damp that has caused the mouldiness of the leaves, and has propagated it among the plants, it follows that dry weather would put a stop to the ravages of the disease, and even result in entirely destroying it.

This observation applies to the measures which science may propose, now that the disease has probably reached its period.

2d—To prevent the return of the disease it is necessary to take the following precautions:—

1.—To leave the potatoes in the ground until very dry weather occurs. Experiments having shown that their decay is accelerated by being taken up; it is advisable to leave them in the ground at first in order to get dried, and afterwards to lay them out over the field. This would have the double advantage of rendering the vegetable more wholesome and of preserving it.

2.—The following applies especially to those potatoes to be used as seed for next year. It is necessary to beware of planting those plants which have been attacked by the disease. They must be carefully chosen from those whose stalks have not been attacked, and placed in a situation free from the slightest damp. As the disease has been less severe in gravelly than in clayey soils, the tubers should be chosen from these gravelly soils where the disease has not penetrated.

3.—The withered leaves of diseased potatoes, which are of no value, should be immediately burnt; the same should be done with the rotten potatoes, which cannot be of any use. Nothing should remain of them.

4.—It is necessary to avoid as much as possible planting potatoes in the same spots where they have been planted this year; for it is most probable that seeds of the fungi have remained in these places, and there would be great risk of the ensuing crop being similarly attacked. It is also necessary to manure the land with lime after the potatoes have been taken up, and then to clear it; and if the land be employed for produce which need not be planted before winter, it is better not to harrow it, and so allow the air and cold to penetrate it. In the spring the lime manure should be renewed as much as possible, and the land may be watered with diluted sulphuric acid (1 part of sulphur to 100 of water.)

5. Next year the potatoes should be planted in dry land; all damp places should be avoided, even places shaded by houses or trees. It is once more repeated that great care should be used in selecting the tubers, and they should be planted at a little distance from each other, so that the earth round each plant may be raised, that the air may penetrate everywhere.

6. The commission does not agree with those naturalists who think that the origin of the disease may be attributed to the race of potatoes having gradually deteriorated, owing to their being seldom reproduced in fresh soil. The report mentions that in the commune of Marum (province of Groningen),

among other instances, is to be seen a field of potatoes the produce of only three years' culture, equally attacked by the disease; and an infinite number of similar cases prove incontestably that the potato has not degenerated. However, the commission recommends that fresh seed should be employed this year; for it will then, at any rate, be certain that it has not been attacked by this scourge.

3d. If, notwithstanding every effort, the disease should again break out next year, the moment the first symptoms of it are perceived, the first leaves that turn yellow should be taken off and burnt, or the entire field should be watered towards evening with lime water, or, still better, with diluted sulphuric acid, so as to destroy the seeds of the cryptogamous fungi; sulphuric acid, moreover, prevents rotting, and when prepared as above directed, can do no injury to the plants themselves.

III.—USE TO BE MADE OF THE DISEASED POTATOES.

Those potatoes which have been attacked by the disease appear not to be prejudicial to health, when taken in moderate quantities. This commission has consulted veterinary surgeons as to whether the potatoes can be employed, without danger, to feed cattle. Their reply was in the affirmative. It has been proved, moreover, that pigs have eaten the diseased potatoes without death ensuing. The commission is, however, of opinion that they should be cooked beforehand.

Man may likewise make use of the diseased potatoes, but must carefully remove the brown spots which caused the disease. It has also been shown by experiments that potatoes which have remained untainted on the same plant where there are spoilt tubers, may be eaten without hesitation. It is almost useless to remark, the potatoes which are completely rotten are hurtful not only to man but also to cattle, and that too frequent use of spoilt potatoes is equally dangerous to those who make their sole food of them. Dr. Westerhoff remarked that in the commune of Warffum (province of Groningen), those persons who made use of spoilt potatoes experienced pains in the stomach, and nausea, followed by vomiting, after eating them.

It has also been perceived that sheep have been made severely ill by eating attacked potatoes, though they were soon cured by a change of food.

As to the means to be employed to prevent the baneful influence that may be exerted on the health of man by eating the diseased potatoes, the commission proposes to make this the subject of another inquiry. In the meantime, it advises that as much use as possible should be made of the fecula of potatoes.—*Downpatrick Recorder.*

REPORT OF THE DUBLIN COMMISSION.

"Board-room, Royal Dublin Society,
October 24.

"My Lord,—We, the undersigned commissioners appointed by Her Majesty's Government to report to your excellency on the state of disease in the potato crop, and on the means of its prevention, have the honour to inform your excellency that we are pursuing our inquiries with unremitting attention.

"We are fully sensible of the important and difficult nature of the inquiry, and therefore are unwilling to offer, at the present moment, any final recommendations, as we are still receiving evidence, and awaiting the results of various experiments now in progress. But at the same time we ought to state to your excellency that we have reason to hope that the progress of the disease may be retarded by the application of simple means, which we trust may appear worthy of adoption, until we are enabled to offer further recommendations.

"In the present communication we avoid entering into any account of the origin or nature of the disease; but we would particularly direct attention to the ascertained fact, that moisture hastens its progress, and that it is capable of being communicated to healthy potatoes when they are in contact with such as are already tainted. A knowledge of these facts, determined as they have been by experiment, and agreeing with the scientific information obtained as to the causes and nature of the disease, led us to propose the adoption of the following plan for diminishing the evils arising from this destructive malady:—

"In the event of a continuance of dry weather, and in soils tolerably dry, we recommend that the potatoes should be allowed for the present to remain in the land; but if wet weather intervene, or if the soil be naturally wet, we consider that they should be removed from the ground without delay.

"When the potatoes are dug out of the ground, we are decidedly of opinion that they should not be pitted in the usual way, as the circumstances under which potatoes are placed in ordinary pits are precisely those which tend to hasten their decay.

"We recommend that potatoes, when dug, should be spread over the field, and not collected into heaps, and if the weather continue dry and free from frost, that they should be allowed to lie upon the field for a period of time not exceeding three days.

"The potatoes, after being thus dried and improved in their power of resisting disease by the means proposed, should then be sorted, by carefully separating those which show any tendency to decay. Those potatoes which appear to be sound should then be placed about two inches apart in a layer, and over each layer of potatoes should be placed a layer of turf ashes, or dry turf-mould, or dry sand, or burnt clay, to the depth of a few inches. Thus will be formed a bed of potatoes, each potato being completely separated from the other by a dry absorbent material; upon this bed another layer of potatoes should be spread in like manner, and be also covered with the dry materials employed; as many as four layers may thus be placed one above the other, and when the heap is completed it should be covered with dry clay, straw, heath, or any other material adapted to protect it from rain.

"In the event of the weather becoming wet, these recommendations are not applicable. In that case we would advise the potatoes to be packed in small heaps, with either straw or heath interposed, and well covered; in such a situation they should become as well dried as seems practicable under the circumstances. Where out-buildings exist, it would be advisible that this mode of temporary packing should be carried on in those places. If there be no out-houses, the heaps may be left in the open field. We, however, particularly recommend that potatoes should not be removed into inhabited rooms.

"With regard to the treatment of potatoes already attacked with the disease, we have to state that in this early stage of our investigation, we do not feel justified in proposing to your excellency any more positive treatment — this subject we reserve for a future report; but we may remark that exposure to light and dryness in all cases retards the progress of alterations, such as the disease in question, and we therefore suggest that all such potatoes should, as far as possible, be so treated.

"We do not mean to represent that these recommendations, if carried into effect, will prevent the occurrence of disease in potatoes; but we feel assured that the decay will extend less rapidly and less extentsively under these circumstances than if the potatoes, when taken from the ground, be at once pitted in the usual manner. Neither do we offer these suggestions to your excellency as a final means of securing the crop, but merely as a method of retarding the progress of an enemy whose history and habits are as yet but imperfectly known, whilst we endeavour to ascertain the means of more completely counteracting it injurious effects, if any such can be discovered.

"All which we submit to your excellency's consideration, and remain,

"Your excellency's obedient and faithful servants,

"Robert Kane.
"John Lindley.
"Lyon Playfair.

A court of inquiry has been sitting on Mr. Protheroe, assistant-surgeon of the Jackall steamer, recently arrived here, on charges of inebriety. The result has not transpired; but a court-martial will, it is said, result from the inquiry.

A PHYSIOLOGICAL ARGUMENT CONCERNING THE THYROID AND THYMUS GLANDS.

By John Jackson, Esq., Melton Mowbray.

"The observation of differences (that is, *contrasts*) is as instructive as that of analogies."—Dr. Paris (*Pharmacologia*, p. 164.)

Some months ago, in a communication to the *Medical Times*, I ventured to express an opinion which I now beg leave to repeat, viz., that *all* those "organs," as they are called, which consist of blood-vessels, and are without excretory ducts, as the spleen and placenta, the renal capsules, the thyroid, pituitary, and pineal glands, and the thymus, are not for any purpose of *secretion*, nor to alter or influence the *quality* of the blood, but are subservient to its *motion*, and that each of those organs is part of a vessel or set of vessels the use of which is either to *generate*, or *accelerate*, or *retard*, motion of blood. The following are the steps by which I arrive at this conclusion:—1. That as all the organs I have named consist of blood-vessels, arteries, capillaries, and veins, and have nothing going into or out of them but blood, it must be the blood, since there is nothing else that they must each and all exert their immediate influence upon. 2. That blood can be influenced in quality, quantity, and motion, and that there is no other way in which it can be influenced. 3. That for the *quality* of the blood to be influenced, that is *altered*, by any of the organs in question, they would have either to add something to, or take something from, the blood; but as they can do neither the one nor the other, they cannot be for the purpose of influencing its quality. 4. That for the *quantity* of the blood to be influenced by them they would have either to increase or diminish it, and that they can do neither; for just as much blood comes out of them as goes in, and no more. 5. That as nothing besides blood goes into or comes out of them, as they must therefore influence blood or influence nothing (which latter would be the same thing as having no influence at all, or no use at all), as blood can *only* be influenced in quality, quantity, and motion, and as they cannot influence it in quality nor in quantity, they must in motion. 6. That since they must influence the motion of the blood, they must do so in a way in which motion of blood can *be* influenced; for, it is needless to say, none of them can influence motion of blood in a way in which motion of blood *cannot* be influenced. 7. That motion of blood can be *generated*, and *accelerated*, and *retarded*, and *stopped*, and that there is no other way in which motion of blood can be influenced. 8. That as all the organs in question must be for the purpose of influencing motion of blood, and as motion of blood can *only* be generated, and accelerated, and retarded, and stopped, it follows that each organ, or rather each vessel or set of vessels of which each organ is a part, must be for the purpose either of generating, or accelerating, or retarding, or stopping, motion of blood. 9. That as the motion of the blood does not stop during life, there can be no organ, or vessel, or set of vessels, for the purpose of stopping it, and to each of the organs in question, or each vessel, or set of vessels, of which each organ is a part, must either generate, or accelerate, or retard it.

During the last three years I have frequently laid before the profession facts and arguments which appear to me to prove that the *spleen* is a part (the commencement or root) of *a vessel* by which motion of blood is *generated*, and I shall now endeavour to show that the *thyroid gland* is a part (the central and capillary portion) of *a set of vessels*, by means of which motion of blood is *accelerated*; and, again, that the *thymus gland* is a part (the central and capillary portion) of *another set of vessels*, by means of which motion of blood is *retarded*.

If we dissect the thymus and thyroid glands (as they are vaguely termed) *in situ*, it is easy to see the arteries going into them and the veins coming out; and scarcely possible to find anything else, that is, lymphatics or nerves; at least, I never could, though, no doubt, some few of both exist. If, in the next place, we examine with a microscope a portion of injected thymus or thyroid gland, we find that it consists, to all appearance, *entirely* of capillaries—*i. e.*, minute blood-vessels intermediate between terminal arteries and incipient veins. Now, from these two facts—first, that

we can see nothing but *arteries* going into, and *veins* coming out of, the thymus and thyroid glands—and secondly, that the microscope shows those glands to be composed of *capillaries*, and nothing else—from these two facts, I say, I am led to regard the thymus gland as neither more nor less than what it *appears* to be, viz., the capillaries intermediate between the thymic arteries and veins; and, again, the thyroid gland as neither more nor less than what *it* appears to be—the capillaries intermediate between the thyroid arteries and veins. In accordance with this view, I shall call the thymic arteries the thymic capillaries or gland, and the thymic veins the *thymic vessels* or *thymic vascular apparatus*, and the thyroid arteries the thyroid capillaries or gland, and the thyroid veins the *thyroid vessels* or *thyroid vascular apparatus*.[1]

We will consider the thyroid apparatus first. It consists, then, as just stated, of the thyroid arteries, the thyroid capillaries, and the thyroid veins. There are four thyroid arteries, which originate one from each subclavian, and one from each external carotid. These four arteries converge to the middle of the neck, and there divide and subdivide, and ultimately terminate in capillaries, thus forming the thyroid gland. From these capillaries proceed venous radicles which unite and reunite, and ultimately form three thyroid veins, two superior and one inferior. The two superior proceed laterally, and terminate one in each internal jugular vein; and the inferior thyroid vein, which is the largest (there are often two inferior thyroid veins), descends nearly perpendicularly, and terminates at the angle of junction of the two subclavian veins, or top of the superior cava. Thus, the thyroid apparatus is between the subclavian and external carotid arteries on the one hand, and the internal jugular veins and commencement of the superior cava on the other. Now, if the reasoning with which I commenced this paper is sound, the thyroid apparatus *must* be for the purpose either of generating, or accelerating, or retarding, the motion of blood. That it does not *generate* motion is proved by its not becoming alternately distended and then contracting. The question then is, does it accelerate or retard motion of blood? In other words, does the propulsion of blood by the left ventricle through the thyroid apparatus into the internal jugular veins and top of the superior cava accelerate or retard the motion of the blood in those vessels? The vessels constituting the thyroid apparatus are *large*. From the size of the thyroid arteries, it has even been said that as much blood is propelled by the heart through the thyroid gland as through the brain.[2] The thyroid capillaries are large, as is evidenced by their deep red colour, and also by microscopic examination. The thyroid veins are of proportionate magnitude to the thyroid arteries. Now, owing to the large size of the thyroid capillaries, and their being nearer the heart than the capillaries of any other organ (except the thymic capillaries), it is evident that the blood in the thyroid veins must retain most of the *momentum* which it possessed when in the thyroid arteries. That this momentum is *very* considerable in the thyroid veins is proved by the fact, that from no veins of the same size is the hemorrhage so violent as from the thyroid veins, as they well know who, when performing tracheotomy, have happened to wound the inferior thyroid vein. And, speaking generally, the force or momentum of the blood in all the thyroid vessels, arteries, capillaries, and veins, is very great, as is proved by the profuse bleeding of wounds of the thyroid gland in cases of cut-throat; and also by the fact, that in more than one instance where extirpation of the thyroid gland has been attempted, the patient has bled to death on the operating table; and in other instances, life has been only barely saved, not by tying the divided vessels, for that was found impossible from their number, but by manual compression unceasingly kept up for a week or more subsequent to the operation by relays of assistants who relieved each other in turn. No doubt, then, of the *great* force or momentum of the blood which is propelled through the thyroid apparatus; and now, bearing in mind the terminations of the thyroid veins, the large size of the thyroid capillaries, and the size and number of the thyroid arteries, let us ask ourselves the question, what must be the necessary effect of the forcible propulsion of blood through the vessels constituting the thyroid apparatus upon the motion of the blood returning to the heart by the superior cava and its tributaries? What can be more evident than that it *accelerates* it?

Before we inquire what *purpose* is answered by the return of the blood to the heart, by the superior cava and its tributaries being accelerated by means of the thyroid apparatus, let us turn our attention to the *thymic*. The thymic apparatus consists of the thymic arteries, the thymic capillaries or gland, and the thymic veins. There are two thymic arteries, one proceeding from each internal mammary near its origin; and generally there are also one or two twigs from the inferior thyroid arteries. The thymic arteries pass downwards, divide and subdivide, and lastly split into minute capillaries, thus forming the body called the thymus gland. From these capillaries proceed venous radicles, which unite and reunite, and ultimately form two thymic veins. These veins take a contrary course to the thymic arteries; the thymic arteries *descend* and enter the capillaries or gland *in front;* the thymic veins emerge from *behind* the gland, and then *ascend* to their termination, which is *opposite* that of the great inferior thyroid vein, *i. e.*, at the junction of the two subclavian veins, or top of the superior cava. The thymic apparatus then is between the internal mammary and inferior thyroid arteries on the one hand, and the angle of junction of the two subclavian veins or top of the superior cava on the other. Now does the thymic apparatus generate, or accelerate, or retard the motion of blood; for, as was observed of the thyroid apparatus, it *must* be for one of those three purposes? It evidently cannot *generate* motion of blood any more than the thyroid apparatus, for it does not distend and contract. Then, does it accelerate or retard? In other words, does the propulsion of blood by the left ventricle through the thymic apparatus into the angle of junction of the two subclavian veins, or top of the superior cava, *accelerate* or *retard* the motion of the blood returning to the heart by the superior cava and its tributaries? The thymic veins ascend; the cava descends. The thymic currents, therefore, enter the cava current in a direction opposed to its course, and consequently they *retard* it.

The thymic apparatus, then, is a contrivance for *retarding* the motion of the blood returning to the heart by the superior cava and its tributaries, and the thyroid apparatus is another contrivance for accelerating it. Now to accelerate is the very opposite of to retard; and, therefore, if the thymic and thyroid apparatuses coexisted, and the retardation by the thymic apparatus and the acceleration by the thyroid were equal, the two apparatuses would counterbalance each other, and consequently be both useless; that is the motion of the blood through the superior cava and its tributaries would remain uninfluenced by either. But it is not so; for, during infancy, when the thymic apparatus is largest, and when, therefore, its retardation of descending current is greatest, the thyroid apparatus is smallest, and consequently its accelerative influence least. And on the other hand, after infancy, as the thymic apparatus diminishes the thyroid increases, and when the former disappears the latter attains its full developement; consequently, *en revanche*, for the thymic apparatus being largest when the thyroid apparatus is least, the thyroid is largest when the thymic has ceased to exist.

During infancy, then, the return of the blood to the heart by the superior cava and its tributaries is retarded by means of the thymic apparatus, and after infancy accelerated by means of the thyroid. Why is this? What great ultimate physiological effects are produced by the retardation during infancy and the acceleration after infancy? Let us in the first place consider from what organs and parts does the blood return to the heart by the superior cava. From the *brain*, *spinal cord*, and *organs of special sense;* and from other less noble parts—the parietes of the thorax, head, neck, and arms.

Secondly, are the functional powers of the brain, spinal cord, and organs of special sense, proportionate to the rapidity of the motion of the blood through them? Undoubtedly; the functional activity of these, as of all organs, is, *ceteris paribus*, proportionate to the rapidity of the motion of the blood through them. Thirdly, is the rapidity of the motion of the blood through the brain, spinal cord, and organs of sense, proportionate to the rapidity of the descent of the blood to the heart by the superior cava? There can be no doubt that this is the case; that a rapid current through the superior cava is attended with a corresponding rapid motion of the blood through the brain, &c., and that a slow current through the superior cava is attended by a corresponding slow motion of the blood through the brain, &c. It cannot be otherwise: a slow current through the superior cava is evidently incompatible with a rapid motion of the blood through the brain, and a rapid current through the superior cava with a slow motion of the blood through the brain.

If this reasoning be sound, and if it be true that the thymic apparatus retards, or is the means of retarding, during infancy the return of the blood to the heart by the superior cava and its tributaries, it necessarily follows that it must also, by retarding the motion of the blood through the brain, spinal cord, and organs of sense, *prevent an active condition of their functions*. And again, if the thyroid apparatus, by diverting blood highly charged with momentum into the superior cava and internal jugular veins, accelerates the descending current, it must, by consequently accelerating the motion of the blood through the brain, spinal cord, and organs of sense, *increase the activity of their functions*. Here, then, are uses worthy of the thymic and thyroid vessels. The inactive state of the brain, spinal cord, and organs of sense, which exists during infancy, is owing to the blood retarding influence of the thymic apparatus; and their active state after infancy to the blood accelerating influence of the thyroid. These two apparatuses are, anatomically and physiologically, diametrically the reverse of each other; anatomically, for one is *permanent* and the other *temporary;* one *increases* after infancy, the other *diminishes* after infancy; one consists of *large* vessels (arteries, capillaries, and veins), and the other of *small* vessels (arteries, capillaries, and veins); the currents of the one enter the great descending current in a direction *favourable* to its course, the currents of the other enter it in a direction *opposed* to its course; physiologically, one *accelerates* motion of blood, the other *retards* motion of blood.

Now, some months ago I pointed out that there is a diametrical difference anatomically and physiologically between the *hepatic afferent vessel*, of which the spleen is the commencement or root, and the *pulmonic* and *systemic afferent vessels*, of which the two halves of the heart are the commencements or roots, and this diametrical difference I wish the reader to view alongside that which I have just shewn exists between the thymic and thyroid vessels.

I must, in order to render myself intelligible, premise that I arrange the blood vessels, not under the *four* heads of heart, arteries, capillaries, and veins, but under the *three* heads of afferent vessels, capillaries, and efferent vessels; and further, that I hold there are not *two* systems only—a pulmonic and a systemic—but *three* systems—an hepatic, a pulmonic, and a systemic; each system consisting of an afferent or taking-to vessel, and a set of efferent or taking-from vessels, with capillaries intermediate between the terminal branches of the afferent vessel and the primary roots of the efferent vessels. Thus:—

FIRST OR HEPATIC SYSTEM.

1. *Hepatic afferent vessel*—comprising the spleen, splenic vein, portal vein, and its branches in the liver.

2. *Hepatic capillaries*—intermediate between the terminal branches of the hepatic afferent vessels and the primary roots of the hepatic efferent vessels.

3. *Hepatic efferent vessels*—the hepatic veins.

SECOND OR PULMONIC SYSTEM.

1. *Pulmonic afferent vessel*—comprising the right half of the heart and the pulmonary artery and its branches.

2. *Pulmonic capillaries*—intermediate between the terminal branches of the pulmonic afferent

[1] The author has evidently not seen Simon's valuable essay on these organs.—*Ed.*

[2] See Burdach's Physiologie, tome 7, p. 142.

vessel and the primary roots of the pulmonic efferent vessels.

3. *Pulmonic efferent vessels*—the pulmonary veins.

THIRD OR SYSTEMIC SYSTEM.

1. *Systemic afferent vessel*—comprising the left half of the heart, and the aorta and its branches.

2. *Systemic capillaries*—intermediate between the terminal branches of the systemic afferent vessels, and the primary roots of the systemic efferent vessels; and between the terminal branches of the *splenic artery* and the primary roots of the hepatic afferent vessels, and between the terminal branches of the *hepatic artery* and the terminal branches of the hepatic afferent vessel.

3. *Systemic efferent vessels*—(1) the intestinal veins (gastric, duodenal, and mesenteric) which terminate in the middle of the hepatic afferent vessel, and (2) the superior and inferior cava, and the coronary vein, which terminate in the commencement of the pulmonic afferent vessel.

Now, I have to show that the first or hepatic afferent vessel is diametrically different, anatomically and physiologically, from the pulmonic and systemic afferent vessels. Well, then, the trunk and branches of the hepatic afferent vessel are *venous;* the trunks and branches of the pulmonic and systemic afferent vessels are *arterial;* the root or commencement of the hepatic afferent vessel is *splenic;* the roots or commencements of the pulmonic and systemic afferent vessels are *cardiac.* Into the spleen *small arterial branches* go—the branches of the splenic artery; into each half of the heart *large venous roots* go—the cavæ and pulmonary veins; out of the spleen a *ramifying vein* comes—the spleno-hepatic vein (as I call it); out of each half of the heart a *ramifying artery* comes—the pulmonary artery and the aorta. Can there be more perfect contrasts? Venous—arterial; splenic—cardiac; small arterial branches—large venous roots; ramifying vein—ramifying artery. The hepatic afferent vessel, then, being *anatomically* diametrically different from the pulmonic and systemic afferent vessels, MUST be so *physiologically;* for diametrically different anatomical causes cannot avoid having diametrically different physiological effects. Now, the pulmonic and systemic afferent vessels, of which the two halves of the heart are the roots, produce (that is, *generate*) a *constant* and *rapid* motion of the blood through the capillaries of the pulmonic and systemic vascular systems, and therefore the hepatic afferent vessel, of which the spleen is the root, must produce (*generate*) a *slow* and *intermittent* motion of the blood through the capillaries of the hepatic vascular system.[1]

Let the reader imagine himself to possess creative power, and that he had to make an hepatic afferent vessel which should cause a diametrically different kind of motion of the blood through the hepatic system to that caused by the pulmonic and systemic afferent vessels through the pulmonic and systemic systems. Would he not have, instead of an artery, a vein?—and would he not prefix to that vein, in lieu of an auricle and ventricle, a spleen? How would he make a spleen?—or, in other words, how would he make a large congeries of varicose-like venous roots? Of what would he make them?—or from what would he cause them to originate? Would he not cause a large congeries of venous roots to originate from a large congeries of capillaries?—and how would he get a large congeries of capillaries but by splitting up a large sized artery?—and how would he minimise the flow of blood through that artery; for it is capillaries that are wanted, not blood? Would he not make it very tortuous?—and is not the splenic artery remarkable for its tortuosity?

Again, if he wished to retard during infancy the descent of the blood to the heart by the superior cava and its tributaries, in order to produce the following series of effects:—

1. A slow motion of the blood through the brain, spinal cord, and organs of special sense;
2. An inactive condition of their functions;
3. Indisposition to muscular exertion;
4. A slow circulation of the blood generally;
5. A slow respiration;
6. A small absorption of oxygen;
7. The minimisation of the process called by Liebig "eremacausis;"
8. The maximisation of the opposite process, or growth;

suppose, I say, that the reader, being possessed of creative power, wished to produce these effects—could he devise a means better adapted to that end than the thymic apparatus? What other means could he devise? Could he devise any other? How could he retard the motion of the blood through the brain, spinal cord, and organs of sense, except by retarding the current returning to the heart by the superior cava and its tributaries?—and how retard that current except by counter-currents?—and where would he have those counter-currents terminate, if not at the angle of junction of the two subclavian veins?—and what would he have convey those counter currents into the superior cava but veins—the thymic veins?—and what could the thymic veins originate from, but capillaries?—and how would he make thymic capillaries, but by splitting up thymic arteries?—and from what arteries could the thymics originate better than from the internal mammaries and inferior thyroids?

And after infancy, when the child is weaned, and no longer dependent on the breast of the mother for its nourishment, how would he gradually produce an active condition of the brain, spinal cord, and organs of sense, unless he gradually diminished and ultimately altogether removed the thymic apparatus, and, *pari passu*, increased the development of the thyroid? How would he accelerate the current of blood descending to the heart by the superior cava and its tributaries, but by diverting into it in a direction favourable to its course other currents highly charged with momentum? Would he not cause one if not two strong currents to impinge upon the great descending current at the very top of the superior cava?—and what more eligible veins for two other currents to terminate in than the internal jugulars, which bring all the blood from the brain?—and what could the thyroid veins originate from but capillaries?—and what could form those capillaries but the splitting up of the thyroid arteries?—and where could he place those capillaries more conveniently than half on one side of the larynx, and half on the other?—and where could he cause the thyroid arteries to originate from better than from whence they actually arise?

In conclusion, let me ask what stronger argument can there be that the hepatic afferent vessel, and the thymic and thyroid vessels, are for the purpose of producing the effects which I attribute to them, than that if we ourselves were possessed of creative power and wished to cause such effects, those vessels are precisely the means which we would have recourse to to produce them?

There are two things connected with the thymic and thyroid vessels which I have not yet mentioned—the *capsules* containing the capillary bodies or glands, and the *cells* containing fluid. The former invest the capillaries and retain them within proper limits, the latter merely fill up the intercapillary spaces. In what more simple way could they be filled up?

[1] According to the present doctrine of the schools the heart is the *only* organ concerned in the circulation or motion of the blood. One half of it is known to propel the blood through one vascular system, the pulmonic; the other half is believed to propel it through two vascular systems, the systemic and the hepatic. The fluids (or drink) are known to pass from the digestive tube into the intestinal veins, and through the liver into the heart; the fluidified solids (or food) are believed to pass from the digestive tube into the lacteals, and through the mesenteric glands. Before birth the *material* of growth is known to proceed directly through the liver into the heart; after birth it is supposed to go behind the liver, and climb up the thoracic duct into the left subclavian vein, and so pass through the second or pulmonic system first, through the third or systemic system second, and not through the first or hepatic system at all.

A note from Professor Liebig to the Pharmaceutical Society states that Dr. Hofmann, in continuing his investigations on coal-gas naphtha during last summer, had proved that leucol and chinolin were identical.

PENCILLINGS OF EMINENT MEDICAL MEN.

DR. JAMES JOHNSON.

"O misero frater adempte, mihi!
Omnia tecum una perierunt gaudia nostra,
Quæ tuus in vita, dulcis alebat amor,
Tu mea, tu moriens fregisti commoda, frater,
Tecum una tota est nostra sepulta anima."

CATULLUS.

After a long, at first rugged and laborious, and at last successful life, Dr. James Johnson has become a tenant of the still and peaceful grave. He died at Brighton on the 10th of the last month.

There is on some occasions a mournful gratification in descanting on departed worth; but in the present instance the loss, not only to a bereaved family, but to the public, is so irreparable that our own regrets render it impossible to note his dissolution without those feelings of unmitigated regret to which no language can give utterance. We had the good fortune to be intimately acquainted with Dr. Johnson for many years, and though tempted to try to pen a fitting tribute to his memory, feel but too certain that we must fail to do it justice. In noticing his death, therefore, we shall endeavour to confine ourselves to a simple narrative of the principal events of his life; and if some of his more intimate friends may be aware of the facts relating to him that we are in possession of, they must pardon us the recital on the score of those less fortunate. The history, simple though it be, is fraught with instruction—an incentive to the cultivation of industry, honour, and probity, and a practical lesson that, in the day of trial, when heart and flesh faileth,

"That man hath perfect blessedness
Who walketh not astray."

Dr. Johnson was born in the month of February, 1777, in the parish of Ballinderry, on the banks of Lough Neagh, in the county of Derry, Ireland. He was the youngest son of his parents, and survived all his father's family. His father and mother died when he was of tender age. His father cultivated a small farm, which had been long in the possession of his family, and both his parents were highly respected. James went, at the age of six years, to the village school of Ballinderry, which was kept by the brother of the parish priest; but he was himself, as were his family, Protestants. He left school before he had reached the age of fifteen, and it may be said that at that period his regular course of scholastic instruction terminated, so that he became, to all intents and purposes, a *self-taught* man, and, as the sequel will show, one of no ordinary acquirements. He made great progress at school; was almost always at the head of his class; wretched when he was not so, and he would sit up till midnight studyiug until he had succeeded in regaining what he seemed to think his proper place, whenever he had lost it. Soon after this he left his native country, and in the course of his life travelled a great deal. In his travels he was an acute and constant observer, always taking credit to himself for studying the character of man, with which he became as well acquainted as perhaps any individual of his day. At an early age he entertained a strong desire to study medicine, but without money, and without friends, he met with many obstacles, and had to surmount innumerable difficulties before he had acquired that degree of information which qualified him to pass his examination, and become a medical man. By frugality and industry he acquired sufficient to enable him to effect his apprenticeship. He employed all his leisure time in reading; gained his medical information piece-meal, and from being an assistant to an apothecary in London was enabled to attend such lectures and dissections as qualified him for the situation as a surgeon's mate in the navy. Having obtained that situation he became an immediate favourite with the surgeon and captain of his ship. They admired his abilities, his attention to his duties, and his thirst for knowledge, and permitted him to steal away from the vessel that he might expend the pay he had saved in attending further lectures, practising dissections, and procuring additional information. In this way he followed up his even, unbending way until he was competent to become, and actually did become, a full surgeon in H. M. navy. He was for some time on the coast of Egypt, whence

he returned to London invalided. As soon as his health was a little restored he hastened again into the dissecting-room, and there, as his teacher, Mr. Wilson, said of him, he *lived*. Having in this way, by snatches, obtained his professional education, he spent many years in the naval service, and in 1813 took his degree of M.D. at Aberdeen. Afterwards he studied for a short time in Paris, and became a Licentiate of the London College of Physicians in 1820. He was forty-one years of age when he commenced his career as a physician in town; was then married, and had several children, with barely sufficient, as might well be expected, to supply them with the necessaries of life. But he relied on his own energy of character, and, confident in himself, he made a courageous *debut*. He never lectured publicly, but for some time after he came to reside in London, he received private pupils, to whom he delivered private lectures on medicine.

Remembering that he was self-educated, and how limited were his opportunities, the extent of his writings, and the literary attainments shown in them, are surprising. In the first place, he published, in 1808, a graphic account of his voyages and observations in the East, called the "Oriental Voyager;" a book full of interesting information. Secondly, he published, in 1812, a book "On the Diseases of Tropical Climates," which has gone through five large editions, and is, to this day, regarded as the medical text-book in the East Indies. Extraordinary as it may appear, under the untoward circumstances of his youth, it is indisputable that the materials for this valuable book were collected, and the book itself composed by him when he was under twenty-six years of age. It has been universally held to be distinguished for its copiousness, physiological accuracy, and practical worth. Thirdly, he published many papers in the *New Medical and Physical Journal*, of which he was one of the editors. Fourthly, he himself started the *Medico-Chirurgical Review;* a work conducted with great energy, and usefulness to the profession, for many years, and *every line* in which he wrote with his own hand, and more frequently than otherwise at midnight, after he had discharged the laborious duties of the day. Fifthly, he published, in 1826, an "Essay on Indigestion." This has been the most popular work on dyspepsia ever written. It went through four full editions in nine months, and is now to be had in its ninth. The doctor was himself a martyr to dyspepsia, and it is believed by his family and those who knew him, that he has described in that book no more than he personally suffered. Notwithstanding he was a man of great moral courage, yet he was of a highly nervous temperament; and to such a degree was he the subject of hypochondriacal depression, that, on one occasion, when every guinea was essential to him, he left London in the middle of the season and retired to Margate, as, he said, to die. The merciful hand of Providence, however, invigorated him—restored him again to health, and spared him for many years afterwards to be a blessing to his generation. The appearance of the work on indigestion spread his reputation in every direction, brought him into full practice, and at once raised him to independence. Sixthly, he wrote "Change of Air, or the Pursuit of Health," a work dashed off with great spirit and vivacity, and exhibiting all the peculiarities of his style. He, himself (agreeing with all others who had read it), thought highly of this little essay, which has gone through four editions. Seventhly, he published, in 1833, "The Recess, or Autumnal Relaxations in the Highlands and Lowlands," presenting a lively sketch of what he saw and experienced in Scotland, and full of amusing observations and anecdotes. Eighthly, in 1836, he published "The Economy of Health." This has gone through three editions, and is another of those popular works of which he was himself peculiarly fond, in which he was extremely happy as a writer, and the composition of which afforded him more pleasure than any earthly amusement. Ninthly, "A Tour in Ireland," published in 1843, which is full, as are all his writings, of acute original and interesting observations, made and promulgated irrespectively of all parties and persons, and founded altogether by his own convictions. Besides these, he was the author of numerous papers in the *Medico-Chirurgical Review.*

He was long a member of the Medico-Chirurgical and Westminster Medical Societies. Whenever he could so manage his arrangements as to admit of time for it, he attended them. He was not an eloquent speaker, but what he said was always to the point, and remarkable for its straightforward practical character. It carried with it intrinsic evidence of sincerity and truth, and he was always listened to with attention and respect. Though not a fluent-debater, he had a happy knack of saying a humorous and clever thing, not infrequently a pungent one. He was a man of strong natural talent—of a patient and reflective mind—with a ready and lively imagination, and a faculty which, if not wit of a high order, was not very removed from it. At times, he was disposed to take up party views, but that disposition was kept in check by the soundness of his judgment, and by his long experience of the world. There was also in him, at times, what has been observed in many men of the kindliest hearts—an occasional testiness of manner, the result, no doubt, of incessant occupation, and the nervousness occasioned by it. None could regret this little failing more than he did himself, nor could any one more studiously have contrived to make the *amende* by some subsequent act of generosity. It would be difficult, indeed, to exaggerate the amiability of his disposition, or his liberality of feeling. He was an affectionate husband, a good father, kind to his children, judiciously indulgent to them, and loved by them all in return. He was a warm and an attached friend, generous to his patients and to others to a fault. If he had but an idea that any one could ill afford to pay his fee, nothing would induce him to accept it. However gratuitous his professional services might be, his attendance was as unremitting, and his solicitude as great, as if his remuneration was of the most princely character. Perhaps no medical practitioner ever secured the affections of his patients, more readily and more lastingly than his qualities enabled him to do; and those alone who have seen can form some notion of the degree of grief, that now pervades the numerous class, who have been partakers of his healing and fatherly assistance.

His published works, and the events of his life, testify that he must have possessed a capacious mind. No man of ordinary powers, under the circumstances in which he was placed, could have acquired the professional knowledge which he did; nor could such a one ever have attained that eminence in the profession at which he arrived—acknowledged, as he was, to have been a practitioner of first-rate ability. Whatever he undertook to do, he did, without turning to the right or to the left. *Industry! industry! industry!* was his motto, and it was certainly his practice. When conducting his "Medico-Chirurgical Review," he was never known to go to bed, however fatigued, or even ill, until he had written his appointed portion for the day. When he started on a tour, the parts which he should have written, during its continuance, had been written before hand; and even those tours were but rounds of incessant activity. He never, while engaged in them, retired to rest before he had committed to paper what he had seen or what had occurred to him throughout the day. His return home was a return to work as before, and to compose, amidst his laborious practice, one of his amusing essays. At the very same time, he would be revising his book "On the Diseases of Tropical Climates," recomposing editions of his former works, and reading extensively. The secret means by which he accomplished so much was—punctuality in all things—never putting off till the morrow, what he could do to-day. Another peculiar trait in his character was, his abhorrence of debt. Even at the time when he was in his greatest pecuniary difficulties, it is believed that he never borrowed a shilling. Throughout his life he lived within his means, and never owed a farthing. He paid for every thing as he got it; or, if the occasion admitted of it, even in advance; and at his death no individual could claim a sixpence against his estate, which could by possibility have been paid before he expired. He had a contempt for show and parade, and carried that feeling to eccentricity. He dressed plainly, and lived in a very private and unostentatious style. Generally speaking, self-educated men become dogmatical and vain, but he was the reverse of both. Humility stamped him for her own. He never affected to be what he was not; seldom did he even assume the appearances which his means would have justified; but still he was, in manner and in mind, a gentleman. He had a fine sense of moral rectitude. He viewed delinquencies in their right light, however glozed over by meretricious circumstances; and yet no one could have been more forgiving than he was, when the offence was committed against himself. He was a religious and a just man; and, though, a sincere Christian, his religious sentiments were of the most tolerant description. *Charity* to all men was the essence of his creed, and his precepts and his practice never disagreed.

Notwithstanding his all but blameable liberality, he derived from his practice for many years past, a large income, and but for his generosity, that income might have been doubled. At the time of his death, his yearly savings were greater than they had ever been; and had he been spared for a few years more, his accumulated earnings must have been considerable. He spared no expense in the education of his children; qualified all his sons for the liberal professions, supported them by adequate allowances, and died, leaving to his widow comparative affluence, and to his children sufficient to sustain, but not supersede industry.

Dr. Johnson lived in Suffolk-place, Pall-mall, where for many years he carried on a very extensive practice as a physician. We say Dr. *Johnson*, because he himself preferred so to spell his name. The name of his father, however, and of himself in boyhood, was *Johnston;* but at an early age, from some whim, probably a philological preference for the more rhythmical spelling of what originally was the same name, he dropped the "*t*," and ever afterwards signed his name *Johnson*. Whether his family may now resume the original name, or not, we do not know. He was about the middle height, rather under than over that standard; muscular, though of a spare habit; very active; of a fresh and ruddy complexion; open and frank countenance, with a remarkably full, penetrating, and intelligent eye; an ample forehead, and a general expression of mildness and goodness of heart. Till very lately his figure was perfectly upright, but latterly he began to stoop. His hair, which he generally wore very short, was dark and thick, and had scarcely began to whiten from the frost of sixty-eight winters. What is rather remarkable was that he never lost a tooth, nor even knew practically what toothache was, until within a short time previous to his death, when he was occasionally heard jocosely to say he feared he should be under the necessity of parting with one of his old friends. He was abstemious, but not penurious, in his mode of living; simple and unaffected in his manners; affable, and on all occasions easy of access. Although, from its interference with his studious habits, he was averse to society, yet, when in it, he was cheerful, amusing, full of anecdote, and few persons could be for any length of time in his company without feeling that his mind was not only a store-house of varied information, but that his character was that of unadulterated kindliness and truthfulness. His wife was a lady, amiable in disposition, and unobtrusive in her character, with whom, in the bosom of an affectionate family, he enjoyed much domestic happiness. By his marriage he had five sons and one daughter. His eldest son, Henry James Johnson, now occupies his late father's house. He is a consulting-surgeon, senior assistant-surgeon at St. George's Hospital, where he lectures on anatomy, and is a gentleman of sound professional knowledge, of kind and easy manners, the inheritor of many of his father's qualities, and destined, we trust, to leave unsullied his father's name. His second son, William John, Fellow of Caius College, Cambridge, is at the bar; his third, Thomas Edward, is a solicitor; his fourth, Charles Stewart, died when young, which gave a perceptible shock to his parent; and his fifth, Athol Wood, is now house-surgeon at St. George's Hospital.

Until about eighteen months ago, Dr. James Johnson enjoyed very tolerable health. About that time he began to decline, and he was induced, for the sake of change and relaxation, to take a residence at the beautiful village of Norwood, at a distance of about six or seven miles from town. He

went there, and visited London daily, but did not derive from it the benefit it had been hoped he would have done. After two months' trial, he returned to his house in Suffolk-place. In the hope of sea-air being beneficial to him, he resolved on going to Brighton for a month or two, and intended to visit London occasionally. He accordingly repaired there, but, from his long habits of activity, he was unable to remain at Brighton for a single day without visiting London. For about the first fortnight he came to town daily, returning to Brighton in the evenings. Soon after he went to Brighton he was attacked with diarrhœa, which continued to afflict him until he expired. On Saturday, the 4th of October, he was in London as usual; saw his patients, transacted business, and returned in the evening. In the course of his journey down he was attacked with a rigor, and when he arrived at Brighton he said to his wife, that unless he could perspire freely he should never recover. Next morning he was alarmingly ill, and he continued, without a cessation of his dangerous symptoms, until Friday following, the 10th instant, when he resigned his soul into the hands of his Maker. On all former occasions of his illness, from his nervous temperament, he was much liable to despondency, even when his ailments were only trifling; but in this instance he felt differently: he was immediately aware of his situation. He spoke of his approaching end with the greatest calmness, and those who witnessed his last moments say, that in no case could there be a more perfect picture of manly endurance and Christian resignation to the will of God, than he exhibited on his death-bed. He spoke composedly and tenderly to his wife and children, who surrounded his couch. While he was yet able to articulate, his language told that his thoughts were even then anxiously occupied about their little personal wants. The simplicity and kindness of his nature were manifested to the last; and care for others, none for himself, was his final trait upon earth. If there ever was a just and good man it was James Johnson: and whatever his acquirements, his talents, or his wealth, he has left to his sons his best legacy in the recollection of his worth.

REVIEWS.

Chronic Diseases of the Skin, their various Causes and Cure.—By Dr. J. De Prati. 12mo. pp. 79. London: Balliere.

We have been much amused by the perusal of this *little* book. The author dedicates it to the "memory of his lamented friend S. T. Coleridge," and winds up the inscription by saying with Cicero, "est commune vinculum omnium scientiarum." The application of the motto we are dull enough not to be able exactly to understand, and are somewhat doubtful of the honour intended by Dr. De Prati towards his *soi disant* friend. We are not fond of acquaintanceship claimed over a grave, "de mortius nil nisi *verum*." The book itself is a compound of odds and ends, strung at random; it tells us a few things which we knew aforetime, and a good many things that we did not know, and are even now not inclined to believe. The author is sometimes quite original in his phraseology, as for instance, when he calls the skin a "complexness of organs" (p. 10); its papillæ "the common sensorium" (p, 14); speaks of "the diathesis of a disease" (p. 22); and designates *cancer* an *eruption* (p. 23). Here and there we meet with a spicy bit of pathology. At page 43, after a very proper, but not novel, denunciation of tight lacing, as being likely to produce chest disease, we are told that "tight lacing is akin to wearing tight shoes!" and at page 59, we learn that warts and corns are "caused by a peculiar degeneration of the fluids." The sublime fact was "discovered by Hahnemann," and is now enunciated by Dr. De Prati, "*arcades ambo!*" In closing the book, we beg to tell our author that our opinion is he will be read when Willan, and Bateman, and Alibert, and Rayer are forgotten, *but not till then.*

An Essay on the Use of Narcotics and other remedial agents calculated to produce Sleep in the Treatment of Insanity; for which the author obtained the Lord Chancellor's Prize in Ireland. Awarded by the President and Fellows of King and Queen's College of Physicians. By Joseph Williams, M.D., 12mo. pp. 120. London: John Churchill.

Dr. Williams is already well known to the profession by his able "Treatise on the Ear," which obtained the Thesis Prize of the University of Edinburgh. The work before us is decidedly an addition to his reputation; it is more than a respectable summary of the subject upon which it treats. It is perhaps more concise than is quite consistent with neeessary detail, and is occasionally suggestive where it ought to be inferential, but it is written in a spirit of modesty, and abounds in good sense.

In some points we differ in opinion from our author; as, for instance, when he says that aconite is capable of producing apopleetic poisoning (p. 86). Of carriage exercise he observes, "I know several persons who are always very much excited when riding inside a coach, and this excitability augments as the rapidity of travelling increases, and I have several times seen epistaxis occur from the same cause; therefore, no one can doubt that carriage exercise is often contra-indicated in those subject to determination of blood to the head. The numerous deaths which have occurred in railway-carriages from apoplexy, may also be adduced in support of this opinion. Whilst this essay was going through the press, two noblemen have died from this cause within a few days of each other, and scarcely a week passes without several cases occurring" (pp, 103 and 104). We quote this passage with some pleasure, because it confirms an opinion which ourselves expressed some weeks back upon the self same subject. It has been thought that we looked too gravely upon the matter, and our contemporary the *Gazette*, argued against our inference by referring to the statistics of apoplexy, and supposing that, as such numbers die annually of it, some must needs be amongst railway travellers. This however, is easily answered by the fact that apoplectic deaths on railroads are very frequent, and that *apoplexy is the only form of sudden death we meet with under such circumstanees*, notwithstanding that its general statistics are much inferior to those of many other diseases. We are glad to find that Dr. Williams's opinion accords with our own on this important subject, but there are many other grounds upon which we can commend his work to the favour of the profession.

NOTICES TO CORRESPONDENTS.

☞ ☞ *The eight extra pages given last week are to be used for the purpose of cancelling the same number of pages of the preceding number, the typography of which was inaccurate.*

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

Amicus *will perceive that we have attended to his request in the present number. In future we propose to publish a list of new books weekly.*

A Constant Reader, Chelsea, *is not a member of the medical profession.*

R. H.—*Licentiates of the Apothecaries' Company of London have merely to present such diploma or licence previous to their examination for M. D. at the university of St. Andrews. No examination will be held until May next.*

The letters on the Kidderminster penny clubs are too personal for our columns. Why does not some neutral practitioner intervene and secure a compact for abandoning all these disgraceful speculations?

A General Practitioner *only renews a discussion about which there is already but one opinion.*

The long letter on the Edinburgh correspondence is under consideration.

X. Y. Z. *on the potato disease is somewhat watery.*

We cannot interpose for or against Dr. Selwyn's testimonial.

The article on Dr. H—— is inadmissible. We are infested with accusatory and recriminatory letters this week.

M. D.—*We shall ourselves notice Dr. Hilber's letters in an early number.*

Some articles in type are unavoidably postponed.

A. B. *is received.*

A Mechanic.—*We should be glad to receive the particulars of the inquest at Kea from some medical gentleman acquainted with the facts. We can hardly imagine that analysis of the other organs was neglected, although omitted in the newspaper report.*

H. R.—*Mr. Guthrie resides in Berkeley-street*

W. P.—*The numbers required are all in print.*

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s.; Quarterly,* 6*s.* 6*d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is* 6*s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

Saturday, November 1st, 1845.

RESIGNATION OF THE COUNCIL OF THE COLLEGE OF SURGEONS.

The punishment of our wise Surgical Councillors almost threatens to be equal to their misdeeds. No enemy, however vindictive, could have wished them in a worse position than that in which they have voluntarily placed themselves. They were *sufficiently* unpopular, one would think, *before* they adopted the Brodie Charter. They were then, however, a *tolerated*, because a not very *offensive*, professional nuisance. They were a nuisance by Charter Royal of old date, *not* self made. That was the only thing that could be said in their favour, and that one thing they accordingly seized the first opportunity to be relieved of. Like the well-known valet in Sheridan's School for Scandal, they felt as if one honest trait would be their ruin. They were not satisfied till they were unmitigated in evil, and Sir James Graham, in his ignorance, unhappily indulged them in their whim. He fooled them to the top of their bent; dealt with them as if their imbecility were something incurable, which must have its swing.

Having secured Government aid to exasperate against them the *Profession*, the next step naturally to be pursued in their deep scheme of wise government was to seek professional aid to exasperate against them the *Government*. Accordingly we find them one year intriguing with Government *for* the Government Charter, the next intriguing with the Profession *against* the Government Bill! Wise and careful rulers! They would only have half done their work if they had not made all sides their enemy! How safely may a revenue of ten thousand a-year—a costly library—a noble college—a magnificent museum—be entrusted to their government! How handsomely do they justify the judiciousness of their self-elections! How *modest*, how *delicate* of them still to occupy their responsible position in the very teeth of an indignant Profession and dis-

gusted Government! Is there no service of costly and enduring brass in preparation to commemorate such extraordinary deserts?

Having, by "petition" got their charter—having, with a marvellous moral intrepidity, forced into action its most obnoxious and repugnant clauses—elevating their dependants and parasites in nominal dignity, and forcing hundreds to outlay time and money to secure a similar advantage, the only thing that ingenuity could suggest to these determined antagonists of common sense—these foes by turns of everybody and everything—to fill up the cup of their monstrous and cruel incongruities, was to undo just so much of what they had deliberately done as would disoblige the few that they had obliged. Accordingly we now have this senate of "reverend, grave, and *potent* seignors" coolly recommending to that Government they have exasperated, a measure which will first make all the *gratis* fellowships bestowed under the charter valueless, and, secondly, render of no effect the time and money actually expended in securing the *examined* fellowships! Active, sagacious rulers!—always doing or undoing (for when were Dogberries invested with power without using it?) yet always doing or undoing the wrong thing, or at the wrong time, and with the greatest possible wrong to the public!

The singularity of this course of stupid, childish blunders is, that the line of sound policy lay as wide, and open, and clear before them as a turnpike road. We told them the result of every step they were taking—they saw one prophecy after another realised—everything happened to the letter as we predicted; but, of course, untaught by experience, one blunder only secured another, and they acted as if the compendious road to a wise decision was to fly in the face of ours! So far, indeed, did they carry this demented policy, that having actually strayed for a moment in the right direction, they immediately withdrew from it *because* we noticed the improvement, hailed it with welcome, and encouraged them to proceed! *Because* we said they were coming right (as they now unblushingly acknowledge), forthwith they stopped short just to "spite the MEDICAL TIMES!" What dignified motives—what noble views—influence the legislation of these surgical Solons! What journal, what Government, what Profession can save them from ineptitude so startling—so childish! They sink into shame and defeat as by a law of gravitation.

If rumour be right, the Councillors, now that their charter has accomplished all the mischief it can inflict, have resolved, as we have said, to recommend the Government to give the Fellowship to all members of fifteen years' standing, and to establish an examination in Midwifery. These suggested improvements, if sincerely offered, are good in their way, except to those unfortunate people who have already embarked their fortunes on the frail vessel of College Fellowship; but it is absurd to suppose, even if the offended Government grant them, that they will meet, or nearly meet the wants and demands of medical men. The present Councillors, indeed, are personally incompetent to confer a boon on the Profession. From their hands the best measure would come tainted. If the course to be adopted be a conciliating, conceding, and beneficent one, it will be the most incongruous of courses the present men could follow. It would be the condemnation of all that they have been doing for years. In common decency, therefore, they must hand over the new policy (if we are to have it) to a new body of rulers. After deliberately inflicting the most infamous injustice on their brethren—after perseveringly for years exciting their deepest indignation and disgust—how can they, before a jeering public, assume the *rôle* of necessity-made friends, recalling their own acts, eating their own words, avowing themselves by a humiliating recantation, the most absurd, the most ill-judging and ill-acting body of rulers a large community was ever cursed with? We must own we have no patience with such men—men who are thus brought to exhibit the daring of the bully in aggression—if it be safe—and the meanness of the coward in retreat, when it becomes prudent. Like Pistol, they will out-Hector Hector on a fair occasion, and like Pistol, will eat their leek most humbly on compulsion. We profess that anything more arrogant and foolish in commencement, or more mean and spiritless in termination, never came under our acquaintance. But surely it cannot be but that this eccentric body of incapables will for once rise to the dignity of a decent act, and RESIGN rather than outrage professional endurance by new governmental *bêtises*. There are not fifty surgeons in the empire who do not ask resignation from them as the only favour they can confer; the only atonement, such as it is, is within their power! *Usque adeone mori miserum est?*

"Hoc maxime officii, ut quisque maxime opis indigeat, ita ei potissimum opitulari."—CICERO.

——— "Quantum est in rebus inane,"—PERSIUS.

IN concluding our last leader upon the subject of damaged potatoes, we observed that, as diseased or decayed grain had been proved to be injurious to those who ate it, *ergo*, other vegetable substances having a somewhat similar composition, might produce like effects if eaten under like circumstances. In taking our leave of the subject altogether, we have to offer a few practical proofs in support of our inference.

That corrupted potatoes are capable of acting detrimentally as food, we have striking evidence in a case published by Mr. Peddie in the *Edinburgh Medical and Surgical Journal*, vol. xxxix., p. 384, *et seq.* The particulars are worthy of detail. Three children of the same family, Clapperton by name, were attacked, the first with gangrene of the cheek, and the two last with anasarca. Excision of the affected parts, and careful subsequent treatment, sufficed to cure the one affected with gangrene, but the other two, in spite of remedies, perished. Mr. Peddie, unable to account for the circumstance, especially in the last case, was inclined to think that imperfect or impure nutrition had some share in it; yet, says he, "although I could perceive that the family were in a state of extreme destitution, that every member of it had a most unhealthy aspect, my inquiries as to bad food were always met by an assurance that they had been living on nothing but what was perfectly wholesome. A neighbour of the family, to whom I next applied for information, hinted the probability of bad potatoes being the cause of the evil, as she knew for certain that the Clappertons had lately been subsisting almost entirely on such. I now renewed my efforts to ascertain the truth, and having directly charged the parents of the family with the use of this unwholesome diet, I obtained the following confession, apparently at much expense of feeling:—That for some time past the father had been out of employment, in consequence of which his family were left perfectly destitute; and having too much pride to beg, and seeing starvation before them, they went to the fields and gathered those potatoes which are exposed on the surface of the ground, and which are uniformly rejected by the farmer as utterly unfit for human use. That the potatoes in question were frosted,* were watery in consistence, some of a green, and others of a deep purple colour, and all of them having an excessively bitter taste; that in gathering these potatoes from the field, they often met with people similarly employed, but did not think that any of them did so for the purpose of human food, but were merely obtaining them for pigs; indeed, they had never heard of any one eating such potatoes; that this had been their aliment for upwards of six weeks previous to the beginning of December, 1832, and that they had perhaps only a single meal of another kind once in eight days; that the potatoes had such a disagreeable taste as to be loathed, notwithstanding all the modes of preparation which their ingenuity could devise for rendering them more palateable; that in a very few days after using them, the whole family were seized with severe griping pains in the bowels, followed by diarrhœa of a green watery kind; that these bad effects continued with short intervals during the whole time that the potatoes were used, but that the children had not experienced them so severely or so constantly as the parents, which circumstance was accounted for by their occasionally getting a crust of bread from some of the neighbours." Mr. Peddie goes on to say, "I may mention that the father had a most unhealthy, feeble appearance, and the mother looked even worse, had various ailments, and, among the rest, had an abortion of a four months' pregnancy; all of which were not improperly attributable to her late unwholesome mode of living." He further states, as the result of many inquiries amongst experienced farmers, that if cattle be fed with potatoes, frosted, or otherwise damaged, they become subject to severe colic, diarrhœa, and dropsy, and that these things are guarded against by allowing the animals a plentiful supply of *fodder* along with the potatoes (loc. cit. p. 388.)

We have quoted Mr. Peddie's observations at some length, both because they are the most ample and accurate of any extant upon this particular subject, and because of their singular applicability at the present time. The potatoes which this season has afforded, are not only in a great measure innutritive, but are also to some extent decidedly and directly injurious. The effects which the worst potatoes produce are closely allied to those mentioned by Mr. Peddie as resulting from the use of frosted potatoes, and to those which we quoted last week as the consequence of eating unsound grain. We learn that in several parts of Worcestershire and Warwickshire, where pigs have been largely fed with these damaged potatoes, they have been seized with severe purging, have lost their flesh, in some instances their tails have become gangrenous and dropped off, and not a few have died. Amongst such as have been killed after the accession of the poisonous symptoms, it has frequently been remarked that, in the process of salting, the flesh became extremely dark, sometimes, indeed, completely black. Cows that have been similarly fed have drooped, and have either ceased to give milk or have furnished only an impure kind, and that

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* These potatoes, it may be necessary to explain, lie on the surface of the ground, and are exposed to the influence of the sun during the day, and to frost during the night. Some conceive that frost effects a *chemical* change in the constituents of the potato root, by converting its mucilage into sugar, from which acetic acid is speedily formed, and putrefaction induced. Others, again, consider that the watery part of the potato is converted into ice, which, occupying a larger space, separates the solid parts farther from each other, and produces, in consequence, a partial mechanical disorganisation of structure.

sparingly. Upon the human subject, also, the effects of these potatoes, taken as food, have been very mischievous. Within our personal knowledge the following cases have occurred during the last few weeks:—An artizan, his wife, and two eldest children, partook one evening of a supper of potatoes which were known not to be sound, but were made somewhat palatable by being mashed up with a little milk. During the night the children were seized with violent pains in the stomach and bowels, and cramp in the legs, shortly followed by profuse vomiting and purging of frothy matter looking like barm. Before morning the father and mother were similarly affected, but with even greater severity, for on the arrival of the medical attendant they were nearly pulseless and speechless from the exhausting effects of the pain and evacuation. They were relieved by anodyne and antispasmodic treatment, together with warm diluents, and the application of heat to the abdomen and calves of legs. Prior to this evening the family had been in excellent health, had no warnings of any such attack, nor had eaten anything, save the potatoes, which could in anywise account for it. A strong healthy man partook one day for dinner of cold beef and potatoes. Of the latter he ate heartily, and though he observed them to be discoloured, he did not reject any portion, for he was very hungry, and their taste was not unpleasant to him. In about an hour after he had returned to his work, he felt a degree of heat and "effervescence," as he called it, in the stomach, shortly followed by pains and cramps in the legs, and afterwards by violent vomiting and purging. His dinner was ejected in an unchanged state, but accompanied with some frothy mucus and bile. The alvine evacuations were frothy and very bilious. The attack lasted some hours, with little decrease of severity, and it was not until a week had elapsed that he was quite recovered from his disorder. Prior to the occurrence of it he was in his accustomed good health, had lived with perfect regularity, as was his habit, and on the occasion referred to had eaten nothing but beef, bread, and potatoes. The two former were good, and as the latter were not, there is every reason for supposing they were the source of the ailment. A woman, in somewhat indigent circumstances, supped one night upon roasted potatoes, of which she ate three tolerably large ones. They were hollow in the middle, and discoloured, but she cut no portion away. Whilst preparing to go to bed, she was seized with symptoms precisely like those of the preceding cases; they continued with little intermission for several hours, and rendered her, for days afterwards, extremely weak and emaciated. To these cases we could add many others of less severity, which have occurred in our own practice, and in that of many of our professional acquaintance. In particular, we may mention that, whilst talking over the subject the other day with an experienced and erudite medical friend, we were informed by him, that the day previously he had suffered from extreme nervous depression, faintness, giddiness, and trembling, the consequence, as he thought of having partaken rather largely of potatoes at dinner. The symptoms, he says, were precisely those under which he once laboured in consequence of having for some hours respired an atmosphere strongly impregnated with the effluvium of recent henbane. And he sagaciously observed, as his potatoes were not apparently rotten, could the stems have suffered deterioration and the tubers in consequence have imbibed any noxious material? The idea is perfectly consistent with the notions of some judicious botanists, that decay has commenced in the stem, and afterwards been propagated to the root; and also with the known fact, that, there are certain portions of the potato plant which are capable of producing physiological effects anaolgous to those of the more poisonous solaneæ. However this may be, certain we are of two things, viz. that the potatoes of this season are most extensively damaged, and that all so conditioned are unfit for food. Have we any remedy? Mr. Herapath suggests that the injured tubers be carefully peeled, rasped, and elutriated, so as to obtain the starch in a separate form, and ready for future use. We believe that it is the practice in some parts of Scotland thus to treat store potatoes that have been frosted; and in the Isle of Portland the people prepare, in the same way, a kind of arrow-root from the *arum maculatum*; and experiment has proved that whilst "12lbs. of starch can be obtained from a bushel of sound potatoes, 8lbs. can be procured from such as are useless as an article of food." In so far the suggestion seems, as it really is, a very good one, but its applicability is another thing. The care and trouble of the preparation will never be undertaken by private individuals, and especially the poor, for their own use; nothing short of a company on a large scale can hope to carry out the plan. Such a company is not very likely to be formed, and even if it were formed, and in operation, the proof would yet be wanting that the starch of these said potatoes is itself free from injury. Meanwhile the potatoes are still going to decay, because rottenness propagates itself; and if they are now bad, what will they be before the winter is over, or before a future crop shall be ready! And what consequences may we expect to follow their consumption! Independently of the direct mischief which the worst of them will produce at once, we can assign no limits to the injury which will be done by the *continued* use of such as are less corrupt, but still unhealthy. Scrofula, with all its concomitants, and cachexies in their direst forms, will be among the common results, nor are we able to say that it is not likely famine or pestilence will prevail. We are not fond of anticipating evil, but we cannot blind ourselves to the fearful prospects which we apprehend to be before us, and especially before our pauper brethren, who have lost one of their chief sources of sustenance. Our duty, however, is done—we have stated facts as we have found them—we have uttered the warning—the poor are in jeopardy—and with the higher powers rests their rescue.

A SECOND LECTURE TO MEDICAL STUDENTS.

By Surgeon Snipe.

We trust, gentlemen, that you have carefully perused and seriously reflected on the observations we advanced in our preceding lecture, and though we may not hope to enlist you all into a blind and servile adoption of our views, yet we do hope that you will use your own judgment, and separate the wheat from the chaff, the true from the false, and the probable from the specious.

We have endeavoured to lay before you a simple and veracious statement of our ideas respecting one at least of our royal medical institutions, and though we wish for your sakes that we could have written better things, and however much we may regret the apathy and insensibility of the Council to the paramount interests of its members, yet the truth must be spoken, and neither fear nor favour shall cause us to swerve from our purpose, or withhold the candid expression of our decided opinion. Passing events must be taken as they occur, and selfish motives, which, unfortunately for their promoters, but too often overreach themselves, must be scanned and dragged before the light of day, or, if you will, dissected most minutely, in order that we may expose their true worth.

Well, gentlemen, the more we think about you and your prospects, the more are our sympathy and interest awakened. We could positively shed tears, if they would be of any avail, every time we reflect on the miserable position to which the practice of medicine has been reduced. We have listened respectfully, and sworn to an oath binding ourselves to maintain the dignity and honour of our Profession, ironical though they be; but what, we would bitterly ask, have the framers of that oath done to ensure our respect, to fix our admiration, or excite our gratitude? What have they done? Nothing. On the contrary, they have done everything to estrange us from their portals, to sow discord and rancour, to trample on some of our best hopes, and now superciliously spurn the injured supporters of their power, their eminence, and their present position. This is a woful spectacle, and we almost dread to look on it. Would that some worthier hand would undertake to divulge a means by which our fallen position could be rendered stable, honourable, dignified, and just; then indeed, would we again duly swear to maintain its honour and dignity, and eschew all that is selfish, sinuous, and ignoble. But example has a thousand times more influence than precept; and we fervently pray that a better example may be held up for imitation.

Let us now, for a few moments, cast our eyes on Apothecaries' Hall, headed and characterised as it is by a company, having power by examination to qualify you as legal practitioners of medicine. But really, gentlemen, where is the use of this company—where is the use of you putting yourselves to all the trouble and expense of a sound and scientific medical education, when you may just as securely, and much sooner, practise without? This company has the power *to summon and proceed against all who practise as apothecaries not having their license of qualification.* But do they do it? No—they never did with any effect, and never will. We now allude solely to their ability of exercising or enforcing the power of protection. Did this company do their duty, as we have a right to demand and insist, they might with safety and justice summon every druggist throughout the British dominions; for none violate the spirit and intention of their license (pitiable piece of paper!) to such an extent as individuals belonging to this omni-vendoring fraternity. The practice of medicine by druggists is an Augean sink of incapacity, misery, and mischief, and we are at an utter loss to know how it can, for a moment, be permitted or tolerated. For God's sake, let us be transferred from the nominal protection of the Apothecaries' Company (a shadow without substance), to the business-like and lynx-eyed efforts of the Excise; let your humble servant be made commissioner, and we will soon eradicate this nuisance, or die in the attempt! By such means we shall hope for, and doubtlessly ensure, the individual gratitude of every member of the Profession, supported by all the intelligence of the United Kingdom. Life and health, we are ready to imagine, are too valuable to be trifled with and destroyed with impunity, and if we *are* to have *licensed Practitioners at all*, let it be with that clear and sacred understanding, that all who are *not licensed* shall, if they sin, be immediately made amenable to *the summary punishment of the Law.* What can be more just and reasonable—what can be more in accordance with the dictates of common honesty and common sense? Our patience

well nigh deserts us when we reflect on our unprotected, helpless condition, especially when we look at the boldness, effrontery, and numerical strength of those who usurp our functions, and who rely for escape from the due punishment of their misdeeds on the imperfect and highly culpable condition of the law.

Government has appointed an inspector-general of railways—Government has appointed inspectors of prisons—Government has taken cognisance of foreign lotteries, and strictly prohibited the press from publishing even an advertisement of them; and we sincerely pray, we hope not in vain, that Government will extend its beneficent endeavours to *our redemption* from all the manifold and equally serious evils of advertising quacks, patent medicines, and unlicensed practitioners of every grade.

> "In speculations of an altitude
> Sublime as this, our reason stands confess'd
> Foolish and insignificant, and mean."

Nevertheless, we say again, may our *protection* be handed over to the Excise—a well-organised and efficient body—and the legitimate members of a completely swamped Profession, will, by their agency, soon be placed on a firm and durable basis, to the incalculable advantage of thousands of degraded practitioners and suffering students, some of whom are now positively starving in wretchedness and contempt, because the law will not protect them from the wicked doings of the low, the ignorant, and the selfish.

Our brain actually suffers torture when we reflect that high-minded, intelligent, well-educated medical practitioners have to contend with a host of miserable scamps, unfit for *any calling requiring ordinary capacity*, and yet rampant in gulling the public, and bringing lasting disgrace on that Profession which they know is helpless to punish. Many are the medical men who have to sit quietly at home absorbed in thought and despondency, while the simpering druggist, who could not distinguish a femur from a humerus, who never saw a human stomach, or a human uterus, is busily employed in prescribing for the afflicted, and blindly, yet ostentatiously, administering to all "the ills that flesh is heir to." Is this a system which we are silently to tolerate? Is this a system which Government will permit to remain unredressed? Oh! let there be an end to our endurance; let one vigorous and determined effort be made to interest Parliament in our behalf, in order speedily to exterminate this senseless and baneful evil! An evil in which

> "The dark deformities of man appear!"

Government has appointed a registrar-general of births, deaths, and marriages, and the sanatory condition of towns, and matters appertaining to the improvement of the health of the people are now under their serious observation and attention; surely, we have only to give the hint in order that *our* wants may claim a corresponding share of their beneficent and worthy designs.

Let every medical practitioner and student, then, supported by every intelligent man in Britain, sign a petition to Parliament, in the coming session, to suppress the evil of which we complain, and let them use all their energies, individually, to eradicate this social calamity. Never let the agitation cease until the object be fully accomplished; let patience and unceasing perseverance be called into requisition, and we hesitate not to declare that such an amount of satisfaction and real benefit will result as will redeem many thousands from poverty and despair, and place them in the legitimate position which is due to talent, labour, and compliance with the constituted powers. Let the attempt, then, be made, and with hearty good-will; let one encourage the other; and let every hand and every tongue be employed in a cause of such paramount import and genuine philanthropy.

Would that we had the power to electrify the whole mass, and enchance that bond of union which nothing can resist. Would that we could disperse all indifference, and infuse life and alacrity into the members of a worthy Profession. At all events, we will take upon us to suggest that a petition embodying *protection against all illegal practitioners, and the suppression of quack medicines and advertisements of every kind*, be prepared for signature in every town in England, Ireland, and Scotland, and signed on one day—say February 1st, 1846—and presented to Parliament by chosen members. This can easily be done, and will have a powerful effect in producing redress of those grievances which bow us down to the dust. Let this only be taken up with becoming spirit, and vigorously acted on at the time, and we sincerely believe that we shall have no cause for regret, but that it will be the beginning of better and happier days.

No measure of Medical Reform will ever be worth a rush without adopting this as a prime ingredient; and we imagine the Profession will never accept any bill which does not embrace a system of genuine, undisguised, vigorous, and summary protection. Sooner than do this *we* will dislodge our plate from our door, and we will leave druggists, quacks, mountebanks, patent medicines, polidoris, and poltroons, to revel in full possession of the field of medical practice.

> "Oh, Ignorance!
> Thou art fall'n man's best friend! With thee he speeds
> In frigid apathy along his way,
> And never does the tear of agony
> Burn down his scorching cheek; or the keen steel
> Of wounded feeling penetrate his breast."—H. K. White.

Halifax, September, 1845.

REPORT OF THE COMMITTEE OF THE NATIONAL ASSOCIATION, ON THE FOURTH GOVERNMENT MEDICAL BILL, DATED JULY 28th, 1845.

The Committee of the National Association having carefully examined the fourth Government Medical Bill now before the Profession, find many of its provisions unsatisfactory, among which the following are the most prominent:—

I. By Clause 2, the Council of Health is to be appointed by the Crown, without any provision whatever, rendering it obligatory on the part of the Crown to appoint general practitioners.

Experience is sufficient to assure the general practitioners, that, without such provision, the influence of the Colleges of Physicians and Surgeons would be exerted, and in all probability with success, to exclude them from the Council, and as the bill is now formed, this Council will have to exert a controlling influence over the curriculum of education, the fees, examinations, and bye-laws of the College of General Practitioners, in common with those of the other Colleges.

2. By Clauses 9 and 28, the duty of the Council of Health will be to register the profession in distinct classes, and to publish the names of all registered persons in their several classes—physicians, surgeons, and general practitioners.

By clause 33, any registered practitioner who shall take or use the name "belonging to any class to which he does not belong, or implying he is registered in any class in which he is not registered," is to be deemed guilty of a misdemeanour, and to be punished by fine and imprisonment.

Thus every individual registered as a general practitioner who uses the title of surgeon, both existing and future general practitioners, and those who are and those who are not members of the College of Surgeons, without exception, will render themselves liable to a criminal prosecution.

3. By Clause 26, which corresponds with Clause 32 of the third bill (May 7th.), the provision that general practitioners shall be eligible to fill public offices is omitted, and by clause 30 it is rendered penal for any individual to be appointed to or act or practise in any public office, for which he is not qualified under the provisions of this Act. Accordingly any registered general practitioner being appointed as surgeon, or acting as surgeon to any public institution, will render himself liable to a penalty of twenty pounds for each offence.

It gives the committee great concern to find that after all the negociations, conducted on the part of the Deputation, as the committee are convinced, with the greatest frankness and truth, in the most conciliatory spirit, and with no other object than the public good in view, that serious discrepancies should thus exist between the terms of the arrangement, as detailed in the 2nd Report of the Joint deputation, bearing date August 5th 1845, and the bill as framed by the Government at the termination of the session.

On comparing the bill with the Report, the committee observe the two following vital omissions:—

1st.—It was a part of the arrangement between the Governnment and the Deputation, that the members of the College of General Practitioners, having completed the curriculum of education, and passed the double examination, should become members of the College of Surgeons, and acquire, by virtue of the membership, the right of access to the library of that college, and to its Hunterian Museum, together with the right of using the title of surgeon, and of being appointed to surgical offices in public institutions as heretofore.

2nd.—It was a part of the arrangement between the Government and the Deputation, that the College of General Practitioners should have the *unrestricted* power of determining the curriculum of study of the general practitioner, provision being expressly made that the power of the Council of Health to change the curriculum shall be exercised for the purpose of *extending*, but not of limiting, the scheme of education determined by the new College, and that "the College of General Practitioners" should have the unrestricted power of examining in medicine, surgery, midwifery, pharmacy, and such other branches of science, professional or general, as the College, in the unfettered exercise of their judgment, might think essential, with a view to the satisfactory test of the candidate's qualification to practise as a general practitioner; the controlling power of the Council of Health being exercisable only for the purpose of elevating, but not of depressing, the character of the examination."

These provisions are totally omitted in the bill.

Under these circumstances the committee unanimously resolved:—

"That the present Government bill has a direct tendency to lower the status of the general practitioners in medicine, surgery, and midwifery, and to constitute them an inferior class; and it is the deliberate opinion of this committee that, in its present shape, it ought to be met by the most strenuous opposition of the general practitioners of the kingdom.

While the committee have felt it to be their duty, at the very first meeting of the second session of the National Association, thus to enter its unequivocal protest against the enactment of the bill into a law in its present shape, it affords them pleasure to learn upon authority, through the members of the Joint Deputation who represent the National Association, that the omission of the clauses in favour of the General Practitioners, arose mainly from the hurry of parliamentary business, and partly from the difficulty of promptly determining whether they should be embodied in the Charter or the Act of Parliament.

The committee infer from this, that as the Right Hon. the Home Secretary did not succeed in carrying a medical bill during the last session of Parliament, and as he expressed a hope, in his place in Parliament, that he should still be able to obtain a satisfactory settlement of the medical question, that new and improved bill will be introduced early in the ensuing session.

While the committee reiterate their approbation of the course pursued by the Society of Apothecaries during the last thirty years, in their administration of the Act of 1815, whereby the general practitioners as a class have attained their present high

position, while they repeat their cordial approval of the course adopted by the Joint Deputation in submitting to no legislative arrangement which will not secure a representative institution to the general practitioners of this kingdom, and a high standard of qualification for all future general practitioners, and are prepared to continue their support to the Deputation, and to give their sanction to a bill framed in perfect accordance with the terms of the arrangement entered into between the Deputation and the Government, as detailed in the Report, *they affirm most unequivocally that concession has reached its utmost limit.*

The committee of the National Association further express a hope, that the Joint Deputation, representing many thousand general practitioners in medicine, surgery, and midwifery, will still further succeed in convincing an enlightened minister, that humanity and sound policy dictate that a class of medical practitioners administering to the medical and surgical necessities of the mass of the population of this country, should not only possess the unfettered right to maintain and increase their qualifications for the performance of their duties, and to improve their scientific and social position, but that they have a right to expect, for the purpose of enabling them to do so, the highest practicable degree of legislative encouragement.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

The first meeting of this society during the present session, took place on Wednesday evening, October 22nd, Dr. Budd, president, in the chair, at which an introductory paper was read by Dr. Raynor, one of the vice-presidents. After commenting on the vast improvement that has taken place in all departments of science since the acute mind of Bacon first introduced the system of scientific associations, contrasting the present enlightenment with the confusion and uncertainty that previously existed, he remarked that it was impossible not to acknowledge the advantage of these societies. He gave a *resumé* of the history of this society, from its first establishment, in 1833, to the present year, and pointed out, that within this short period it had sent forth from among its members several men who have attained European celebrity; among whom he specified Messrs. Simon, Bowman, Dr. Miller, and Dr. Johnson. He remarked on the objects of the society, and dilated on the advantage of disciplining the observing and inductive faculties as a part of medical education. He concluded with some remarks on the improvement that may be hoped to result from the alterations that have been made in the plan of the society during the past summer.

The president pointed out how much is effected, in the present day, by combination and co-operation in science, in commerce, and in politics; and in nothing can more be expected from combination than in the cultivation of medicine. Societies have had the effect of bringing out the individual talent; be that talent small or be it great it must contribute something towards advancement. He spoke also of the excellent opportunity afforded by debating societies for the cultivation of the power of communicating ideas, either in speaking or writing; and remarked it was a mistake to suppose that persons of high order of mind alone could speak or write: he believed that every one might acquire fluency and perspicuity by cultivation. He concluded by commending the cultivation of a feeling of friendship and co-operation amongst those engaged in the profession of medicine.

The honorary secretaries made some remarks on their several duties, and read twenty-six applications for membership.

Mr. Chance, honorary member, congratulated the society on its present prosperous condition. He was an ordinary member many years ago, and he had never ceased to regard the society with great interest: sensible of the good it had already done, and confident of the good it will do, he would be always ready to contribute to its success by any means in his power.

Mr. Reid remarked on the feelings which ought to arise in the minds of those who enlisted in the ranks of a profession so philanthropic as that of medicine—feelings of enthusiastic anxiety to extend our means of healing the diseases and alleviating the sufferings of mankind.

Thanks were then voted to the chairman, who expressed his acknowledgment for the applause with which the vote was passed, and declared himself always ready and anxious to devote his services to the good of the society.

The meeting then separated.

HOMŒOPATHIA.

(To the Editor of the Medical Times.)

Your intelligent correspondent, Dr. Hilbers, of Norwich, who writes very rationally on the subject, will, I trust, prosecute his design of favouring us with *his* history of the effects produced by Hahnemann's doctrine. The subject is one, on which, when I have more leisure than at present, I shall deliver my sentiments elaborately. In the mean time, it may be interesting to the readers of the *Medical Times*, to hear the late Dr. Fletcher's opinion of Hahnemann's work. And, be it known that Fletcher, a man enriched with much learning, and practised in original thought upon the philosophy, as well as the phenomena, and laws of life, was not a convert to homœopathy. Upon the whole, says Fleteher, Hahnemann's book is an original and interesting one, and displays more reflection in every page, than many of his decriers will evince in the whole course of their lives and conduct for half a century. And Hufeland, the veteran of German physicians, long unconpromisingly opposed to Hahnemann's doctrine, states as the final result of his consideration thereof, that:—

First, the beneficial consequences to be expected from this system, *i. e.*, homœopathy, are—

1st. That it will make physicians attentive to the somewhat neglected semeiology.

2nd. It will make young physicians more attentive to dict.

3rd. It will shake the belief of physicians on the necessity for such immense doses of medicines as are at present given.

4. It will introduce more simplicity in the making of prescriptions.

5. It will lead to a more certain proving and aequaintance with medicines, which it has already done.

6. It will direct more of the physician's attention to the preparation of the medicine, and make him keep a stricter watch on the apothecary.

7. It will do no positive injury.*

8. It will give the system more time to rest.

9. It will immensely decrease the expense of the cure.

Second:—Injurious consequences.

1. It may be apt to lead the less-educated physicians to symptomatic treatment.

2. It will, if universally prevalent, injure the fundamental studies of medicine.†

3. It may introduce most dangerous carelessness.

4. It would effect the established prineiples of the present medical constitution, if it be necessary that physicians should dispense their own medicines.‡

I have the honour to be, &c.,

ROBERT LEWINS.

Tiverton, Devonshire, Oct. 18th, 1845.

[This letter should have been inserted last week, but was omitted at the twelfth hour from want of space.]—ED.

* That I doubt—in acute disease much mischief may arise from trusting to homœopathic treatment; at least, in the present state of our knowledge in regard to it.

† No valid objection that, if it really lead to a perfect therapeutic system.

‡ Which will be an unspeakable improvement, on the present miserable system, almost now universally practised in England, by both physicians and surgeon-apothecaries. On this subject, deeply affecting the welfare of the public and the honour of the profession, I shall say more at another time. The celebrated John Gregory, late professor of the practice of medicine, in the University of Edinburgh, has recorded his sentiments on this subject in the following words:—In regard to pharmacy, it were much to be wished that those who make it their business should have no connection with the practice of physic, or that physicians should dispense their own medicines, and either not charge the expense of them to their patients, at all, or charge it at prime cost. It is only in one or other of these ways that, we can ever hope to see that simplicity of prescription take place in the practice of medicine, which all who understand its real interests so ardently wish for; and it is only from such an arrangement, that we can expect to see physicians placed in that honourable independence, which subjects them to no attentions, but such as tend to the advancement of their art. But it is a known fact, that in many parts, physicians who have the best parts and best education, must frequently depend for their success upon apothecaries. And the obligation to apothecaries is too often repaid, by what every one concerned for the honour of medicine must reflect on with indignation.

DR. ELLIOTSON AND MR. BRAID.

(To the Editor of the Medical Times.)

(Continued from page 101.)

SIR—At page 354 Dr. Elliotson says, "The mode of mesmerising, too, before (that is, immediately before) I saw her not only failed, but caused, as it frequently does, much inconvenience. He saw, at p. 343 344, that it produced pain in the head and eyes, restlessness and debility. Many who have tried it have found it produce convulsions, and it makes their eyes smart, and is distressing." Now, if such results accrued to Miss Collins when hypnotised by others on certain subsequent occasions here referred to, and especially when she had been left in the state for *two or three hours*, for that neither myself nor hypnotism are in any way accountable, *as I never recommended such prolonged operations.* As well, therefore, might the beneficial influence of moderate exercise be denied because that, when taken in excess, it is followed by pain and exhaustion both of mind and body. It must be through some mismanagement, and *not attending strictly to the instructions which I have given*, that such untoward events as he narrates happen in the hands of others. I know positively that they will *not* happen *under judicious management.* "Thus," Dr. Elliotson says, "it (hypnotism) often makes the eyes smart, and is distressing." Now, it is quite certain that whoever have given their patients cause to complain of *these* symptoms must have overlooked or disregarded the special remarks which I have given at pages 30, 31, of my little work on Hypnotism, *how to guard against these inconveniences.* The account which Dr. Elliotson gives of *his own* attempt to hypnotise Miss Collins on the 20th of March, by causing her to gaze at an *object for fifteen minutes, is in direct violation of my instructions on this point.*

As Dr. Elliotson is so desirous of contrasting the *relative qualities* (of coarseness and fineness) of hypnotism with "the old-established modes of mesmerising," I beg leave to say that if *violent and unaccountable* effects are to be *deprecated*, then must "the old-established modes" from Mesmer downwards be designated *infinitely more coarse than hypnotism.* Is it not notorious that Mesmer had a room *for crisis cases*, into which patients seized with the violent convulsions usually attendant upon this stage were placed?—the room being prepared so as to prevent them mutilating themselves during these violent paroxyms of convulsions. And are not the violent commotions called *cross-influence*, frequently witnessed in the patients of the *modern Mesmerists?* One of the chief reasons for my preference of hypnotism to "the old-established modes of mesmerising" is because *it* is *not* liable, when *properly conducted*, to be attended with any of these disagreeable consequences. With the exception of a very few epileptic patients who have had a seizure of their usual fits, I do not remember to have seen anything of the kind accompanying the hypnotic operations. From what Dr. Elliotson has published in the *Zoist*, it is quite clear, with *his own epileptic patients*, such occurrences *are by no means rare.* One instance is given at page 347, where he refers to Miss Collins having been awakened out of her sleep "when another patient, one day, near her, *fell* down in a fit;" and again, at page

371, "the other patient was *in a state of prostration and insensibility* from *accidentally touching my gold ring;*" again, at page 377, "she complained of *headache*, and was *sad.* * * * *She still had headache, and was uncomfortable,*" and all this, be it observed, as well as what follows, was the result of the proeesses adopted by Dr. Elliotson according to "mesmerie scienee;" and next day, Dr. Elliotson states of this patient, she "came to my house *looking pale, and unhappy, and weak;* her head had been uneomfortable, and she was tremulous. I then learnt from her that she had felt frightened at having felt mad; was now, even in her sleep-waking, sure she had really been mad; that it was not all faney, and still feared she should lose her senses. *Both her left extremities became bent and rigid, and she had an hysterical fit;* still she could speak, but *suffered from pain in her head, and was miserable.*" And further, let it be distinetly understood, that all this eommotion arose out of an absurd and reprehensible experiment performed the previous day (impressing the patient "to wake with the feeling of *madness*") merely to gratify the idle curiosity and whim of Dr. Elliotson. It would thus appear that *mesmeric science* may be inadequate to prevent the occurrence of ineonvenienee occasionally. So much for the relative *quality* of the two modes of operating. I eontend, for the reasons addueed, that *hypnotism*, properly eonducted, is *decidedly the less coarse of the two.*

To fortify his position in supporting mesmerism at the expense of hypnotism, Dr. Elliotson has published the opinions of Miss Collins as to *her* estimate of the nature and qualities of the two. She says, "hypnotism is not so pleasant as mesmerism; still it is mesmerism, modified, however, in effeet." Now, whilst I readily admit that Miss Collins is a very intelligent young lady, well qualified to give an opinion upon any subjeet when she had an opportunity of eomparing *all* the eireumstanees of the ease, and whilst I feel eonfident that her integrity and eandour would entitle her declarations to be reeeived with implicit confidenee, still *I maintain that she is not competent to give any important opinion on this subject*, for this very obvious reason, that she was never operated upon by me with the view of indueing that dreamy exeited state whieh she so mueh delighted in when mesmerised. I eould just as readily produce that state, if I so wished, *by hypnotism* as it ean be produced by mesmerism. Miss Collins seems not to be aware of this fact, and not having experieneed it, she has naturally supposed that the *deeper* state into whieh I neeessarily plaeed her *for a special purpose* was the *only* one produeible by hypnotism. There is every allowanee to be made for Miss Collins having written as she has done in her ignorance of the facility with whieh every variety of feeling and idea may be exeited in the mind during *hypnotism;* but was Dr. Elliotson ignorant of this?—and if *not* ignorant of this fact, was it fair in him to publish Miss Collins's remarks *without some explanation to correct the erroneous impressions likely to be propagated through the publication of her mistake?*

One very important deelaration has been elieited through Miss Collins *in favour* of hypnotism (and therefore unintentionally on Dr. Elliotson's part, no doubt), namely, that no speeial regard or attaehment to the operators is engendered by the hypnotie processes; thus, "Miss Collins informed him (her father) that when hypnotised she felt no regard for an individual merely beeause he was the hypnotiser, and eared not who went near her; and on his particularly inquiring whether she eared about any other person approaehing her when mesmerised, replied very emphatieally, "Indeed I do care." One of the greatest objeetions to mesmerism has arisen from a belief that such was generally the ease, and that eonsequently it might be turned to very improper purposes. It is gratifying to me to find my opinion so well supported, that *there is no ground for any such objection being raised against hypnotism.*

At page 355 Dr. Elliotson says, "hypnotism is evidently eoarse mesmerism." I think I have already amply diseussed the question as to the relative *coarseness and fineness* of the two modes of operating, and repelled the imputation of hypnotism meriting the epithet of being *coarse* mesmerism. The expression, however, merits discussion on another ground; it determines the *identity* of the conditions produeed by both modes of operating. Now, such an admission from sueh high authority in the mesmeric sehool is most important, inasmuch as it at onee demolishes one great stumbling-bloek to attaining a rational eomprehension of the subject, from the mesmerists eontending for a magnetie fluid or some speeial, oeeult, or exoterie influenee passing from the mesmeriser to the mesmerisee, as the *cause* of the sleep and other phenomena. Now, inasmueh as I have proved beyond all reasonable doubt the possibility of individuals hypnotising themselves entirely by their own personal efforts, by complying with eertain eonditions favourable to the induction of a habit of intense abstraetion, or eoneentration of attention, with suppressed respiration, it must be a mere gratuitous assumption to allege that because the subjeet has gazed upon the eyes or fingers of the mesmeriser, or has been mentally attending to some of his manœuvres before passing into the sleep, there must consequently and of necessity have been some exoterie influenee passing into the body of the mesmerisee from that of the mesmeriser. I say it is a mere gratuitous assumption to allege any such exoterie influenee, when it is a well-established fact that the sleep can be indueed as eertainly by the subjeet eoneentrating his mental and visual eye on a part of his own body, or on any inanimate or imaginary objeet, as on the eyes or fingers, or manœuvres of any other human being. This has been clearly and extensively demonstrated to the magi of Persia and joghi of Hindostan, who have been in the habit of throwing themselves into their extatie tranees, by eaeh looking at the tip of his own nose, or fixing his thoughts on some imaginary point or objeet, and suppressing his respiration. This they have praetised for the last two thousand four hundred years. I have also demonstrated publicly, as well as privately, the *personal* nature of the influenee, by eausing the subjeet to look at any fixed point, or at any inanimate body, entirely eoneentrating the whole powers of his mind upon that single idea. By this simple proeess, on one oeeasion, in London, as many as sixteen subjeets beeame hypnotised in ten minutes by direeting the whole of them simultaneously to maintain a steady fixed gaze upon the top of a chandelier. On another oeeasion, at a publie lecture, fourteen male adults, who had never been either mesmerised or hypnotised before, stood up at onee to be operated on. Some kept a steady gaze at a eork tied on the forehead, others fixed the eyes steadily upon a gas lustre, and the result was that ten of them became decidedly hypnotised. Now, whenee came all the magnetic fluid, special or oeeult influenee, to produee this effeet? Does Dr. Elliotson or any other mesmerist really believe that it resides in sueh ample store in this deseription of objeets?

It has also been clearly demonstrated that subjeets who have had the impressibility stamped upon them, and who are naturally highly susceptible, at length beeome so mueh so as to be affeeted entirely through imagination, belief, and habit, that is to say, if they imagine anything is being done to throw them into the sleep they will beeome affeeted, though no proeess whatever is in operation. This fact readily explains many phenomena whieh are attributed by the Mesmerist to an *occult* influenee, and the power of the will of the mesmeriser to influenee patients at a distance, entirely through the silent volition of the mesmeriser. Could Dr. Elliotson only emancipate himself from the speeial *occult delusion* he might soon aequire a more tangible notion of the mysteries of mesmerism.

May I now erave the reader's special attention to a few remarks upon the nature, tendeney, and *taste* of the experiments and observations recorded in the last sixteen pages of Dr. Elliotson's paper already referred to?—On the power of impressing ideas on the mind of the patient during sleep, which shall influenee his pereeptions, ideas, and aetions after he awakes, until a preeoncerted signal is given to dissipate the faney or delusion. Had Dr. Elliotson eontented himself with performing a few simple and *harmless* experiments to prove to himself the fact whieh has been proved by others thousands of years ago (see my paper in *Medical Times*, 28th Deeember, 1844), there could have been no reasonable grounds for animadversion; for example, there could have been no harm in him inspiring a lady with a propensity of going to a table to lift up two books, and put them down again; nor forming a paction with another lady to *whistle* till Dr. Elliotson eoughed, "whilst she yet seemed ashamed;" nor of making others imagine they heard agreeable musie, feasted on ideal raspberries, or delighted in the fragranee of "aromatie vinegar." These may be very agreeable pastimes for those who have leisure and taste for such amusements.

What are we to think, however, when we are told that one lady was intentionally awakened with the idea upon her mind that she was dead, and retained the mental impression until the spell was broken by a eough from the grave Dr. Elliotson; that another having been influenced during her mesmerie tranee with the idea that *a leg of mutton was hanging at her nose*, retained the mental impression for *an hour after she went home*, and we are informed that she had "*thought about it ever since in her waking state.*" Of an equally objeetionable eharaeter was eausing a lady to faney herself glass, and allowing her to leave his house labouring under the delusive terror of being broken, as he states (I quote his own words), "slowly and full of fear," so that "on leaving the room she asked Mary Ann to *keep her up lest she should be hurt*, and *got out of everybody's way as she walked home;* that the fancy left her suddenly while turning from Park-lane into Green street, *when the fresh air from the Park blew upon her.*

(To be continued)

GOSSIP.

War Office, October 24th—3d Dragoon Guards: Veterinary-Surg. Thomas Browne, from the 6th Dragoon Guards, to be Veterinary-Surg., vice Isaac Timm, who retires upon half-pay. 6th Dragoon Guards: Veterinary-Surg. George Johnson, from half-pay 9th Light Dragoons, to be Veterinary-Surg., vice Browne, appointed to the 3d Dragoon Guards. 21st Foot: Assist-Surg. Frederick Hobson Clark, from the 57th Foot, to be Assist-Surg., vice Tupper, who exchanges. 23d Foot: Douglas Grantham, gent., to be Assist-Surg., vice Currey, who resigns. 34th Foot: Deodatus William Eaton, gent., to be Assist-Surg. 54th Foot: Thomas Moorehead, M.D. to be Assist-Sur. 57th Foot: Assist-Surg. Frederick William Tupper, from the 21st Foot, to be Assist-Sur., vice Clark, who exchanges.

Naval Appointments.—Asst.-Surg. Lyall, to her Majesty's steamer Jackall, vice Protheroe, dismissed that ship. Assistant-Surgeon Protheroe, to the Hibernia. Assistant-Surgeon Simpson, to her Majesty's surveying-vessel Bonetta, vice Armstrong. Assistant-Surgeon Armstrong, from Bonetta to Polyphemus (re-appointed). Surgeons.—W. Lambert (1843), to the Alert; J. P. Buckle, to the Larne; W. Brown, to the Helena. Assistant-Surgeon.—J. R. Scott, to the Star; L. D. Buchanan (additional), to the President. Surgeons.—B. Verling (1829), to the Retribution; R. C. Hatherley (Assistant), to the Alarm; J. P. Lawrence (1843, Assistant), to the Retribution; C. A. Anderson (Assistant), to the President. Surgeons.—J. W. Webb, to the Hydra, vice Dr. Forbes (acting), to be surgeon to the Pantaloon, vice Robertson, invalided; W. Lambert, to the Alert, vice Pizey; J. B. Burke, to the Larne, vice Hoggett; W. Browne, to the Helena, vice Sharpe; J. Donovan, M.D., to the Endymion. Assistant-Surgeons.—J. S. Burn, to the Endymion; J. Jeffcott, of the Rose (additional), to the Penelope; L. C. Hatherley, to the Alarm; R. J. Scott, to the Star; J. D. Buchanan (additional), to the President; P. Digan, to Plymouth Hospital.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—The half-yearly general court of this society, was held yesterday evening, 29th Oct., at the Gray's Inn Coffee House; Martin Ware, Esq. V.P., in the chair. After reading the minutes of the last half-yearly general court in April, and of all courts of directors held since that time, a ballot took place for the election of officers and directors for the ensuing year. Dr. Chambers and John Bacot, Esq. were elected vice-presidents in the room of Dr. Hibuden and Wentworth Malim, Esq., deceased.

As directors, six of whom retire annually in rotation, Dr. MacIntyre and Dr. Burton were elected in the room of Dr. James Alexander Gordon and Dr. H. Lee; Mr. Cæsar Hawkins, Mr. J. C. Taunton, and Mr. E. A. Lloyd, in the room of Mr. Bacot, Mr. Bell, and Mr. Travers; Mr. Propert and Mr. Barton Hill in the room of Mr. Beawan and Mr. Annandale. Mr. Stone announced a bequest of £50 by Mrs. Baillie, widow of the late Dr. Baillie, who for many years was president of the society, and warmly supported it by pecuniary contributions and personal exertions.

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For the week ending October 25, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	774	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	195	201	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	91	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	118	155	159
Diseases of the Lungs, and of the other Organs of Respiration	206	323	292
Diseases of the Heart and Blood-vessels . . .	31	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	62	68	71
Diseases of the Kidneys, &c.	13	6	6
Childbirth, Diseases of the Uterus, &c.	5	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	8	6	6
Diseases of the Skin, Cellular Tissues, &c.	1	1	1
Old Age	30	74	70
Violence, Privation, Cold, and Intemperance . .	12	27	26

No. 320. **SUMMARY.** Nov. 8.

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Period at which Strictures occur—Number of Strictures—Effects of Strictures—Case: Blenorrhagia—Stricture—Retention of Urine—Apoplexy—Death; Induration of the Caual—Alteration of the Vesical Mucous Membrane—Dilatation of the Right Ureter; Strictures—Severe Disturbance of the Geuito-urinary Organs for Thirty-two Years—Cure 123

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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

Period at which Strictures occur.—Patients generally forget the exact period during which they have suffered from strictures. It is not from the commencement of a discharge that we are to date their origin, since symptoms often exist for years without them, but from the moment when the patient first remarked a difficulty in the emission of urine, and this happens when the inflammation has extended beyond the mucous surface, whatever may be the cause of this extension; the older the strictures, the more indurated they become, and the more difficult are they of cure. We can thus understand how it is that antiphlogistics are so efficacious in recent cases, by accelerating the complete absorption of the new deposits that have been left in the tissues. When strictures are very old, they sometimes acquire a horny consistence. This may be sometimes ascertained on catheterism, by the feeling of roughness communicated to the instrument.

Number of Strictures.—We must also pay attention to the number of strictures; I have seen as many as seven in one person. Although the disorders attendant on strictures depend more on their narrowness than on their number, still this exerts considerable influence on the stream of urine. When there is but one stricture, and it is not situated near the neck of the bladder, the urine can be ejected a certain distance, although the stream may be very small, bifurcated, or twisted. When the strictures are numerous, the urine falls perpendicularly between the patient's legs, and the desire to void urine becomes more frequent, and in some extreme cases, the bladder can only be incompletely emptied, and its contractions cease before the urine can be entirely discharged. When this state continues, the vesical cavity becomes more and more distended, and emission is so frequent as almost to constitute a species of incontinence of urine. When there are many strictures, one is always narrower and longer than the rest, and this is generally the one of longest duration; if there are strictures between this one and the bladder, they are less narrow than those between it and the meatus urinarius; because the urine, when habitually retained by the principal obstacle, acts upon those which are situated behind it, and thus distends them, whilst the anterior portion, on the contrary, not being distended, is more easily contracted.

Effects of Strictures.—When, from the effects of inflammation, a deposit occurs in the parietes of the urethra, the urine is passed with difficulty; the stream is small, forked, or twisted, the spermatic fluid cannot be ejected, and is often partly retained behind the obstacle. Excesses of any kind, such as immoderate coition, severe horse-exercise, wine, spirits, or stimulants of any kind, may produce a complete retention of urine, and bring on a fresh discharge which the patient ascribes to an attack of blenorrhagia, so that the number, extent, thickness, and solidity of these alterations is increased by the occurrence of repeated attacks of inflammation. The urine being propelled with more or less force by the bladder, and retarded by the stricture, that portion of the canal comprised between the bladder and the obstacle becomes dilated. When the bladder has ceased to act, the urethra contracts on itself, and expels the urine, drop by drop, for some time after the patient believes that he has expelled all. Gradually the desire to make water becomes more frequent, because the bladder is only incompletely emptied; the canal behind the obstacle becomes dilated and irritable; the mucous follicles take on an unusual activity, and become developed. We generally find in the post-mortem examination of patients who have died, whilst suffering from stricture, that the prostatic mucous membrane is injected, thickened, and fungous. This state of the parts which are situated between the stricture and the bladder perfectly explains the mucous, sometimes puriform, exudation, which stains the patient's linen, and precedes the discharge of urine; also, the deposit which is found at the bottom of the utensil, the quickness with which it is decomposed, and the unpleasant odour which it contracts.

In proportion as the irritated prostate is altered and disorganised, it produces inconvenience in the functions of the rectum—such as a feeling of weight at the edge of the anus, frequent and useless attempts to go to stool, &c.; the urine contains a thready mucus, and deposits long elastic filaments of a gelatinous appearance, which adhere to the bottom of the vessel, and undergo much stretching before they can be detached; these gluey deposits are due to an increased secretion of the prostate. As the strictures increase, the neck of the bladder, which is habitually dilated by the urine, loses its action, and the strictured portion seems to take on its functions, and only allows the urine to pass away guttatim, so that in time the part behind the stricture forms, as it were, a portion of the bladder. After sometime the patient can no longer retain or expel the fluid at his own desire. The continued effect of the urine on the mucous membrane of the canal produces a fungous, somewhat sponge-like, state, and even small shreds of membrane float in the urine, presenting the appearance of red or white worms.

Sometimes the prostate suppurates, and partly disappears; it cannot in such cases be felt through the rectum, or at least, only small portions of it can be felt, which are soft and flattened. When the disease has lasted for a long time—when the urine has become purulent and is discharged guttatim, or at least with great difficulty, and we can scarcely feel the prostate through the rectum—we must not hastily draw a favourable prognosis, particularly if the prostate be flattened and soft; we should then know that the gland has been destroyed by suppuration. Catheterism is exceedingly difficult in these cases, and little explanation is requisite to account for this difficulty. From the alteration in the prostatic portion of the urethra, phenomena affecting the secretion and discharge of semen arise. The irritation of the mucous membrane extends to the ejaculatory canals, and vesiculæ seminales, and as it is communicated to the prostatic follicles it occasions that engorgement of the testicles, which is so often observed in cases of stricture.

From this state of irritation of the vesiculæ seminales and of the excretory canals, it results that coition is quickly followed by ejaculation, and the patient is worn out by frequent nocturnal pollutions, &c.; and in both cases the voluptuous sensation is frequently attended by a certain degree of pain; at a still later period, the irritation increases; the emission of semen takes place in a semi-erect state, and even without any pleasurable sensation, which prevents the patient from being aware of the habitual losses he experiences during the expulsion of urine or of the fæces; when the disease has reached this extent, the patient loses his appetite, digestion becomes impaired and accompanied with flatuleney; he loses flesh, strength, and moral energy, and becomes apathetic and hypochondriacal. The affection of the prostatic portion of the canal explains the influence which strictures exert on the testes; a catheter retained for some time in the bladder causes inflammation of these organs, and the continual irritation resulting from the disorganised prostate exerts a still more irritant action. Some patients habitually feel a troublesome weight in the spermatic cords and in both testes; others are exposed to swellings and pains in these organs, and even to repeated attacks of orchitis, which are sometimes acute and sometimes chronic. I have seen inflammation extended to the tunica vaginalis, and a subsequent hydrocele result, which disappeared after the stricture was cured. We are well acquainted with the consecutive alterations which the bladder, the ureters, and the kidneys may undergo after an attack of stricture.

CASE.—*Blenorrhagia; Stricture; Retention of Urine; Apoplexy; Death.—Induration of the Canal; Alteration of the Vesical Mucous Membrane; Dilatation of the Right Ureter.*

Gojon suffered from severe blenorrhagia when forty years of age, which was complicated with orchitis; a slight discharge continued until he was fifty, with pain in the prostate. Since that period he has frequently had retention of urine, which yielded to baths, refrigerants, &c. He also complained of painful digestion, considerable wasting, loss of the intellectual faculties, and, at a still later period, intolerable pains in the kidneys and bladder hypochondriasis, extreme debility, &c.

Feb. 1, 1827.—A first attack of retention of urine, which did not yield to the ordinary treatment, put in force against it; acute inflammation of the perineum and of the cellular tissue of the scrotum.

5.—Rupture of the skin of the perineum in three places; discharge of a large quantity of urine.

10.—The patient came to the hospital. Sixty-five years of age; skin hot, pulse full and strong, face injected, eyes watery, sub-orbital pain, lips dry, tongue red, thirst, abdomen painful, catheterism impossible.

11.—Attack of apoplexy.

12.—Death.

Post-Mortem.—Effusion of blood into the left ventricle of the brain. *Chest.*—Hypertrophy of the left ventricle of the heart. *Abdomen.*—Traces of gastro-enteritis.

Genito-urinary Organs.—There were ten or twelve abscesses in each kidney; in the left one there were tubercles in the crude state, and as large as a bean. Ureters were dilated, red, and injected internally;

the bladder was indurated, with immense hypertrophy of its parietes; its mucous membrane was of a violet colour, thickened, much softened, and ulcerated in many parts; the prostate was about three times its normal size, and was larger under the neck of the bladder than on the side towards the rectum; it yielded a puriform fluid on pressure, and was studded with about thirty small abscesses and with tubercles in a crude state; the prostate much resembled the parenchyma of the lungs when studded with tubercles. The *vesiculæ seminales* and spermatic cords were thickened. There was a circular stricture of the canal, a short way in front of the prostate, which was formed by a reddish tissue of a horny consistence, and would scarcely allow the passage of the smallest sound; enormous dilatation of the urethra between the obstacle and the neck of the bladder; the mucous membrane in this portion of the canal was thickened, fungoid, and softened, and at its posterior portion there were three fistulous openings; the cellular tissue of the perineum and scrotum was filled with pus. Testicles healthy.

When a violent attack of retention of urine is followed by a rupture of the canal behind the stricture, it always takes place in the point most weakened by distention or that has been softened by inflammation. An effusion of urine then suddenly takes place into the cellular tissue of the scrotum, perineum, and penis, and if several incisions are not promptly made, so as to give issue to the effused urine, gangrene immediately seizes on all parts in contact with this irritant fluid: this, generally, rapidly ends in death.[1] Rupture of the urethra from this cause does not always take place so suddenly, and is not always so formidable; sometimes the frequent distension of the canal is only followed by slight abrasion, from some violent effort to expel the urine, and only a small quantity of this fluid passes into the cellular tissue; inflammation then takes place in the parts in contact with the fluid; a fresh quantity of urine is effused, and a cavity results, the walls of which become organised, and it gradually becomes more dilated; at last a tumour appears in the perineum of greater or less size; fluctuation can be easily felt in this; it is laid open, and a puriform fluid mixed with urine comes away; we find the parietes of this abscess already lined with a mucous membrane, similar to that which lines a fistulous opening. In cases of this kind the establishment of the fistula is not attended by any severe symptom; the quantity of urine that passes through the new opening is not considerable. When abscesses form in the cellular tissue which surrounds the urethra, urinary fistulæ may also occur; this accident is generally occasioned by keeping a catheter too long in the canal; the first indication to fulfil in such a case is to withdraw the instrument, to enforce an antiphlogistic treatment, *and to form a rapid and free outlet for the pus.* The effects of stricture are not solely confined to the urethra; when the urine cannot be discharged, excepting with the greatest difficulty through some constricted part of the canal, the bladder contracts violently, and from its inordinate and repeated action hypertrophy of its muscular coat occurs; the distended bladder reacts constantly on its contents, causing the frequent and tormenting desire to micturate; its muscular fibres, not being equally distributed all round the viscus, allow the mucous coat to project between them, and thus that appearance of the bladder, which is called sacculated, arises.

The long contact of urine with its reservoir permits the absorption of its more aqueous parts; what is left becomes more concentrated, and consequently its action on the mucous membrane is much more irritant. This increases the secretion of mucus, which becomes too abundant, and hastens the decomposition of the urine, clouds it, and imparts to it a fetid odour. This increased secretion of mucus finally becomes puriform. In time the ureters and the infundibulum share in the distention and irritation of the bladder.[2] The two ureters are not always equally dilated. The kidneys also experience the effects of this stagnation of urine; they increase in size, their tissues becomes soft, pale, and spongy; the cortical substance becomes confounded with the medullary, and patients feel dull continuous pain in the loins, that becomes exasperated as the retention increases. Inflammation may extend to one or both kidneys, numerous abscesses may form, and the pus may pass away with the urine, or may destroy the tissue of the organs, and hasten the progress to a fatal termination.

Sometimes, however, the inflammation becomes arrested before the abscess is emptied into the pelvis of the kidney, and the pus, which becomes condensed by the absorption of its more fluid parts, forms what we call tubercles, as in the case just related, and sometimes these two alterations may coexist in the same kidney. Generally the pus found in the urine proceeds from the kidneys, and not from abscesses in the prostate; it is doubtful if the surface of the bladder ever produces true pus. (?) The examination of the urine in cases of stricture is too much neglected; generally speaking, when the urine is only slightly discoloured, and there is no deposit, there only exists an irritation of the mucous surfaces. If it is discoloured by a clouded appearance, which seems to be suspended in the fluid without reaching the bottom of the vessel, it is owing to a discharge of semen; and if a mucous sediment is *deposited*, of a puriform appearance, and easily moved at the bottom of the vessel, we may conclude that there is a catarrhal inflammation of the bladder, that is to say, it is confined to the mucous surface; if the deposit is thick, filamentous, and elastic like the white of an egg, and is adherent to the bottom of the vessel, the prostate is affected, and its mucous follicles are inflamed and dilated; if the sediment is purulent, and the prostate small, soft, flattened, and felt with difficulty, we may be sure that it is destroyed by the effects of suppuration; when the prostate is healthy, it is probable that the pus proceeds from the kidneys.

CASE.—*Strictures; Severe Disturbance of the Genito-urinary Organs for Thirty-two years; Cure.*

M. F., a captain of artillery, contracted, at the age of twenty, a blenorrhagia, which he neglected; afterwards he had several attacks of venereal disease. Gradually the stream of urine diminished; several attacks of retention came on; the patient suffered diurnal loss by seminal emissions; at lengh, in the year 1824, M. F., now fifty-two years of age, after suffering for thirty-two years, came to consult me. He was much wasted; his thoughts seemed concentrated on his disease, and the easiest way to terminate his sufferings. He could scarcely attend to the ordinary avocations of life; an ammoniacal odour was exhaled from his body, which could be smelt at a great distance, and was produced by the involuntary discharge of urine, or rather of a viscid and purulent liquid. I endeavoured to make him void urine before me, and it came away *guttatim*. Some two or three spoonfuls of a thick fluid were passed in about a quarter of an hour, which quickly deposited a glairy thick sediment, adherent to the bottom of the vessel. The liquid portion was of a deep red colour, as if bloody. At the end of about two or three hours, this urine exhibited an odour like that of putrid meat; the orifice of the canal was irregular, hard, and lumpy; the glans had a cartilaginous consistence. I passed a gum elastic bougie No. 2 through several strictures. The prostate was some two or three times larger than in the healthy state, slightly flattened, hard, without giving the feeling of unequal hardening; it pressed very much on the rectum; the whole canal was obstructed by strictures which he had suffered from during the last thirty-two years; the patient appeared exhausted; the prostate, the bladder, and the kidneys were affected, but he had a good constitution, and some hope of recovery was left. From the orifice at the glans I easily counted seven strictures, which I destroyed by cauterisation, and at the expiration of four months his recovery was complete.

The violent efforts which patients sometimes use to expel the urine, causes them to pass the fæces involuntarily, and often occasions prolapsus ani and hernia. When the stricture is cured, these consecutive diseases disappear or diminish.[3] Affections of the bladder and prostate may produce hemorrhoids, which disappear when the disease that caused them has been removed.

[1] I have, however, sometimes seen the scrotum, perineum, and penis destroyed, and both testes exposed, suspended by their spermatic cords.—J.W.

[2] I once saw a subject who had been afflicted with stricture, and the ureters were so distended that they were taken at the first glance for some portion of the small intestine.—Note by Dr. Waters.

[3] I recollect a patient who had umbilical hernia, and after I had cured him of stricture the hernia gradually disappeared.—Note by Dr. Waters.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

RETROVERSION OF THE UNIMPREGNATED UTERUS.

I now come to the consideration of retroversion in the unimpregnated state—a subject which until recently has received but little attention beyond a casual notice, and then only as a rare and uncommon displacement of the unimpregnated womb, and usually discovered unexpectedly by a post mortem examination.

Perhaps in no instance has the value of the uterine sound, for which we are indebted to my friend, Professor Simpson, of Edinburgh, been so strikingly shown as in the discovery of the fact that the unimpregnated uterus is *frequently* found in a retroverted, or, more correctly speaking, *retroflected* state. It is now about a year and a-half ago that my colleague, Mr. P. Smith, satisfactorily made out the existence of this displacement in a patient at the Hospital for Diseases of Women, and our attention being thus drawn to the fact, we were surprised to find it existing in other cases where we had no suspicion of its presence. Having occasion to visit Edinburgh shortly afterwards, Mr. P. Smith mentioned the subject to Professor Simpson, who was fully aware of the fact, having already met with several cases in his own extensive practice, and applied mechanical support for holding the uterus in its natural situation.

Since this time a considerable number of cases has occurred to me both in hospital and in private practice, and I am sure that I have the confirming testimony of Dr. Simpson and Mr. P. Smith when I state it to be one of the most common displacements to which the uterus is liable in the unimpregnated state, and that this form of it occurs *far more* frequently than the ordinary retroversion during pregnancy

Dr. Moreau, of Paris, an author of no ordinary experience, is, as far as I know, the only observer who confirms the fact of retroversion in the unimpregnated state, occurring more frequently than during pregnancy, and I can by no means coincide with the justice of the remarks on this subject which his work on Midwifery has elicited from the *British and Foreign Medical Review*, April, 1845, p. 422.

"M. Moreau," observes the reviewer, "is surprised that Boyer, of well-known talent and experience, has stated that retroversion of the uterus scarcely ever occurs in the virgin state. We have observed it much more frequently in the empty uterus than during pregnancy—(p. 55). That this displacement of the uterus may occur from disease enlarging it to a certain degree, and therefore in the unimpregnated condition, we do not deny; but we are very doubtful of the fact of its having been found to exist 'more frequently' in the empty uterus, and our assent to the statement, or the removal of our doubts as to the same fallacy in the observation and diagnosis that have led to it, could only have been obtained by a very satisfactory account of cases in point."

I am not inclined to think that Dr. Moreau refers to this displacement of the uterus in connection with enlargement from disease, any more than Dr. Simpson or I do, but to cases where the uterus is of its natural size.

The case now alluded to is where the fundus is bent downwards and backwards, so that it can be felt close behind the os and cervix uteri, which, instead of being forcibly dragged upwards and forwards behind the symphisis pubis, is little, if at all, removed from its natural situation. This state of retroflection is chiefly met with in the unimpregnated uterus, although it sometimes occurs during

pregnancy, as I have shown in my report of the 17th October.

My respected friend, Professor Tiedemann, of Heidelberg, published in 1840 some interesting researches on the oblique position and form of the uterus, in which he has collected much valuable matter relating to this subject, in addition to his own observations. These refer chiefly to an obliquity of the uterus depending on an inequality of the broad ligaments by which its fundus is bound down to one side of the pelvis—a state which he proposes to call the congenital obliquity of the uterus.

"On the authority of these observations," says Professor Tiedemann, "I consider myself justified in asserting that obliquity of the uterus, depending on an unequal length of its ligaments, is by no means a circumstance of great rarity, and that it occurs as frequently on one side as upon the other. Thus the uterus was inclined to the right side in the observations of Riolanus and Littre, in five of the cases recorded by Morgagni, in that by Weitbrecht, in two by Sandifort, and in two observed by myself. On the other hand, the uterus was inclined to the left side in the cases described by Sylvius and Ruysch, in seven of those observed by Morgagni, in one by Sandifort, and in two by myself."—(p. 54.)

The above observations refer entirely to an oblique condition of the uterus; but a curved or bent state of this organ has also been rocognised by several authors, and quoted by Professor Tiedemann, to which the terms *retro* and *ante flexion* of the uterus have already been assigned. Thus Saxtorph, in his "Animadversiones de Correctione Uteri et Fœtûs in partu; in Collectan. Societat. Medicæ Hawiensis," 1775, t. 2, p. 127, says, "In a body which I opened some while ago in the presence of the first medical men of this place, I found a virgin uterus, the fundus of which, as a congenital formation, was completely bent backwards, and which, if it had ever been impregnated, would, on account of its faulty structure, have probably been unequally distended, and have become oblique." The fact is interesting, and I can confirm it with cases now existing, but I need hardly say that the inference about the obliquity of the uterus is wrong; the old theory on this subject, promulgated by Deventer at the beginning of the last century, having long since been proved to be incorrect.

Jahn (Dissert. de situ uteri obliquo, Helmstadt 1785), in examining the body of a girl, aged fourteen, in whom the hymen was uninjured, found the uterus bent towards the right side in the shape of a retort. The cervix uteri, which rose straight from the vagina, took a sharp bend to the right, so that the obliquely formed fundus lay in the upper and right part of the pelvic cavity. At the point where the curve took place, the os uteri internum, viz., the upper part of the canal of the cervix, was so contracted that it would not even admit the finest probe. The os uteri externum was of the natural shape, and formed a transverse fissure. The right Fallopian tube opened high up in the cavity of the uterus; the left one was lower down; it was much contorted and closed.

Schreger (Horn, Nasse, und Henke Archiv für Medizinische, Erfahrung 1817, b. 1, s. 311) gives the case of a young woman who had died at the age of twenty of consumption, where the uterus was bent quite into the shape of a retort, the fundus turned back into the hollow of the sacrum, and inclined somewhat to the right side. The posterior wall of the vagina was very short, and prevented the uterus being raised into its natural position. The os and cervix uteri were nearly horizontal, and turned towards the inner surface of the symphisis pubis. The direction of the urethra was quite natural, and the patient had never complained of any difficulty in passing water. She had also menstruated regularly up to the last stage of her illness.

In examining a case of retroflection of the unimpregnated womb during life, the finger can frequently reach a firm globular mass like a walnut situated behind the cervix uteri, and evidently posterior to the vagina. At the first touch, or to one unacquainted with this condition of the womb, it seems like a lump of scybalous matter in the rectum; for in many, perhaps most, instances the finger cannot reach sufficiently high up to distinguish the continuity of this mass with the cervix; the point of flexion being usually in the body of the uterus, close above its junction with the cervix. This, however, varies considerably, both in different cases and in the same individual at different times; in some cases the situation of the curve is much higher, so that the whole of the uterus seems to be in the natural position, except a sharp bend or double at its uppermost portion. In others the point of flexion is so low down that it can be easily reached, and the fundus is felt much lower than the os uteri.

On examination per rectum we feel the same hard lump through the anterior wall of the intestine; and by being able to reach higher up in this direction than with the finger per vaginam, we can frequently verify or correct our first impression. But it is by the uterine sound, invented by Professor Simpson, that we obtain such peculiarly valuable and interesting results in this form of uterine displacement. On passing the instrument in the usual direction upwards and forwards, it becomes almost immediately arrested; but on turning its point backwards, exactly in the contrary direction, it will pass readily along the cervix, and then glide downwards and backwards, until the measure mark of two and a-half inches having reached the os uteri, shows us that it has entered to the natural extent of the uterine cavity; the point is now evidently in the centre of the tumour between the rectum and vagina, as may be felt through either of these passages, thus proving it to be the fundus uteri in this unnatural position. By carefully turning the instrument round, and carrying its point upwards and forwards in the natural direction of the uterus, we shall also carry up the fundus upon it and restore the uterus to its proper position. On examination either by the vagina or rectum, we now find the tumour has entirely disappeared; and as far as the finger can reach through the latter passage, the uterus will be felt in a direction upwards and forwards, and held in that position by the sound within it. In some instances the uterus, when once replaced, maintains its natural position either permanently, or at least for some little time afterwards; but in many, especially those of long standing, and where the fundus has been forced very low down, the handle of the sound requires to be held firmly so as to keep the uterus in situ; and the moment we loose our hold of it (the handle), it will turn round, rising at the time upwards and forwards towards the symphisis pubis, showing that its point has turned downwards and backwards. In other words, the uterus has returned to its former state of displacement, carrying the sound along with it; we shall now again feel the tumour in the recto-vaginal sac, containing the point of the sound within it.

Before enumerating the symptoms produced by this displacement, I must premise the remark that, in by far the majority of cases which have come under my notice, the fundus has been bent down backwards and to the *left;* whereas in two of the three cases above alluded to, as quoted by Professor Tiedemann, it was to the right. In some instances where the indication was but slightly to the left side, it might perhaps be attributed to my having examined the patient when lying on that side; but in other cases it was evidently permanently inclined to the left, as indicated by the pain at the left side of the sacrum, by the inflamed or irritable condition of the left ovary, and the numbness or pain in the left thigh, with difficulty in moving or standing upon it. Thus, in thirteen cases, which I can either refer to, or call to mind, the fundus was inclined distinctly to the left in nine, in one it seemed to be directly backwards, and in three it was not noted whether it was inclined to the left side or backwards, but in not a single instance of the number now alluded to was it turned towards the right side. I am very far, however, from wishing to assert that this is invariably the case, although experience certainly shows it to be of frequent occurrence.

The presence of this displacement is not necessarily indicated by any peculiar symptoms; indeed, in some instances, I have found it existing without a single circumstance to make the patient suppose that she was otherwise than in a state of the most perfect health, even as regards the catamenial periods. Generally speaking, however, there is a dull pain and sense of pressure about the sacrum, verging to one side or the other according to the direction which the fundus has taken. In some instances she has pain and numbness down the thigh of that side, with difficulty or inability to move or stand upon it, and probably arising from the fundus pressing on some of the sacral nerves, since the pain is instantly removed by the replacement of the uterus, and the numbness or lameness ceases in an equally striking manner. At times this pressure increases to a severe bearing down, which after a while again subsides, and which is probably connected with the passage of fæces along the neighbouring intestines, and more or less depressing the fundus.

In a considerable number of cases there are distinct marks of ovarian inflammation on the side to which the uterus inclines; or at any rate I may say that, in a large majority of cases, as it is the left side to which the uterus inclines, so is it also the left ovary which is most frequently painful. These are, in fact, the ordinary signs of oophoritis, of which I have already given a pretty full description in my reports on this subject, and therefore need hardly add, that dysmenorrhœa with exudation is an invariable concomitant in these cases.

On examination per vaginam we shall find that pressure on the retroflected fundus seldom produces pain until we try to push it up against the ovary; the sound will pass into the fundus without causing much uneasiness, but if we carry the finger to the upper parts of the vagina into the vicinity of the ovary we shall excite severe pain. The same will be observed in examination per rectum: the instant we press up the uterus the patient complains greatly, but *per se* the uterus is not painful, and we can ascertain that the intensely painful spot is distinctly above the tumour formed by the retroflected uterus. These and other symptoms resulting from ovarian irritation or inflammation cannot, therefore, be looked upon as a necessary accompaniment to retroflection, although there is no doubt that they are frequently present; but the two affections are sufficiently often associated to justify a careful examination of the position of the uterus in every case of chronic oophoritis.

In some cases the canal of the cervix is so closed at the point of flexion as to resist every attempt to introduce the sound, and the dilator must be carefully premised until a sufficient passage has been obtained. I have reason, however, to think, that when the canal is so closed as to require the dilator, it is rather owing to a congenital formation than to the effects of the bent state of the uterus, which last is, however, sufficient not only to obstruct the free discharge of the catamenia, but also to prevent conception.

It is not easy to trace the causes of this displacement with much distinctness, because, in many instances, we have no date on which we can determine the commencement of the affection. In many (perhaps in most) cases it is produced by the pressure of the loaded intestines, in all probability aided by some effort of the abdominal muscles in coughing, vomiting, and in other efforts. In one instance I have reason to attribute it to the effects of a very severe fall, in others to improper exertion either shortly after labour or after an abortion, when the uterus is known to be soft and relaxed, and considerably heavier than in the ordinary unimpregnated state, especially about the fundus.

In slight cases the retroflection varies greatly at different times, so that at one examination we shall find it well marked, at another scarcely perceptible, and at a third as distinct as at first; these varieties probably depend, as before observed, on the state of the intestinal canal.

In some few instances the displacement has been permanently removed by once rectifying the position of the uterus with the uterine sound; but this favourable result is rather the exception than the rule, and some mechanical means is therefore required to retain the uterus in situ. The supporter used by Professor Simpson is excellently adapted to this object, and has answered well. It consists of a pin the length of the uterine cavity (two and a-half inches), fixed in a disc or button on which the os uteri can rest, connected with, and kept in proper position by a little frame resting on the mons veneris, which is fixed and properly ad-

justed by tapes. Another and equally ingenious mode of supporting the uterus he has obtained by means of a species of pessary, to which he has fixed the pin by a spring hinge, like that of a knife blade. I have never tried this last, but to the other I can bear most favourable testimony, having applied it in a considerable number of cases with which I propose to illustrate this subject. I have lately altered the form of the pin which is passed into the uterus, making it flat, instead of round, and broader, so as to adapt it more exactly to the shape of the cavity. The pressure which it exerts on the internal surface of the uterus is thus more equable, and over a larger space, and consequently does not produce so much irritation, which, especially at the catamenial periods, is occasionally troublesome, producing also a profuse discharge, and for a longer period than usual. To obviate the chemical action which takes place in an instrument made of German silver, I have had this portion of it made of ivory, at the suggestion of my friend Professor Retzius, of Stockholm, to whom I showed it, and in two cases it has been worn with much more comfort than with the ordinary pin; the objection, however, to the chemical action of the uterine secretion upon the German silver Professor Simpson had already remedied by electrotyping it with gold.

The length of time during which these instruments require to be worn varies a good deal, and I have reason to believe that in cases where the displacement has returned, it has been owing to my having removed the support too soon. I believe that a month is the minimum period, and that in most instances our chances of success will be much greater if the period be extended to two months, or even longer.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 107.)

Melanotic Sputum.—This is a very rare variety of expectoration, and is not without a considerable share of pathological importance and interest. It is often confounded with the black sputa common to colliers, miners, and others who are in the habit of respiring an atmosphere charged with carbonaceous particles.

Appearances and Qualities.—Melanotic sputum is of all densities and degrees of consistence, from a perfectly solid to an equally fluid state. The former is invariably accompanied by the *debris* of pulmonary tissue or membrane, and sometimes by tubercles; the latter may be discharged along with tubercular matter, blood, pus, or mucus, or all of these, but it is as often expectorated alone. We shall treat only of this fluid variety. It has generally a saline taste, an odour like that of blood, and a feeble alkaline reaction. But in certain states of decomposition, which, however, it is not very prone to undergo, it is found to be either strongly acid, or alkaline from the presence of ammonia, or its hydrosulphuret, and possessing a taste and fetor variously intense and filthy. Its colour is usually a deep jet black, with a slight bronze shade perceptible in certain light; this shade is best seen in specimens that have been carefully dried. Very rarely, the fluid of melanosis is a blue black; it is more commonly seen of a blackish brown colour, something like burnt umber, or blood cruor that has been slightly torrefied. Even the darkest specimens are not altogether free from a brownish or purplish tint when diluted with water and viewed through transmitted light.[1] Most of the analyses given of it liken it in some measure to blood. Lassaigne examined some melanotic matter taken from a horse, and found it to consist of:—1. A coloured fibrous substance; 2. A blackish colouring matter, soluble in dilute sulphuric acid, and in a solution of subcarbonate of soda, and imparting to each a tinge of red; 3. Albumen in small quantity; 4. Phosphate of lime, muriate and subcarbonate of soda, and oxide of iron. Barreul says, it is composed of the colouring matter of the blood, united to fibrine (both in a peculiar state) fatty matter, phosphate of lime and iron. Clarion considers it to be chiefly albumen and a peculiar black colouring matter.[2] Dr. Henry, of Manchester, examined a melanotic matter, which had been taken some time and kept in spirit. The following were his results:—1. By filtering through paper, much of the colouring matter remained on the paper, and the colour of that which passed through was much less intense; 2. Boiling does not destroy the colour, not even when a little caustic potash has been added; 3. It is not changed by acids even when heated, except by nitric acid, which deprives it of its black colour, and turns it yellow; 4. A stream of chlorine passed through the liquid destroys the colour, and throws down light fawn-coloured flocculi; 5. A few grains of corrosive sublimate stirred up with the fluid precipitates the whole of the colouring matter, and leaves the supernatant liquid quite clear; 6 and 7. Nitrate of mercury and muriate of tin produce the same effect, but more slowly."[3] M. Foy[4] found these to be the constituents of melanotic matter taken from a horse—

Albumen	15·00
Fibrine	6·25
A highly carbonised principle, probably altered cruor	31·40
Water	18·75
Oxide of iron	1·75
Subphosphate of lime	8·75
Muriate of soda	3·75
" potash	5·00
Carbonate of soda	3·50
" lime	3·75
" magnesia	1·75
Tartrate of potash	1 75

The colouring matter itself, Socquet says, is insoluble in alcohol, and consists of carbon dissolved in some animal fluid, from which it is not separable by any known process.[5] Thenard found in it a great proportion of carbon,[6] and Hurtrel d'Arboval says it is composed of phosphate of lime, a portion of iron, and a black matter insoluble in alcohol.[7]

It is of importance to distinguish melanotic sputum from expectorated blood and from other black sputa, which, as we have said, are often discharged by people who are in the habit of respiring an atmosphere charged with carbon. The former is difficult, the latter comparatively easy.

It is often impossible to say, whether sputum be blood or the fluid of melanosis. In certain depraved states, as in cachexy, scurvy, typhus, and purpura, the blood becomes so morbid in constitution and appearance as to defy us to say positively what its reality may be. Nor are the concomitant symptoms always safe guides of diagnosis. I have had specimens of bloody sputum presented to me for examination, which have been so much like melanotic liquid, and the physical signs were not unfavourable to the notion, that the cases were pronounced to be melanosis, and were believed such, until the post-mortem revealed pulmonary apoplexy in one instance, and hepatisation with approaching gangrene in the other. On the contrary, I once examined some melanotic fluid obtained from a patient in the incipient stage of phthisis, which fluid, both in aspect and reaction, so much resembled morbid blood, that it was pronounced and believed to be nothing else, until, on the death of the patient, melanosis and tubercular deposition were both found in the lungs. I am persuaded that to attempt to determine between certain forms of black fluid blood and melanotic matter, by chemical tests or analysis, is altogether out of the question. Even between healthy blood and this morbid matter there is such a resemblance of composition, that the inferences of chemical analysis do nothing towards establishing any specific difference. The best and most ready way I know of to distinguish between these fluids, is to smear the suspected specimen upon clean writing paper. Blood, however morbid it may be, generally shades off with a reddish tint, whilst the shade of melanotic fluid is either purely black, deep purple, or brown. The test, however, is not invariably certain. If the fluid be at all coagulated, we may be sure that the coagula are bloody. This fact, and the great rarity of melanotic sputum, are the only further aids of this important diagnosis with which I am acquainted.

The relative differences of melanotic sputum, and the black expectoration from the bronchial glands, and from the lungs of people who have long respired a carbonaceous atmosphere, are founded upon the relative manner in which these fluids act, and answer to reagents. We are indebted to Dr. Pearson, and to other experimenters who have followed him, for our knowledge of the chemical habitudes of black bronchial and pulmonary matter, not melanotic. This matter is chiefly carbonaceous,[8] and both dyes intensely, and resists effectually the action of bleaching agents. In examining the suspected fluid, apply some of it to the back of the hand, and, with some more, saturate a piece of linen rag. Let it dry completely, when, if it be melanotic matter, it will easily wash off and leave no stain; if black pulmonary matter, it will be removed with difficulty, and leave a black, yellow, or brown mark for some time.[9] Boil another portion for some minutes in strong nitric acid; another in caustic potash; and through a third, previously diluted with pure water, drive a stream of chlorine. If the fluid be melanotic, the colour will be destroyed in every instance, a dirty thin scum will collect upon the surface, and there will be formed a precipitate of a dirty white, drab, or flesh colour. If it be black pulmonary matter, the colour will remain unchanged, and either the black substance will collect on the surface, separated, or will fall to the bottom as a distinct powder. If this be collected, dried, and incinerated in a glass tube drawn nearly to a point, its product will be either carburetted hydrogen or carbonic acid—the issue o coal or charcoal.

Pathognomonic Relations.—I am not aware that melanotic sputum is ever discharged without melanotic deposit existing at the same time in the lungs. It is not a secretion formed just prior to its expulsion—it first obtains a lodgment in the pulmonary tissue, whence it is afterwards derived, more or less abundantly, as the case may be. The sputum is, therefore, necessarily related to the local morbific accumulation, and to it only. It most commonly happens, that in lungs marked by melanosis, there is no concurrent disease existing. But cases do occur, of which I have seen examples, of tubercular deposit, and melanotic, prevailing together.[10] The conjunction would seem to be acci-

[1] The specimens which are alkaline are generally the most brown, and those which are acid the blackest.

[2] Dict. de Médicine, Art. Melanose, p. 391.

[3] Cyclop. of Practical Medicine, Art. Melanosis, p. 94.

[4] Archives de Médecine, Juin, 1828.

[5] Hodgkin's Lectures, vol. i, p. 337.

[6] Dict. de Méd. loc. cit.

[7] Hodgkin, loc. cit.

[8] Dr. Pearson concludes his elaborate experiments by saying:—"From the properties above manifested, I conceive I am entitled to declare the black matter obtained from the bronchial glands and from the lungs to be animal charcoal in the uncombined state, *i. e.*, not existing as a constituent ingredient of organised animal solids or fluids."—Philos. Trans. for 1813, part 2, p. 159-170.

[9] "The matter of melanosis, when softened, and even that which can be expressed from it while yet solid, dyes the skin black; but this colour is not very permanent, and can be easily removed by washing; while the blackness produced by the matter of the bronchial glands, if this be left to dry before washing, will remain on the skin for several days." (Laennec, Trans. by Forbes, p. 386.) "I have known the black colouring matter (in the lungs) accompanied by such a condition of the fluids, as to produce an indelible dye, by which my fingers have remained stained for many weeks." (Hodgkin's Lectures, vol. ii, p. 98) I have often had an opportunity of confirming these observations, but I have more than once met with an exception to them. And it has been when a certain amount of fatty or oily matter has mingled with the black material. This has always prevented the customary staining. To apply the test under such circumstances, it is necessary first remove the fatty ingredient with ether.

[10] "Il n'est pas rare de trouver chez les vieillards de la mélanose developpée au milieu même

dental, for I am not aware of any pathological connection between them. And any other disease or lesion of the lungs that may be coincident with melanosis, and which cannot be referred to any mechanical pressure or obstruction caused by the latter, must be regarded rather as a matter of accident than of pathological relationship. Nor does it appear that there is any particular temperament, or state of the general health, with which this disease is especially connected.

Local Symptoms and Physical Signs.—None of these are of a specific nature, and most of them are referrible to causes either physical or chemical. There are no indications whatever, which point out the existence, to a limited extent, and deep seated in the lungs, of melanosis. What signs soever it may furnish are equally representative of circumscribed pulmonary apoplexy or hepatisation. Indeed, when it exists to a greater extent, and discovers a certain amount of dulness on percussion, with absence of respiratory murmur, and it may be puerile respiration in such parts of the lungs as are permeable, still these things are common, as well to pulmonary apoplexy and hepatisation. The site, again, is favourable to the confounding of them, for they are chiefly met with in the middle, posterior, and lower portions of the lungs. Nor are there always premonitory indications which are valuable in diagnosis, for we sometimes meet with pulmonary apoplexy not preceded or accompanied by bloody expectoration or cough; and as frequently with hepatisation, of which no discoverable inflammatory action has given us warning. The absence, however, of these symptoms must be considered of some value in guiding our opinion. But the only satisfactory proof of melanosis of the lungs is furnished by the sputa; if these be melanotic we may pronounce with certainty as to the patient's state. As we have said, if the morbid accumulation be considerable, there is dulness on percussion and absence of respiratory murmur over the affected part; sometimes it proves a source of irritation, and in the neighbouring bronchi there may be a mucous effusion giving rise to some râle or other, varying with the quantity and density of the mucous fluid; as the matter softens, its acridity occasions still greater local irritation, perhaps inflammatory action, or even erosion; and as it becomes discharged, it leaves cavities, which, when communicating with the bronchi, are recognisable by the sounds of pectoriloquy. Melanotic deposit in the lungs cannot easily be mistaken for tuberculous; because the former is seldom met with at the summit of these organs, and the hectic so inseparable from tuberculisation is not known as an accompaniment of melanosis. Melanosis, again, never occurs to any considerable extent without the system being much weakened and *emaciated:* this is not a common attendant upon pulmonary apoplexy or hepatisation, and is, therefore, to some extent a diagnostic guide. Dyspnœa, cough, and expectoration, will of course vary with the extent and duration of the disease. The sputa, it must be observed, are generally mucous, thin or thick, at the commencement of the disease—they may continue so throughout, or may become puriform, or tinged with melanotic matter, or the latter alone may be discharged.

Pathology.—This disease, which was first minutely investigated and described by Laennec, was classed by him amongst cancerous formations.[11] This was an error which modern pathologists have universally rejected. Gohier supposed it to be an accumulation of pigmentary matter which ought to be appropriated in the production of the colour of certain tissues, as the hair, skin, choroid coat, &c. And the fact that the disease is much oftener met with in white than in deeper coloured horses, certainly gives to this opinion the credit of ingenuity. But in speaking of the carbon of melanotic matter, and its easy separability, there can be little doubt that he mistook the black matter of the lungs for that of melanosis. Breschet subsequently "pointed out the analogy which exists between the black matter of melanosis, and that which colours the choroid, the uvea, the rete mucosum of Malpighi in in the negro, and the placenta of certain carnivorous animals." Hensinger further advanced a similar doctrine. Chemistry has thrown more light upon the subject than all the exclusive reasonings of pathologists put together. The resemblance in composition between melanotic matter and blood is so close, that we can only regard the former as being nothing more than blood *devitalised*, and otherwise slightly altered by some *per se* action—and not as a *secretion*, properly so called. It is probable that capillary congestion and stasis are the commencement of the mischief, and that in the blood so stagnant the morbid transformation occurs. What this transformation consists in, and what is the cause of it, we have no means of knowing. It seems rather to be chemical than vital, for in no part of it can we trace any resemblance to any known vital function. It is in this that we chiefly recognise the difference between melanotic formations and those heterologous deposits which we know to be the consequence of error of nutrition. Melanosis no more approaches to morbid *growths*, strictly speaking, than does the accumulated and circumscribed blood of pulmonary apoplexy. And we scarcely hesitate to believe that the latter sometimes lays the foundation for melanosis in the lungs. That the process of assimilation, and the vital condition of the circulating fluid, may have some secret share in the matter, is likely enough, if we consider, first, the emaciation attending melanosis, and, secondly, that local stasis of blood may occur without melanotic degenerescence being the consequence; but conjecture does not justify itself further, and we must rest satisfied with facts as we find them.

The different anatomical characters which melanosis presents, and which have been divided into encysted, non-encysted, infiltrated, tubular, punctiform, &c., are obviously dependent upon locality and the vital functions of the surrounding tissue. The melanotic matter itself has no share in the production of these variations.

Melanotic deposit, as it is met with in the lungs, may be in solitary dots, aggregated into circumscribed masses of various magnitude, or infiltrated throughout the tissue of the organ. It is also seen of various degrees of density. It is deposited in a fluid form, is afterwards inspissated by the absorption of its watery parts, and subsequent decomposition again reduces it to a state of liquidity.

Treatment.—We have no record of treatment having proved curative of melanosis. If the disease be of limited extent, and the constitutional energies pretty good, there is fair reason to hope that the patient may live long with this complaint, though there be no likelihood of his future freedom from it. When it is extensive and well established there are no prospects whatever of encouragement. In the former case tonics might be of service, especially if aided by the inunction of iodine or its salts: and perhaps the inhalation of iodine might be beneficial. In the more serious forms of the disease, I fear we must trust to palliatives and any available nutriment the patient may be able to take.

des masses tuberculeuses qui remplissent leurs poumons."—Andral, These, p. 86.

[11] On Diseases of the Chest, p. 383.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND TREATMENT OF PULMONARY PHTHISIS.

By J. H. Tosswill, Surgeon, Torquay.

(Continued from page 91.)

Tubercular consumption might, therefore, very readily be reduced to two stages only, in order to account for its phenomena, namely, that presented by the tubercular deposit, and secondly, that manifested by the state of hyperæmia of the surrounding parts; but it is more convenient to view it as presenting three conditions, to further us in our treatment.

The first object is obviously to endeavour to prevent tubercular deposit, which may be accomplished by the means previously explained. The second is to prevent the supervention of inflammatory symptoms, either as a consequence of direct tubercular irritation acting upon the neighbouring parts, or as originated by external agents producing that result in a tissue already bordering upon it.

The third is to subdue such condition to that of the first, if possible; but if impracticable, to seek to promote cicatrisation and healing of the cavity.

As we seldom meet with instances (as subjects of treatment) where either one of the three periods is distinct, it will be advisable to explain, as concisely as possible, the method to be adopted when patients seek advice (as is usually the case), where all three stages, that is to say, of tubercular deposit, local hyperæmia of the lungs, and softening of tubercle are present. Before any benefit can be anticipated from other remedial measures, the first object must be to lower all inflammatory action of the more acute kind, which recent circumstances may have established in the lungs; this may be accomplished by rest, by an equal temperature, by abstinence from animal food and spirituous liquors, by the nitrate of potass, &c., dry cupping, counter-irritation, and by proportionating the amount of food to the amount of exercise and waste, taking care to supply a sufficiency of non-highly-azotised elements, in the shape of arrow root and other farinaceous articles, gum-water, and sugar, in order to support the demands of oxygen, and fulfil the objects of respiration; the patient cannot emaciate on this treatment, because no waste of the body will occur from exercise or from combination with oxygen, whilst all the necessary elements for respiration will be supplied by the food; but it must be remembered, that, combined with this diminished supply of nutritive food, *rest must also be strictly enjoined*, the character of diet must be regulated by the amount of exercise under all circumstances, and the amount of exercise must regulate the amount and character of the diet. Where waste has previously occurred to a considerable extent, a more liberal supply of nutritive food may be permitted, in order to compensate for the previous loss; but this compensation will not occur if a disproportionate amount of exercise be conjoined with it. By this treatment the objects of respiration are met, as is also the necessity for increased nutrition; whilst the inflammatory action is checked by rest, by withdrawing the patient from the operation of predisposing causes, by the administration of proper remedies, and by counter-irritation, ever bearing in mind during the whole course of the treatment in all its stages, that it is essential to discontinue taking anything into the stomach which may contain lime in solution, or in a condition capable of being rendered soluble. When the acute inflammatory symptoms have subsided, and all that remains is of the ordinary and constant chronic kind, either the absorption of the softening matter must be promoted, or we must endeavour to heal the cavities after its expectoration, taking especial care, by the frequent application of counter-irritants, that the acute inflammatory symptoms do not again make their appearance; this object of promoting absorption of softened tuberculous matter, as well as assisting the cicatrisation of cavities, is best accomplished by a generous diet, by judicious exercise, by local stimuli, and medicines of a stimulating character. The diet should consist chiefly of animal food, the intention being to increase the number of globules in the blood, as well as to promote increased nutrition of the body, whilst the exercise taken should be sufficient to disintegrate an equivalent amount of those elements which may supply carbon and hydrogen to the oxygen of the globules, in order to support animal heat. The non-azotised elements, such as sugar and gum, may still be continued, but should be taken in less quantity, in order that if any deficiency of material occur in the decomposed tissues, for the purposes of respiration, it may be supplied from this source, whereas if such deficiency do not occur, these non-azotised principles, instead of entering into combustion, will be deposited in the cellular tissue as fat.

The amount and character of the exercise which the patient takes must likewise be regulated by circumstances. Carriage exercise, horse exercise, and walking, have each its advantages at different periods of the disease. *Great fatigue should never be induced;* the clothing must be warm, and adapted to the weather; but with a highly nutritious diet (presuming that external cold is guarded against by appropriate clothing), exercise in *indifferent weather* is to be preferred to no exercise at at all, whilst, should the patient prefer remaining quietly at home, a change for such period must be made in the food, from that which is highly nitrogenised to such as contains comparatively but little nitrogen.

The great point, I again repeat, to be observed, is an amount of exercise suitable for the character of the food, and a character of food suitable for, and proportionate to, the amount of exercise.

The local stimuli I prefer are derived from the inhalation of medicated vapours. I have tried their effects in very numerous instances, and can add my testimony to their great utility if used judiciously, whilst I cannot refrain from expressing the great injury they are calculated to produce if not carefully applied; they should never be recommended until all symptoms of acute inflammatory action have been subdued, and should be discontinued immediately upon their reappearance, or upon the supervention of a bronchitic attack, which usually makes its appearance sooner or later after their employment. For this purpose I prefer the preparation of iodine, recommended by Sir Charles Scudamore; and one advantage which I conceive this remedy to possess over others used with a like intention, is, that by its continuance it produces excessive itching over the entire surface of the body, which by its counter-irritating effects I regard as a very favourable accessory. I have not yet experienced the effects of phosphoric acid as an inhaling remedy, although I am disposed to think it would prove of extreme efficacy in promoting those intentions for which inhalations are recommended; the general and constitutional stimuli should consist of those which act as tonics, and the hydro-carburets I regard as ranking amongst the first; iron, quinine, and morphia, to allay irritation, I look upon as invaluable remedies. The hydro-carburets which have been so highly recommended, and of whose utility no practical man can doubt, especially naphtha, I presume must also act as general stimuli, although I cannot help supposing that much of their benefit arises from supplying, in a ready prepared state, those elements which, by entering the circulation, furnish material for combination with oxygen without the necessity of this latter gas depriving the organic tissues themselves of their carbon and hydrogen. Lastly, during the whole period of the disease, when symptoms do not absolutely prevent its exhibition, I continue the administration of the phosphoric acid and the use of anodynes, making frequent application to counter irritants and dry cupping.

THE TOXIC AGENCY OF GUANO.

By Charles Kidd, M.D., M.R.C.S.,
Physician to the Limerick and Doonass Dispensaries.

Having received several communications with respect to the toxic agency of guano, since I first directed the attention of the profession to the subject, and having taken no small interest in the subsequent contributions to its history, I have been deeply impressed with the very many and singular phenomena involved in the affection—phenomena at first sight, perhaps, somewhat inexplicable from our previous notions of the action of the stimulating agent referred to, yet to my mind carrying all the conviction of inductive reasoning in the much agitated question of miasms and contagion. It is to Liebig we are perhaps indebted for a well defined distinction of these two agents. If the latter undergoing decomposition is produced by a disease, it is termed *contagion*; if gaseous, it is emitted from the blood, and, according to his very original views, "is capable of being itself reproduced." On the other hand, if it be a product of the decay or putrefaction of any *extraneous* animal or vegetable matters, it enters into abnormal combination with particular parts of the body, or causes their decomposition, and is termed *miasm*. To the latter very obviously belong the ammonia and several other nitrogen combinations given off from guano. The *modus operandi* of this noxious miasm would seem at first to be of a highly irritative and stimulant nature, followed by a state of prostration and cachectic debility, differing very little from the worst forms of scurvy.

Of the *primary* or stimulating agency of the miasm on the system, we have ample testimony in the interesting facts furnished by Dr. Watson, and the details of several analogous cases have been communicated to me very obligingly, which fully bear out his assertions; one gentleman, indeed, a mercantile friend, says, "almost every man that goes to work in the guano cellars here is attacked with the most uncontrollable bleeding from the nose or throat; and one case, although it has yet escaped a final termination, was exactly the counterpart of the melancholy case I read in the *Medical Times*. I showed the periodical to his friends, and nothing could persuade them but that it was the same case." This singular coincidence struck me as particularly remarkable, but the occurrence of several similar cases is now a matter of serious certainty; and amongst those ill-fated adventurers who now lie deserted and forgotten in the little graveyard of Ichaboe, it is not easy to calculate how many fell victims to neglected hemorrhage and debility; indeed, the history of this modern El Dorado is fraught with the most melancholy reflections, yet with ordinary precautions and a strict attention to ventilation, its valued treasures might have been carried across half the world without any risk.

The occurrence of more than one case in which the symptoms were completely those of the subject of my original paper, leave no doubt on my mind of the inevitable fatality of the disease if not checked; the history of the case is so fresh in the memory of your readers, that I deem it quite superfluous again to enter into any details; in several other cases, the subject of another communication, severe irritation of the entire *trajet* of the mucous membrane of the larger bronchial tubes and larynx, with more or less hemorrhage, from the delicate vessels of the Schneiderian membrane, were the most prominent symptoms; while in those in which the morbid agency of the miasm was protracted, particularly if attended with any predisposing influence, phenomena not unlike those observed in the worst forms of purpura or scurvy made their appearance.

Were the deleterious action of ammonia (the most efficient ingredient in guano) something very novel in our daily observance of morbid phenomena, it would perhaps be difficult to account for the cases under consideration; but of the numerous causes which induce disturbance of the nicely poised machinery of life, so essential to health, whose name is legion, and shadowed forth to us in the earliest traces of history under the fable of Pandora, there is none more universal, none more active, than the influence of animal and vegetable emanations (in other words, various modifications of ammonia and nitrogen) on the extensive surfaces of the lungs and skin. The ill effects of deficient ventilation are easily traceable to the action of such emanations given off as noxious from these organs, getting again into the system, there producing the thousand varieties of disease, that "Macies et nova febrium cohors," with which our more populous localities are ever and anon visited; the invisible poison given off from guano differs perhaps in nothing, except its state of concentration, from these insensible exhalations; and of its consequences, the several cases alluded to are fearfully illustrative.

According to the most accurate researches, ammonia is generally produced in chronic and other varieties of disease. "*It is always emitted*," according to Liebig, "in those cases in which contagion is in question, and is an invariable product of the decomposition of animal matter." The atmosphere, more particularly in summer, contains no inconsiderable amount of it—an apparent exception to the wise arrangements of Infinite Wisdom; but he is, indeed, a superficial observer of nature who thinks he finds any thing wrong, and he is the surest to go astray who neglects the beautiful simplicity of her resources. The atmosphere contains a certain quantity of this noxious agent; every drop of rain, however, brings down its infinitesimal proportion—a healthy pabulum for vegetable life! The agitation of the sea acts, doubtless, in a similar manner, and the thousand little electric currents in the upper regions of the clouds tend also to fix it and bring it down for the benefit of man. The little shooting stars darting across the sky at night, and perhaps by day, owe their fleeting existence in all probability to some modification of nitrogen and ammonia with the elements of the atmosphere; and the more rapid flash, from the disturbed electricity of the clouds, comes charged with ammonia and the most powerful of the acids. Nitrogen and ammonia abound in the vegetable and animal kingdoms, and no conclusion can have a more stable foundation, according to the great chemical reformer before named, than this—that it is the ammonia of the atmosphere which furnishes the nitrogen of plants; and when we consider that, from the lowliest lichen up to the giant of the forest, every tribe of this extensive kingdom contains this indispensible element either in its seeds or juices, we can arrive with some degree of certainty at the immense amount of ammonia diffused everywhere around us. Like the carbonic acid of the atmosphere, the ammonia enters into it in almost an inappreciable proportion, otherwise it would be easy to understand in how many ways it might prove extremely dangerous; indeed, were it not for the assimilation of this otherwise noxious agent by the vegetable world, the habitation of man would be insupportable, and, perhaps, in the many and wonderful circles of organic matamorphoses, there is nothing more beautifully designed—more perfect than this—

> "Last scene of all
> That ends this strange eventful history."

Were the ultimate decomposition of organic structures to accumulate around us when deprived of life, the woods and fields would become choked with leaves and weeds, and the world become uninhabitable; the atmosphere would be one pestilent ammoniacal vapour, realising the horrors of Coleridge's "Ancient Mariner," and the sea one putrid mass; by an adaptation, however, which must strike the commonest observer, the evil is averted; no sooner has vitality performed its destined office than the vegetable is surrendered to the laws of inorganic existence, and its several elements are unloosed, to go again in search of new germs of life and organisation. In this nascent condition these gases become very deleterious, and no component part of the organisation can be compared to the blood in respect to the feeble resistance it offers to exterior influences.

In this way is generated, I need scarcely say, the active cause of intermittent and remittent fevers from the decomposition of the organic *debris* of animals and vegetables in marshes and low swampy situations. Some of the best authorities on the point would seem perhaps a little doubtful whether the presence of organic matter is *essential* to the *immediate* production of these affections; but all agree that a loose, porous, sandy soil, with a substratum of clay, retentive of moisture (the very circumstance calculated to fix large quantities of ammonia), with a hot sun, capable of producing quick evaporation, are the chief essentials in giving birth to the most noxious miasmata. In the low and swampy parts of Holland, intermittents are never absent. In Italy, who has not heard of the Pontine Marshes, at the very gates of the Eternal City, its frogs and fevers? The Maremme along the classic shores of the Mediterranean, rendered nearly uninhabitable from the fearful amount of malaria given off by an almost tropical sun? Who has not read of the devastation amongst the English troops at Walcheren, in many parts of the Peninsula, and in the West Indies, and Africa, from the dreadful scourge? In all these there can be little doubt that the efficient agent was some combination of nitrogen and ammonia, with possibly other gaseous exhalations and moisture. Some writers have ridiculed the idea of speaking of the "specific gravity" of malaria, as though it were some transcendental subtlety like gravitation or electricity; but when we find one of its most striking characteristics, according to all travellers, to be a proneness to seek the "lowest levels," and being, moreover, perfectly moveable by the wind, the conclusion is irresistible as to its true nature. Another singular but well ascertained fact frequently observed is this, that by passing over a surface of water the most noxious miasmata *become absorbed*. "Not only the crews of the ships in the road of Flushing," says Gilbert Blanc, in his tragic account of the Walcheren expedition, "were entirely free from the endemic, but also the guard ships which were stationed in the narrow channel between Walcheren and Beveland; the width of the channel is about six thousand feet, yet, though some of the ships lay much nearer to one shore than to the other, there was no instance of any of the men or officers being taken ill with the same disorder as that with which the troops on shore were affected."

Of the mode of action of this fertile cause of disease, much doubt exists. The primary impression seems evidently on the nerves of organic life of the pulmonary cells, as evinced by the periodicity, the nervous exacerbations and recurrence of paroxysms, and the means found most effectual for their removal; in the cases more immediately under our consideration, the powerful and concentrated condition of the poison supersedes this state—congestion and irritation, with the slighter forms of hemorrhage, being the result.

The system becoming more deeply imbued with marsh miasm, however, the current of the circulation is more thoroughly affected; the symptoms set in more permanently, and the fever assumes a more malignant and *continued form;* this being exactly what takes place in the cases of protracted exposure to the action of guano. "When miasms floating in the air," says Dr. Copeland, who agrees with this view of the subject, "consist principally or altogether of animal emanations, proceeding from animal matter in a state of decomposition, or from persons affected by adynamic or specific forms of disease, not only may the first impressions be made upon the organic nervous system, but the blood itself may also be early contaminated, although not at first in a very sensible manner."

Of the passage of certain æriform fluids into the blood, through the pulmonary circulation, there can be no doubt; the pages of physiology are full of experiments on the subject—for instance, in ordinary respiration a certain portion must enter, serving to oxygenate the effete tissues from the capillaries—the respiration of air charged with the vapour of turpentine, hydrocyanic acid, sulphuretted hpdrogen, &c., betray their effects in the circulating fluid also; and in many experiments on the lower animals by Bichat and Magendie, where those creatures were forced to respire hydrogen and other inflammable gases, these combustible agents were easily detected in the most peripheral points of the circulation. "Je crois," says Bichat, in his beautiful and classical treatise *Sur La Vie et la Mort*, "que nous sommes presque dèjá en droit de conclure, d'après les phenomènes que je viens d'exposer, et d'après les réflexions qui les accompagnent, que les substances délétères, dont les différens gaz sont le véhicule, *passent dans le sang à travers le poumon*, et que, portés par la circulation aux diverses organes, elles vont les frapper de leur mortelle influence;" and, corroborating this opinion, he details a mass of experimental facts that leave no shadow of doubt as to the absorption of many deleterious gases by the blood. Under the *ordinary* circumstances of respiration, I have more than once myself witnessed the ill effects of breathing an atmosphere charged with ammonia, in the lower animals for instance, confined in the impure air of their boxes and dens at the Zoological Gardens. From the decomposition of urea, uric acid, &c., the atmosphere of such places becomes more permanently charged with this gas than in any of the best concerted experiments—in fact differing very little from that of the cabins of the ill-fated barks from Ichaboe, or the working places so vividly depicted by Dr. Watson on that fatal island. Those hapless creatures, the lion, tiger, and jackal, wrested thus from the pure air of their native wilds and forests, soon become diseased and decrepit, and with few exceptions die of tubercles. My able and lamented friend Dr. Houston, of Dublin, with that eager wish for the advancement of pathology which ever characterised him, left no opportunity unavailed of to make necroscopic examinations under such circumstances; and he has more than once shown me the tubercles in every possible stage of deposit and softening.

Whether this abnormal deposit be the result of insufficient decarbonisation of the blood, from a want of sufficient oxygen, or, according to the ingenious views of Mr. Tosswill, originate in an alkaline condition of the blood, forming a conversion of the soluble phosphate of lime into an insoluble phosphate, I shall not delay to examine.

In conclusion, with respect to the intense hemorrhage in the cases under consideration, it is not, perhaps, easy to give any decided cause, without supposing *abrasion* of the mucous surfaces—yet in the cases which have come under my examination, none such was detected; indeed, the bleeding seemed more allied to the exudation of the gums in certain affections. If a diminished proportion of hematosine,[1] or of the blood corpuscles, predispose to hemorrhage, as in some cases, notwithstanding the researches of Andral and Gavarret, I am inclined to think it does, there was scarcely time for such a change to take place in many of the instances cited; yet in others—those allied to scurvy—there can be little doubt of some such condition. In chlorosis, and the advanced stages of granulated kidney, the proportion of the corpuscles is diminished, yet there is no hemorrhage; while in the several allied affections we have so often alluded to, the bleeding is not unfrequently intense; we want more fact, before the true pathology of the affection can be satisfactorily decided. Indeed, it is much to be regretted, that in the large towns where guano has been imported, the disease has not attracted more attention, particularly with regard to its pathology.

The later microscopic researches of Mulder and Scherer would seem to me also to throw some light on the matter. The difference between arterial and venous blood, according to them, is not of a chemical nature at all (something very new certainly!), but depending on a *physical* cause—the different degrees of refraction and reflection of light produced by the several forms of the corpuscles under certain conditions. In order to understand this mode of explaining the difference, it will be necessary to recollect the corpuscles of the blood form each a microscopic vesicle or cell, the coverings of which admit of *transudation;* under certain circumstances—the addition of water, for instance—endosmosis ensues, the corpuscles assuming the form of a distended cell, with coats so thinned as to become *more transparent*, while under an opposite condition, by the action of re-agents calculated to induce *exosmosis*, a certain collapse of the microscopic walls of the cell with a proportional change of colour, or *less transparence*, ensues. Now alkaline fluids and gases, ammonia particularly, produces endosmosis, and, consequently, a dark dissolved condition of the fluid facilitating its exudation from the various capillaries of the system—those of the respiratory passages, nose, and delicate bronchial ramifications.

[1] Fibrine?

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November 1, 1845.

Academy of Sciences; Meeting of October 27, 1845.—M. Mathieu in the chair.

Researches on the Quantities of Heat disengaged during Chemical Combinations; by MM. Favre and Silbermann.—Previous experiments have shown that the quantity of heat produced by carbon in its passage from the solid to the gaseous state, may be represented by 8086; the investigations of MM. Favre and Silbermann demonstrate that the quantities of heat liberated differ in each kind of carbon: thus, the carbon obtained by the calcination of wood at 1000+0, during the space of one hour developes an amount of caloric represented by 8080; under the same circumstances Baker's charcoal gives 8763; the carbon of sugar, 8039; the carbon of gas retorts, 8058; the graphite found in blast furnaces, 7736; and calcined diamond, 7879. These variations depend chiefly upon the quantity of hydrogen gas contained in common charcoal, and which is destroyed in the carbon formed at a high temperature.

The Acids of Phosphorus, by Würtz. (see *Medical Times*, vol xii, p. 367.)—Professor Dumas read a report on a paper communicated by M. Würtz, to the Institute, on the 20th of July, 1845. It will be recollected that M. Würtz proposes that all the compounds of oxygen and phosphorus be considered as containing each the same number of elementary molecules, in order that they may be all brought back to one common type of composition. Thus, phosphoric acid, containing five particles of oxygen and one of phosphorus, would be figured by PO^5; phosphorous acid, by PHO^4, and hypophosphorous acid by PH^2O^3. These new formulæ originate in the supposed intervention of water, the presence of which is shown by M. Würtz to be indispensable to the existence of two, at least, of the acids of phosphorus.

Molecular Condition of Vapours; by Brame.—By the condensation of vapours at various degrees of heat, deposits are obtained, amongst which M. Brame has recognised the presence of globules. Thus, the condensation of the vapour of sulphur is attended with the formation of spherical corpuscles, covered with a soft membranous integument, and enclosing sulphur in a gaseous condition; on cooling, these corpuscles constitute the grains of flower of sulphur, and soft sulphur is, in all probability, according to M. Brame, only the same substance in an utricular state. It is interesting, if this discovery be as valuable as the name of its author would lead us to suppose, to find the organisation of minerals beginning by globular formation, as well as that of vegetable or animal matter.

Climate of Abyssinia.—A letter was read from M. A. Dabbadie, dated from Quârate, March 1845, enclosing some hygro-thermometric observations on the climate of Abyssinia, the extreme dryness of which will be judged of by the fact, that one thermometer in the shade, marked 78·80 (Fahr.), and another instrument, covered with a piece of wet linen, marked only 65. Similar experiments made during the simoon, gave in the shade the following results: dry therm. 108·8; covered with wet linen, 69·08.

Academy of Medicine; Meeting of October 28th, 1844, M. Caventou in the chair.

M. Laugier read a report on a new scarifier invented by M. Blatin; no debate took place, and the meeting adjourned at an early hour.

Society of Practical Medicine—September Meeting; M. Fouquier in the chair.

After a case of hydrocele cured by the application of vigo plaster, related by Dr. Perthuis, M. Guillon brought forward the following observation:—a woman, 4 months pregnant, suddenly became affected with uterine hemorrhage, which terminated in a miscarriage. The fœtus was readily expelled, but the placenta remained in the womb. Extraction was attempted with a forceps, but the small portion of the placenta which protruded through the os tincæ having been torn during the efforts of extraction, it became necessary to entrust the expulsion of the after-birth to the sole resources of nature. On the sixth day after the miscarriage, the hypogastric region was painful on pressure, an abundant and fœtid discharge existed from the organs of generation, the tongue was dry, the skin hot, and the pulse frequent (120). M. Guillon, fearing purulent resorption, considered it necessary to remove the placenta from the cavity of the uterus. The bivalve speculum being introduced into the vagina, Percy's straight bullet-drawer was passed into the womb, and the blades of the instrument being expanded, the placenta was received between them and immediately removed. The placenta was of the size of a hen's egg, and in an advanced stage of putrefaction. Injections were performed into the uterus to remove the pus, and a very few days after the patient resumed her habitual occupations.

MILITARY HOSPITAL OF SAINT DENIS.

Dysentery.—A robust, healthy man, one of the attendants of the hospital, was seized, on the morning of August 23, with violent shivering, followed by extremely painful colics and a great number of motions. The next morning the motions had been so frequent that the patient had hardly risen from the close-stool. A lavement of distilled water, lb.j, and liq. plumbi acetat. eighty drops, was exhibited and retained twenty minutes: two hours after, a second injection, similar to the first, was given, and returned without any traces of blood; from that moment the number of motions diminished, and the abdominal pain ceased altogether; these lavements, with the sugar of lead, were given every day up to the 28th, when the patient was dismissed. Dr. Barthez, in whose wards this case has been observed, has had many opportunities of testing the efficacy of the injection containing acetate of lead on the most distressing symptoms of dysentery. In a great many instances he has employed the method alluded to without even once having noticed the occurrence of any of the accidents belonging more especially to saturnine intoxication.

HOTEL DIEU.

Diagnosis of Chronic Diseases of the Stomach; by Professor Rostan.—The confusion which was introduced wilfully into the diagnosis of chronic diseases at the beginning of the present century, has now in a great measure ceased to exist, and yet the symptoms of chronic disorder of the stomach are sufficiently irregular in their appearance and in their nature frequently to occasion a considerable amount of uncertainty in the mind of the physician. Thus gastralgia, chronic inflammation, and cancer of the stomach, often present great, though generally not insurmountable, obstacles to a correct diagnosis. The first period of cancer of the stomach is marked by dyspeptic symptoms: a sense of weight which can hardly be called pain is experienced, and is speedily followed by flatulency and eructations. The matter returned from the stomach to the mouth soon acquires a disagreeable acidity, and a little later a viscid, mucous, transparent fluid is rejected after meals—a symptom which has considerably puzzled the ingenuity of pathologists. In a more advanced stage of the malady, the *pain* becomes intense, and is often *lancinating*, and spreads along the œsophagian tube; at the same time the food is usually rejected, a portion of it, occasionally that portion which might, *à priori*, have been looked upon as the most difficult of digestion being retained. The colour of the substances thrown up is sometimes extremely dark from the presence of a certain quantity of blood, the source of which is much more rarely from exhalation than from ulceration of the gastric mucous membrane. The bowels are at the sametime confined in most cases. If the abdomen be carefully explored, a tumour may often be detected on pressure of the epigastric region. I do not mean a tumefaction or swelling of the part, but a circumscribed and well-defined tumour which now and then will be found to occupy a seat very distant from the usual space allotted to the stomach. I recollect meeting with a singular displacement of the viscus in a patient who died of cancer of the pylorus, the tumour occupying the left iliac fossa. The general symptoms are those of a slow decay of the system under the doubly deleterious influence of insufficient nutrition, and the existence of a malignant tumour caused by, and reciprocally causing, a change in the composition of the blood. When the local and general symptoms unite, the diagnosis of the case is easy, and no uncertainty can exist as to its nature; but some of the characteristic signs may be absent, from causes which you will readily understand. When, for instance, the cancer has invaded the entire extent of the gastric walls, vomiting becomes impossible, whatever be the physiological theory adopted to explain its mechanism; the muscular parietes having, from organic change, become indurated and rigid, are at the same time incapable of contraction, and insensible to the pressure of the abdominal wall. Again, if the pyloric orifice of the stomach is enlarged by ulceration, the passage of the ingesta into the duodenum is not interfered with. I may here mention, as an illustration, a case which fell under my observation at La Salpêtrière; it is that of an aged female who, for many years before admission, had been subject to the kind of vomiting characteristic of cancer of the stomach. That symptom ceased spontaneously, and when the patient died I found an ulcerated cancer of the pylorus; the ulceration had enlarged that orifice considerably, and allowed a free passage to the food. When disease of a malignant nature affects the cardiac region of the stomach, it is sometimes impossible to *feel* the *tumour*, because it lies deeply concealed under the last ribs, and the absence of this other physical sign of gastric cancer adds to the difficulty of the diagnosis. I must now, on the other hand, say that pain, tumefaction of the epigastrium, and vomiting, may be met with *together*, although the structure of the stomach has not degenerated. A woman, aged thirty, was once presented to me; she complained of intense pain in the pit of the stomach, where a hard tumour could be distinctly felt, and her food was constantly rejected. The patient was in a state of extreme emaciation. I considered the case to be one of cancer of the stomach. About a twelvemonth later she returned to my care; the tumour had disappeared, and the sickness had completely ceased. The patient having died some time after, we found the stomach and surrounding organs in a perfectly healthy condition. On examining further, I detected, in the *abdominal wall*, the presence of the tumour which had during life led me into error, and which had, on account of the excessive thinness of the subject, been supposed to occupy the peritoneal cavity. She had died from the progress of pulmonary consumption. The following is a case which I believe to have occurred frequently to others, as it has to myself:—A woman, at an advanced period of life, consulted Pinel for gastric symptoms. She was subject to frequent sickness; the rejected matter was of a mucous aspect; and a hard irregular tumour could be easily felt in the epigastric region. Pinel pronounced the disease to be one of cancer; some doubt, however, of the nature of the case having remained upon my mind, I gave the patient a strong purgative, the effect of which was to remove the tumour and the sickness. Thus in these two cases errors were committed which were rendered almost unavoidable by the presence of the most usual diagnostic signs of cancer of the stomach.

THE MEDICAL CONGRESS.

The first meeting of the Medical Congress took place at the Hôtel de Ville this day, November 1st, at 12 o'clock; Professor Serres was in the chair. An account of the measures preparatory to the opening of the Congress was read to the meeting by Dr. A. Latour, secretary of the Permanent Committee of Organisation. After a short but spirited address from the chairman, the meeting elected a president, vice-presidents, and secretaries, who will hold office during the session. M. Serres was elected president. The meeting separated at 2 o'clock. About twelve hundred persons attended.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE

By SIGISMUND SUTRO, M. D., Physician to the German Hospital.

On Miliaria.—The term "miliaria" is very vague. The French physicians distinguish the real "miliaria" from the so-called "sudamina" (merely symptomatic of other diseases). The real miliaria are again divided into malignant and purulent; the former are described as being accompanied with typhoid symptoms of such decided character, that typhus is probably the disease. One form of miliaria is generally overlooked, viz., the purulent. Where it is described, it is consided as a primary independent disease. The author defines purulent miliaria to be little vesicles from the size of a poppy-seed to that of the lentil, irregularly spread over the whole body, or over single parts, some of them filled with true pus. The cause is an absorption of pus into the blood during local suppuration at some part of the body. These vesicles constitute only a secondary process, sometimes appearing suddenly after suppuration during the night. The local suppurative process is generally arrested on such occasions; previous wounds become dry, or only secrete a thin liquid production. If only an inconsiderable quantity of pus be received into the blood, few vesicles appear one after another in different places, frequently distant from the diseased locality. If formed after external suppurations, they first appear around the wounds, and gradually spread over the whole body; in these cases they speedily cause death. The single vesicle, if small, remains from three to four days; it dries to a crust. New vesicles are often formed in the same situation three or four times, if pus continues to be absorbed into the blood. The purulent miliaria are the result of an advanced stage of pyæmia. They stand in the same category with the lobular inflammations, and may arise like these after considerable resorption of pus. They are only symptoms of pyæmia, and never constitute an independent disease. This view of purulent miliaria at the same time indicates the means of treatment (timely opening of purulent collections). The author supports his views by five cases.—*Dr. Müller in Prager Vierteljahrschrift.*

Closure of the Fontanelles and Sutures previous to Birth, with subsequent Disunion.—The author delivered, on the 26th June, 1844, a lady in her first pregnancy of a still-born boy, in whom all the fontanelles and sutures of the skull were firmly united together. The child was restored to life. In the third week the fontanelles and sutures became disunited, and on the 26th July they could all be felt open and wide, even to the frontal sutures. On 26th Oct. the small frontal was completely closed; the large one partly. The author supposes, that in this case, the increased development of the brain produced the gradual absorption of part of the bones of the skull, which had been previously unusually developed by a longer sojourn in the uterus, inasmuch as the mother was delivered a fortnight after the nine month had been completed, according to her calculation. No similar case is known to him. He adds the question, whether similar observations have been made, and whether reopening of the fontanelles and suture be necessary for the development of the brain?—*Dr. Læwenhardt in Froriep's Notitzen.*

Aphorisms concerning the Treatment of Hydrocephalus.—Local detractions of blood are of little or no service in acute hydrocephalus appearing suddenly after cold; but the application of ice to the head, blisters to the neck, mustard poultices to the calves of the legs and soles of the feet, with cooling laxatives, produce the best effects. The same treatment is to be adopted in acute hydrocephalus from dentition and thoracic inflammation. If caused by metastasis of acute exanthemata, blisters, mustard poultices, and cold lotions are recommended; warm fomentations, as advised by Romberg, are injurious. The author treated chronic hydrocephalus with antiscrofulous remedies, and checked the disease on several occasions.—*Dr. Melion, of Trendenthal in Oesterr. Wochenschrift.*

Aphoristic Reminiscences from a long Medical Practice.—Besides some practical hints for the treatment of diseases in children, they contain the author's method of treating croup, not uncommon, but sanctioned by an experience of forty years. He first administers an emetic, composed of tartrate of antimony, ipecacuanha, and oxymel of squills, and thinks he has effected many cures without resorting to any other remedy. If the cure be not complete, he orders leeches to the throat, and from two to three grains of calomel every two hours, with an equal quantity of magnesia. If this treatment does not produce the desired effect, he administers sulphate of copper, first as an emetic, and afterwards in small doses, and either the leeches are repeated or a blister is applied to the chest. If the convalescence progresses slowly, and hoarseness remains afterwards, he administers the sulphuret of antimony with camphor. Then the author attempts to re-introduce prophylactic bleeding in many congestive diseases, and at the same time he advises a free flow of blood in a short time from a large opening. He prefers bleeding to leeches in many instances, because the end is obtained much sooner, the danger of taking cold with leeches is avoided, the quantity of blood to be drawn can be more easily regulated, and, lastly, great expense is spared the patient. Then the author communicates his observations on hooping-cough. If of a mild form nothing should be done, with the exception of regulating the diet, keeping the feet warm, and employing small doses of ipecacuanha. A blister may be applied to the chest, or irritating ointment may be rubbed into the pit of the stomach. Sometimes the author saw benefit arise from occasional emetics. In severe paroxysms, small doses of belladonna should be administered, *with extreme caution*, however, as the author has seen bad effects arise from their use. Inflammatory complications ought particularly to he attended to. Lastly, he recommends in hooping-cough, trials of electromagnetism, by means of the rotatory apparatus.—*Dr. Schmidt, of Celle, in Hannover. Annalen.*

A Remarkable Case of Vicarious Menstruation.—The author delivered a woman, in 1841, at Würzburg, from whom he learned the following:—Three years ago she received an injury on the right arm, under the deltoid muscle, on which a yellowish crust was formed; when she scratched it the crust fell off, and hemorrhage occurred, which she could not stop for a whole day. A surgeon was called, who arrested it by a tight bandage. Soon afterwards she tore off the bandage; the bleeding re-

commenced, and continued as long as the menstruation lasted, which she had at the same time. Then a dark-brown solid crust formed, of the breadth of an inch, and the length of an inch and a half. Every four weeks the crust fell off on the appearance of menstruation, and the bleeding began and lasted till the menstruation ceased. The hemorrhage from the arm and the catamenial flux amounted to a greater quantity of blood than that previously discharged. This state continued for two years and a half without any disturbance of the health, till she again became pregnant, at the end of 1840. During pregnancy, menstruation and monthly bleeding from the arm discontinued. The crust became larger and larger, and attained the size of an egg. The woman felt no other complaint during pregnancy but being unable to lie on the right arm. In the eighth month, in consequence of severe bodily exertion, she was seized with hemorrhage, and labour soon followed. The author was obliged to turn and extract the child. Lactation appeared on the third day. The child was weakly, did not suck, and died. The secretion of milk only lasted three days, and the lochia four weeks. Three months after birth, menstruation appeared, and with it the large crust fell off from the arm, hemorrhage recommenced, and lasted as long as the catamenia. The patient has perceptibly lost flesh, and has not since conceived.—*Professor L'Outrepont, of Wurzburg, in neue Zeitschrift fur Geburtskunde.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Malformation of the Uterus.—Dr. Cardew gives, in the *Provincial Medical Journal*, the details of a case which was under his care in the Bath Hospital. The patient died apparently of disease of the brain. On examining the body after death the left kidney was small and pale; no vestiges of the right kidney could be discovered. The uterus was divided into two portions, connected by a narrow neck; the lower part, in the centre of which was the orifice, was about the size of a cobnut; the upper part, an inch and a half in length, was of the thickness of the little finger of a small hand. From her history it was gathered that the catamenia were late, irregular, and scanty. She had never borne a child. The statement about the urine was conflicting; one account representing it to have been copious, very pale and inodorous, and slightly albuminous; while the patient's mother-in law asserted that it was always scanty, and that she had frequently known her pass a whole day without voiding any. During the time she was in the hospital the secretion, both as to quantity and quality, agreed with the former of these representations. The case is curious and interesting.

Diseased Colon.—Mr. Green, on examining the body of a female patient, who had died from dysentery, found the cœcum and whole tract of the colon, especially the former, thickly studded with dark-coloured vegetations, mostly attached by narrow pedicles, and apprently covered by mucous membrane; the whole substance of the large intestine was tender and easily lacerable.

The Cainca of Brazil in the Treatment of Charbon in the Horse.—Our correspondent, Dr. De Gumbleton Daunt, has published in the *Veterinary Record* a paper on the use of the cainca of Brazil (chiococca racemosa) in the treatment of the charbon or pustule maligne in the horse. He says that it is used very successfully by the peasantry in the district of San John de Macahé in that complaint. According to Messrs. Mérat and Delens, the taste of the root of cainca is aromatic, bitter, and very nauseous. A weak infusion causes purging only; a stronger preparation acts as a drastic, emetic, and sudorific. Professor Spitta has administered it successfully (*Bull. des Scien. Med. Ferussac XII*, 76), and the same magazine records two cases where it was given in the dose of two drachms to nine ounces of water, of which the patients took two teaspoonsful four times a-day. In the Antilles, where it is known under the name of Petit Branda, it is employed, says Mr. Browne, in syphilis, rheumatism, &c. Dr. Soares, of Meirelles, says that, in Brazil, it is employed in pica, to which the negroes are very subject; also in amenorrhœa (*Journ. de Chimie Medicale*, 1826, p. 239). M. Langdorff regards it as a diuretic and sialagogue. In lymphatic and exanthematous affections he thinks it preferable to sarsaparilla, and to lobelia in visceral indurations. He has cured three cases of hysterical headaches with it, and employed it in powder in ulcers of an unhealthy character. The cainca is deobstruent, discutient, and purgative, according to the dose. The dose is commonly two to four grains (drachms?) in a pint of boiling water, and not of two ounces, as stated by some. In powder it is given in doses of twenty to thirty grains; the extract, which is less efficacious, is given in the dose of from thirty-six to seventy-two grains. Mr. R. Brande has analysed it, and finds a new alkaline principle resembling emetine in it (*Journ. de Chimie Med.* 1829, p. 75). Two grains given to a puppy two months old produced only vomiting and agitation (*Bull. de Sc. Med. Feruss. XVIII*, 110). According to Professor Brande (*Manual of Chemistry*, p. 1199), Pelletier and Caventou obtained an organic acid from the cortical part of the cainca root. It is procured by dropping hydrochloric acid into a decoction of the root, when it is gradually deposited in small crystals; or more perfectly by evaporating a strong alcoholic tincture of the root to dryness, dissolving the residuum in water, precipitating by lime, and decomposing the calcareous salt that falls by oxalic acid; the caincic acid must then be purified by re-crystallisation. Caincic acid is intensely bitter, and requires 600 parts of water for its solution; but it is very soluble in alcohol, and the solution, if saturated when hot, deposits the acid in tufts of crystals as it cools. Ether dissolves it as sparingly as water. With ammonia, potassa, lime, and baryta, it forms soluble neutral salts, which are not crystallisable, from which the acids throw down the caincic acid.

From Liebig's analysis, this acid appears to consist of—

Carbon	15	90	57·0
Hydrogen	12	12	7·6
Oxygen	7	56	35·4
Caincic acid	1	158	100·0

Charbon or Anthrax.—An interesting paper on this disease, as affecting the lower order of animals, is published by Mr. W. Ernes in the *Veterinary Record*. The disease is of an inflammatory and gangrenous nature; its characteristic, the formation of an irregularly shaped hard tumour underneath the skin, involving only a small portion of the contiguous cellular tissue. It is surrounded by a margin more or less elevated, and is somewhat depressed in its centre, which is sometimes perforated with an almost imperceptible opening. At first it appears but little raised above the skin, but it becomes, and that very quickly, of an enormous size, and is accompanied by great heat and acute pain. Irritative fever quickly supervenes, and gangrene first shows itself in the centre of the tumour, extending to its circumference with incredible rapidity, and leaving an eschar or scab of a blackish colour, similar in appearance to extinguished charcoal; hence the name given to the disease, "charbon." This eschar is sometimes several inches in diameter. It is almost always preceded by phlyctenæ, which form a vesicular areola around it, sometimes with, and at other times without, inflammation. Whether this areola exist or not, the eschar is generally associated with more or less œdematous swelling, arising both from emphysema and an infiltration of serum or sero-gelatine into the cellular tissue, which crepitates under the finger when pressed. The virulence of this disease is often so great that the animal falls a sacrifice in less than twenty-four hours after the attack; rarely does it last more than thirty-six hours. The carcases of all animals that have fallen a sacrifice to this disease exhale a most offensive and peculiar smell, difficult to bear, and the process of putrefaction is always very rapid. It appears that fetid humidity arising from the emanation of drains, slaughter-yards, and other sources of infection; a prolonged sojourn in low and damp localities, in the midst of animal and vegetable exhalations during the heat of summer; marshy lands where animals pass the cold nights, preceded by hot days; are causes favourable to the spontaneous development of charbon. The more direct influences which produce it are the immediate contact, or a kind of accidental inoculation; exhaustion from long journies, or excessive labour; the infected air communicated from the sick to the healthy animal under the same roof, or an otherwise contaminated atmosphere; in other words, contagion. Charbon is enzootic in low, damp, and marshy districts, and becomes epizootic under general exciting causes. The disease is highly contagious, and is transmitted with the greatest facility, not only from one animal to another, but also from animals to man, whenever the surface of the tumour is brought in contact with an abraded part of the body, especially the mucous membranes. The introduction of gangrenous matter, or of putrifying animal substance, in the subcutaneous cellular tissue of the horse is sometimes followed by gangrene, and at others by the development of a tumour similar to that produced by the inoculation with charbon; consequent on which the animal dies in a few days. Similar accidents have resulted from the application of setons and the actual cautery. Charbon may affect different parts of the body, but there are particular regions where it is more generally met with, such as the head, and more especially the tongue, the neck, the front and sides of the thorax, the external parietes of the abdomen, the scrotum, the the thighs, the shoulders, and the feet. When the head is attacked it becomes swollen to an enormous side, the tumefaction existing only on one side. When charbon shows itself in the mouth under the tongue it is designated glosso-anthrax. It is seldom seen in the palate, but frequently in the larynx, where it produces the same form of disease. In the horse, and likewise among fowls, it attacks the eyes, and assumes the form of livid infiltration, which extends to the pituitary membrane, and even, it is said, to the brain. Not unfrequently in the sheep it fixes on one ear, and proceeds to the interior of the head. Charbon has also been observed to attack, within a short interval of time, both hind feet, the hoofs becoming detached, and the animal dying in two or three days after. The anatomical lesions are of two sorts, local and sympathetic. The first show the tumours covered with a blackened eschar, around which the inflammation had not been able to form a circle, which would have tended to separate the living from the dead parts, owing to the rapid progress of the disease. The cellular tissue surrounding the tumours, although not gangrenous, is gorged with a sero-gelatinous fluid mixed with blood, and oftentimes is distended with a fetid gas, the result of putrefaction going on in the parts. The infiltration of serum extends in proportion to the depth of the tumour, and the blood, being of a dark black colour, communicates this tinge to the subjacent muscles. The cellular tissue also presents here and there spots of ecchymosis. The sympathetic lesions, according to Chabert, are extensive. He has found them in the cranial, thoracic, and abdominal cavities, and also in the alimentary tube from the mouth to the anus. With respect to the treatment, Mr. Ernes seems inclined to recommend total extirpation of the tumour—a practice which seems to us bordering on the absurd, as the disease is evidently dependent on constitutional causes. The practising the crucial incision, as in the treatment of anthrax in the human subject, which he considers as merely subsidiary, is much more likely to be beneficial. The operator should have his hands well protected by gloves. If excision of the tumour be practised, Mr. Ernes recommends the free application of the actual cautery all over the exposed structures, the pointed cautery being employed to penetrate into the sinuses which may exist. Among the topical agents to be applied after the operation, boiling vinegar, the essential oil of turpentine or of lavender, blistering ointment, liniment of ammonia, with ammoniacal frictions, camphorated tincture of aloes, &c., have been particularly recommended; but none of these are preferable to the chloride of soda or lime of M. Labarraque, used either pure or diluted with a certain quantity of water. MM. Bouley, Roupp, sen., Panon, and Desbassyns, have been most successful in the application of it; the first in cases of charbon consequent on the inconsiderate introduction of setons during an epizootic raging among horses, the others in cases of pure charbon. M. Bouley directed injections of the chloride to be used every hour after the cautery had been applied, and the

parts to be dressed immediately after with dry tow; the good effect of which was that the progress of the disease was checked, and healthy suppuration followed on the third or fourth day, when all danger disappeared. M. Roupp had a charbonous affection to combat in a mare, and had reason to fear a fatal termination; he concentrated eight ounces of chlorinated lime in water, which was injected hourly into the wound after the operation by extirpation, and the amendment was sudden and decided. In the Isle of Bourbon, where the charbon makes frightful ravages amongst the mules, M. Desbassyns administered the concentrated chloruret three times a-day, the dose being a teaspoonful each time diluted with a pint of water. The progress of the disease was thereby arrested, and the alarming symptoms disappeared in three or four days. The general treatment will be directed according to the severity of the symptoms. If the inflammatory symptoms, whether local or general, run high, the antiphlogistic plan of treatment, omitting blood-letting, must be adopted. The abstraction of blood, as might, *à priori*, have been anticipated, has in many instances proved fatal. If the disease be attended with but little excitement of the system, if there be indications of its influence on the vital organs being rather more of a depressing than of an irritating nature, then antiseptics should be employed, that is to say, medicines possessing stimulating properties, such as camphor, gentian, sulphate of quinine, given in infusions of aromatic plants, or in strong beef-tea, cider, or wine. If, on the other hand, it is found that the local and sympathetic phenomena are equally intense, then the therapeutic treatment should be mixed. Mr. Ernes concludes his essay with the following important caution:—We cannot conclude without recommending the greatest caution to the veterinary attendant who may have to treat or operate in cases of charbon. The slightest wound with the scalpel during the act of incision, or when exploring the tumour with excoriated hands, or only when they are in a state of perspiration, may inoculate this dreadful poison. The hands should be protected by strong gloves made of some substance that does not allow the ichorous fluids to penetrate through them to the skin. Many have fallen victims from not having taken this necessary precaution, and facts are not wanting to substantiate what is here advanced, were it necessary to adduce them; but we will content ourselves with one, that of the unfortunate Narcisse Girard, the hope of veterinary science, who died in the prime of life, from having made a post-mortem examination of a dead horse affected with charbon.

*** We have given a more lengthened abstract of this paper than would perhaps be justified by its relation to veterinary medicine, but the subject is so important, the disease so closely allied to the corresponding form of anthrax in the human subject, and so liable to be communicated to man by actual contagion, that we felt ourselves called upon to notice it at as great an extent as our limits would allow. Mr. Ernes' paper is one of great value.

Wound of the Parotid Duct in a Cow.—According to the report of the case in the *Veterinary Record*, Mr. Leech, in a case of wound of the parotid duct in a cow, the saliva flowing away freely through the laceration, employed pressure to close it, with success. His plan of proceeding was as follows:—A circular piece of leather was obtained, about the size of a crown piece, and the external wound was slightly enlarged, so as to allow of its introduction. This was then placed over the divided duct, and upon the outer surface a large quantity of tow was laid; the edges of the wound were then brought together by means of sutures passed through the skin, which was the whole of the surgical treatment adopted that day. A dose of aperient medicine was given, the animal ordered slop died, and to be kept in a state of perfect quietude. Considerable swelling followed for a few days, but gradually subsided, and when on the seventh day the wound was examined, a cluster of granulations was found pressing against that side of the leather which was in contact with the duct. The wound was then dressed in the ordinary way, and in a few days afterwards the animal was discharged cured. She is now as well as ever she was in her life.

THE POTATO DISEASE.

The present diseased condition of the potato crop seems to engross a more than usual share of public interest, as well as of scientific investigation; the result of both, however, appears to be equally unsatisfactory in elucidating its cause, arresting its progress, or destroying the infecting agent which mercilessly proceeds in its ravaging power to cut off from the poor the main prop of their existence. Without pretending to enter into a minutely learned detail of the results of experiments or examinations into the peculiar characteristics of this formidable malady, to which point so many more learned and more competent have directed, and still are directing, their humane inquiries, with, I am sorry to say, so little present success, I will offer for the consideration of your readers a few observations which may not be deemed altogether wholly devoid of interest or of profit—observations which are either the result of original investigation, or concocted from the conflicting opinions and theories of others.

In the first place, then, I believe it must be universally conceded that but two different causes can be admitted to possess any power in the production of this disease—the first, atmospheric contagion; the second, the action of the soil on the tuber. To the first we may refer either for a directly infectious principle or a more than average humidity of the season; to the second, for the spontaneous formation of a new chemical compound in the soil acting deleteriously on the tuber. Let us now, previously to arriving at any conclusion as to which of these two agencies we are to admit as a cause, examine as well the parts first attacked, which I conceive to be a most important item in the consideration of this question, as the seat and nature of the affection. In Mr. Oxley Stephens's "Remarks on the Potato Murrain," as published in the 11th October number of your paper, he observes that the "leaves suddenly began to shrivel and roll backwards, turning black at the same time, while similar patches appeared on the stem." Now, I contend that in admitting the accuracy of this statement, we have in it the most direct and conclusive evidence in favour of the hypothesis that the disease is entirely indebted for its existence to atmospheric contagion, otherwise how can we account for the rapidity of its attack on the leaves—the respiratory or vital organs—and the haulm of the plant, and their almost immediate decay? We will make this position appear still clearer by references to the organic changes necessarily resulting from the direct action of a vitiated atmosphere on the vital functions of the plant. We are all aware that the delicate cellular tissues of the leaves of vegetables are so many respiratory organs, obeying similar laws and performing analogous functions in their economy to those of animals; it is unnecessary to enlarge on their properties or their uses. If they breathe an unhealthy atmosphere, an injurious action is immediately excited, incapacitating them for the performance of the important duties they have to sustain in the education, in the sustenance, and in the preservation of the entire plant; they are the necessary media in which are elaborated the elements of its existence, and through which are conducted the materials of its growth. To the least reflecting it must, then, become immediately manifest that the smallest deviation from the normal functions of these organs must be followed, aye, almost accompanied, by a sickly condition of the whole. When these, therefore, are *primarily* attacked, the delicacy, and exposed unprotected condition, of the leaves and haulm, as well as the direct contact of the destroying element acting without any interposition on them, permits scarcely sufficient time to elapse between the attack and the cessation of its existence to convey the infected sap to the tuber itself; that this is accurately correct, will appear by attending to the appearances exhibited by these parts, as well as the order in which they become affected. In this case we invariably find the most remote from the surface the most exempt from the disease, and inversely; and that the younger and smaller the tuber, the more impregnated it is with decay. So much for my other opinion, that its origin is not only atmospheric, but that the atmospheric change by which it has been induced did not take place until after the crop was far advanced in maturity.

Now, as to the first point. If we take a recently dug, full-grown, average-sized infected potato, boil and divide it into two parts, we see that the disease (it invariably attacks the point of junction between the stalk and tuber) extends no farther than about one or two inches into the interior, which, bearing in mind the appearances presented by the stalks and leaves, and their rapid decay after infection, is inconsistent with the opinion that it is owing to a deleterious principle in the ground, for if this were so, its action would have been called into play from the time the potato was first submitted to it, so that, also, instead of a partial infection, its instantaneous death would have been the result. To this, however, it may perhaps be objected, that such injurious agent may not have been formed until the potato was far advanced in its growth, and that then it commenced its devastating operations; but I will leave the *onus probandi* of this unphilosophical, untenable theory to its advocates, after observing, in proof of its absurdity, to say the least of it, that it is altogether at variance with the extent and variety of soil and district where it has prevailed, in the most opposite as in the most distant, and under the most dissimilar conditions, with an equal degree of intensity. Let us extend our observations over the last four or five years, and we shall see that the vegetable kingdom was never less subject to disease, while the animal became the sport of an irresistible, all-destroying, infectious disorder, which neither medicine, precaution, nor scientific skill could arrest; health is at length restored, but at the expense of the poor man's staff of life—the potato. Nor has it been a solitary sufferer in the present year. I have been informed by numerous gentlemen-anglers as well as others, who make fishing their profession, that even the occupants of our rivers have not escaped with impunity; that the pike, the trout, and the perch have been subject to a prevailing distemper (thereby considerably curtailing the amount of their pleasure or their profit) which, from the little observation I have had the opportunity of making, seems to be the analogue of that to which more particularly our horned cattle have been during the present year subject; they have been taken in great numbers floating dead on the surface of the water, the largest being those most generally the victims. On examination, there did not appear to be any wasting of the body of the fish, neither could its unaccountable plumpness be attributed to anasarca, or bloating from watery or airy infiltration into its tissues; in fact, no abnormal appearance presented itself to account for its seemingly sudden death, until attention was directed to the gills, which were of a deep black colour from sanguineous engorgement, were turgid, could be easily broken down between the fingers, and yielding a very heavy, fetid odour, altogether striking the observer with the impression that the creature perished of a gangrenous or inflammatory affection of its gills, attacking and carrying it off almost instantaneously. My experience does not qualify me either to include in, or exclude from, my catalogue of those attacked by the affection, the salmon, or other fish; in fact, my curiosity was not sufficiently excited at the time to institute any inquiries into the matter, so that I only speak of those which fell under my own immediate knowledge, and which, in fact, were forced on my observation, being a resident in a town through which flows one of Ireland's broadest streams. I will take advantage of this opportunity to add, that one of the strongest motives by which I have been actuated in making the present communication, was only a short time since created by observing the great mortality prevalent among leeches, which led me into an inquiry as to the cause. I perceived, on examination of those which appeared less animated than the rest, and which were invariably the first victims of the disease about to be described, one or more what appeared to be deep, circular, well-defined ulcerations, or fistulous openings, situate about a quarter of an inch from the mouth, either solitary, as in the beginning of the attack, or as in its progress, or towards its termination, in twos, threes, fours, or more, in the course of a straight line drawn through the middle of the abdominal, or under side, to the tail, or verging more or less irregularly to one side or the other, but never

appearing on the dorsal side; these sores discharged a limpid, roapy, oily kind of matter, altogether unlike the natural healthy excretion of the animal. When dead, it presents a shrivelled, rugose appearance towards the mouth, is of a hard, resisting feel to the touch, and exhibits well-marked external symptoms of severe congestion, which, on cutting it into two or more parts at any point, is sufficiently manifest by the large thick mass of uncoagulated blood, mixed with pus, which may be easily pressed out between the fingers. Large numbers have been thus carried off in the space of a few days, notwithstanding all the care and attention I could bestow, as far as relates to cleanliness and fresh supplies of water, which did not seem to effect the least diminution in their mortality. I have been thus particular in my account of this Hirudinal distemper, if you will admit the expression, in the hope that it may attract the skill and attention of some of your learned readers to its investigation, as well as, if possible, to its cure.[1]

Now, sir, to apply the foregoing remarks, do not these facts strongly influence the conviction in assigning to atmospheric agency alone these distempered states of the potato, the fish, or, mayhap, the leech, and if so, I fear that all our exertions in arresting its progress will be inefficient; at the same time we should not repine that the potato is the victim of a power which, but for the beneficent superintendence of a Supreme Being, might with equal fatality have expended itself on ourselves; neither should we despair of witnessing its almost, if not total, recovery in the next year's growth by a change quite as sudden as that by which it has been induced. From observations and queries which I have instituted, I have satisfactorily proved to myself the total absence of the disease at an early period of the season, which, as I have before observed, is a testimony of a very conclusive character in favour of the opinion that the cause is *altogether* atmospheric, and which is, in addition to other proofs advanced, if possible still further strengthened by the assertion (if found true) which appeared in the *Weekly Register* of Saturday last, that the *progress of the disease is arrested in the tuber by the early removal of the stalk.* I have also taken notice from the fact of those produced from wet boggy land being proportionably more diseased, that moisture favours its production, whence originated the assertion at first universally given out which assigned this as the only and the sole cause; a general conclusion drawn from an isolated fact, no doubt a conclusion quite as tenable as many of those drawn from equally substantial premises by many of our self-styled philosophers.

In conclusion, I have to observe that, as the result of experiments made for the arrest of the extension of this distemper, lime is thought to act with a specifically beneficial effect. To what property in it can this result be attributed? Is it to its styptic or to its antiseptic properties, or to its affinity for the sap of the tuber by determining it to the surface, and so destroying the power of an injurious action to be exerted by the contaminated on the healthy portion? These facts are worthy the consideration of the scientific and philosophical inquirer, the profitable exertions of whose labours on a subject of such universal interest and benefit, would merit a more exalted praise, and should afford a purer self-gratification in the consciousness of the blessing it would confer on many, and those especially the poorer and more suffering classes of our fellow-creatures, than the theories of a Newton or the victories of a Napoleon.

J. A. M.

[1] I am aware that Dr. J. R. Johnson describes a similar disease in the leech; but the one under consideration presents too many dissimilar, although, in some respects, analogous appearances, to be ranked under the same head; a little observation and comparison will soon convince the inquirer of the error of confounding the two.

LIBERAL DONATION.—An anonymous contributor, under the signature of "A Physician," has just subscribed the sum of 100 guineas in aid of the funds of the new Hospital for Consumption, &c., now in progress at Brompton.

MIDWIFERY.

(From a Correspondent.)

The contemplated institution of an examination in midwifery at the College of Surgeons, is an intimation, we would hope, that a better feeling will be henceforward exhibited in that quarter towards those members who employ their talents in this important part of medical science. The law, however, by which they are excluded from the council, will probably continue in force, till public opinion and the advancement of knowledge compel those who are instrumental in maintaining it to give to midwifery its due consideration.

While men of undoubted general learning and ability have reached in this line of practice the highest eminence in public estimation, while they are thought worthy of the greatest honours the Crown ever confers upon the medical profession, while their merits are acknowledged by the literary and scientific institutions at home and abroad—will it be believed that in this country alone, they are debarred by the rules of their own society from the little honorary distinction which it has power to bestow?

Till within the last few years the fellowship of the College of Physicians was denied to those members who practised midwifery; but to the credit of the college be it said this exclusive jealousy no longer exists: and the higher stations in the college are now filled by physicians who have made that science their especial study. From these was selected one of the censors for the present year: and his appointment is an indication that some knowledge of midwifery, on which subject there has hitherto been no examiner capable of putting the necessary questions, will now be made an essential qualification in candidates for the physician's diploma.

It is not honest towards the public that those medical bodies, in whose official security they are compelled to rely, should send men into the world with certificates of their capability to practise their profession while they are suffered to remain in ignorance of any one subject belonging to midwifery. That a knowledge of it is necessary in all branches of the profession is not denied; but it has been stated by the highest medical body that, because women can practise it, it belongs neither to medicine or surgery. It should, however, be recollected that all diseases have in former times been treated by women. At this moment there are numerous women who operate upon corns and excrescences of the feet, yet the most eminent surgeon of the day not long since selected these very diseases as the subject of his public lectures, and recommended, them as deserving most attentive consideration; and with good reason, too, for though ordinary persons may remove successfully a mere casual excrescence, they are quite incompetent to the treatment of more important diseases of this class; they could not, for instance, extirpate an organised tumour, nor decide upon the necessity of amputation.

Thus, in the natural process of labour, uneducated persons may be able to assist, but they are not qualified to act under preternatural circumstances. They have no means of forming a correct opinion upon a doubtful case; they are unable to discriminate between pregnancy and disease, or to treat medicinally or by operation the more complicated forms of uterine affections.

The provision in the laws of the proposed new body of general practitioners, which obliges the examination in midwifery to be conducted by their own members, as showing a desire that midwifery should form a part, and not a distinct branch, of medical science, is so far deserving of commendation; but since those who meet only with occasional cases of this description, and those of an ordinary nature, in the course of their general practice, have no sufficient opportunity of becoming themselves intimately acquainted with all the varied and peculiar symptoms accompanying pregnancy and uterine disease, the most important part of the practice of midwifery, it is to be feared that their questions to candidates must be principally confined merely to the process of labour and to the more common circumstances connected with it. No doubt care should be taken to insure a thorough knowledge of the ground work of the practice of midwifery—the mechanical treatment of labour—but a college examination should include also the higher branches of the science—the prevention and treatment of abortion—the management of women before and after parturition—the propriety of inducing premature labour in some instances—the local and constitutonal remedies to be employed to induce pregnancy in women supposed to be barren—and the symptoms requiring the now so frequently successful operation of dilating the too constricted os uteri.

The selection of men for the office of public examiner who follow in the steps of Osborne, Denman, the two Clarks, and Gooch, to whom we are indebted for the first beneficial deviation from the often fatal custom of treating all cases by one unvarying rule—to whom we owe both the above mentioned and all the most valuable suggestions which form the basis of successful midwifery practice of the present day—would be the best security for the attainment of this object—would compel the candidates for medical degrees to acquire a certain portion of scientific knowledge in this branch of their profession. And thus, while the genuine and standard improvements of men who have fully borne out, in a long course of successful practice, the theories which arose from their own natural acuteness and full acquaintance with the subject, would form the substance of the questions to be proposed, we should at the same time be secured against the introduction of certain idle theories of other practitioners, which tend to mislead the inexperienced, and are put forward for the sake of novelty, without practical testimony or sound argument to support them.

On all accounts it is to be desired, that before long we should see the honours of all medical societies thrown open to every rank of the profession; and in the name not of the medical profession alone, but of the nation at large, we ask those who would depreciate the claims and lower the position of practitioners of midwifery, to consider what their own feelings would be, and to what quarter they would themselves apply for aid, in case of danger, for their wives or daughters: let them take into account, then, the distressing situation of numbers who, in distant parts of the country, are compelled, under the present system of things, to rely in critical and complicated cases of this description upon the questionable opinions or precarious treatment of uneducated and unscientific men.

RISE AND PROGRESS OF HOMŒOPATHY.

By Dr. HILBERS.

Before narrating the manner of the introduction of homœopathy into Vienna, it will be necessary for me to say a few words on Austrian medical legislation.

The Imperial Government is naturally opposed to innovations of all kinds, but it always evinces an earnest desire to adopt such regulations as may best promote the happiness and welfare of the subject. Medicine in particular claims its consideration, and the securing a highly qualified body of medical men is with it an object of paramount importance. To effect this it retains in its own hands a complete control over medical education generally. It appoints professors to the university, and surgeons and physicians to the hospitals. Lectures, the practice at the magnificent hospital in which are two thousand two hundred beds, dissections, &c., are all thrown open to the students. In return for this, a far higher standard of attainment is insisted on than in most other countries. On the student becoming a physician, he finds his hard earned privileges carefully secured to him. Quackery is unknown, and any innovation which threatens to injure him is speedily prohibited. Such formerly was the case with homœopathy, and is at this time the case with mesmerism. The apothecary (answering to our druggist) is closely restricted to his proper duties, viz., compounding prescriptions, and he is prevented from selling any but the commonest description of medicines without an order from a physician. All general sources of information from which the profession may derive benefit are carefully attended to. Among the foremost of these stands statistics, the value of which, *if they can be relied on*, is far too manifest to escape the observation

of this enlightened government. The following method, then, is adopted to insure accuracy. A book is kept at each hospital, in which the name, age, occupation, religion, &c., of every patient is entered. A vacant space is left for the physician to fill up with the name of the disease, and the treatment ordered. A board, with corresponding divisions, is suspended over each bed-head, and on it a similar entry is at the same time made. From this book a report is sent monthly to the proper officer, and at the end of the year, all these are carefully collected and recorded. On statistics thus obtained, the utmost reliance may be placed. Fraud is manifestly impossible, as the keen eyes of the students who, at the homœopathic hospital at least, attend narrowly to watch the efficiency of the particular treatment, would speedily detect and expose it.

Many other excellent regulations are adopted for the general benefit of medical education, but I shall not stay to notice them. To those who desire further information I would recommend the exeellent work on "Austrian Medical, Literary and Seientifie Institutions" by Dr. Wilde, of Dublin, which will give them every information.

In the year 1832, through the exertion and liberality of these noblemen, a eolony of the Bamherzizen Sehwestern, or German Sisters of Charity was transplanted from the Tyrol to Vienna, and a eonvent purchased for their reception in the suburbs of Gumpendorf, with an hospital containing sixty beds (fifty ?) attached to it, whieh was plaeed under the charge of Dr. Mayerhoffer, an homœopathic practitioner. This hospital opened upon the 6th of July, 1832, for the gratuitous reception of poor patients of every religious persuasion, without any other recommendation than disease. In this respect it approaches nearer to the English hospitals than any other in Vienna. The only exeeptions to its admissions are patients affected with venereal, itch, ineurable or external diseases, and children under four years of age. It is at present supported solely by voluntary contributions."

Dr. W. then bears well merited testimony to the excellency of the internal arrangements, and to the kindness and attention to the patients displayed by the sisters. Indeed, words cannot do justiee to these truly charitable women, their self-denying humanity must be seen to be appreeiated. After noticing the eases admitted during the first three years after its establishment, Dr. W. thus continues, "In 1834 Dr. Fleischmann, the present physieian, was appointed; and in 1836, this hospital, along with all others in Vienna, was ordered to be fitted up for the reception of cholera patients. Dr. Fleischmann agreed to continue his charge, on the condition that he was to be permitted to adhere to the homœopathie plan of treatment. To this the government assented, and *two district physicians (allopaths) were appointed to report the nature of the cases taken into this hospital*, as well as to observe their course and treatment."

"Upon eomparing the report made of the treatment of the eholera of this hospital with that of the same epidemic in the other hospitals in Vienna, at a similar time, it appeared, *that while two-thirds of those treated by Dr. Fleischmann recovered, two-thirds treated by ordinary methods in the other hospitals died.*"

"This very extraordinary result led Count Kolourat (minister of the interior) to repeal the laws relative to the praetice of homœopathy, although, with that ineonsisteney whieh not unfrequently distinguishes the Austrian Government, it at the same time enaeted the strietest prohibition of all works in favour of the system.

I shall now come to the consideration of those eauses to which homœopathy is indebted for the position it now holds in the Austrian eapital, and in doing this I shall make use of the work of Dr. Wilde, who, though not a friend to, or believer in, the system, has, with praiseworthy eandour and liberality, accurately stated its rise and progress. Dr. W. says, page 271, "The present state of homœopathy in Vienna next elaims our attention; and although I neither advocate that doctrine, nor slander its supporters, I deem it but the part of truth and justiee to lay the following statement before my readers:"

"One of the cleanest and best regulated hospitals in Vienna is managed on the homœopathie plan. The following circumstances led to its erection. The rapid spread of this treatment in Austria, and the patronage it received from many noble and influential individuals in the eountry, attraeted the attention of government several years ago, who, with their cha raeteristic jealousy of innovation, then issued an order forbidding it to be praetised. As, however, this had not the effect of suppressing it, but as it seemed rather to gain strength from the legal disabilities under which it laboured, it was determined in 1828, to test its efficaey in the military hospital of the Josephinum. With this view, a eommission was nominated, consisting of twelve professors, all of whom, it is fair to observe, were strenuously opposed to the homœopathie doctine. Dr. Marrenzellar, a veteran homœopath and a contemporary of Hahnemann's, was appointed as the physieian, and two members of the commission always attended him during his visits, and at the expiration of every ten days reported the progress of the eases under his charge. The only part of the report published is that of Drs. Jägar and Zangi. It contains a very brief outline of the cases and their treatment, and expresses the surprise of these eminent professors at the happy issue of some of them. The commission however, as a body, came to this conelusion, that from the results obtained from their investigations, it was impossible to deelare either for or against homœopathy: one of the twelve, however, subsequently stated his conviction of the efficaey of the system from these trials, and has since remained an open adherent of it."

"Notwithstanding the comparatively discouraging sentence of the commission, the publie did not seem altogether to lose their eonfidenee in the new system, and it still retained the patronage of some of the most distinguished nobility, amongst whom were Maximileum Von Esto, and the Count Condenhove. The only addition which it will be neeessary for me to make to this testimony of our liberal-minded opponent is to say, that since his book was published, the law prohibiting the appearanee of homœopathie publications has been repealed; that a homœopathie periodieal regularly appears, edited by Dr. Fleischmann; that instead of there being twenty homœopathic physieians in Vienna, there are now between fifty and sixty; that other hospitals have been opened in different parts of the eountry more espeeially in Linz, the eapital of upper Austria, whieh under the able eare of Dr. Reiss, late the pupil and assistant of Dr. Fleischmann, bids fair to equal the Vienna one in reputation, and finally, that nothing but the unfortunate dissensions whieh have arisen among the homœopathie physieians has prevented the establishment of a ehair of homœopathy in the University of Vienna.

We now eome to the examination of the statistieal reports of the hospital sinee the year 1835, when Dr. Fleisehman was made physieian, who, immediately on his oeeupying the appointment, *discarded all allopathic appurtenances*. It must, therefore, be remembered *that all these cases have been treated without leeching, blistering, bleeding, or even a dose of aperient medicine*. An occasional clyster of warm or eold water, and the external applieation of iee or eold water in eases where Dr. F. eonsiders them indieated, are the only remedies used in eommon with the old school.

During this period (from 1835 to 1844) 7661 cases have been admitted, of which number 6971 have been cured, 464 have died. This gives a mortality of 6 per eent. Now, the mortality of the large allopathic hospital (Allgemeine Krankenhaus) varies from 12 or 13 per eent. to 16 or 17 per cent. The average of all the allopathic hospitals in Vienna is from 10½ to 11½ per eent., and that of all the hospitals in the Austrian dominions, 11½ per eent.

The cases admitted into this hospital, as before stated, inelude all diseases, both acute and chronie, with the exception of the diseases speeified by Dr. Wilde. It would take up too mueh space to give the whole report, I shall therefore eontent myself with extraeting a few of the most severe forms of disease. A translation of it from the "Hygela" may be found in the eighth number of the *British Journal of Homœopathy*, 184 different forms of disease are speeified in it. The following table is an extraet:—

Disease.	Admitted.	Cured.	Died.
Amenorrhœa	10	10	0
Aseites	14	10	3
Chlorosis	95	93	0
Delirium Tremens	5	0	5
Anasarca	13	12	1
Dysentery	44	42	2
Fever continued	294	279	10
,, Rheumatic	652	650	0
,, Typhus	1020	846	163
Gout, acute and ehronic	102	97	4
Hydroeephalus	6	0	6
Inflammation of Bladder	3	3	0
,, Membranes of Brain	19	16	1
,, Peritoneum	117	110	6
,, Intestines	6	0	5
Œdema of Lungs	15	0	13
Phthisis	119	0	86
Rheumatism, acute & ehronic	249	249	0
Small-pox	142	129	13
Intermittent Fever	295	288	1

This table will, I think, be sufficient to show that there is a fair proportion of acute disease among the eases treated. The mortality in typhus is large, 16 per eent. It must be remembered, however, that the typhus of Vienna is a most severe disease. Dr. Wilde says—"The fever wards (of the allopathic hospital) are usually crowded, especially in the eold season, and the mortality is very great—*generally a third dies.*" Other causes, whieh it is not necessary here to enter into, might be assigned. I would also eall attention to the suceess of the treatment in intermittent fever. I can truly say that I never saw ague so speedily and satisfactorily eured as in this institution. It was rare to see a case resist the treatment for more than a week or ten days. Very many required but two or three doses of the medicine.

I have purposely reserved the more common acute affeetions of the lungs for a separate table, beeause, for several reasons, I am desirous of calling especial attention to them, 1st, because they are the most prevailing and fatal diseases of Vienna, one-third of the whole mortality being eaused by affections of the lungs in one shape or other; 2nd, because the Vienna physicians, both allopaths and homœopaths are so well instructed in the use of the stethoseope, that errors in diagnosis are less likely to oecur in these than in any other forms of disease; 3rd, beeause I am able to compare the result of the treatment of the two hospitals, having extracted those of the allopathie hospital from an excellent work on stethoscopy, by Dr. Günsburg, late one of the junior physieians to the hospital, but now, I believe, praetising at Brighton; and, lastly, beeause I have found that, when any English medieal friend has wished to test the extent of my belief in homœopathy, the question put has generally been, whether if I myself were labouring under aeute pneumonia I would trust myself entirely to the homœopathic treatment?

The comparative statisties, then, of the two hospitals are as follows. Those of the allopathic are the eases whieh oeeurred during the years 1840 to 1843, both inelusive; those of the homœopathic from 1835 to 1844:—

ALLOPATHIC.

Disease.	Cases.	Deaths.	Average.
Hæmoptysis	748	137	1 death in 5— 6
Pneumonia	3345	563	1 death in 5— 6
Pleuritis	1730	108	1 death in 16—17

HOMŒOPATHIC.

Disease.	Cases.	Deaths.	Average.
Hæmoptysis	200	13	1 death in 16—17
Pneumonia	347	20	1 death in 17—18
Pleuritis	225	3	1 death in 75

These tables speak so powerfully that I almost fear they will not meet with that attention which they deserve, in consequenee of their appearing to prove *too much*. But even here, as far, at least, as regards the pneumonia, the mortality is very far higher than at present. In the year 1843, of forty-eight eases admitted, but two died; and last year, of forty-seven eases admitted, but one died. This extraordinary success Dr. Fleischman attributes to the use of phosphorus. He says, "I used formerly to employ the ordinary remedies, as aconite, bryonia, cannabis, &c., in pneumonia, and that with eonsiderable success; but eaeh of these remedies is adapted only to particular cases, or rather to parti-

cular stages of the disease. Thus it happened, that besides the difficulty I experienced in discovering the medicine adapted to the particular case, which is no easy matter, I was frequently left in a disagreeable state of uncertainty as to the remedy which had effected the cure. Now, however, I have attained much greater certainty, since for the last year and a half I have administered no other substance than phosphorus in every case of pneumonia, under what form soever it might present itself, and I think I may with perfect confidence pronounce it to be a true specific." For evidence as to the general severity of the cases, I must fall back on Dr. Wilde, who says (page 277), "Whatever the opponents of this system may put forward against it, I am bound to say, and I am far from being a homœopathic practitioner, that the cases I saw treated in the Vienna Hospital, *were fully as acute and virulent* as those that have come under my observation elsewhere, and the statistics show that the mortality is much less than at the other hospitals of the city." Moreover, though from a full consciousness of the comparative worthlessness of my own unsupported opinion, I am unwilling to intrude it, yet I cannot refrain from saying, that a careful observation of the cases treated during a period of six months, fully enables me to come to the same conclusion as Dr. Wilde. I think in this opinion I should be supported by three other English medical practitioners, who journeyed to Vienna and attended the hospital at the same time and with the same object as myself.

The reports of individual cases are little likely to carry conviction with them. It is so easy to attribute the good results which *possibly* may have been produced by the medicine to errors in diagnosis, the efforts of nature, or to some one or other of those fortunate coincidences which frequently step in to the aid of the physician, that I had determined not to give any. I am, however, tempted here to break through this intention. I shall, therefore, conclude for the present with a single case extracted from my note-books, and taken down *day by day* at the bedside of the patient.

December 20.—Admitted a man aged twenty-four. Ill four days; face flushed; skin hot; pulse quick, full; diarrhœa; oppressive pain in the chest; respiration quick and anxious; no sleep; tongue white, dry; dulness on percussion on the left side posteriorly; bronchial respiration. Ordered: Phosphorus 4th; Trituration four times daily.

21.—Vomited four times; slight cough; pulse full; skin hot; bronchial breathing in the upper lobes of both lungs posteriorly. Cont. medicine.

23.—Looks much worse; bronchial breathing very distinct on both sides of the chest. Ordered: Tart. emet. 2nd; Trituration and phos. 2nd; Trit. alternately every six hours.

24.—Says he feels better; much thirst; delirium at night; dulness on both sides, and all round the chest; countenance anxious and livid, with much difficulty of breathing. Continue medicine.

25.—More cough; little better; less pain and difficulty of breathing; countenance still anxious and livid; mucous râle, and rattling of mucus in the throat; pulse 100; slept better. Continue medicine.

26.—Feels better; tongue dry, red at the tip and edges, white in the middle; thirst; pulse 100; dulness on percussion less than before; no pain on sitting up; less difficulty in breathing; bronchial breathing much less. Continue medicine.

27.—Much better; slept well; countenance less anxious and livid; not so much cough; no shortness of breath; pulse 80; no pain or much dulness on percussion; breathing vesicular, except on right side.

29.—Slept well all night; percussion good; breathing vesicular. Medicine twice a-day.

30.—Great deal better; sleeps well and eats well; no pain; breathing vesicular.

January 1.—Going on well. He was discharged cured about ten days afterwards.

This case is very imperfect, and does not reflect much credit on me as a note taker, but I preferred giving it verbatim from my note-book, rather than from a more elaborate report which I afterwards drew up, hoping that by so doing I shall escape even the suspicion of exaggeration. I do not wish it to be understood that all, or nearly all, the cases I saw treated were equally severe with this; still many almost approached to it, and, on the whole, I should say that the Vienna pneumonia was far more virulent than that which we see in England. After seeing pneumonia thus *always* successfully treated for six months, is it very astonishing that my answer to those who have put the before-mentioned question to me, has always been, that nothing would induce me personally to submit to any other than the homœopathic treatment, were I labouring under this generally formidable malady?

If permitted, I shall resume this subject on a future occasion, with some remarks on the effect all this has had on the medical profession generally in Vienna.

Crescent, Norwich, Oct. 24, 1845.

Sir,—Since writing the foregoing I have received the new number of the "*Medical Times*" in which appears Mr. Bainbridge's letter, stating his determination of discussing homœopathy with me. Before commencing, therefore, I wish yourself and your readers to be fully aware of my motives in thus intruding myself on your notice at this time. It is not from a desire of notoriety, for I long hesitated whether or not to sign my name to my first letter; neither is it from a fondness for discussion, for nothing I dislike more, but my reason is simply this:—After bestowing much time and labour, and making considerable personal sacrifices, I became thoroughly convinced of the soundness of the homœopathic method of treating disease. I conscientiously believe it to be an invaluable discovery, and my most earnest desire is, to see the truth or fallacy of it fully established. *This I am convinced can be only done by experiment.* It is so entirely at variance with all our old notions, that I very much doubt, even if it were capable of mathematical demonstration, whether, without seeing and proving the treatment ourselves, we could be brought to believe in its truth. If, therefore, by laying before your readers a mass of evidence showing the success its practitioners have hitherto met with, in all parts of the world, I can lead the profession for *themselves* to set about the proving or disproving it, I shall be amply rewarded for my trouble. More I do not want. Beyond this I would not even desire to go.

It is my wish in these communications to avoid saying a word disrespectful of, or offensive to, a profession to which it is my pride and glory to belong. I would, as far as possible, rest the claims of homœopathy for support and investigation, not on the imperfections and inconsistencies of allopathy, or any other system of medicine, but on its own especial achievements.

I confess I cannot conceive the object of comparing homœopathy with hydropathy and mesmerism. It has been done a hundred times already, but I never heard that it advanced the cause of *truth* a single inch. Besides, though I am neither a believer in one nor the other, I cannot allow Mr. Bainbridge to assume their fallacy as an axiom on which to found an attack on homœopathy. There are too many men of talent and reputation in the world at the present time, who believe in both, to warrant this.

In conclusion, I must express my regret if Mr. Bainbridge in the latter clause of his letter means to intimate that he is only *now* commencing the study of homœopathy, and that he intends discussing it after a week's investigation. I can only say, it took me more than two years of patient observation, investigation, and experiment, before I finally resolved irretrievably to commit myself to the cause of the "Renegades."

I am Sir, your obedient servant,

GEO. HILBERS.

Norwich.

EAST INDIA-HOUSE.—At a meeting of the Court of Directors held yesterday, Nov. 5, Dr. Scott, of Barnes, the candidate put in nomination by the chairman for the office of examining physician to the Hon. East India Company, was duly elected. Dr. Scott began life in the East India Company's sea service, and for more than twenty years has been a general practitioner of medicine in the neighbourhood where he now resides.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

By ROBERT LEWINS, M.D., &c.

(Continued from page 99.)

Before concluding my observations on the medical professors, it is proper to advert to the present distinguished occupant of the chair of natural history, whose lectures all candidates for the degree of M.D. from the University of Edinburgh must attend. In speaking of the medical professors, and of their appointments (with the exception of Dr. Monro), I did so from personal knowledge. With Mr. Jamieson, the professor of natural history, I have scarcely the honour of being personally acquainted, and his appointment, like Dr. Monro's, took place long before my time, even as a student. I, therefore, willingly avail myself of a sketch that appeared of the celebrated individual referred to, in a London publication last week. In presenting his readers with an elegant engraved bust of the subject of my present remarks, the editor faithfully delineates the character of the amiable and talented original in the following terms:—"Jamieson is deeply revered by a very large circle of acquaintance. By his talent, indefatigable industry, deep research in the closet, and investigation in the field, he has reflected honour on himself, his school, and his country. He is the most distinguished teacher of natural history this country ever produced, and has sent more pupils into the world who have distinguished themselves than all other teachers put together. He is the founder of Scotch geology, the founder of the splendid museum of which he now has the charge, and he is also the founder of the Wernerian Society—a society which has contributed so much to natural history in all its branches. Jamieson, at a very early period of his life (at fourteen), showed a very strong desire for his favourite science; at the age of eighteen he published a work entitled Mineralogy of the Island of Arran, and the Shetland Isles, with Dissertations on Peat and Kelp, which was highly extolled by critical judges and philosophers. From this early period of his life he continued with unremitted zeal and unwearied attention to contribute towards the improvement of science. Many of his separate papers that appeared at a very early period in Nicholson's Journal, Annals of Philosophy, Philosophical Journal, Wernerian Transactions, and the Encyclopædia Britannica, were much thought of. In some of them will be found clear, sound, and judicious remarks on the contemporaneous formations of rocks—a subject that now engages the attention of many German and British geologists. Let any one ponder over Jamieson's Mineralogy of the Scottish Isles, the three volumes of his System of Mineralogy, his Elements of Geognosy, his Manual of Minerals and Mountain Rocks, his translation of Cuvier's Theory of the Earth, his Essays on the Arctic and Southern Regions, the *forty* volumes of his Philosophical Journal, and we are sure he will agree with us in admitting that he has led an indefatigable life for the good of his country.

"To show that Professor Jamieson has been highly esteemed by his contemporaries, we may add that he has been elected either fellow or honorary member of upwards of sixty literary and scientific institutions, including all the principal chartered and national scientific societies in existence."

In reference to the learned men who occupy the chairs of moral and natural philosophy, of logic, and mathematics, it is sufficient to mention the names of John Wilson, James David Forbes, Wm. Hamilton, and Philip Kelland, to prove that these chairs are filled by individuals, who do honour to the University of Edinburgh, and to the patrons who placed them within its walls.

I may mention the fact, that Kelland, who was recommended to the patrons solely by his talents, spent several of his juvenile years in a house within a few yards of the one in which I am at present domiciled, and there first gave public proof of those splendid talents which placed him in his present situation. An exposition of the condition of the University of Edinburgh, in 1845, would be incomplete, without adverting to the character and deportment of its principal, the Very Rev. John Lee, D.D.

Dr. Lee, disinterestedly, resigned his church preferment in 1840, that he might be appointed to his

present high academic office. He is richly endowed with the requisite qualifications of one placed in the honourable position he occupies, and approaches, in all respects, as nearly as we can expect to find in fallible man, the character beautifully portrayed by the Christian poet, Cowper, in his personification of discipline, as it existed in the English universities, in ancient days:—

"His head,
Not yet by time completely silvered o'er,
Bespoke him past the bounds of freakish youth,
But strong for service still, and unimpaired.
His eye was meek and gentle, and a smile
Play'd on his lips, and in his speech was heard
Paternal sweetness, dignity, and love.
The occupation nearest to his heart
Was to encourage goodness.
Learning grew
Beneath his care, a thriving vigorous plant."

Thus much, generally, concerning the erudite Principal, and the learned professors of the University of Edinburgh. There are a few additional points to which O. P. Q.'s rancorous hostility, towards all connected with that venerable seat of learning, renders particular reference on my part necessary. After having abused Dr. Monro to the utmost extent of his ability, O. P. Q. pronounces him "decidedly the best man in the University," then impudently asks, "what is to be expected from the others?"—and audaciously answers "Nothing."

O. P. Q's motive in representing Dr. Monro the best man in the unidersity, is palpable enough. Possessing no guage for the mind, nor plummit for sounding the depth of intellect, I will not attempt to institute a comparison between Dr. Monro's talents, and those of his colleagues; but this, I may confidently say, that Dr. Monro will be the first to deprecate the idea of *his* being reported decidedly the *first* man in the university, and to despise the motive which prompted O. P. Q. to say so.

O. P. Q. insinuates that the University of Edinburgh has been deteriorated by a system of nepotism in the appointment of professors, and quotes Monro, Alison, Home, and Christison, as examples of such a system. — *Medical Times*, August 2nd.

What will the honest reader say, when he is informed that no son has succeeded to a father's chair in the memory of O. P. Q., or of myself? that is, for some thirty years.

Dnring the last century, when highly educated medical men were less rife than at present, it sometimes happened that sons succeeded to their father's professorial chairs—Monro Secundus, James Gregory, and the late Dr. Hamilton did so, and who can dispute the right that each had to occupy his father's place? or question the benefit that resulted to the university, to the students, and to the public, by his so doing? These were some of the men on whose "glory" O. P. Q. himself, or his *alter ego*, at least, Philo-O. P. Q. tells us the present race of professors are "hoaxing the world."

Dr. Monro, as was mentioned before, was elected nearly half a century ago, in 1798. Dr. Christison's father was not a medical professor. He was professor of humanity, (Latin), and died years before his son, the present occupant of the materia medica chair, obtained a professorship for himself, by his rare talents and indefatigable industry.

In the history of the university of Edinburgh, there is not, I believe, a single instance of a nephew succeeding to an uncle's chair! Dr. Alison did not "follow" his uncle, Dr. Gregory—the former was a candidate for the chair of the practice of medicine twenty-four years ago, when his uncle died, but an unsuccessful candidate. The nephew of the late Mr. Playfair, the professor of natural history, was also an unsuccessful candidate for a professor's chair, in the university of Edinburgh.

On O. P. Q.'s observation, "My young spark" (the aspirant for a degree from the University of Edinburgh), "sports a horse, and carouses with professors," I have a brief remark to make—it is not true. The statement in regard to the irregular attendance of matriculated students on the professors' lectures, is a libel on the *alumni* trumped up, probably, by O. P. Q.'s ally, the "good anatomist," who dared to calumniate Dr. Hope (and who has calumniated other honourable men), to gratify the spleen of one who was distinctly refused a place within the walls of the College of Edinburgh; the individual who was a candidate for the chair of physiology when it was last vacant, but who could not find a single member of the town council to propose him as a fit and proper person! O. P. Q. perhaps knows the man.

Amongst the numerous students always attending the lectures of the Edinburgh medical professors, there will be, as in other universities, some incorrigible idlers. But it is consistent with my certain knowledge, that attendance on the lectures delivered within the walls of the university, is very regular, and that no student can absent himself frequently, without being detected and punished as his delinquency requires.

For my special benefit, I presume, Philo-O. P. Q. has prescribed an odd remedy (*Medical Times*, Sept. 27th) for the "cure of morbid admiration of the false deities of the misgoverned Castle of Indolence"—the University of Edinburgh. So far as slothful habits, and the other qualifications for a niche in a Castle of Indolence are concerned, I know few men less eligible than the medical professors in the University of Edinburgh. There has existed, in no university in Europe, since the days of Whytt, nor does there now exist, in any other, so large a body of men distinguished by their active exertions in the cause of medical science, as *teachers*, as *writers*, and as *practitioners* of merited renown. Whilst the present professors of other departments of science, of philosophy, and of literature, have laboured successfully to uphold and to improve the character gained for "the far famed school" by their illustrious predecessors Leslie, Playfair, Murray, Thomas Brown, Dugald Stewart, Blair, Robertson, Colin Maclaurin, and others.

Thus have I, by a reference to historical facts, and by incontrovertible statements, refuted the reckless assertions of O. P. Q., and the conclusions erroneously founded thereon, to the satisfaction, I trust, of all men whose minds are open to conviction. Some there are, alas! and philosophers of a kind, so blinded by passion, prejudice, and self-conceit, as to be unmoved either by the sharp artillery of truth, or by its persuasive charms. To that class, I fear, belongs O. P. Q.

——————— Nox atra cavâ circumvolat umbrâ;

But let such candid readers of the *Medical Times* as the acute and courteous A. W. C., of Grosvenor-street, Manchester, judge between us. In the decision are implicated important interests.

1st. The character of the patrons, Crown and Municipal, as well as that of the professors and students, and consequently of the university, from whence has issued a very large proportion of the British medical practitioners, who in times past have been held in the highest estimation, as the annals of our country, civil, military, and naval, prove; and of those who are so now, as their deeds attest.

2nd. The welfare of the members of the rising medical generation, depending as that so essentially does on the right selection of a medical school for the important purpose of acquiring a scientific knowledge of the theory of their profession, and sound principles to guide them in the practice of it, —wherein, lastly, is involved the well-being of the public to an extent known only to those conversant with the attainments, habits, and propensities of apothecaries in many parts of England; of those especially whose education and training have been exclusively based on the miserable medical legislation of 1815,[1] and of those physicians who ignobly countenance the noxious pharmaceutic system in full force on the south side of the Tweed, to the no small detriment of her Majesty's subjects.

I cannot better conclude this, my last paper, for the present at least, on the University of Edinburgh as a medical school in 1845, than by the following extract from an introductory lecture delivered by my late friend, Dr. Mackintosh, at the opening of the Argyle-square Medical School, Edinburgh, in 1836, which contains an excellent summary of the capabilities of the northern metropolis (which has not inaptly been styled the Modern Athens) as the seat of a great medical school:—

"Edinburgh has been long and justly celebrated as a place of learning, but more especially as a medical school; and while other cities boast of their rich manufactories, Edinburgh proudly claims the credit of being a great manufactory for improving the mind. It affords a remarkable example, rare in these times, of a large city continuing in a state of prosperity without the aid of ordinary manufactures or commerce.

"As a school of medicine, Edinburgh need not fear a comparison with other cities; none can boast of a situation so healthy, of surrounding country of equal beauty, or so rich in botanical or geological productions—of libraries of equal extent, or museums stored with such an abundant variety of preparations, open at all times to students—of a more zealous body of teachers, or of courses of equal extent or duration. It may perhaps be said that London excels Edinburgh in the *number* of its schools and teachers, although it may fall short of it in other respects; but we must look upon London, not as possessing *one* great medical school" (as that of the University of Edinburgh, and the extra academical school actually is in juxta-position), "every part of which is at once accessible to the student, but as consisting of numerous, and, for the most part, small schools, so separated from each other, that in as far as regards the student, they may as well be placed at the opposite extremities of the empire; hence there does not exist among the teachers of London, that great degree of wholesome stimulus arising from *direct* competition which here" (at Edinburgh) "prevails, and which is productive of such important benefits both to the teacher and the student; neither has the student the same choice of teachers in every department of the profession.

If there happen to be an incompetent teacher of any department of medical science within the walls of the university, the evil is obviated by an exmural lecturer. Edinburgh, in that respect, possesses an unspeakable advantage over London, where the student must confine himself to one school exclusively, and in one school it rarely happens—indeed never, that *all* the teachers are, or continue to be, unexceptionable men. Edinburgh, therefore, as I have already said, possesses an unspeakable advantage over London, whilst its other advantages,

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[1] "In regard to the Apothecaries' Company I should be sorry to say anything disparaging of the individuals composing that society; still it must be recollected that, after all, they are a trading body, and entrance must be obtained into it by apprenticeship. 'No man can practice as an apothecary in England, without being examined by that trading body.' 'The Apothecaries' Act was passed in 1815, and in that act there is a clause, which, considered in regard to the skill, knowledge, and attainments which should be possessed by the great body of the medical practitioners, appeared utterly indefensible.' I allude to the clause by which no person who had not been apprenticed five years to an apothecary should be qualified for examination. 'Those five years occurred exactly at the period of life most valuable and important for obtaining knowledge.' 'The youth was bound at about fifteen years of age to an apothecary, and his opportunities of acquiring general knowledge were very limited.'"—*Speech of Sir James Graham, delivered in the House of Commons.*

"Amongst the capital errors of those, whose inadvertent legislation in 1815 created the Apothecaries' Company, was the assumption that its members were competent, to an extent far beyond their ability, to instruct the rising generation of medical practitioners in the principles of their medical profession; and that an apothecary engaged in the laborious and harassing duties of his calling, had either time or inclination to teach apprentices even that which he himself knew. 'The effects of a pernicious system of training, based on that medical legislation has been, and is wofully perceptible, in many towns and villages in England, in the idle habits and all the physical and moral evils resulting therefrom to the victims of the baneful apprenticeship system, as fixed by the regulations of the English Apothecaries' Company; and even where its effects have been less deplorable, it has presented, and presents, a barrier almost impossible to the advancement (the honourable advancement) in life of many a talented youth.'"—*Lucius on Medical Reform, Second Edition, page 20.*

as a medical school, are great and manifold; amongst which may be mentioned, that every desirable object which can be contemplated by the industrious and aspiring medical student, may be accomplished—and better accomplished, at an expense one-third less, than in that "crowded coop," that modern Babylon —London—that resort of countless hosts "of fluttering, loitering, cringing, begging, loose, and wanton vagrants," ever on the watch to lure the young and inexperienced to destruction, and by whose unhallowed artifices the bright prospects of thousands are annually blighted, and their hopes of happiness here and hereafter annihilated.

[With the above, we have received the following gratifying note.]—Ed.

(To the Editor of the Medical Times.)

Sir,—Herewith you will receive my concluding paper on the University of Edinburgh as a medical school in 1845. Whether or not I have effectually accomplished the task I undertook—that of refuting the extraordinary, and, as I maintain, the groundless charges made by O. P. Q. against the patrons, the professors, and the students of the Northern Metropolitan University, others must decide. Of you, Sir, I asked a fair field and no favour—*that* you have granted to my heart's content, for which accept my best thanks, and believe me to be, &c., &c.

Robert Lewins.

Tiverton, Devonshire, Nov. 3rd, 1845.

REVIEWS.

A Clinical Introduction to the Practice of Auscultation, and other Modes of Physical Diagnosis: intended to simplify the Study of the Diseases of the Lungs and Heart. By H. M. Hughes, M.D., Fellow of the Royal College of Physicians, Assistant Physician to Guy's Hospital, &c. London: Longmans, 8vo. pp. 246, 1845.

The object of this work, as its title tells us, is to simplify the practical study of physical diagnosis in its relations to chest diseases, by furnishing the student with instructions for manual and aural examination, and by acquainting him with the relations which certain measurements and certain sounds have to the healthy and morbid conditions of the living body. Dr. Hughes says, the work owes its existence to the fact of students often complaining to him of having no elementary treatise by which to be guided in their commencing practice of physical diagnosis of chest diseases. This is a complaint we have heard from students a thousand times, and which ourselves uttered, not without cause, in the days of our pupilage. With the exception of the work before us, we have really no elemental essay in the English language which comprises a simple but comprehensive account of the normal and abnormal sounds of the heart and lungs, as these sounds stand—alone and unconnected with profuse pathological comment. The Bedside Manual of Dr Cowan is, for its size, as good as it can be, and the only further opinion to be expressed upon it, is one of regret that its accomplished and accurate author has not seen fit to extend it to a size worthy the importance of the subject and the celebrity of his own name. The manual of Dr. Cowan is faultless as far as it goes, but it is nothing so ample as it ought to be, and is therefore not complete in its teachings. The elegant translation of Barth and Roger by Dr. Newbigging, is a system of exclusive instruction in physical diagnosis, but with all its perspicuity, it is a little too precise, and rather adapted for an advanced stethoscopist than for a beginner. As a work of accuracy and completeness in the subject it treats of, it has no rival; but its niceties, which are invaluable to the accomplished practitioner, are only stumbling blocks to the student. The same may be said of Dr. Walshe's work, which is rather a hand-book for a consummate tactician, like himself, than a text-book for a tyro. Dr. Stokes's treatise is classical, and deserving of all praise, but the intermixture of cases and comments with which it abounds, makes it useless for hasty consultation though immensely serviceable as a work of deliberate reference. Dr. Williams' book, with infinitely less merit than that of Dr. Stokes, has yet far greater self-pretensions (conceit we should say), which, added to the motley intermixture of causes and effects, or of pathological conditions and their physical and general signs, that outspread in it, render it, to our taste, worse than useless to the student. For it is an opinion, not novel, we entertain, that a pupil had better go without instruction than be taught badly. We have read Dr. Williams' book more than once, because as a recognised work it is our duty, from a certain public position we hold, to be acquainted with it; but we must candidly confess, we have perused it to little profit, from an impression it has always given us of savouring more of the *library* than of the *bed-side*. Besides that in many parts its pathology is obsolete, not to say absurd; as for instance, at p. 166 (4th edit.), where it tells us that "*lymph, pus, and tubercle, pass by imperceptible gradations into each other.*" (*Mehercle!* chemico-microscopo-pathology, is not this too bad!) its account of *signs* is so interwoven with *symptoms*, not *definitely* but in *detail*, that like one of old of a certain kind, we have rather preferred to *cut*, than to endeavour to unravel it. We utter this sentiment in pure good nature, and solely from a desire we have to guide, in impartial judgment, him who may need our or others' instruction.

Our opinion is, that a work like that of Dr. Hughes was much wanted—a work simply and substantially for the tyro—and such is the one before us. Our author says, his "object is *not* to attempt to teach the practice of anscultation and percussion; that I feel assured can be obtained only at the bedside of the patient, but it is to point out to the student the way in which he may learn it himself. It is *not* to treat of the diagnosis of thoracic diseases; upon that I profess not here to enter; but it is to point out the physical signs of those diseases, and, as far as I am able, simply and intelligibly to explain the causes of those signs; it is to instruct the beginner in the mode by which he is to obtain a knowledge of them, as well as to direct him how to interpret them." (Preface, p. xi.) We are much pleased with the modesty with which Dr. Hughes speaks of himself and his subject—such acknowledgments as he frankly makes are rare amongst authors on stethoscopy. "I have read most of the works which have been separately published in these realms, on the diseases of the chest. From each author I hope and believe I have derived considerable information, and to each, therefore, I have to express my obligation. I am willing to resign every novelty to each writer who may lay claim to its paternity; and to concede originality to all who may esteem it theirs. I made no pretension to novelty, and of originality (excepting in regard to my errors) I make no profession." (Preface, p. xii.) From a man of fifteen years' experience in the subject he treats, and this chiefly in one of the largest hospitals in Europe, such a statement is worthy the modesty of a great mind. What he has directly borrowed (exclusively from Dr. Forbes), he has liberally avowed, and his more general facts, consisting though they do with those of previous authors, are yet, amongst the current capital of medical literature, and are as much at his service without individual acknowledgment, as are the very words which he uses to express them. In employing, for certain purposes, the established truths of physiology and pathology, it is no more necessary for the author of a systematic treatise to couple data with the names of discoverers, than to dabble his fingers in Johnson's Dictionary to authorise himself in the employment of the English language. But what is more to Dr. Hughes' credit, he has detracted nothing from any man—he has stolen no man's experiments and called them his own—he has appropriated to himself no discovery which is another's due—and though his pen has conferred no idle compliment, it has conveyed no sting—neither upon the names of the living nor the dead has it dashed the impotent, unworthy slander of professional jealousy, or personal dislike. He has confined himself to his subject, and treated it well; always with simplicity, and often with soundness; occasionally, it may be, with a little faultiness in arrangement and even in facts, but still with the tact and judgment of a master. There is no work extant on physical diagnosis that is free from blemishes, but the one before us has as few as the best of its compeers.

Proposals for establishing a General Medical Annuity Fund for Disabled Members of the Medical Profession, their Widows and Orphans. By Edward Daniell, Surgeon. London: John Churchill, pp. 37.

The scheme set forth in this pamphlet is one with which every benevolent individual, medical or otherwise, must heartily concur. The widow and the fatherless were especial objects of divine compassion; they were the peculiar care of Him who was all commiseration and tenderness, and in such wise are commended to our bountiful and best regard. Whilst this applies to the cases of the destitute in general, it more emphatically refers to those, who, having once walked in the same path with ourselves, prefer in their reverses an individual claim upon our patronage and protection; and happy, indeed, are they to whom is permitted the privilege—the choicest on this side the grave—of imparting one joy, or soothing one sorrow, in the breast of a suffering fellow-creature. The laudable intentions of this pamphlet have our best wishes, and shall always have our best advocacy in their behalf. We will take another occasion to speak, *ex cathedra*, upon this exemplary text.

NOTICES TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

M. R. C. S. *truly remarks—"Evil communications corrupt good manners." The advertisement referred to is certainly unfortunately worded, and still more unfortunately placed, in the columns of the* Observer. *For the latter misfortune, however, the advertiser cannot be considered answerable.*

A Constant Reader, Devizes.—*There is no provision of the nature referred to in the Medical Bill as it at present stands; nor is it at all probable that any such will be introduced.*

We advise Lionel Lincoln, *as he has given up the idea of entering the profession, not to* dabble *in its mysteries. A little knowledge is dangerous, and can be of no advantage to our correspondent. We regret we have neither time to make the calculations required to answer the second question, nor space for their publication.*

A Country Pupil.—*We are not aware that Sir B. Brodie gives gratuitous advice.*

We must refer our correspondent from Manchester, *who has sent us a letter from* Dr. Dewhurst, *to the secretary of the Mendicity Society, who professes to give every information on the subject.*

W. W. H.—*Loudon's* Self-Instructor in Gardening *is a very good work for our correspondent.*

We regret that we are unavoidably compelled to postpone several answers to correspondents until next week.

The MEDICAL TIMES is the only Medica Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s.; Quarterly,* 6*s.* 6*d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is* 6*s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

SATURDAY, NOVEMBER 8TH, 1845.

"There is a discipline in colleges,
Which, reverently observed, leads on to science:
Resisted, all our after course of life
Is passed in shallows and in fooleries.
'Tis now full term with youth; and they, content,
Must take the current vantage when it serves,
Or lose the name of scholarship."

GENTLEMAN'S MAGAZINE.

"Intus et in cute novi." PERSIUS.

HAVING made some general remarks upon the obligations and duties of medical students, we now propose to deal with the subject in its more essential particulars. We are not intending to comment upon, or to quarrel with, any of the *curricula* of study prescribed or advised by examining bodies, though, did it consist with either our inclination or opportunity, we could offer some valid exceptions to most of them—our business is simply to urge the comparative claims which the several subjects auxiliary to medicine and surgery have upon the student's attention, and to point out to him the means whereby he will best acquire the knowledge he is in need of. He should commence work by purchasing a dissecting case—not a smart, expensive one, or he will be afraid of using it; nor one whose only recommendation is cheapness, for it will break down in his service; but a modest-looking, substantial affair, that seems as if it were made for work, and meant to set about it in right earnest. This said case should be looked upon as an invaluable friend, and, like such a commodity, should be treated with kindness. It should be preserved "decently and in order," never dirty, and the knives never dull, always kept in the same place, and then it will be ready for any business, and at any moment. Alongside it should be a dissector's manual—there are plenty of such books, and most of them are good ones—the one should be selected which speaks most easily, intelligibly, and, withal, correctly, to the pupil's mind. Having got it, his first care should be to *write his name, in a good unblushing text, smack through the title-page* (this often saves a world of trouble), and his next care, to use it as frequently, and keep it as clean, as he can. He will be all the better for a dissecting-gown, or apron and sleeves; these will save his clothes from filth, and free his company from offensiveness. There are men to be found, and we blush when saying we know such, who are so rude, untutored, and brutal, as to take a delight in dirtiness, even in that which is the offal of the dissecting-room. We have known a man, with this charnel-house accumulation about him, to obtrude his nauseous presence even into a dinner-party, and not to be conscious of the disgust he created, until admonished, *sans ceremonie*, to retire. Such men are, intrinsically, no more civilised than savages, and fit for no better society than swine. A pig will roll himself in the filth of decomposition, and be charmed with its odour; but, whenever we see a two-legged animal imitating brutal nature, we cannot help regretting that he is not permitted to go the whole *hog* at once—to walk upon four legs and live in a sty. Cleanliness is next to godliness, and one of the first qualities of a gentleman. The man who wears a dirty body has got a dirty mind, and, as a necessary consequence, is often guilty of dirty actions. We always keep such men in perpetual quarantine, fearing both their inner and outer effluvia.

At the best, dissecting is a painful and noisome necessity; but it is not required of the dissector, that he shall be contaminated by his task: he need not roll himself up to the elbows in the mortal remains of a fellow creature, in order to acquire a complete knowledge of his structure; he may find it all out without a touch of brutality. There is a respect due to the dead, and it may be paid in all propriety, even within the unhallowed walls of a dissecting-room. There is something solemn, serious, and full of warning, in having to peer curiously into a frame which once moved with a life, and was animated with an intelligence, like our own. To hold silent communion with a lifeless thing, which, but a few hours ago, could have laughed or reasoned, or revelled, with us, in all the fulness of vigour and anticipated length of days—to see the brain, once busy with thought, and feeling, and ambition's enterprise; the heart, once so sensitive and respondent to the mind's workings; the limbs, once so active and able to execute the pleasures of the will—to see these things, powerless and passionless, cold and immovable in death, and the heritage of worms, is to call up, in the reflecting man, a sense of this world's nothingness, and of the instability of his own life, and to assure him, that ere long, he must lie as low, and be as little regarded, as the meanest that has died before him. Such things are practical opportunities of moral instruction, and however careless we may be of them, we shall each be held accountable for their service. He who uses them wisely and with discretion, derives a consolation from their admonishment, making life more happy, and death less terrible.

"Inter spem curamque, timores inter et iras,
Omnem crede diem tibi diluxisse supremum.
Grata superveniet quæ non sperabitur hora."

Upon any occasion of seriousness a wanton levity bespeaks a wanton mind; but levity in a dissecting-room is as out of character as it would be at a funeral. The object to be fulfilled within such place, and the circumstances which chiefly contribute to it, should secure at least some decorum within its dominions. It is enough that the body of a fellow creature is mangled and mutilated for our service, without unseemly ribaldry or idle jest visiting its humility with insult. We always account a man as something worse than worthless who can forget both his dignity and dependency by jeering at the dead. We have seen such men, and have never regarded them but with a regret that they should be classed in the same catalogue of creation with ourselves.

Whilst the medical student observes all proper decorum in the dissecting-room, he must at the same time be mindful not to be negligent of its duties. He must not permit his reserve to degenerate into repugnance, nor his caution into cowardice. However he may defer to contingent circumstances, he must also be determined upon his own improvement. To this end it is necessary that he should dissipate all unmanly fears and idle fancies. Some people have such a loathing of the touch, and even the sight, of a dead body, that they shrink from its presence as from the breath of contagion. This is especially the case with those who in early life have had their minds effeminated and filled with ridiculous nursery-tales. It is often not until the completion of manhood that the fears and follies thus engendered are overcome. They are sometimes of serious consequence to the medical student. We have known more than one man compelled, from an uncontrollable abhorrence of a dead body, to relinquish altogether the study of medicine; and others, though continuing in the pursuit of the Profession, to fail completely in their anatomy, from an utter inability to dissect. The drollest specimen of an anatomist we ever saw, was in the person of a puppy, gold-chained and moustached, who, with a pair of white kid gloves on, was pretending to explore the base of the cranium. Seizing one of the optic nerves with his forceps, "*hey, demme*," said he "whatever can this be?" The demonstrator was about to tell him, but received the assurance, with another "*demme*," that he did not want to know. Despicable as was the affected delicacy of this pseudo-knowledge hunter, we hardly know how to choose between him and a brute at the same table, who ate bread and bacon with unwashed fingers, and carved it with a dissecting knife.

Personal antipathies to dissection will generally be overcome by *reason* and by *habit*. The timid student should endeavour to reconcile himself to anatomical pursuits, by first pursuading himself of the absolute importance of them. Having done thus much, he should next assume the stoic, and brave the enterprise. Resolution and perseverance will do everything for him, and finally make pleasurable what was once painful.

If action be the essential of oratory, so also is anatomy the very foundation and essence of all medicine and surgery. Nothing, in fact, can be done safely or skilfully in the healing art without it. Whatever fortitude or firmness a surgeon may have, without his anatomy he is no better than a butcher. Steadiness, courage, and manual dexterity, are indispensable requisites for a successful operator, but they are all of them subsidiary to correct anatomical knowledge. If a blind man were set to weed a delicate flower-bed, the probability is that he would often destroy such things as he was wished to preserve; so also will a surgeon who is ignorant of anatomy often demolish parts which a better skill would have taught him to have protected. Being ignorant of a structure, it is next to impossible for a man to recognise or to remedy any injury it may have suffered; hence the errors of judgment and of treatment which we are sometimes compelled to witness in cases of accident. In fine, it may be stated as an unexceptionable truth, that a bad anatomist must always make a bad surgeon. To the obstetrical practitioner, also, a knowledge of anatomy is absolutely essential. Without it, he will necessarily lack confidence in periods of emergency, and nothing is more fatal to the reputation of an accoucheur than a display of personal indecision or mistrust. Of the instances of mal-treatment in midwifery which are daily furnished us, there is scarcely one that has not its origin in anatomical ignorance. To the pure physician, this fundamental medical science is not less necessary. Being unacquainted with healthy structure, of course he cannot recognise it when morbid, and to pathology, the very foundation of all sound or successful practice, he must ever remain a stanger. Not knowing the precise relations of parts, he will necessarily fail in all attempts at physical diagnosis, and may not unfrequently expose himself to ridicule. We have known one man pronounce a circumscribed tumour in the left hypochondrium an enlarged liver, and another call ovarian dropsy hypertrophy of the spleen. Besides, a physician is never certain of not being called upon to perform some surgical operation. Suppose him to be summoned to a patient who requires instant bleeding, and there is no surgeon at hand, how will he feel if unable to use the lancet? Or if he come up to an accident in the street, and find a fellow-creature bleeding to death from an artery, whose hemorrhage might be arrested by simple pressure made higher up than the injury, and he knew not the fact, and saw the sufferer die when he might have saved him,

how will he bear the self-reproach that his ignorance has almost amounted to murder?

These, and other such facts, should sink deeply into the student's mind, and determine him, above all other things, to know well his anatomy, and to learn it as only it can be properly learnt—*by diligent dissection!* "*Iterum, Iterum, Iterumque*," should be his motto. He will not be worth calling anatomist until he shall have dissected the body thoroughly three or four times. He should dissect cleanly and neatly, so as to acquire a delicacy and decision of touch; and he should proceed slowly, and step by step, that he may know all that is to be known of the parts he investigates. His book must guide his knife, but must never supersede it; he must regard it as merely a light to direct him to the practical truths which himself must find out. Only thus can anatomy be learnt; but leant thus, it will never be forgotten. "Line upon line, and precept upon precept, here a little and there a little." It is only by attending to the minutest things that we can ever hope to achieve the mightiest!

RESIGNATION OF THE COUNCILLORS OF THE COLLEGE OF SURGEONS.

MEDICAL men have certainly not been remarkable for any unanimity of opinion. With a freedom of thought, seen, we believe, in no other profession, they have, in medico-political matters at least, assumed ever an equal liberty of expression; they have taken up their opinions from no single authority: indeed, the public characters who have most pleased their taste have been those who, chameleon-like, have adapted themselves to the hue which stood out most proximate and prominent. But on one subject at least—we believe on that subject only—concurrence of the whole Profession's conviction is complete: that is, that the rulers of our Surgical College are of all men the persons least fitted for their public situation. In no part of Great Britain and Ireland, in no individual of any class in the Profession, are there two opinions on this subject. How visible must have been the imbecility, how palpable the want of principle, of men who have thus succeeded in securing under such difficult circumstances so universal a condemnation!

Odd tales and promises and rumours are busily circulated, that this unwise Council would, if they could, retrace their steps. The reply (alas, too satisfactory!) is, that they cannot! It is not often that they stray into a wise intention, and when they do, we may be sure they will succeed in marring it in the process of carrying it into execution. They are in such a position, that, bad as it is, they cannot improve themselves. In leaping into the corporate and chartered mire, in which they are embedded, they have so encumbered themselves with a load they cannot shake off, and there is no chance of their ever emerging. If they, then, destroyed the vested interests of the Members to create the class of "Fellows," they must now destroy the class of Fellows to do justice to the "Members." The thing is not beyond their *attempt*, for they will *attempt* anything, if the whims, which play the part of reason to them, so suggest; but it is wholly and lamentably beyond their carrying out. They have pocketed the fees after enforcing the extra and over expensive *studies*—we beg pardon, "*grindings*"—of the Fellows; and should they have the daring to swamp the purchased privileges of the Fellows, as they before swamped the purchased privileges of the Members, the Government will not support them. They are, in short, in a position in which the only thing they can do with honour is to RESIGN. THAT the Profession asks for—to a man.

HEALTH OF TOWNS' COMMISSION.

The reports of the Health of Towns Commission, and the sanitary labours to which they have given an impulse, are beginning to bear fruit. Already a company has been organised under very distinguished patronage, which has for its object to carry into practical effect the *litera scripta* of the Act of Parliament, introduced and ordered to lie on the table of the house at the end of last session, for the improvement of the health of towns and populous places. The object of this company is to supply our large provincial towns with water, to accomplish their cleansing and sewerage at a reasonable cost, and to apply the valuable refuse, which now runs to waste, to the purposes of agriculture. More recently, a new company has sprung up, under the title of the Metropolitan Sewage Manure Company, with the more limited, but most important, object of putting the liquid refuse of our towns to its true use, instead of allowing it to run to waste, and to pollute the waters of our noble river. Those of our readers who have perused the analysis of the evidence before the Health of Towns' Commission, printed in our pages some months since, will be prepared to hail the announcement of this new company as a very important era in the history of our city. As a part of the great sanitary movement, we give it our cordial support, and we are inclined to place every confidence in the motives and statements of its originators. We have been favoured with a little pamphlet just issued by the company, and containing, in addition to its prospectus, a concise "analysis of the evidence given before the Health of Towns' Commission, and extracts from works of authority, proving the advantages, sanitary, economical, and productive of the application of the refuse of towns, in the form of liquid manure, to the surrounding agricultural districts." This pamphlet contains so useful a summary of the most striking facts hitherto ascertained, that we are tempted to copy it into our pages. We shall merely preface it by the expression of our opinion that this is not one of the bubble companies, of which so many are springing up on every side, but a bonâ fide undertaking, deserving of public support and patronage, and promising to yield a handsome return for capital, as well as to confer a great public benefit.

ANALYSIS OF EVIDENCE, ETC.

The present mode of cleansing and draining our large towns, and disposing of their refuse, will doubtless be regarded by the next generation with the same feelings of surprise with which we view the strange customs of a barbarous people. It is a striking example, on the grandest scale, of inefficiency and extravagance. We shall search in vain for any similar instance of wholesale waste of resources. Not content with polluting our rivers, and heaping up upon their banks masses of offensive matter most injurious to health, we are constantly pouring into them treasures which cannot be estimated at a less sum than several millions a-year. In the metropolis alone the value of the liquid refuse annually carried into the Thames, and lost to agriculture, amounts, according to the very lowest estimate, to half a million pounds, and according to the highest to little short of four millions.

To restore the waters of the Thames to their purity, to put a stop to the poisonous exhalations which are constantly rising from its banks, and to apply this valuable refuse to the purposes of agriculture, are the objects of the Metropolitan Sewage Manure Company.

As the application of liquid manure to agricultural and horticultural purposes, though by no means unknown to the ancients, and long practised in many parts of Europe, and for a still longer period and more systematically in China, has not yet come into general use in England, it has been thought that an analysis of the valuable evidence recently laid before the Health of Towns' Commission, together with extracts from works of authority, might prove useful, not merely by showing the security of the data on which the Metropolitan Sewage Manure Company proposes to base its operations, but by imparting instruction to agriculturists into whose hands this Prospectus may chance to fall.

The principal results established by the quotations contained in the following analysis may be briefly stated thus:—

1. The very substances which, if allowed to collect and decompose in the midst of our large towns, give rise to fevers and other destructive diseases, may, by a proper system of conveyance, be made the source of great fertility to the surrounding country.

2. These same substances diluted with water may be conveyed into the country, and applied to the land with perfect safety, and without giving rise to offensive exhalations.

3. The refuse of towns, which it is thus proposed to apply to the purposes of agriculture, contains all the elements of fertility, and has a very high money value.

4. Though the employment of liquid manure is, as yet, by no means general, instances of increased produce attending its use are on record, and very striking illustrations have been afforded of the increased value which it gives to land.

5. From very accurate experiments on the relative fertilising power of different kinds of manure, it results that an equal produce may be raised by liquid manure at a far cheaper rate than by any other manure whether domestic or foreign; and that liquid manure is consequently by far the most economical which can be made use of. There are also certain incidental advantages attending the use of liquid manure, such as a more rapid growth of the plants watered by it, the destruction of some kinds of insects, and its applicability to every kind of cultivation.

6. It is admitted on all hands that the value of liquid manure is such as amply to repay the expense of its conveyance; it is also proved that the conveyance by pipes is by far the most economical means of transport; and on comparing the relative expense of conveying solid and liquid manure, we arrive at the striking conclusion, that the cost of the conveyance of liquid manure by pipes is, at the very outside, one-twentieth of transport of solid manure by carts; while the cost of distributing the liquid manure, so conveyed, over the land is exactly one-tenth.

7. The practicability of the plan proposed by the Sewage Manure Company is amply proved by experiments.

8. The several contents of our sewers (the excreta of animals, gas-water, &c.), which it is proposed thus to convert to the use of the agriculturist, when separately applied, are found to possess highly fertilising properties.

It is not pretended that the subject of the application to agriculture of the liquid manure as collected from the sewers of large towns is exhausted by the following analysis; but it is confidently expected that the considerations brought forward will suffice to prove the enormous value of that which is now allowed to run to waste, and the entire feasibility of the plan here proposed for its collection and distribution. Nor can it be reasonably doubted that a company formed to effect so great a saving, and to confer so great a boon on the inhabitants of the metropolis and on the agriculture of the surrounding districts, will receive the cordial support of the public, and the sanction of the legislature, alive to the vast importance of providing, by a system of wise economy, for the rapid increase of our already crowded population. An annual addition to our population of 400,000 inhabitants cannot but excite the most lively apprehensions,

if we continue a system of wasteful extravagance, by which the richest elements of fertility, having an acknowledged value of several millions a-year, are constantly being thrown into the sea. Unlike all other sources of manure, the refuse of towns bears a constant relation to the increase of population, and promises a perennial supply of fertilising matter, which not only cannot fail, but must be continually on the increase.

CONTROVERSY BETWEEN DR. SIMPSON AND DR. LEE.

We had some time since briefly to notice the controversy which had arisen between Dr. Simpson, of Edinburgh, and Dr. Radford, of Manchester, with respect to the priority of the discovery of the new plan of treatment in cases of placenta prævia, which the concurrent testimony of a large proportion of the members of the medical profession has shown to be not only available in such cases, but also of pre-eminent utility. A pamphlet, reprinted from the pages of the *London Medical Gazette*, now lying before us, contains the details of another controversy which has been carried on in that journal between Dr. Simpson and a different antagonist, Dr. Lee, of Saville-row, whose previous engagement with Dr. Paterson, concerning the *corpus luteum*, must still be fresh in the memories of our readers.

It appears that Dr. Simpson published in the *Medical Gazette* for October the 10th, a communication entitled, "Some Remarks on the Treatment of unavoidable Hemorrhage, by Extraction of the Placenta before the Child, with *a few Observations on Dr. Lee's Objections to that Practice.*" In this paper Dr. Simpson commences by exposing his views as to the origin of the hemorrhage in cases of placenta prævia, which he believes to be produced principally from the open venous orifices of the placenta, in opposition to the opinion generally prevalent in the profession that the hemorrhage is derived directly from the uterus. The reason on which Dr. Simpson bases this opinion is, that the placental orifices are not, like the uterine, surrounded by contractile fibres capable of constricting them; they are in free communication with the general vascular system of the mother through the medium of the maternal vascular, or cavernous system of the placenta; and the blood in that cavernous system escapes readily from the exposed venous orifices on the surface of the placenta—that being, in fact, so far, its natural and *forward* course.

In cases in which the placenta is partially and repeatedly detached before labour begins (as happens frequently in placental presentations), before each attendant attack of hemorrhage is arrested, the vascular system of the separated portion of placenta seems to require to become blocked up and impervious, with coagulated and infiltrated blood. This obliteration of its vascular cells prevents the further circulation of maternal blood through the detached part of the organ, and hence prevents also the further escape of it from its exposed surface. Each new detachment gives rise to a renewed hemorrhage, which again ceases on the sealing up of the vascular system of the detached part. A few cases of placental presentation are on record in which there was no attendant hemorrhage when labour supervened, the tissue of the placenta having, throughout the whole organ, previously become so morbidly changed, obstructed, and impervious, as not to have any quantity of blood circulating in it and ready to escape, when at last its surface was separated from the interior of the cervix uteri under the occurrence of the uterine contractions.

In common cases of unavoidable hemorrhage, the amount of the attendant flooding seems to be as much regulated by the quantity of placental surface *still* remaining attached to the uterus, as by the quantity *already* separated from it—the degree of flooding depending as much, or more, upon the extent of the means of supply of blood, as upon the extent of its means of escape. And in proportion as we approach nearer and nearer a *total* separation of the placenta, the number of its *afferent* utero-placental vessels is diminished, till at last we find that when the one organ is once completely separated from the other, the flooding is instantly moderated, or entirely arrested; for the placenta ceases to yield any discharge of maternal blood, as soon as its own supplies from the maternal system are thus cut off by the disseverment of all its organic and vascular attachments with the uterus.

Reasoning on these facts, and supported also by the direct evidence derived from two cases of unavoidable hemorrhage, which had occurred some years ago in his practice, in which the loss of blood moderated or entirely ceased as soon as the whole placenta was completely separated—a spontaneous occurrence—the non-recurrence of hemorrhage after the placenta has been removed having been noticed also in cases where its abstraction had been effected by midwives and others in cases of supposed mismanagement—Dr. Simpson was led to the conviction that, in some complications in unavoidable hemorrhages, the principles of treatment successfully acted upon by nature might be advantageously adopted. He accordingly drew up an account of 141 cases of placental presentation, in which the placenta was expelled or extracted before the child, from an analysis of which he drew the following deductions:—

1. The *complete* separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs seem usually to believe; and it is not by any means so serious and dangerous as (according to the commonly received doctrines of uterine hemorrhage) might *á priori* be expected.

2. In 19 out of 20 cases in which it has happened, the attendant hemorrhage was either at once altogether arrested, or became so much diminished as not to be afterwards alarming.

3. The presence or absence of flooding after the complete separation of the placenta, does *not* seem in any degree to be regulated by the extent of the interval intervening between the detachment of the placenta and the birth of the child.

4. In 10 out of the 141 cases, or in 1 out of 14, the mother died after the complete expulsion or extraction of the placenta before the child; whilst, as we shall see immediately, about 1 in every 3 of the mothers dies under turning and extraction of the child in unavoidable hemorrhage.

5. In 7 or 8 out of these 10 natural deaths, the fatal result seemed to have no connection with the complete detachment of the placenta, or with consequences arising directly from it; and if we did admit the 3 remaining cases (which are doubtful), as leading by this occurrence to a fatal termination, they would still only constitute a mortality from this complication of 3 in 141—or of about 1 in 47 cases.

Dr. Simpson acted in accordance with this view, and, we need scarcely add, after the numerous instances of success we have already recorded in this journal, his patient made a perfect and speedy recovery. As we have already remarked, in the commencement of this article, his claim to the priority of the practice is disputed by Dr. Radford, of Manchester, who indeed brings forward strong evidence to show that the same plan of treatment was adopted many years ago. On this point, however, we will not now dilate; let it suffice that the entire separation and abstraction of the placenta prior to the birth of the child has been found an unfailing remedy in cases of unavoidable hemorrhage by a large number of medical men, who have already recorded the results of their experience in its favour. It was not, however, to be expected that so great an alteration from the old plan of proceeding should be carried into execution, *nemine contradicente*. Accordingly we find in the *Medical Gazette* for September the 19th, that Dr. Lee has entered his dissent against it.

To the remarks offered in that communication Dr. Simpson demurs; in the pamphlet now before us he examines into the objections, and corrects the mistakes committed by Dr. Lee. These we shall notice *seriatim*.

The first objection which is canvassed is, that Dr. Lee sees no reason to depart from the practice which has been followed in placental presentations from the days of Ambrose Paré to the present time. The usual practice in these cases is well known to all. 'The operation of turning (he observes) is required in all cases of complete placental presentation,' but 'is not necessary in the greater number of cases in which the edge of the placenta passing into the membranes, can be distinctly felt passing through the os uteri.' (Lectures, p. 372.) In these last, rupture of the membranes is sometimes sufficient." This opinion against the new plan of treatment is supported by Dr. Lee adducing a tabular view of eight late cases of placental presentation, in all of which the mothers recovered. In three of these cases turning was practised; in three others craniotomy; in one the membranes were ruptured; and in the eighth the placenta was perforated. Only three of these cases were complete presentations: four were partial, and one was uncertain. In opposition to this Dr. Simpson brings forward the results of sixty-one cases, drawn from Dr. Ramsbotham's reports of the Maternity Charity, and Dr. Lee's previously published cases, in all of which turning and extraction of the child were had recourse to. Twenty-four out of the sixty-one mothers sunk under this treatment; so that about sixty-five per cent. were saved, and thirty-five per cent. died.

The great mortality resulting from the treatment of turning in placental presentation, may be more strongly shown to some minds if the fact is stated in another form. In order to ascertain the fatality of the Cæsarean section abroad, Dr. Churchill collated with much care the histories, from foreign authorities, of 371 cases of the operation. Out of these 371 cases, 217 mothers recovered, and 154 or nearly 1 in every 2 4-10ths died (Midwifery, p. 318). This is exactly, and to a fraction, the degree of maternal mortality accompanying turning in placental presentations, in the cases reported by Dr. Lee in his Clinical Midwifery. *In other words, the success of turning in unavoidable hemorrhage, in Dr. Lee's private and consultation practice* (as reported in that work) *has not been greater than the reputed success of the Cæsarean section upon the continent of Europe.*

The second objection is referable to a mistake made by Dr. Lee, who appears to suppose that Dr. Simpson recommends the artificial detachment of the placenta in all forms of placental presentations in which turning is at present adopted, whereas Dr. Simpson explicitly mentioned it as to be adopted when rupture of the membranes is insufficient, and turning inapplicable or unusually dangerous. It will be found, for instance, the proper line of practice in severe cases of unavoidable hemorrhage complicated with an os uteri so insufficiently dilated and undilatable as not to allow, with safety, of turning; in most primiparæ; in many of the cases in which placental presentations are (as very often happens) connected with premature labour and imperfect development of the cervix and os uteri; in labours supervening earlier than the seventh month; when the uterus is too contracted to allow of turning; when the pelvis or passages of the mother are organically contracted; in cases of such extreme exhaustion of the mother as forbid immediate turning or forced delivery; when the child is dead; and when it is premature and not viable.

Dr. Simpson quotes eleven cases of placental presentation from Dr. Lee's Clinical Midwifery in illustration of the first set of cases, where, with unavoidable hemorrhage, the os uteri was thick, rigid, and undilatable. Of these eleven cases three only of the mothers survived, two of them making a very narrow escape from death. Dr. Simpson, in commenting on these cases, says he doubts "if the most fatal of all human diseases—the plague itself—be found to destroy so large a proportion of those attacked. At all events, the operation of turning and artificial delivery, in unavoidable hemorrhage, with the os uteri imperfectly dilated, would, from these and other cases, appear to be more deadly than any operation that is deemed justifiable in the whole circle of surgery. It is more mortal even than ovariotomy." On the other hand, he believes "that in the above and similar cases, by the introduction of a finger, or of a common sound or bougie (such as Dr. Hamilton employed when the os uteri was still shut, in order to separate the membranes for some inches from the cervix, in order to induce premature labour), the placenta might be readily and completely detached—the attendant bleeding in this way arrested—and the labour subsequently allowed to proceed to a natural and safe termination, if it were a head or pelvic presentation. And if the child were placed transversely, a more safe and proper period could be waited for and selected for the version of it." The separation of the

placenta, according to the conjoint testimony of Dr. W. Hunter and Dr. Lee, may, in the generality of instances, be readily effected.

The third objection made by Dr. Lee, that the practice of extracting the placenta, was not followed by Guillemeau, Mauriceau, Portal, Levret, Giffard, &c., is certainly most futile; for if new plans of treatment are not to be adopted because not sanctioned by ancient authorities, the science of medicine must sink into a mere art, and be governed merely by precedent. Dr. Simpson, however, fully confutes the statement made by Dr. Lee, as far as regards Portal, from whom he quotes the following passage. Portal is describing his 43rd case:—"Je glissay ma main dans l'entrée de la matrice, où je sentis l'arriere-faix qui se presentoit. L'ayant *separé*, afin de me frayer le chemin, je sentis les membranes des eaux que je perçay, et les eaux s'estant écoulées, *je tiray l'arriere-faix le premier*, afin qu'il ne m'incommodast point â la sortie de l'enfant." Nothing can be clearer; the separation and abstraction of the placenta prior to the birth of the child, is set down in the clearest and most positive language.

The fourth objection made by Dr. Lee is readily disposed of. Dr. Lee refers to the case recorded by Guillemeau of an ignorant impostor, who, attending a lady in childbirth, pulled away *part* of the placenta, the patient dying of hemorrhage. It is consequently not a case in point; the entire separation of the placenta is what Dr. Simpson contends for, as alone capable of arresting the hemorrhage and saving the mother's life.

Dr. Lee's fifth objection is, that the child would inevitably be lost by this mode of practice. This objection is more apparent than real. According to the old plan of proceeding, about sixty-five per cent. of the children were lost; while, according to Dr. Simpson's statement, out of 106 cases in which the placenta was expelled before the child, the infant was born alive in thirty-three instances, that is to say, thirty-one per cent. were saved. He adds that "in most of these cases the child was expelled within a few minutes after the complete separation of the placenta. When the interval is longer, and we require, after the detachment of the placenta, to wait for a length of time, is there no hope of making the child survive by continuing either its placental or pulmonary respiration during the intervening period? Dr. Lee tells us that in some cases of pelvic presentation, acting upon the suggestion of Dr. Bigelow and "older accoucheurs," he has, before the head could be extracted, pressed back the maternal parts "that the air may gain admission into the mouth of the child and the respiration go on, when the circulation in the cord has been arrested. I have seen (he adds) from twenty minutes to half an hour elapse in some cases after the cord had ceased to pulsate. . . . If the head be low down, the fingers can alone give the necessary assistance; but if it is high in the pelvis, and reached with difficulty, the assistance of a tube may be required.' (Lectures, p. 335.) Is it hopeless to suppose that the same principle, or other means, may yet be successfully employed to keep the child alive, after the placenta has been extracted in unavoidable hemorrhage, and in some cases give it even a greater chance of life than under the continuance of the flooding, or the operation of forced delivery?"

The sixth and last objection raised by Dr. Lee is, that one of Dr. Simpson's tables gives an erroneous view of the common degree of maternal danger attendant on placental presentations, when it shows that one out of three mothers perishes under this obstetric complication. While admitting the occurrence of some inadvertent errors in his statements, arising from the pressure of his occupation, Dr. Simpson, in his answer, shows from the statements made by Dr. Churchill, and by Dr. Lee himself, that he has not overrated the danger in these instances.

This special objection made by Dr. Lee, led to a correspondence between Dr. Simpson, Dr. Ramsbotham, and Dr. Lee, which we shall next proceed to examine.

The letters which passed between Dr. Simpson and Dr. Ramsbotham have reference to some arithmetical inaccuracies, which both frankly acknowledge, Dr. Simpson excusing his error on the plea of the almost insuperable difficulty of securing perfect accuracy in tabular returns, and Dr. Ramsbotham referring his mistake to an error of transcription.

The succeeding correspondence between Dr. Simpson and Dr. Lee, which, *Hibernice*, may be said to open in the concluding letter from the Edinburgh professor to Dr. Ramsbotham, is one upon which we scarcely care to dwell, as it has not been conducted as medial controversies connected with matters of science should be—a marked degree of ill-feeling having been exhibited on both sides, and matters totally irrelevant to the subject in debate having been introduced—the sole effect of which—we will not say the intent—must be to depreciate the scientific character and standing of one of the disputants. The absolute matter in dispute between these gentlemen is, whether Portal has described more than eight cases of complete placental presentation, and further, whether he has detailed any cases of partial presentation of the placenta. Dr. Lee asserts, that in Portal's work, as stated by him in his "Clinical Midwifery," there are described eight cases in which the placenta was not merely at the os uteri, but adhering to the cervix all round, and that the remaining cases were instances of partial presentation. To this Dr. Simpson demurs; he admits fully the eight complete cases, but regards the others described by Portal as equally complete. He says, "I have procured here a sight of Portal's work, lest my memory should have possibly deceived me, and find that the other cases (six in number) are as follows. After relating Case 29, in which the head of the child, in its exit through the os uteri, actually perforated *through* the placenta itself (the placental presentation being hence complete), Portal adds, that not long afterwards he 'delivered a gentlewoman in St. Dennis-street, under the *same* circumstances in the presence of Dr. Linkard,' &c. In Case 51, Portal tells us, that the placenta was 'placed just before, and quite across the whole inner orifice of the uterus,'and 'in concluding the history of this case (51), he states, that in the year 1683 he had completed the delivery successfully in five *similar* cases, all the women having recovered.' (Dr. Lee's Lectures, p. 366). 'In the year 1683,' observes Portal, in his own account, 'I delivered five women under the *same* circumstances, &c.'

"Assuredly, there is not one hint or syllable regarding these 'other' cases, or any one of them being *partial* placental presentations, but the reverse."

"We regret to observe that, in closing his correspondence with Dr. Lee, he challenges this as a misstatement on the part of Dr. Lee, instead of a misapprehension, as it might have been, and as he (Dr. Simpson) might have been expected to interpret it, after remarking in a previous letter addressed to Dr. Lee, that "the investigation is of such a kind that two persons, with every anxiety for truth and accuracy, may read and interpret differently the very data upon which we have to work." We feel still more regret that such a charge should have been made, as it elicited a note from Dr. Lee, which we are sure, on due deliberation, he must deeply regret ever having penned.

It is a source of great vexation and of humiliation, that members of the medical profession, educated as gentlemen, holding rank and station as such, and being received and treated in society as such, can, when they enter into controversy with each other, whether it be on questions of theory or points of practice, so far forget their high calling, as to descend to personalities and rude attacks on each other, instead of devoting their time and attention to the investigation of the matters in doubt between them. *Mais patience, le bon temps viendra*, and, although the idea may seem Utopian, we yet entertain a confident hope that ere long the members of our profession will remember on all occasions that they are gentlemen.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, October 31st, 1845:—T. Gaisford, R. A. Byers, M. C. Russell, E. H. Malton, W. H. Greenwood, J. Hollingsworth, J. Edmundson, J. B. Collyns, R. Lloyd, J. J. Brown.

WAR OFFICE, October 31st.—65th Foot: William Ker Park, gentleman, to be Assistant-Surgeon.

DR. ELLIOTSON AND MR. BRAID.

(To the Editor of the Medical Times.)

(Continued from page 121.)

Sir,—I would now beg leave to ask what propriety could there have been in Dr. Elliotson reiterating experiments for influencing patients *intentionally* with such delusive impressions that, *after they were wide awake, they were unable to see persons actually present before their open eyes?*—or causing another to realise the delusion, when wide awake, that she saw the grave Dr. Elliotson with a lady's bonnet on his head, and the lady with the doctor's hat on her head?—with other feats

> So horrible and awful,
> Which even to name might seem unlawful.

Independently of the *ulterior* tendency of such *pranks*, which cannot possibly be satisfactory, their *immediate baneful* tendency can be proved, even on the authority of Dr. Elliotson himself; for, at page 365 of the same number of the *Zoist*, we have him narrating the result of one of these freaks, viz., that the lady "*was agitated, had an hysterical fit, and passed into the sleep-waking state.*"

In the next paragraph, again, we have Dr. Elliotson's very extraordinary mode of rewarding the lady for the above infliction recorded, namely, by his *imposing upon her another task, which must cause her to make herself ridiculous before company.* Thus, he extorted a promise from her *during her sleep* which, through his "mesmerie science," was to become an irresistible impulse for her to perform after she awoke, and the following is the result, as recorded in his own words:—Dr. Elliotson made her promise "to say to the party on going to dinner,

> "Oh, how pleasant 'tis to meet,
> That we may all sit down and eat."

This is in Chaucer. "*She was heard,*" the doctor adds, "*by the party to say it.*" Such are the examples of Dr. Elliotson's *fine mesmerism!*

And now for a most edifying mesmerie dialogue about the *devil.* Dr. Elliotson desires the lady "to think she should go to the devil." "I fear it will be difficult, because I do not believe there is such a being as the devil; everyone's bad inclinations are his devil," said the lady. "Never mind; *no more do I,* "says Dr. Elliotson. "On waking she was silent, and remained in her chair. I smiled, and she very faintly returned it. 'What is the matter?' She faintly replied, 'Nothing,' and looked very sad. After a pause, 'I am miserable.' Why?—tell me.' 'No.' After much entreaty she took me aside, for she had risen, and Mary Ann was in the room, and whispered, 'I fear I shall go to the devil.' I laughed, and said, 'Why, you don't believe there is a devil.' 'I think I shall go to him.' I coughed, and instantly her face brightened up, and she smiled. 'What is it?' She laughed joyfully and said, 'I am happy now, but have been unwell, indeed,' and wondered what could have come to her. She only laughed, as did Mary Ann, who had hated me till she heard that same cough."

One extract more from these *notable narratives* shall suffice. "*To wake with the feeling of madness, and wander about the room rubbing her hands as if mad.* On waking she looked thoughtful and strange, and began whispering; soon she also rubbed her hands, and slapped them repeatedly together gently, and walked about the room half lost. When I advised her to be still, 'I shall do as I choose.' She felt she should go mad—would go to Bedlam. She saw and heard everything. I endeavoured to excite her cerebral organs—wit, veneration, attachment, pride—but altogether in vain. I coughed, and all instantly ceased; but *she complained of headache, was not refreshed as she always was before by her mesmerism, and seemed sad.* I made passes from the centre to each side of the forehead; breathed on it; sent her to sleep, and awoke her again, and she was much better, but *she still had a little headache, and was rather uncomfortable.* Next day *she came to my house looking pale and unhappy and weak.* I said nothing, but sent her to sleep by one pass, as usual. I asked her if she was not well. The other patient, who had spoken to her before she came into my room, said *she was not. Her head had been uncomfortable, and she was tremulous.* I then learnt from her

that she had been *frightened* at having felt *mad*: was now, even when sleep-waking, *sure she had really been mad;* that it was *not all fancy*, and *still* feared she should *lose her senses. Both her left extremities became bent and rigid, and she had an hysterical fit;* still she could speak, but *suffered from pain in the head, and was miserable.*"

O tempora! O mores! Is it then indeed possible that the perpetrator and narrator of the above *absurd* and *baneful* experiments for inspiring individuals in the waking state with *fear*, *terror*, and the *grossest delusion*, is the self-same Dr. John Elliotson who eighteen months previously expressed himself in the following terms, in reference to such tricks:—"*Of all cruel absurdities, to frighten others unnecessarily is the worst.* I have attended so many cases of *St. Vitus's dance, epilepsy, insanity, fatuity, palsy, &c., from terror in sport, that the danger of terror cannot be too generally known, nor the duty too strongly inculcated of abstaining from tricks to produce it*, and from supplying children with superstitious, and therefore detestable, ideas of the existence of goblins, evil spirits, and the *reality* of the mythos of the *devil.*"—(*Zoist*, vol. ii, page 43, April, 1844.)

I have given several of these narratives in Dr. Elliotson's own words, as it appears to me impossible by any other means to guard against the suspicion that I had been endeavouring to caricature him.

Now, I would anxiously ask, does Dr. Elliotson expect either to exalt the dignity of the profession or to bepeak a favourable hearing either from the public or the profession, for the art or science of mesmerism, by the publication of such absurd and ridiculous twaddle? I think nothing could be conceived more reprehensible than the practice of such tricks, nor more silly than the publication of such narratives. They are, in my opinion, eminently calculated to raise a prejudice in the public mind against all that is real and of practical value in mesmerism, and I defy Dr. Elliotson, or any one else, to point out anything in my writings or practice of hypnotism *half so "coarse," either in nature or tendency*, as what is here recorded, *in his own words*, and held up for imitation by this learned, zealous champion of the "old-established modes of mesmerising."

In the *Medical Times* for the 11th of January, 1845, I pointed out the probability of benefiting cases of insanity by strongly impressing on the minds of the patients, during the sleep, ideas of an *opposite tendency* from that which constituted their chief delusion. I stated that by keeping this in trong activity up to the moment of awakening the atient, it would influence his feelings and actions as certainly as every one has experienced from an impressive dream of the previous night during common sleep. For such purposes experiments of the sort might be safely and properly tried, because we should be impressing the mind with more desirable ideas; but I cannot see with what propriety any man can resort to such experiments as many of those detailed above *for mere idle curiosity*. The same remarks which I elsewhere published against the performance of what are called the vigilant phenomena generally are equally applicable here, and I beg leave to repeat them.

However much individuals engaged in such experiments may feel inclined to defend them, because they attract notoriety and excite astonishment in the multitude, still I beg most respectfully to submit that, in my opinion, the frequent repetition of such experiments, performed during the waking condition, must have a most pernicious tendency on the *minds* of the *subjects* of such experiments, *as well as on those who frequently witness them.* They have a direct tendency to throw the faculties of the mind into a morbid condition, so that they are rendered unable to distinguish between substance and shadow, and thus they become unable to rely on the evidences afforded by impressions made on the external organs of sense, as more trustworthy than mere ideal impressions. When a man has suffered himself to be reduced to this pass his judgment and self-control are lost, and he may be rendered the slave of the grossest delusion. He has suffered his imagination to run riot until it has got the ascendancy of his reason and will; and thus the noblest attributes of his nature, by which he is enabled to control and direct his actions in accordance with certain approved principles, have been dethroned, and rational man is reduced to a condition of abject and helpless imbecility.

I remain, Sir, your obedient servant,

JAMES BRAID, M.R.C.S. Edin.

3, St. Peter's-square, Manchester,
16th October, 1845.

THE PENAL CLAUSE OF 1815.

(To the Editor of the Medical Times.)

Sir,—On the penal clause of the Apothecaries' Act of 1815, by a statement made by the Society of Apothecaries, it appears that in the last thirty years there have been twelve prosecutions against unlicensed practitioners, including surgeons who have not had the Hull certificates. This will give one prosecution for every two and a-half years; the average cost of each prosecution has been £380, the penalty in a *proved* case £20. It follows that the aggregate sum that has been paid for law expenses in prosecutions by the Society is £4,560, whilst the illegal practitioners have only been fined in the sum of £240, so that the qualified practitioner to prosecute must pay a sum of £19 to obtain £1 from the quack, and is called upon for a much greater expenditure of time and trouble; and yet some of our profession (facetiously, I presume) call this protection. It may be useful to inquire what effect this penal clause has had. 1st, It has already taken £4,560 from the Society of Apothecaries, which, in strict justice, they ought to have in their coffers. 2nd, It has disturbed the *peace* of the profession by exciting a rancour and ill-feeling in those members of the College that the Society has instituted proceedings against. 3rd, In the great majority, if not in all, cases, the quack has never discontinued practice while the law proceedings have been pending; nor in any case has it had the effect of causing any illegal practitioner to discontinue his practice. 4th, In my opinion it has been worse than useless, for it has given the pretender a plea which he has not failed to urge on the public, that he was an injured and ill-used man, that he was far cleverer than the doctors, and the faculty, finding they were unable to contend with him in a fair field, and no favour, had protected themselves from his superiority under the cover of an unjust law. This special pleading, which I know has been adopted, has done considerable injury to the profession. In conclusion, we have the undisguisable fact laid before us, that with this penal clause in full force, and having been in operation for the last thirty years, empiricism grows, increases, and even flourishes in this country. If, then, such has been the operation and inefficacy of this clause, I would respectfully submit the question to the consideration of the profession, whether under the circumstances I have named (and I court inquiry as to their validity), we should not act *wisely* in requesting Sir James Graham, as a favour, to *cancel* the penal clause of the Apothecaries' Act of 1815. It has been supposed that this clause was a benefit to the profession by its being held *in terrorem* over empirics; that it had this effect in a slight degree for the first few years of its existence, I am ready to concede, but for the last fifteen or twenty years I am unwilling to say that this has been its effect; in the period last mentioned, the ideas of the multitude have undergone rapid changes, and that which has once been a bugbear, when the indefinite something which gave it mystery and importance is taken away and it is proved to be harmless, the feeling that arises in the human mind is familiar bravado and contempt. This has been the case with the clause I am speaking of, and there is now no experienced quack that would not feel much more inclined to the risible than the solemn if threatened with a prosecution.

A SURGEON APOTHECARY.

Hull, October 20, 1845.

OBITUARY.—On the 31st ult., at Orchard-hill-house, near Bideford, North Devon, Dr. Henry Atkinson, late of the East India Company's Madras Medical Service.

APPOINTMENTS. — Assistant-Surgeon: J. D. Cronin, to the Rattler.

GOSSIP.

APOTHECARIES' HALL. — Gentlemen admitted Licentiates, on October 30th, 1845. — Thomas Cochrane, Charles Paget Mingaye, James Watson Oliver, Richard Joule.

PROMOTIONS.—Assistant-Surgeon: N. L. Dolling, to the rank of surgeon.

ELECTRICITY, MAGNETISM, AND LIGHT.—Mr. Faraday, the Fullerian Professor of Chemistry, at the Royal Institution, announces, that in the prosecution of his researches in electricity and magnetism, he has succeeded in obtaining *experimentally* what he has long sought for—namely, "the direct relation of electricity and magnetism to light." The details of his experiments, which exhibit the magnetisation of light, the illumination of the lines of magnetic forces, and a *new* magnetic condition of matter, will be presented to the Royal Society immediately; but the public illustration of the several phenomena will be deferred to the approaching evening meetings of the members of the Royal Institution.—*Times.*

BRISTOL GENERAL HOSPITAL.—OFFER OF FIVE THOUSAND POUNDS.—At a meeting of the general board of subscribers to the above charity, held on the 6th inst., it was announced by the chairman that a gentleman of this city had offered to contribute the munificent sum of five thousand pounds towards the erection of a more commodious building, provided the like amount could be raised for that purpose, and a further sum of £5000 as an endowment for the support of the hospital. We are now informed that the committee of that institution, after a close examination of the subject, have resolved to issue an appeal to the inhabitants of Bristol and East Somerset, soliciting their assistance in furtherance of this object. An examination of the published reports of the Infirmary and of the General Hospital, shows that additional relief of the description afforded by these two charities, is even now required. In the year 1820, the total number of patients relieved by the Infirmary was 4517. In 1832, the year before the General Hospital was opened, that number increased to 7074, and in 1844 it reached 9341, whilst, during the same year, the General Hospital relieved 3066; forming a total, in 1844, of 12,407, being nearly three times the number of cases relieved in 1820.—*Western Advertiser.*

MORTALITY TABLE,

For the week ending November 1, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	948	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	221	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	84	109	106
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THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M. D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

SUICIDE.

Suicide is a morbid impulse which drives a man to destroy himself, making him insane by perverting in him one of his most conservative instincts—that of life itself. It is necessary to draw a distinction between this kind of suicide and that which is merely accidental in the insane, and which, in those cases, is only the chance effect of an error, illusion, or irrational impulse to do something. This involuntary suicide is the most common.

The real, voluntary suicide is either acute or chronic, and, in the former case, progresses like an acute febrile impulse, lasting eight, ten, fifteen, or twenty days, and is then followed by cure, if through care the patient has been prevented from carrying his design into execution. The disease, however, is liable to return at long intervals with all the intensity of the first attack, and the patient ultimately falls a victim to the morbid propensity. Strong persons, of a nervous, sanguine temperament, of testy and irascible disposition, are the more liable to sudden self-destruction, as the cause may be more unexpected and overpowering. This suicide is often the consequence of parturition in nervous women, and is quickly accomplished. When the attempt fails, or is incomplete as regards execution, it is soon cured, and is rarely attempted a second time, the abortive attempt seeming to be the crisis of the moral malady. This suicide is very different from that which is long premeditated, and which appears to be chronic, and even periodical.

A man labouring under a fatal disease, who sees no end to the sufferings that have been slowly undermining him, at last comes to a calculation that the pain of dying is but momentary; he gives way to a reflecting despair, and puts an end to himself. This is one of the cases in which physical permanent suffering, which must inevitably end in death, slowly perverts the instinct of life, struggling against it until it at last overthrows all the laws of the organisation, the first of which is to suffer rather than to die.

The *ennui* that follows the cessation of absorbing occupations, or the transition from a life of activity to one of idleness, is a frequent cause of suicide. Man must labour and desire, and this necessity is as deeply useful to himself as to others; but if he has exhausted all pleasures and enjoyments—if nothing can excite or interest him—if, besides, none of those benign passions remain with him that save the rich from themselves (those of art, agriculture, the sciences, or recreative occupations)—nothing is offered to him but a frightful void—a satiety of life, which he quits with indifference, perhaps even with pleasure, arising from a last emotion.

This is the suicide from *spleen*, and is accomplished calmly, and in cold blood; it is unaccompanied by any of the violence or efforts that mark other forms of suicide. Its most common causes are the abuse of pleasure, liquor, women, and onanism. It first shows itself in indifference, sleeplessness, constipation, concentration of the mind on a single idea, and in obstinacy and dissimulation.

Many persons, from a variety of physical or moral causes, fall into the lowest depths of discouragement and physical dejection; they complain of dull pain in the head, erratic heat in the bowels, although the general health is in appearance but little altered. At a later period the features of these patients are drawn, their looks are fixed and anxious, their countenances sallow; they complain of a dulness of the brain, which prevents them from thinking—a general torpor, which seems to paralyse them. Thus they have a repugnance for exertion, for business, for their families; they will not read, write, nor converse; they dread society, and give way to gloomy ideas. Rendered at last desperate by a feeling of physical and moral nullity they cannot surmount, they destroy themselves. Those persons, intellectually, are not irrational; their impulse to suicide is but the slow and gradual development of a disease of which all the symptoms arise evidently from a profound chronic lesion of the brain.

We see persons who, in the very lap of fortune, greatness, pleasure, and in the enjoyment of the most perfect reason, arrange their affairs, take leave of relatives and friends, and go and destroy themselves. In those cases the determination is as sudden as the perversion of the instinct of life; it may have arisen suddenly through an unexpected impression, a recollection, a disagreeable observation, physical suffering, or reading. It is said that persons who thus end their lives are happy; but this is a grievous mistake. Their act is a sudden delirium of the instinct of life. In man happiness depends on the free and entire fulfilment of all the faculties, intellectual, moral, and physical. A man so constituted desires to live, and is happy in living, because he feels enjoyment throughout the entire organisation with which the Creator has endowed him.

The mutual, or double suicide, is another example of the perversion of the instinct of life, arising from the influence of some strong passion; in general, it is either from love or extreme want that a man and woman commit suicide together. This is the fashionable suicide of our times, and we have no hesitation in denouncing, as one of the chief causes that have so much contributed to spread it, that universal publicity which the daily press confers on insensate acts that ought to be buried in profound silence. There can be no doubt that by-and-bye the authorities will open their eyes to the contagious influence of example, and to the involuntary teaching, the more dangerous from the interest, curiosity, and vain-glory, it excites. It was after hearing the murder of a child by its mother cried in the streets that the unfortunate woman Cordier cut off the head of her own infant, and threw it into the street, and her example became the incentive to twenty similar crimes.

We hear it incessantly repeated that climate, age, and sex, may become causes of suicide—mere hacknied phrases. Suicide is committed everywhere, at all ages, and sex has but little to do in the matter. The number of suicides increases with the advancement of civilisation. Savages have the good sense to live as long as they can; with us it is different. With all our knowledge, all our enjoyments, and all our passions, we must besides enjoy the distinction of being unable to support life; and this perversion has shown itself in infancy as well as in old age. We have instances of suicide from the age of twelve to eighty. The aged patients in Bicêtre often throw themselves out of the windows voluntarily, from a senile disgust of life, and the administration was obliged to shut in the wells of the hospital, from its having become a habit with the patients to throw themselves into them. It is said that suicide is more common in men than in women; my own observation tends to just the contrary conclusion.

The occurrence of suicide as an epidemic is another consequence of the fatal contagion of example working on weak and predisposed minds; one case occurring in a house, quarter, or village, is followed by others soon afterwards. A priest hanged himself in the neighbourhood of Etampes; a few days after two other priests did the same, and several other persons followed their example. In 1813 fifteen or twenty suicides occurred in the same way at the village of St. Pierre Montjean. The suicide of Philip Mordaunt, who destroyed himself after remarking that "one should get out of a house where he was not comfortable," was the forerunner of many others in England.

Whatever be the remote or proximate cause of suicide, the commencement of this affection is marked by all the slight or aggravated symptoms that characterise hypochondriasis. They complain of pains in the bowels, flushes of heat arising from the intestines, and which give rise to headache, pulsations within the skull, spasms at the epigastrium, and to general uneasiness, rather than severe local pain. They forsake their tastes, habits, and affections; express a wish to die, and praise those who have put an end to their existence; speak of death with eagerness, or with an affected indifference; lament their having lost opportunities favourable to their projects; court solitude; become pusillanimous, testy, and disagreeable in their intercourse.

The wish to destroy themselves becomes at last the ruling thought, over which they brood unceasingly; all their ideas are concentrated on this point with monomaniacal obstinacy, and henceforward, night or day, they cannot put away the thought of dying. It is a necessity, towards which they feel themselves driven involuntarily, nay, complacently. They are so deeply imbued with the feeling of their degradation, and so desolate does their condition seems that death is preferable, and they long for it as for a deliverance. But before their object is accomplished, patients attacked with slow chronic suicidal mania are long a prey to irresolution, interior conflicts, secret efforts, and precautions that are often puerile; almost all of them endeavour to give their act an appearance of courage and fortitude, as if they felt the necessity of covering their great misery with the mantle of human vanity. Frequently they carry about them, or conceal in

places known only to themselves, the means or instruments of their death, being still undecided as to the time or opportunity of giving effect to their intentions. At last, after months and years passed in a continual struggle between opposing resolutions, they arrive slowly at the last degree of the perversion of the instinct of life; the eyes are haggard, the countenance changed, the look gloomy, and the breathing hurried; they no longer can control their actions, and they quit life by the kind of death over which they have so long been brooding.

In acute suicide all means or kinds of death are the same. The patients take advantage, with a cunning almost infernal, of all circumstances favouring their self-destruction: an open window, a staircase, a knife, a pair of scissors, a rope, the river; in fact, no matter what, if it will serve the purpose of putting an end to their lives. In the chronic suicide, just described above, this is not the case; the patients choose the kind of death they intend to inflict on themselves, and refuse all others, and even, for instance, where they intend it to be by drowning, it is arranged, after a fixed plan, to take place at a certain part of the river, at a certain hour of the day or night; the slightest derangement of the plan will induce them to put off its execution, or suffice to prevent it altogether. At all events, all those who labour under the impulse to suicide do not succeed in accomplishing it. Scarcely fifty out of a hundred of those unhappy creatures succeed in their plans. If they throw themselves into the river, they try to swim to the bank, and cry aloud for help; if they precipitate themselves into wells, they cry for help, and point out the precautions to be taken to save them. Once restored to life they reveal the motives that drove them to attempt suicide, and express shame and regret for what they have done. The fright seems to have cured them.

Treatment.—The rational treatment of suicidal mania consists in all the physical means calculated to prevent the accomplishment of self-destruction, and afterwards in the therapeutic means for combatting its secondary effects. To prevent a madman from destroying himself, he must be watched, and placed in a state of physical incapability of accomplishing his purpose, and on this point we must have no scruple of employing the extreme of caution and force. He should live on a ground floor, from which there should be no means of escape; his room should have a light burning during the night; he should be debarred the use of his limbs, and his attendants be put on their guard respecting the tricks he may resort to in order to deceive them by tranquillity, apparent indifference, or phrases of mildness and resignation. The whole question as to the treatment of acute suicide is reduced to these first precautions, which are of the utmost importance. The friends should be made to understand this, and they will be the more likely to do so if the entire responsibility be made to rest on themselves!

The most embarrassing cases in such circumstances are those where the patients obstinately refuse food, and maintain their resolution to die of hunger. When this resolution is pushed to extremity, which, however, happens but rarely, we have no means, either moral or physical, of frustrating it. I have seen some of these cases in the Salpêtrière; the introduction of the tube by the nostrils for the purpose of passing food into the stomach, gave rise to violent vomiting; nutritive injections produced no effect, and the patients died of hunger, obstinately, and in spite of all the means we could make use of to prevent it. I repeat it, these cases are rare; most commonly the introduction of the tube once or twice to convey food into the stomach proves sufficient to convince the patient that his determination is useless, and he will then eat again of his own accord. Frequently a cold bath, or strong douche, or a fright, will overcome his obstinacy.

These refusals of food, as a means of suicide, must be distinguished from the not uncommon cases where the insane refuse food from other causes; some refuse from the fear of being poisoned, or because they find a bad taste in it, or because they think it is the flesh of human beings that is put before them. Such refusal coincides always with some deep lesion of the digestive organs, and if the cause be removed the effect will cease with it also.

The mania of self-destruction is propagated with such facility amongst all classes in our day, that it becomes in a manner part of our social system, and is accepted as a consequence of modern civilisation: it no longer affrights, nay, it almost ceases to astonish. When we hear of the voluntary death of a friend, or relative, the news is received rather as a curiosity than a grief; greater anxiety is evinced about the details than the event itself. This is a grave symptom of the bluntness of feeling that grows out of habit. The publicity given to the insensate acts of the maniac is an encouragement to the evil; it is high time indeed that, for the sake of public morals, the legislature should interdict publicity in all cases of suicide and of homicide.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 127.)

Sweet Sputum.—This is not an uncommon variety of expectoration, and is interesting as being an accompaniment both of fatal disease, and of very simple disorder of the respiratory and digestive organs.

Appearances and Qualities.—There is nothing necessarily peculiar in these as they apply to sweet sputum. It is found of all densities and degrees of opacity and transparency; and, it may consist of pure mucus, of muco-albumen, or pus. The last is often of exceeding sweetness, as we learn from the testimony of consumptives, who sometimes expectorate it purely. Whatever may be the composition of sweet sputum, we are indebted to the patient's evidence for its recognition, for we have no tests wherewith to distinguish it. I have several times attempted to prove the presence of sugar in it, both by fermentation and extractive solution, but always without success. Nor am I aware that other experimenters, whose investigations are worthy of credit, have been more fortunate. I have occasionally obtained an alcoholic extract having a sweetish taste, bnt this was its only resemblance to sugar. Sweet sputum has generally an acid reaction and a mucous odour. It contains salts in only small proportion. It may be discharged at particular periods of the day, as usually happens with dyspeptics, or indefinitely, as we observe in phthisis. Its quantity is variable, and its duration uncertain.

Pathognomonic relations.—Sweet sputum often precedes, to coexists with, tubercular formations in the lungs. It is not rare to recognise it as one of the earliest indications of commencing phthisis.[1] It is pretty constant under these circumstances, and patients complain that their sputa, be they frothy, thin, and transparent, or opaque, have a singularly sweet taste. In more advanced phthisis, also, whether the sputa be puriform or consist entirely of pus, this same taste is frequently spoken of. I am not aware that, excepting in phthisis, I have ever known expectorated *pus* called sweet. In bronchitic affections, both acute and chronic (but chiefly the latter), that are complicated with derangements of the digestive organs, we frequently meet with sweet sputum. In the morning coughs of dyspeptics, also, it is not uncommon. I am not aware that this variety of expectoration has any pathognomonic relations beyond those of phthisis and disordered assimilative and digestive functions.[2] I have never seen it in diabetes, though in this disease *sweet saliva* is by no means rare.

Local Symptoms and Physical Signs.—These are few, and certain in their indications. They may be those of commencing or confirmed phthisis, such as we have already fully described; or those various mucous *râles* which accompany bronchitic affections, and are modified by the degree of severity of the attack, and the particular condition of the patient's lungs. The tongue is almost always furred, white or brown, and either the appetite is lost, or it is queer and capricious.

Pathology.—If it could be proved that sweet sputum owes its distinguishing peculiarity to the presence of sugar, there would be no difficulty in placing it in pathological connexion with saccharine urine, and assigning to it an origin in mal-assimilation. In the absence of proof necessary to such a conclusion, we must believe either that the taste of this sputum is *real*, and dependent upon a morbid condition of its natural constituents; or that it is *imaginary*, and referrible to a depraved function of the gustatory nerves. We are inclined to the opinion that either may be the cause. We have examined specimens of pus that have differed in no physical or chemical particular from other specimens, except in being sweet to the taste: they have yielded an alcoholic extract of distinct sweetness, but *containing no sugar*, nor indeed differing in any wise, but in flavour, from the common fatty matter which alcohol removes from pus. In like manner, and with like results, have we examined sweet sputum that had no pus in it. Almost every variety of expectoration yields some of its substance to alcohol. This substance is seemingly a kind of fatty matter, usually insipid; but when obtained from sweet sputum, it has the peculiar taste of the original fluid. In these cases it would appear that the sputum owes its distinctive character, not to adventitious ingredients, but to a morbid state of one of its proper constituents. On the other hand, we have carefully examined specimens of expectorated matter that patients have complained of tasting with constant and disagreeable sweetness, without obtaining a particle of extract from it having an approach to such flavour. Here it is probable the deception lay with a depraved condition and function of the organs of taste. We can offer no further pathological comment than what consists in regarding the one, as a consequence of faulty secretion; the other, of disease or disorder of the digestive apparatus

Treatment.—When sweet sputum is complicated with tubercular degenerescence of the lungs, our remedies are limited and necessarily unpromising. Under the head of "tubercular sputum," sufficient has been said about treatment in such cases to render further remarks in the present place needless. When this sputum is pathognomonic of depraved digestive and assimilative function, tonics and alteratives are alone indicated. Unless the sympathetic pulmonary disorder should be very severe, it may be safely disregarded in an exclusive attention to the stomach and bowels. The latter should be kept moderately active with warm aperients, occasionally combined with small doses of blue pill. If the tongue be white, flabby, and trembling, as it often is, quinine, and the lighter preparations of iron, are the best tonics. Should these not agree, cusparia with carbonate of ammonia will likely prove serviceable. If the tongue be coated with a brown fur in the middle, and be red at the edges and tip, gentian, or calumba, with carbonate of soda, and prussic acid, will be of most avail. But it is desirable, whenever practicable, that the concluding tonic treatment should be chalybeate.

Saline Sputum.—This variety of expectoration is so closely allied, in its chief practical relations, with the one we have just treated of, that it will not be necessary for us to consider it at much length.

Appearances and Qualities.—Saline sputum is usually thin and diffluent, somewhat frothy when first discharged, but by rest it soon becomes a uniform semi-transparent fluid. Occasionally, it contains a denser matter, which floats throughout it in clouds, flocculi, or opaque masses. It consists, in its animal matter, almost exclusively of mucus; sometimes impregnated with albumen, and more rarely with blood or pus. It has a disagreeable salt taste, often complained of as being excessive, and causing heat and smarting of the surface over

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[1] Hippocrates says that it is a good test of phthisis when it succeeds saline sputum. "Phthisici, salsuginosum spuunt deinde dulcius." Bennet says, "Sputum hoc subdulce in omnibus quos vidisse memini, ptyalismo diuterniori, et ut plurimum salino præcedenti fuit consectarium." (Tabidorum Theatrum. Edit. Leyd. 1714, p. 62.

[2] It should be observed, however, that in *disease* as well as *disorder* of the stomach, sweet sputum may prevail. I have remarked it in the sympathetic cough of cancer of the pylorus

which it passes. Its reaction is either alkaline or neutral; very seldom acid. The saline constituents are chiefly the muriates, lactates, and carbonates of soda and potash, but muriate of soda is the most common. This sputum is sometimes discharged in profuse quantity, to the amount of several pints in twenty-four hours. It may be intermittent or persistent, may cease suddenly, or be succeeded by bloody, sweet, purulent, or tuberculous sputum.

Pathognomonic Relations.—Saline sputum is a very common symptom of incipient phthisis, more so even than sweet sputum, which it generally precedes. It is seldom discharged during the softening of tubercles, or after the formation of cavities. It is sometimes the accompaniment of a dyspeptic attack, and is then chiefly expectorated in a morning. In various cachectic states, in scurvy, purpura, &c., we occasionally meet with it, and also in the spitting consequent upon œdema pulmonum,[3] in the acute catarrh and the chronic bronchitis[4] of scrofulous subjects, in influenza, &c.

Local Symptoms and Physical Signs.—These are for the most part such as belong to the expectoration of sweet sputum. But we have, additionally, often pain or heaviness of the chest, difficulty of breathing, soreness of the throat, and hoarseness. The latter symptoms are frequently very severe. The cough is husky, or ringing, constant, tickling, or painful. The tongue is of a vivid red at the edges and tip, and coated with a white, or dirty-looking fur in the middle. The mouth is generally hot or smarting, and the thirst urgent. There is either simple fever or hectic.

Pathology.—Van-Swieten believed this sputum to proceed from serum effused from capillary vessels, and to be the antecedent of pulmonary hemorrhage. It is obvious that he mistook *serous* for *saline* sputum.

The peculiarity of this variety of expectoration, as we have seen, consists, for the most part, in a superabundance of the saline constituents proper to healthy mucus.[5] To show what pathological connexion this has with the diseases in which saline sputum occurs, would not be a very easy task, but it seems to be the fact that mucous and purulent discharges acquire an additional saline impregnation and acridity in certain depraved states of the system. Thus, the tears of scrofulous ophthalmia are unusually abundant in salts, and are irritating and even corrosive in consequence; the serum of the blister of a cachectic subject is acrid for a like reason; so also is the thin ichor of unhealthy ulceration. The secernent function in such cases is radically defective, for the mucous globules are not perfect in the one instance, nor are the pus corpuscles in the other, and it seems rather to be a *straining* of matters from the blood, than genuine *secretion*. An undue saline impregnation of mucus never occurs when the process by which that mucus is formed is healthy, for it is the office of this process to balance the relations of watery, animal, and saline matter; and we generally find it imperfect in proportion as the system deviates from the condition of standard health.

Treatment.—The tonic and alterative plan is alone available. It is generally the case that vegetable tonics with alkalies agree better than acid tonics or the preparations of iron. Hydriodate of potass is often of excellent service, so also is the inhalation of iodine and watery vapour, when the bronchi or lungs appear to need stimulation. When the opposite state exists, as it usually does, the inhalation of watery vapour holding in suspension conium, hyoscyamus, or opium, is a most successful mode of treatment. Every attention should be paid to diet and exercise, and, if possible, the patient should have change of air.

Calcareous Sputum.—This term is intended to comprehend the varieties of sputum which contain an excess of calcareous matter as a constituent, and also expectorated chalky concretions.

Appearances and Qualities.—These of course are variable. When the quantity of calcareous matter is not abundant, the sputum has the common appearance of the "thick mucous" variety, and it is only after rest and exposure that the distinguishing constituent is seen as a heavy chalky-looking deposit. Under opposite circumstances the sputum will be opaque, and thick almost to pastiness, but uniform when first discharged, a deposit falling after a little rest, leaving a supernatant fluid of less density and opacity. This sputum is generally alkaline in reaction, insipid, and inodorous. The accompanying animal matter is either mucus or muco-albumen: sometimes blood, pus, or tubercular matter, is discharged as well.

Sometimes, calcareous concretions are expectorated in a perfectly solid state. They are of various size and shape. Galen mentions them being coughed up the size of hail-stones.[6] Alexander Trallian speaks of a man who discharged a pulmonary calculus, smooth, and as hard as a stone.[7] Paulus Ægineta tells us he knew a man, who, whilst spitting blood, expectorated also four or five stones, rough, and about the size of pulse.[8] Another author, we are told by Beniventius,[9] records the case of a man who was for some time troubled with a dry teazing cough, at last relieved by the expectoration of a calculus the size of a nut. Vierus says, his son knew a German nobleman, who expectorated many calculi like peas, soft, but friable.[10] They are sometimes discharged in considerable quantity. Roth speaks of a man who expectorated "above a hundred calculi of stony hardness."[11] Dodonæus tells us of a nobleman who was accustomed to discharge them numerously.[12] In the Dict. des Sciences Médic. Art. Cas Rares, is the case of a comsumptive patient, who for the last eight months of his life evacuated upwards of two hundred small stones. In the Bibliotheque Medicale for 1820, we are told of a young woman who expectorated in three months twenty-two pulmonary concretions, the largest of which was the size of a cherry. Portal alludes to the case of a person who expectorated more than five hundred calculi, varying from the size of a millet seed to that of a pea. They are occasionally discharged for years together. Borelli records the the case of a woman who coughed them up for a considerable part of her life.[13] Olaüs Borrichius had a friend who discharged them for twelve years. Sir Charles Scudamore mentions a lady who expectorated them occasionally for thirty years.[14] They sometimes attain a considerable size. Morgagni says that he once saw one evacuated as large as a peach-stone; it was discharged with great effort (*connatu immani*). Shenkius tells us of a calculus as large as a filbert having been expectorated by a girl fourteen years old. Prœvotius says, he saw one as large as a filbert.[15] In the Acts of the Academy of Copenhagen is the case of a woman, who, in a severe fit of coughing, discharged a stone as large as the first phalanx of the thumb. Oethius records the expectoration of a calculus as large as a walnut![16]

The composition of these substances is not constant. Roëring found them to consist of phosphate of lime united to a little animal matter.[17] A mass of cretaceous substance, of stony hardness, taken from the lung of a phthisical patient, and exhibited by Mr. Crampton, to the Pathological Society of Dublin, "was ascertained to be almost entirely carbonate of lime."[18] They are generally composed of phosphate of lime, chiefly with a small quantity of carbonate of lime and animal matter—mucus, muco-albumen, or gelatine. Traces of silica are sometimes met with in them, also magnesia and iron. Gouty subjects have been known to expectorate calculi of urate of soda.

Pathognomonic Relations.—The expectoration of this variety of sputum, whether in a solid state or suspended in some fluid matter, is almost confined to consumptive subjects. It never occurs, so far as I know, prior to the deposition of tubercles, and is chiefly observed during their period of softening and after the formation of cavities. "In some consumptive cases," says Dr. Hunter, "but yet a rare accident, stony friable concretions, like chalk, may be observed in the spittings; they seem to be of the same nature with the gouty chalk stones. It is an alarming appearance. Sometimes the pieces are so large, hard, and angular, as to lacerate the lungs and trachea in their passage, and thus cause a dangerous hemorrhage."[19] Bayle believed calculous concretions in the lungs to be a not uncommon occurrence, and also to be one of the sources of phthisis. He ranged them under the head of "Phthisie calculeuse."[20] They are sometimes discharged by asthmatical patients, sometimes by old people in the paroxysms of bronchitic coughing, and not rarely by old gouty subjects. Fluid calcareous sputa have also been met with in cases of *mollities ossium*.

Local Symptoms and Physical Signs.—There are no indications either physical or functional by which the presence of calcareous matter in the lungs may necessarily be recognised. If it be deposited in large quantity, the locality it occupies will of course be dull on percussion, and yield no respiratory murmur; but it is not possible to say that the absence of the natural sounds is a proof of calcareous impregnation, more than of tuberculous, or of hepatisation, pulmonary apoplexy, or serous infiltration. It is true that the calcareous matter generally fixes itself at the summit of the lungs, but it is also found, as I have often seen, both in the middle and lower portions. It is seldom the case, however, that calcareous matter exists in the lungs without unequivocal signs of phthisis, confirmed or commencing, being also present. And in the majority of instances, the expectoration of calcareous substance may be looked upon as pathognomonic of tuberculous degenerescence of the lungs. When otherwise, of course, there will be signs and symptoms correspondent with the particular local disorder or disease which the calcareous deposit may accompany.

The most constant symptoms which attend the formation of this deposit, especially if it be at all considerable, are pain in some particular part of the chest, recurring irregularly and suddenly, perhaps lasting some minutes, perhaps going off momentarily—a troublesome dyspnœa, constant or occasional, aggravated by the slightest emotion or movement—a harassing cough, generally dry, and husky or shrill, but sometimes moist, and attended by mucous expectoration, frothy and thin. Not uncommonly there is spitting of blood, more or less abundant,

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[3] It must not be confounded with "serous sputum," which is a more common expectoration in œdema of the lungs.

[4] Andral has remarked it in simple bronchitis. Clin. Med. Trans. by Spillan, p. 473.

[5] This is not invariably the case. I have examined sputa that patients have complained of tasting excessively "salt," without finding any preponderance of saline constituents. The peculiar sapor is no doubt sometimes due to a depraved function of the gustatory nerves. At this time I am attending, with Mr. Taylor, of this town, a consumptive patient who complains of everything he eats or drinks tasting "brackish." These cases are not uncommon, and are obviously instances of a morbid condition of the organs of taste.

[6] De Soc. Affect. lib. iv, cap. 9.

[7] Lib. v, cap. 4.

[8] Lib. iii, cap. 31.

[9] De Abditis, cap. 24,

[10] De Prœstig. Demon. lib. iii, cap. 2.

[11] In Disputat. Médic. Lipsiæ.

[12] Observ. Medicin. cap. 23. Hildanus speaks of a great number (*infinitos*) spit by a consumptive patient. (Cent. 6, Obs. 22.) Boerhaave knew a man who expectorated forty. (Prælect. in Inst.) In Comment. de Rebus in Scientiâ Natur. et Medicina Gestis. vol. xx, p. 697, are the cases of two brothers both of whom spat quantities of pulmonary calculi. M. Le Baron De Carendeffez relates the case of a man who expectorated altogether about two hundred calculous concretions, which consisted chiefly of phosphate of lime. (Lond. Med. et Phys. Journ. vol. x, p. 327, et seq.)

[13] Historiar. Medico-Physic. cent. quat.

[14] Lancet, 1841-2, vol. ii, p, 646-7.

[15] Vid. Rhodii Obs.

[16] Apud Schenck, quoted by Morgagni De Sed. et Caus. Morb. Ep. 15, f. 20.

[17] Comment. de Rebus in Scient. Nat. et Medic. Gestis, vol. xxvii, p. 323.

[18] Lancet, 1838-9, vol. ii, p. 718.

[19] Observations on the Nature and Cure of Phthisis Pulmonalis, by A. Hunter, M.D., 1792, p. 82-3.

[20] Recherches sur la Phthisie Pulmonair -4.

either preceding or following the calcareous expectoration.[21]

Pathology.—Laennec very properly classifies these calcareous substances into *imperfect ossifications* and *concretions;* [22] but with his characteristic love of subdivision, he makes of the former two varieties, viz. *encysted*, and *non-encysted*. This is more fanciful than true. Certain it is, however, that of solid calcareous matter expectorated, some is a result of a process of genuine ossification, and other appears to be merely a local accumulation of the salts of lime. The former is neither more nor less than a perversion of the function or process by which bone is formed in its own appropriate localities; the latter is perhaps chiefly referrible to the mechanical causes, and to the presence of an undue quantity of calcareous salt in the circulation. It is necessary that these should be distinguished, in considering them pathologically, and chemistry affords us a ready clue to their leading differences. The *ossifications* consist chiefly of *phosphate of lime* and *gelatine*, the concretions of *carbonate* or *phosphate of lime*, and *mucus*, or *muco-albumen*. These latter never contain gelatine. If they be previously well bruised, they yield their animal matter very easily to boiling water, and we have therefore no difficulty in deciding as to their nature. The ossifications are met with, almost exclusively, amongst old people, and they form a part of that error of specific nutrition for which senility is remarkable. The concretions are chiefly found amongst consumptives and others whose lungs are the subject of chronic morbid lesion. Andral says that they often precede the occurrence of phthisis, and that they may give rise to the latter by the irritation they excite.[23] That such may be possible there is no denying, but it better consists both with the established doctrines and facts of pathology to regard these concretions as a *consequence* rather than a *cause* of phthisis; we often find tubercles, singly, or in masses, almost wholly composed of phosphate or carbonate of lime. The change appears to be effected by a kind of petrifaction, the calcareous matter gradually penetrating the substance of the tubercle until it occupies more or less of its place. This work of disintegration aids the absorption of the original tubercular matter, and at last effects its entire removal, leaving in its stead an inorganic material. The irregular accumulation of calcareous substance in lungs injured by phthisical or other degenerescence, is perhaps for the most part attributable to mechanical causes. We know that in such subjects the processes of nutrition and reparation are not sufficient to compensate for interstitial absorption, and the phosphates often abound in the circulation, and either deposit themselves in certain soft tissues, or find an exit by the emunctory organs, kidneys, bowels, or skin. But wherever obstruction is offered to capillary circulation, there it is likely that this calcareous matter will accumulate: and hence its frequency in the respiratory organs affected by chronic disease.

The post-mortem appearances are generally such as represent the different stages of phthisis. In very rare cases, however, there is no morbid appearance recognisable beyond the calcareous deposit. This of course is variable both in appearance and extent. The collections may be confined to the bronchial glands, to the minute ramifications of the bronchi, or may occupy the proper tissue of the lung. Sometimes they are found few in number, and solitary, and are instantly recognised by the resistance they offer when the lungs are squeezed or cut. At other times they infiltrate, so to speak, the entire tissue of the lung to some extent, and give it a characteristic solidity and hardness.[24]

[21] Dr. Armstrong says, that in three cases which he observed of calcareous expectoration, "the digestive organs seemed disordered, and there were indications of great acidity existing in the primæ viæ." On Scarlet Fever, p. 196.

[22] Op. cit., p. 378.

[23] These. p. 91.

[24] Bayle says "Le poumon renferme des concretions semblables tantôt à de petites pierres, tantôt à de la craie glomèrulèe, tantôt à de petites ossifications." Rech. sur la Phthisie Pulmonaire. p. 33-4.

Treatment.—Linné suggested that strawberries might be beneficial in "calcareous consumption."[25] With this exception, I am not aware of any specific remedy having been recommended or tried in cases of pulmonary calculi.[26] Of course, all that can be done is to treat the particular ailment with which these formations may be connected, and to meet any emergency or mischief to which their expectoration may give rise.

OBSERVATIONS ON THE NATURE AND PROPERTIES OF OX-GALL AS A REMEDIAL AGENT.

By Dr. Clay, Piccadilly, Manchester.

It is now three years since I directed the attention of the medical profession to the properties and uses of the inspissated ox-gall as a remedial agent. In my first papers on this subject, published in the *Medical Times*, vol. vi., pp. 100 and 114, I gave all the information I *then* possessed, which I deemed sufficiently satisfactory to merit a more minute investigation, and I was very anxious that the testing of its merits should not be confined to my experience only. I therefore solicited the co-operation of medical men generally, and in doing so I have not been disappointed. I have had a very numerous list of correspondents from almost every part of the world, who have communicated their views freely on the subject, as well as given me the amount of their experience; for this courteous supply of information I feel greatly indebted to my friends, and I beg to return my sincere thanks, feeling confident, that with the stores of information furnished, together with my own recent extensive trials of this peculiar remedy, I shall be enabled to enter into the spirit of the following practical observations, not only with more self-confidence, but more satisfactorily to my readers. I was flattered by the notice the profession accorded to my first papers, but still I felt that the value of the remedy deserved all that had been said of it; I therefore determined to continue my experiments, and the result bids fair to rescue a very valuable agent from the oblivion to which it had been consigned in the pages of our ancient materia medica, and to show that it deserves confidence from the modern, equal to that granted to it by the ancient, practitioners of medicine. I cannot enter into this subject without first tendering my thanks to Dr. Allnatt, of London, for the kindness and zeal he has manifested in giving so extensive a trial to the ox-gall, and the able manner in which he has recorded his experiments. Dr. Allnatt's views and experiments fully confirm all I advanced, in 1842, in favour of this remedy. I shall, with his permission, embody his remarks and cases along with my own in the following pages, and I trust the mass of evidence I am about to offer will be sufficient to establish the inspissated ox-gall as an article in our modern materia medica, and one that will not betray the confidence placed in it, if due discretion be exercised in its selection, preparation, and exhibition—circumstances which, I fear, are too often neglected.

The medical profession is often very reluctant to test new remedies until a sufficient weight of evidence has been produced to establish confidence; this principle, however, though good in the abstract, may be carried too far, and it has often been acted on to the exclusion (for a time) of the most valuable practical remedies; but by far the most injurious system is the want of attention many individuals pay to the particulars of preparation and exhibition of a new remedy, and, I may also add, to its proper selection. This brings the best remedies into unmerited disrepute, as has often been the case with preparations of ox-gall shown to me, which had scarcely any resemblance to such a substance, and certainly could not be followed by any of the beneficial effects due to a proper preparation of the remedy. I shall have occasion during my remarks to speak of the frequent want of success from this inattention.

In my former paper I stated that the gall of animals was by no means a new remedy, and I gave some instances of the older writers using it with considerable advantage, both as an external and internal medicine. I added some experiments of Cartheuser and Baglivi which tended to confirm the views of former writers; one very particular circumstance was added by the latter author, viz., "*That it had the peculiar property of preventing milk from becoming sour or undergoing decomposition*"—a fact of no little importance as to its practical application.

The gall of the *recently killed young ox* has been the substance which I have applied in practice, and the ease as well as the quantity in which it may be procured is an argument in its favour. I believe the gall of other animals may be equally good, but, as I have not tested any of these sufficiently to speak with confidence, I wish still to recommend that of the ox as the easiest and best to procure.

SELECTION AND PREPARATION OF OX-GALL.

In the selection of ox-gall I am particularly attentive, and it is imperatively necessary that great care should be exercised, otherwise its action *cannot in the least be depended on.* To accomplish this, I instruct the butcher to select me the gall-bladders from the *youngest oxen* that are presented for slaughter. The bladders and contents ought to have a perfectly healthy appearance, and to be of full average size, bearing in mind that in the summer months, when the animals have a greater proportion of green food, the gall-bladders will be somewhat larger than in the winter months, when they exist on dry material. It not unfrequently happens that these receptacles contain a great variety of morbid mixtures, which, to include, would form a preparation of the most nauseous and putrid character, producing a very contrary, if not injurious, effect, in lieu of the expected benefits of good healthy gall. Thickened mucus, purulent deposits, and calculous formations are very frequent, and must be carefully guarded against as products of a diseased liver, on which account they cannot but be objectionable as a remedy. The gall I select is of an equal consistence throughout, transparent, of a grass-green colour, slightly aromatic odour, and alkaline bitter taste. Having procured a sufficient quantity, I allow it to stand for a short time, that any little impurities may fall to the bottom; I then pour it carefully off into a large flat dish, the larger the better, so as to allow free scope for evaporation, and place the vessel in an oven, with the door open to allow the moisture to pass off; in applying heat care should be taken not to go beyond 96° or 97° Fahr. This heat should be continued until the substance has assumed a stiff mass, of the consistence fit for pills; indeed, it should be so that it can with difficulty be rolled into pills. This being done, I preserve them in wheat flour, *and not in magnesia;* as during my early experience with this substance, I found, after repeated trials, that the preparation would not keep so well in magnesia; and also that a chemical action took place between the gall and magnesia, producing fermentation, causing the gall to become spongy, unfit for use, and totally altering its character. In wheat flour, kept in a close jar, or wide-mouthed bottle excluded from the air, the inspissated gall will keep very well for almost any length of time. I have Dr. Allnatt's testimony, as well as that of many others, that it can be kept for two or three years—a space of time quite sufficient, and much longer than the generality of extracts used in medicines are kept. Dr. Hunter Lane, who has given some very judicious observations on the proper selection and preparation of the ox-gall, falls into an error by keeping the pills in magnesia, which produces the chemical decomposition before spoken of; this has led him to conclude that it will not keep; but, if Dr. H. Lane will substitute wheat flour, he will be satisfied that it will keep as long as is generally necessary; and as it is so easily procured and prepared, it by no means follows that it must be imperatively a good-keeping remedy, which it evidently is, however, if proper attention be paid to it. From the above circumstances Dr. Lane recommends the desiccated ox-gall as a better keeping remedy. Dr. Hunter Lane's observations may be found in the twelfth volume of the *Medical Times*, pages 410 and 411, when the desiccated ox-gall was proposed in lieu of the inspissated gall, I was not a little surprised, as

[25] Linné et Hedin. Fraga Vesca. 1772.

[26] Nitric, muriatic, and phosphoric acids have been tried, but I am not acquainted with any marked success that attended their operation.

I had had my attention often directed to that point, whilst preparing the inspissated gall in my early trials during 1842. In one or two instances, when the evaporative process had been carried on too quickly, and the preparation had assumed the desiccated form, I found, after repeated trials, that this preparation was very inactive and uncertain—to such an extent, indeed, that I was invariably compelled to reject it as *unfit for use*. On the other hand, contrary to my conclusions, Mr. G. W. Blanch, of Brixton, in the *Medical Times*, vol. xii, page 299, states that he found the inspissated gall to be an object of great disgust to parties taking it, and that he heard complaints of uneasy gripings in the bowels from its use; he therefore proposes the desiccated form in lieu of the inspissated as being free from such objections. Now these propositions or assertions are so very contrary to the whole of my own experience, and also to all the information I have derived from others, including the early writers on the subject, who were not few, that I am quite convinced Mr. Blanch did not pay proper attention to the selection and preparation of his formulæ; inasmuch as, if properly prepared, no such objections as he advances have ever been made by any one but himself. I can easily conceive that ox-gall taken promiscuously from the butcher, and prepared without examination, would often produce all the effects described; butchers are in the habit of collecting the gall into large vessels for general sale, for other than medicinal uses; in this vessel all sorts are mixed, healthy and unhealthy, putrid and fresh, therefore it is found in every shade of decomposition, but still sufficiently good for the purposes to which it is intended to be applied, though *not for medicinal uses*. Indeed, I have found some little difficulty in getting a butcher to attend specifically to my directions, and without some influence and a little extra pay disappointment may reasonably be expected. I can, however, venture to affirm most positively, that when a good preparation is used it is not a disgusting remedy, except from its intense bitterness, which, as it is taken in form of pills, is not detected, nor is its use ever attended with griping or uneasiness in the bowels, the very contrary being the great distinguishing property of the ox-gall over every other substance used for the same purposes. In sending out the inspissated gall to patients, it will be found necessary to use small wide-mouthed bottles, such as are used for smelling salts, with the cork coated with wax. After many trials the desiccated gall does not appear to me deserving of any confidence, compared with the inspissated mass, and I am equally confident if the inspissated gall be used in accordance with the views I first promulgated and now repeat, it will give every satisfaction.

I do not intend entering into the history of this substance, having stated sufficient on that head in my former paper; it is enough to observe that its use is of high antiquity, and that the writers who speak of it are of considerable celebrity. This substance occupied a place in the ancient's formulæ for a very considerable period, and, therefore, it may be reasonably concluded that it was an object of no little importance, and one in which a fair proportion of confidence was placed; it therefore remains for moderns to prove whether the ancients had any just grounds for their confidence, and if so, to endeavour to rescue a valuable remedial agent from undeserved oblivion; and this is the more necessary, when the merits of the inspissated gall are properly examined; for many articles in the materia medica have been found very excellent in some limited applications to practice, but others have been found equally valuable for similar purposes, and thus it has become a question of choice between some half dozen remedies for the same object; this does not apply to the ox-gall. Its application is *so general*, and may be used with advantage in so wide a range of diseases, that it is the more valuable in proportion to the extent of its application.

Its action is also peculiarly unique; no other known remedy has similar powers, no other remedy is so generally applicable. Most other remedial agents have a direct or indirect effect on some particular organism, exciting particular actions; the result of which is an increase of secretions in one organ, which may have a direct effect in alleviating or curing disease; or by directing the secretory powers of one organ more powerfully, may diminish the action of some other organ, and thereby indirectly accomplish an alleviation or cure of some diseased part. Ox-gall, on the contrary, appears to act not on the system, but on the *material* intended to pass from the system; after having contributed all that is necessary to its support. It appears to be a purely chemical agent, having but a limited power of exciting any living tissue, but more directly active on the fæcal mass contained in the lower intestines; its first great object of appears to be to hold this in such a state of consistence, that it can easily be removed from the system by natural efforts; and its second, to prevent this material from running into a state of further decomposition, by the giving out of different gases, &c., having a most mischievous effect on the animal tissues; any deviation, therefore, from the abnormal position, that is by too little mixture of bile on the one hand, hardening the fæcal matter, so as to obstruct (to a considerable degree) its removal from the system; or, on the contrary, by a mixture of too much vitiated bile with the same material, giving too much facility to its passing away; in either case laying the foundation to a very numerous class of diseases, all of which are curable by a proper administration of healthy inspissated gall—in the one instance by the mere addition of quantity, and in the other by the correction of vitiated bile existing in the system, by the introduction of a healthier bilious secretion of other animals. It requires but slight reflection to acknowledge the vast numerical amount of diseases arising from one or other of these causes, by any one that has paid attention to the practical treatment of disease; but, however numerous (and they will be found on inquiry to be far more so than generally supposed) they may be, the inspissated gall, is only the more generally applicable to their treatment, and, therefore, the more valuable in proportion to the extent of its application.

Another argument of considerable weight may also be advanced in its favour; it is scarcely possible to take into consideration the action of any important article of our materia medica, without acknowledging that much mischief may arise from its exhibition quite equal to that of the disease which it is applied to cure. I need only enumerate a small proportion of these articles, such as preparations of opium, mercury, iodine, lead, &c., and yet the world has long acknowledged the great value attached to these preparations, although their indiscriminate use may lead to very serious results, and it must further be acknowledged that, if such preparations did not exist, the treatment of disease, indeed, even at this time, would be in a most pitiable plight. In opposition, however, to these, I must place the inspissated gall, the exhibition of which is never followed by any mischievous results (even though it may in some rare instances fail to produce the extent of relief required); to whatever extent it may have been given, or howsoever long it may have been continued, I have never seen the slighest evil arise from its introduction in the system—a circumstance that in some measure confirms the view I have taken, that its action is more on the material contained in the lower part of the alimentary canal, than on the living tissues themselves. It may be considered as a subsititute for that which nature has failed to supply in one particular system taken from another system, where the natural actions and secretions are going on properly, and in a healthy condition. The action of the inspissated gall is immediately on the material which forms the nucleus of future disease, either from obstruction by the hardening of fæcal matter, or from the too free evacuations attendant on vitiated bilious secretion. On the one hand, it dissolves the mass, allowing it to pass freely; on the other, it corrects the secretions; and in both cases, it prevents a host of diseases from immediately arising in consequence of these states of the alimentary canal, saving life at the moment, and, what is of infinite importance, giving time for the fundamental correction of the bilious secretion in the system itself, by the introduction of other remedies more especially adapted to the particular organism affected.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November 8, 1845.

Academy of Sciences; Meeting of November 3, 1845; M. Mathieu in the chair.

Anatomy and Physiology of the Heart; by M. Parchappe.—M. Parchappe's experiments have been made upon the hearts of still living animals, and not, according to the method he supposes to prevail in England, on subjects killed for the purpose. M. P. compares the orifices of the heart to the aperture of a purse acted upon by strings, acting in a perpendicular direction to the orifice. M. P. supports the opinions adopted by Harvey and Haller, relatively to the part performed in the circulation by the auricles of the heart. The walls of these cavities he represents as contracting in their entire extent, and actively expelling into the ventricles the blood contained in their cavity. According to M. P.'s theory the sounds are produced, the first by friction of the blood against the ventricular walls, the second by the friction of the blood against the internal surface of the arteries. (This theory has already been brought forward by Dr. Beau, and falls to the ground by the simple fact that the first sound coincides with ventricular *systole*, and therefore not with the passage of the blood into the ventricular cavity, and the second with ventricular *diastole*, and therefore not with the passage of the circulating fluid into the arteries). M. Magendie remarked that he conceived M. Parchappe to be under a mistake when he states that British physiologists did not conduct their experimental investigations on the subject after the plan praised by M. Parchappe, *i. e.*, observing the contractions of the viscus on the living animal. Professor Magendie further disagreed with the memorialist, in the action ascribed by the latter to the auricular walls. These contract only partially, and certainly not in their entire extent. M. Flourens acknowledged the truth of Professor Magendie's first observations, but begged to differ from him with respect to auricular contraction; on this point, from personal researches, he was inclined to think M. Parchappe's opinion correct.

Treatment of Wounds and Ulcers by Nitrate of Lead; by Dr. Lemaître.—Dr. Lemaître considers the albumen of the blood to be the first element of the cicatrix of wounds, and of the pus secreted by ulcerated surfaces. It is, according to Dr. L., by precipitation of the albumen on ulcers that the favourable action of mineral acids and salts can be most readily explained. Amongst these salts M. L. has tested the good effects of nitrate of lead, which he not only employs in a liquid state, but in its solid crystallised condition, and to which he attributes healing and antiseptic properties.

Aneurism treated by Electro-Galvanic Action; by Dr. Pétrequin, chief surgeon of the Hôtel Dieu at Lyons.—Dr. Pétrequin's interesting communication begins with a statistical account of the mortality after ligature of large arteries for the cure of aneurism.

Femoral artery.....	50 cases of oper.	8 deaths,	or	1-6th
Common carotid.....	43 ,,	7 ,,		1-6th
External iliac	71 ,,	18 ,,		1-4th
Subclavian & axillary	32 ,,	15 ,,		half
Arteria innominata	17 ,,	12 ,,		2-3ds

This statistical table was hardly necessary to convince the profession of the perilous nature of the operation, and of the importance to be attached to any new plan of treatment attended with chances of success, but unaccompanied by the pain or danger which wait upon the ligature of large arteries. M. Pétrequin has applied electricity to three cases, but two of his patients have been unfortunately lost sight of before the influence of the treatment could be duly appreciated. We record at full length the third case; it is one which must be read with interest.

CASE.—*Traumatic Aneurism of the Temporal Artery.*—D., aged 19, a locksmith, was brought to the hospital senseless, on the 4th of August, 1845, immediately after a violent fall on the head. The lower maxilla was fractured at the symphisis, and the left orbit was the seat of considerable ecchymosis. The symptoms of cerebral commotion had given way in a great measure when variola declared

itself. The eruptive fever accomplished its periods in the usual manner, and it was only on September the 9th, five weeks after the accident, that M. Pétrequin could direct his attention towards a tumour occupying the left temporal region, and which he had noticed long before. The swelling was of the size of an almond, soft, and almost indolent on pressure; it was seated on the course of the temporal artery, and presented pulsations isochronous with those of the arteries. These pulsations ceased when pressure was exerted on the temporal artery below the tumour, and reappeared on the pressure being removed. These signs left no doubt of the nature of the case, and aneurism of the temporal artery, probably due to the injury experienced by the vessel during the accident, was diagnosed. On the 10th of September galvano-puncture was performed by the introduction of two sharp steel pins crossing each other at right angles in the tumour; the heads of the pins were then placed in communication with the wires of a voltaic pile, and a shock and a sharp pain were experienced by the patient, the pain increasing with the intensity of the electrical action. The operation lasted ten minutes, and fifteen plates were employed. The pulsations gradually diminished in the tumour during the operation, and at its close had entirely disappeared. No accident followed the experiment, but a solid indurated swelling took the place of the tumour, the temporal artery ceasing to beat *above* the aneurism, whilst its pulsations remained distinct below. On the 20th of September, absorption had achieved the cure, and neither tumefaction nor pulsations could be detected in the spot where the malady had existed. M. Pétrequin gives the following precepts, which he deems will ensure a complete coagulation of the blood contained in aneurismal tumours:—1. Compression of the artery between the aneurism and the heart during the application of the galvanic agency. 2. The pins introduced into the tumour should be numerous, cross each other at right angles, and their surface should be protected by a coat of varnish, in order to prevent unprofitable loss of the electric fluid. 3. After the operation ice should be applied to the tumour. This is the first case on record of aneurism cured, or even treated, by this method, which has been of late employed in the treatment of a large number of diseases. Thus Récamier, Magendie, and others, have successfully employed acupuncture combined with electrical agency in cases of idiopathic neuralgia, tic-douloureux, paralysis of the organs of special sensation, paralysis of movement, and anesthesia. Bonnet, of Lyons, crushed a calculus weighing eight grains (in a mare) by the action of the voltaic battery. Galvano-puncture was successfully employed in paralysis of the urinary bladder, by Dupuytren and Robert Froriep. M. Peccioli and Professor Blandin[1] have cured hydrocele of the tunica vaginalis by the same method. Leroy d'Etiolles employs it in asphyxia to stimulate the diaphragm to contraction. In hernia and volvulus the same author proposes galvano-puncture with the view of restoring the course of the fæces in the alimentary canal. (It was applied unsuccessfully for that purpose in the case of the celebrated Talma). In a case of tetanus, Matteucci applied electro-puncture along the spinal column, and as soon as the galvanic current was established the convulsed muscles regained their softness and their contractility. A relapse having taken place, the patient ultimately died.[2] Esquirol employed electro-puncture in 1823—24, on several insane patients of La Salpêtrière, and one patient affected with monomania was completely restored to reason. In the *American Journal*, Mr. Evans reports the case of a woman aged forty-four, insane for fourteen years, and dumb for eighteen years — audition was perfect. Galvanism was used, and voice and reason were perfectly re-established. Electro-puncture has therefore been used in almost every malady to which the system is subject, and with success frequently in the idiopathic nervous disorders. The coagulating influence of electricity on blood leads us to hope that it will be found as advantageous in external aneurism, and that Dr. Pétrequin's case will not long remain a solitary instance of success.

The Arracacha—the possibility of its Introduction into Europe; by M. T. Goudot.—M. Boussingault read to the Academy a communication from M. Goudot relative to an umbelliferous plant, indigenous in New Granada, particularly in the most temperate parts of the continent, where the average temperature is from 15° to 25° R. The arracacha is generally three feet in height, its radical leaves twelve or fifteen inches in length, numerous, biternate, doubly incised, dentate, on long fistular petioles. The caulinar leaves are smaller than the radical, which they resemble in every other respect. The flower is a violet-coloured umbel; the petals oval, acuminated, and inflexed; five stamens and two styles arising from a disc of the same colour as the flower. The fruit is an oblong carpel marked with five ribs. The blooming season, October. The root is the part which is used as an article of food in the country: according to M. Boussingault, it participates of the nature of the carrot and potato, being a kind of intermediate substance between them. Each plant furnishes from three to four pounds of nutritious matter, one hectare yielding no less 82,500 pounds of wholesome food. The disease actually existing amongst the potatoes induces M. Boussingault and M. Brongniart to attempt the introduction of this valuable plant into Europe, when it might be advanteously employed as a substitute for the potato.

Academy of Medicine; Meeting of November the 4th, 1845.—M. Caventou in the chair.

M. Capuron read a report on the following case of rupture of the uterus, communicated by Dr. Lechaptois. A washerwoman, aged sixty, of a good constitution, had given birth to seven children before attaining the age of thirty-five, and lived to fifty without experiencing any serious malady; at that period of life she became a widow and ceased to menstruate. Vaginal prolapsus occurred and was neglected by her until it produced pain, tenesmus, dysuria, and at last paralysis of the sphincters and loss of power over the lower extremities. The patient had been confined to her bed for several years, in consequence of her ailments, when on the 12th of October, 1844, the uterus suddenly yielding to the pressure of the abdominal viscera, gave passage, through a laceration, to a large quantity of intestine, the uterus becoming inverted at the same time. The surgeon reduced this immense hernia, and maintained the organs in their place with an appropriate bandage; the patient survived three months, and died at the expiration of that time of acute pneumonia. No post-mortem examination of the body was obtained. The reporter regretted that this observation should have lost the greater part of its value from the absence of accuracy in the details, and of an anatomical investigation of the organs after death.

Hairy Productions on the Surface of the Tongue; by Dr. Laudouzy, Professor of the Faculty of Rheims. —Dr. L. presented to the Academy for examination a large number of fibrillæ, closly resembling hairs, which had been removed from the tongue of a patient. The case was that of a physician who, during a slow convalescence consequent upon acute pleurisy, observed that his tongue was the seat of a black deposit. On close examination this deposit was found to consist of a vast number of filiform productions, which were renewed with rapidity and could be removed without effort. The convalescence having become confirmed, this singular symptom disappeared. Dr. Landouzy has observed another instance of this kind, in the case of a woman affected with erythema nodosum, whose tongue also presented a black colour, due to the presence of a similar phenomenon. Dr. L. is not inclined to consider these bodies as being of the nature of true hairs, but as a morbid production of the epithelium. M. Portal observed a similar deposit on the tongue of a scorbutic woman, and an occurrence of the same kind is noticed in a few words by Amatus Lusitanius, according to Meckel. Maillet, a veterinary surgeon, (in a paper inserted in the Recueil de Medecine Vétcrinaire, 1839-40,) asserts it is common to meet with filiform productions in the stomach and intestines of the horse. Professor Piorry observed that desiccation of the fluids contained in the mouth can account for many pathological appearances of the tongue, and that some of the lingual papillæ being long and pointed, the secretions drying upon their surface, and being imbricated over each other, might possibly have assumed the linear shape which gave the bodies submitted to the examination of the Academy their hair-like appearance. Professor Blandin considered they might have resulted from a mordid development of the epithelium investing the conical papillæ of the tongue. M. Rochoux argued that hairs indispensably require follicles for their formation; the tongue presents no such structure, *ergo*, these bodies could not possibly be looked upon as true hairs. Professor Gerdy observed that hairs are found occasionally, and in large quantities, in the parenchyma of organs, where assuredly they have met with no follicles for their production. M. M. Delens, Piorry, and Blandin, were requested to examine the nature of the filiform bodies presented to the Academy, and to report to the Academy the result of their inquiry. The Academy, at 4 o'clock, resolved itself into a committee for the purpose of opening the sealed letters containing the names of the essayists whose memoirs on the treatment of disorders caused by nervous excitement (Prix civieux) have been crowned. The names of the laureates are Dr. Landouzy and Dr. Brachet of Lyons. (Gold Medal, value £50.)

MEDICAL CONGRESS AT PARIS.

The Congress adopted, at its first meetings, the following resolutions by its committees, and discussed in the general assemblies, to be laid before the Minister of Public Instruction, as the expressions of the general wishes of the profession:—

Faculties of Medicine.

1. That a chair of the history of medicine be created at the Faculty of Paris, and one of morbid anatomy at the Faculty of Montpellier.

2. That official courses of lectures be delivered at the special hospitals of Paris, i. e., Children's Hospital, St. Louis, &c.

3. That a preparatory school of medicine be created in Corsica.

4. That all persons legally belonging to the medical profession shall enjoy the right of teaching the various branches of medico-chirurgical science, and that right shall be distinctly specified in a particular clause of the new law.

5. That as much latitude as possible shall be granted to the liberty of teaching, and government shall pledge itself to place in Paris and in the principal cities of France, amphitheatres, subjects, and other things necessary for tuition, at the disposal of all the members of the profession, to whom it may thus lend efficient assistance.

6. Free instruction shall not interfere with official instruction, the former diffusing private doctrines and opinions only, and conferring no university privileges.

7. The new law shall expressly sanction free instruction, so useful to humanity and to science; the legislation having hitherto occasionally granted the right of free instruction in its broadest sense, and occasionally interfered with it by throwing insurmountable obstacles in its way.

8. That the Congress do express a desire that the Minister of the Interior and of Public Instruction be requested to insert a special clause, with the view of giving full satisfaction to the necessities of free clinical instruction in Paris, and in the departments.

9. The election of professors in the faculties of medicine and in the special schools of pharmacy, and veterinary medicine, shall take place by public competition.

10. At such concours, the board of electors shall be composed of professors of the faculty, members of the Royal Academy of Medicine, and, (M. Ds.) who shall have practised at least for the space of five years; each of these sections shall form one-third of the total number of members of the board.

11. The board of electors in the departments shall be composed of an uneven number of professors of the local faculties, and of persons elected by ballot by the faculties and schools, amongst the members of pre-existing societies of medicine and pharmacy, and in default of these, anongst the practising physicians and apothecaries of the city.

12. The functions of professor shall cease at the age of sixty-five; after that age the professors shall become "honorary," and participate in the councils, and administration of the faculties and schools, without being admitted to share in the

[1] A relapse occurred in Dr. Blandin's case.

[2] Academy of Sciences, May 14, 1838.

examinations. They shall continue to receive their salary up to the age of seventy, when they shall be superannuated.

13. The above clauses also refer to professors of secondary schools.

14. That the institution of "Professeurs agregés" be preserved on its present footing.

15. On entering a secondary school, pupils shall present the degree of bachelor of letters. Besides this degree, in the faculties, after one year's study, the degree of bachelor of sciences shall be required of them.

16. The pupils shall be classed according to the years of study.

17. At the end of each year the pupils shall pass an examination of probation.

18. Government shall be requested to open establishments to receive in-door pupils.

19. The term of medical study shall be of five years' duration at least; and the pupils shall furnish proof of having, during two years, performed practical service in the hospitals.

20. In the examination of the inaugural thesis, the candidate shall be interrogated by an equal number of professors of the faculty and of medical practitioners chosen by the medical colleges of the city.

The following are the chief resolutions taken with regard to pharmacy.

1. That the degree of bachelor of letters shall be required before the beginning of the study of pharmacy. The diploma of bachelor of sciences shall be required after the year 1850. The faculties of pharmacy shall confer three degrees—bachelor, licentiate, and doctor in pharmacy; the latter only giving the right to practise pharmacy. The course of studies shall last seven years, during four of which the pupil shall be apprenticed to an apothecary.

2. The codex shall be submitted to a complete revision, a new edition shall be published every ten years, and an appendix or fasciculus shall be printed every year.

3. The codex shall be drawn up by a permanent committee, formed in equal numbers of professors of the school of pharmacy, faculty of medicine, veterinary medicine, and practising apothecaries.

4. A legal tariff, fixing the price of medicines, in the present condition of pharmacy in France, is useful, possible, and necessary.

Several important questions still remain to be discussed. The illegal practice of medicine; the expediency of preserving two orders of practitioners; the possibility of putting some check on the advertising mania of quacks; the disciplinary councils and the institution of midwives will be, during the course of next week, submitted to discussion in the Congress; we shall forward to the readers of the *Medical Times* the resolutions adopted by that assembly.

Faculty of Medicine; First Meeting of the Winter Session, November 3rd, 1845.—The opening lecture was delivered by the professor of hygiene, M. Roger Collard. It is customary in this speech to sketch the life and appreciate the writings of those professors whom the faculty has lost in the course of the preceding year. Professor Breschet was the theme of M. R. Collard's discourse, from which we extract the following passages:—

"The life of a professor is in his works; in them we seek, not the pretext for a vain display of oratory, or the matter of a panegyric, but fruitful examples, and lessons extracted from a retrospective view of the instructions he has imparted. The first work of our late colleague, which I will notice, is the remarkable thesis to which he was indebted for his nomination at the concours for the direction of the school of anatomy, in 1819. This thesis contains 1. the description of the venous circulation of the spinal cord—the first accurate description which had yet been made, not only of the anatomical disposition of its vascular system, but the general mode by which the blood is circulated through the Rachidian veins. 2. A memoir on the formation of the callus of fractured bone; the theories contained in it are still universally adopted. 3. A paper on femoral hernia, containing the first description of the anomalous origin of the obturator and epigastric arteries.

"Time and space would fail me, gentlemen, were I to attempt to give you even a rapid and incomplete sketch of Breschet's researches on embryology—his description of the ear, of the skin—his experiments on animal heat, &c.

"If we now consider the general tendency of Breschet's works, we find them all distinguished by this special character, that whatever might be the subject towards which he directed his sagacious inquiry, he always laboured to demonstrate some physiological view strongly impressed upon his mind. It seems to have been his object—an object which he often attained—to establish the connecting links of physiology between the various parts of medicine; thus each part borrowing from the others an assistance which it reciprocally gives them, no *partial* truth can be elicited, no minute discovery be made, but that sheds a vivid light upon all branches of knowledge.

"Not only did Breschet translate, or cause to be translated, many foreign works, not only did he produce before the broad daylight of our schools, and protect with the respected authority of his name, opinions which their obscure origin might have long kept in the background; but what is a remarkable circumstance, he improved erudition by the force of invention, never touching the labours of another without enlarging and increasing tenfold the importance of the borrowed subject; and by the peculiar felicity with which he knew how to endow a thought foreign to himself with the irradiations of his original mind, Breschet, whose least publications have attracted the attention of Europe, ever escaped the imputation of plagiarism, in an age in which the accusation is so frequent.

"It has been truly said of Breschet, that he represented foreign science at home and French science abroad * * * and it is not, gentlemen, a trifling service rendered to society thus to connect men, born in distant lands, in one scientific bond of union! Doubtless, in the world of knowledge nothing is lost, and humanity can wait; but the life of a man is short, and consumed in the toilsome pursuits of discoveries which have become popular at a short distance from the home of his birth. Let us, therefore, rejoice for the present time, and congratulate ourself for future ages, when we find that men born in different climes now progress hand in hand in the broad path of science, communicating to each other their discoveries, and for the permanent benefit of the human race, mutually enriching themselves by the constant interchange of the treasures of intellect.

"Before talent, before even genius, it is my object to hold up to your honour and reverence the love of science; recollect that those men only are destined to live in the memories of their fellow creatures, who employ their labours in forwarding the interests of the human mind.

"Gentlemen, you who now listen to my words, to you I turn. The debasement of our profession is every day deplored; protecting laws are loudly called for, and increased respect demanded for the medical body. Remember that in our age, respect is granted only to individuals; it can no longer be written in the legislator's code, nor enacted by orders in council. If you wish to be honoured, shew yourselves worthy of the vocation you have accepted, by bestowing all your energies on those studies by which you expect, at a future day, to rank above other men. In your hands are placed the easy means of acquiring knowledge; your masters are ardently devoted to the performance of the task which their country and their talents have imposed upon them. Rival faculties surround you, supplying you with the most varied resources of science: libraries, museums, amphitheatres, are open to you on all sides. Pupils of the Faculty of Paris, aid our efforts by your own, your country has a right to expect much from you, and we pledge ourselves that you will not frustrate its hopes."

DAN. M'CARTHY, D.M.P.

President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

Mr Richards and Mr. Horton have been elected Surgeons to the Birmingham and Deritend Self-supporting Dispensary, in the room of Mr. Berry and Mr. W. Kimberley, resigned.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D., Physician to the German Hospital.

Diagnosis of Hepatitis.—Inflammation of the liver occurs oftener than it is recognised, being frequently mistaken for pneumonia or pleuritis. If with inflammatory symptoms in the lower costal regions the pain extends to the back; the author seeks the seat of inflammation in the liver. In pleuritis the side is painfully affected. In one case observed by the author the pain of the back was so severe that the patient lay like a statue on his back, unable to move his head from the cushion. The kind of pain furnishes another distinction. In pleuritis the pain is *sticking*; in hepatitis it is an intense dull pain. Inflammation of the parenchyma of the lungs is unaccompanied with pain, because the effusion of lymph enters at first the empty spaces of the air-cells, and this state is discovered by the disappearance of resonance. The liver, on the contrary, is a solid mass, and extensive enlargement must immediately follow its inflammatory swelling. The serous cover of the liver is in a state of perfect tension even when healthy, as is shown by its perfectly shining appearance. Enlargement of the liver must, therefore, necessarily produce a painful dragging of its serous envelope. In hepatitis the most comfortable position is on the back, that on the right side is less so, and that on the left is insupportable. In the first position the organ rests on its broadest surface. and therefore lies easiest, and in the last position it is suspended by the suspensory ligament in the abdominal cavity. If the patient walks, every step increases the pain, by shaking the suspended organ. It is the reverse in inflammation of the lungs, which are light, and therefore less susceptible to concussion; besides, they rest on the diaphragm. The pain of the lungs is increased by active motion of the organ, as deep inspiration, but not by concussion. Pulmonary pain is most acute in ascending eminences, because the lungs are then most active, whilst hepatic pains are greatest during descent, because the downward movement produces most concussion. The examination can be performed best if the patient lies on his back, the occiput deeply pressed into the cushion, because the activity of the dorsal muscles causes a relaxation of those of the abdomen. If, notwithstanding this precaution, the stomach remains distended, the patient ought to be examined whilst he takes a deep inspiration.—*Dr. Hanelroth of Siegin in Pr. Vereins Zeitung.*

Treatment of Accumulations of Fat in the Abdomen.—The author recommends baths of potash against abdominal adiposis (from two to three pounds of potash is sufficient for the bath of an adult, from twelve to twenty such baths should be taken). They are particularly efficacious against adipose deposits in the abdomen, which disturb the digestion, and produce sleeplessness, pain, hypochondriasis, &c. Nature in such cases counteracts this tendency by a slow gastric fever, accompanied by relieving perspirations. The use of potash-baths produces similar effects.—*Dr. Albers, in Rhein. & Westphal. Correspond.*

On the Importance of Microscopic and Chemical Analyses, particularly with regard to Urinary Deposits.—The author found in the urine of lunatics an unusually considerable quantity of ammonia (carbonate and urate of ammonia, muriate of ammonia, and crystals of triple phosphate). In men suffering from great irritation and fury, and in women affected by hysteria, this state was present. Erlenmayer's observations likewise confirm the fact that the urine of furious patients is always alkaline, or at least abounding in ammoniacal combinations, however different the primary disease may be; urea, uric and hippuric acid, are abnormally diminished. The urine of healthy persons contains little ammonia, but it easily becomes alkaline through taking certain remedies or aliments, such as neutral phosphates of the alkalies, acid vegetable salts, sweet fruits, &c., and by means of mercurial friction according to Berzelius. The urine was found particularly alkalescent in the following diseases:—Certain spinal complaints, nephritis, particularly if complicated with typhus Bright's renal degenera-

tion, and chronic diseases of the bladder. *Whence does this remarkable preponderance of ammonia proceed in maniacs?* Either from too small an acidification, or a too rapid decomposition of the azotised urinary constituents, particularly of urea into carbonate of ammonia. Erlenmayer justly assumes the second position as the most probable, considering the strong disengagement of gas invariably ensuing on the addition of acids. What is the cause of this decomposition? It can only be attributed to the nervous system. Thus alkalescence of the urine only takes place in such patients as suffer with a secondary spinal complaint. This is confirmed by Erlenmayer's observations, for he found that the urine of lunatics who suffered from organic cerebral complaints, but who possessed perfectly the motor functions, never displayed alkaline, but always acid reaction. He also mentions the predominance of urinary acidity in violent fevers, accompanied with spinal irritation, and the alkalescence in paralytic states when the spinal irritation is diminished. He considers an alteration of the spinal marrow, in which irritability is abnormally increased, and which is accompanied by great weakness, is of much importance in mania; and thus, on the one hand, the great bodily and mental irritation may be explained, and on the other, the usual digestive derangements, emaciation, and abnormal urinary secretions. The latter phenomena justify the assumption of the spinal fibres being functionally disturbed. As regards the *phosphatic* sediments, Erlenmeyer justly observes that they may be found in acid urine; he also confirms the increase of *phosphates and sulphates* in the urine of consumptive patients, also in the urine during Bright's disease. Therefore the author doubts the observation, that the saline contents of the urine are diminished in fever. Lehman's experiments show that, both as regards *sulphates and chlorides*, the chief influence is to be attributed to the food; these urinary salts are increased by azotised, and diminished by non-azotised, diet. The urinary muriates seem to be abnormally increased in lunatics with abnormal sexual excitement. Erlenmeyer observed numerous drops of fat in the urine of lunatics: the author likewise observed fat in nine cases of lunacy, all of which were affected with melancholy or mania; the reaction was generally alkaline, and only in one case acid. The fatty urine either contains fat as a foreign constituent, or, in addition, contains some proteinic combination (albumen, fibrine, casein. kyestein). The latter sort (*Prout's chylous urine*) is frequent in tropical countries, but rare in Europe. The fatty matters of the pure fatty urine are either elaine (swimming as a drop on the surface) or cholesterine; the former is most usual. According to Sadras the quantity of fat in blood remains almost invariable, notwithstanding the different kinds of nourishment. According to Gluge the blood of animals fed with oil, contained oil in free large drops if the animals died soon, but if death followed some time later, the oil had disappeared from the blood, and was found deposited in the liver, lungs, and kidneys. If the animals remained well, notwithstanding continued feeding with oil, and were at length killed, neither in the blood nor in the above organs could drops of fat be discovered. [Might it not have been discharged with the fæces and urine?] The appearance of fat in the urine must not mislead in the diagnosis, for it may have been caused by the remedies taken, as oil, turpentine, mercury, &c. Fatty urine is chiefly observed in consumptive diseases, such as diabetes, morbus Brightii, tabes scrofulosis, tuberculosis, &c., particularly with disturbed biliary secretion. Heller observed fatty urine in a case of herpes zoster. The question arises now whether, besides the liver, other organs induce abnormal formation of fat by being disturbed in their functions? Inasmuch as the proper character of fatty dyscrasy consists in a preponderance of hydro-carbonised constituents in the blood, these constituents being also detained by derangement of the lungs, kidneys, skin, &c., diseases of the organs in question must also contribute to the production of this dyscrasy. A considerable quantity of fat in urine may thus proceed from different causes, but with lunatics it is generally a symptom of deranged hepatic functions. As regards *the blood* of lunatics, Nasse ascribes to it a direct part in the production of mental anomalies, whilst it is generally only considered as the distant disposing cause; the blood of maniacs does not at all exhibit the phlogistic dyscrasy, therefore sanguineous detractions and antiphlogosis are not advisable. The profuse watery evacuations from the mouths of lunatics, generally considered as salivation, are likewise to be observed; they are generally thought to proceed from the salivary glands, but probably they are often produced by the stomach and pancreas. The pathological anatomy of mental derangements is still enveloped in much confusion.—*Dr. Heinrich, of Bonn, in Hacser's Archiv.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Treatment of Ague.—Dr. Chambers, in the *Provincial Medical Journal*, says he has found this disease in all its forms perfectly amenable to the sulphate of quinine; nor has he met with any case in which, from idiosynerasy or other cause, he has been unable to administer it. He gives one dose of ten grains at any time during the intermission, and this never fails to prevent a return of the paroxysm. In all cases he follows up this large dose by a smaller one of one to two grains three times a-day till the system has recovered its tone. The affections of the liver and spleen that are superinduced by ague, are best treated, he says, by guarded depletion, purgatives, and blisters. Mercury is inadmissible. The preparations of iron are very valuable in promoting convalescence.

Bony Tumour in a Nerve.—A case of bony tumour in the popliteal nerve, causing severe attacks of neuralgia, is reported in the *Provincial Medical Journal* from University College Hospital. The patient, a female thirty-two years of age, was admitted into the hospital in September of the present year, having suffered from intermittent neuralgia in the foot from 1838. The attacks had been partially relieved, and even suspended, by the treatment that had been adopted from time to time, but had always recurred sooner or later. On her admission a careful examination of the limb was made, and a tumour was discovered near the inner hamstring muscles, two or three inches above the level of the patella; it appeared to be about the size of a small walnut, and was situated in the popliteal space; but little manipulation could be allowed on account of the intense pain it caused in the foot, though it produced no local uneasiness. The patient had been aware of the existence of this tumour for above three years. About the middle of September the tumour was removed. A longitudinal incision was made over its seat, and on dividing the deep fascia, a hard gritty tumour was seen in the internal popliteal nerve, the nervous fibres passing over it in bands of unequal size, and thus enclosing it. On dividing the cellular cyst which enclosed it, it was readily turned out. The pain in the foot soon ceased, but the limb remained numb for a while, and considerable pain was felt in the wound. The report closes with the statement, having reference to a short period after the operation, that the wound was nearly healed, and the pain in the foot had entirely disappeared. On examining the tumour, it was found to be about the size of a small walnut, furrowed in one or two parts on the surface where the bands of nervous fibres passed over it. Its weight was 228 grains, and it consisted of about two-thirds phosphate and carbonate of lime, a trace of phosphate of iron, and a trace of sulphate of lime, with animal matter. Notwithstanding the removal of the offending cause, and the apparent benefit thence resulting, we cannot yet regard this case as one of cure. Too short a time has elapsed to enable one to make certain that a relapse will not occur.

Sub-acute Gastritis.—A case of sub-acute gastritis is reported in the *Provincial Medical Journal*, from the practice at the University College Hospital. The nature of the disease was indicated by constant vomiting, pain on pressure at the epigastrium, great emaciation, and the state of the pulse. In the commencement of the treatment, before the severity of the disease was discovered, medicines of a sedative character were given by the mouth; a small quantity of blood was taken from the seat of the disorder, and a mild degree of counter-irritation established on the surface. Subsequently, however, more blood was taken locally, and nothing given by the mouth, either in the shape of food or medicine, for seven days, the patient being supported by enemata. An important element in the treatment was the abstraction of blood from time to time from the neighbourhood of the affected organ; and the constant counter-irritation kept up in the same locality from the date of the patient's admission till her dismissal, cured, from the hospital. The case was under the care of Dr. A. T. Thomson.

Rupture of the Pulmonary Artery.—At a meeting of the Sheffield Medical Society, Dr. Favell exhibited the right lung of a man, aged sixty-three, by trade a pen-knife cutler, who was admitted into the Infirmary, June 6th, with cough and difficulty of breathing. At the time of admission he stated that he had been troubled with a cough for a long time, accompanied with wheezing and expectoration of phlegm of a yellow colour. A stethoscopic examination revealed nothing beyond the existence of bronchitic râles of varying intensity, in different parts of the chest. Very early on the morning of the 15th, nine days after his admission, he was suddenly seized with a tremendous attack of hæmoptysis. The bleeding, however, was restrained for a while by appropriate remedies, but it again returned, and the patient died from exhaustion. He lived nearly four days after the first attack of hemorrhage. On examination after death it was found that the right division of the pulmonary artery was ruptured, just at its entrance into the lung, and the pulmonary tissue was broken down by the quantity of blood which had been poured into it. There were no tubercles nor any other adventitious deposit in either lung.

Disease of the Lungs.—At a meeting of the Sheffield Medical Society Dr. Favell exhibited the following specimens:—1. The right lung of a man, aged fifty-five years, an agricultural labourer, who was admitted into the Infirmary June 26th, suffering from cough, dypsnœa, and debility. The lung presented a remarkable similarity to the appearances generally observed in the lungs of grinders; the currant-like bodies were very abundant, and there was a mass, possessing considerable hardness, at the apex. 2. A portion of the left lung, taken from the same individual, in a state of emphysema. 3. A portion of the arch of the aorta, showing incipient atheromatous deposit.

Scirrhous Liver; immensely distended Gall-bladder.—At a meeting of the Sheffield Medical Society Mr. Harrison exhibited a portion of liver containing large scirrhous masses. The patient, from whom the specimen had been obtained, had long suffered from jaundice. A large tumour could, during life, be detected in the epigastric region, which proved to be an immensely distended gall-bladder, which was capable of containing at least eight ounces of fluid. The ductus communis choledochus was also sufficiently dilated to hold a finger; a large mass of scirrhous pancreas surrounded the duct at its entrance into the duodenum.

Fibrous Tumour of the Uterus.—Dr. Chaloner describes in the *American Journal of the Medical Sciences*, the post-mortem appearances presented in a case of this disease. They are as follow:—The patient, a coloured woman, died of phthisis:—Uterus greatly enlarged and forced towards the left side and low down in the cavity of the pelvis, by a large globular body or tumour developed in its walls, exterior to the cavity of the uterus, and extending from the neck of the uterus to the Fallopian tube, on the right side, about four inches in length and from two and a-half to three inches in breadth. The exterior surface of this tumour was of a reddish-brown colour, and there were two small lobulated tumours about one inch in diameter; one on the anterior, and the other on the posterior surface of the fundus of the uterus. The cavity of the uterus was healthy, and the arborescent appearance of the neck was finely shown; the large tumour, when laid open, was lobulated, and traversed by strong fibrous bands, having a marbled appearance. The whole of the tumour being in the proper tissue of the uterus, exterior to its cavity, its weight was about six and a-half ounces. The ovaries were healthy.

THE EPIDEMIC SORE-THROAT OF SALEM.—Dr. Gibbon gives in the *American Journal of the Medical Sciences*, an account of the sore-throat as it appeared in Salem, N. J., and its vicinity. It resembled, in its general character and symptoms the affection described by Bretonneau under the name of diphtherite. It generally commenced with a slight soreness of the throat, accompanied by more or less cough, redness and swelling of the tonsils, uvula, velum palati, and neighbouring parts. As the disease advanced, the pain and difficulty in swallowing became more manifest, and the tonsils more enlarged. Hoarseness soon followed, and this symptom, where the disease was permitted to pursue its course unchecked, was rapidly succeeded by the stridulous sounds of croup. The disease having, at this stage of its progress, reached the larynx and trachea, displayed all the symptoms of croup superadded to those of ordinary catarrh. Upon examining the throat externally the tonsils could be distinctly felt enlarged and indurated, though but slightly painful to the touch. Excepting in a few cases, the constitutional symptoms were not severe during the first stage. Some few cases were, however, accompanied by high febrile excitement and symptoms of acute inflammatory action from the beginning. As a general rule, the system sympathised but little with the diseased organs prior to the formation of an artificial membrane upon their surface. This occurred at various periods, from a few hours to ten days or two weeks from the commencement of the disease. The breathing then became laborious; signs of cerebral engorgement began to show themselves; and the symptoms resembled most accurately those of the second stage of croup. A false membrane blocking up the larynx, trachea, and bronchi, and preventing the access of air and the oxygenation of the blood, was the cause of death in the fatal cases. In a few instances this membrane extended to the fauces. In the only post-mortem examination which Dr. Gibbon attended, the larynx, trachea and larger bronchi were coated with this false structure to such an extent as to preclude the possibility of respiration. As in croup, this membrane was frequently discharged in large quantities under the operation of an emetic. In one instance a portion of this membrane, partly dislodged from its original seat, was seen protruding like a tube to the extent of half an inch above the glottis, the immediate removal of which only prevented the child from suffocation. The disease was most fatal among infants. Children above the age of two years generally recovered under timely and proper treatment. Convalescence was, however, tedious—the redness and swelling of the tonsils remaining, in most cases, for two or three weeks after the violence of the disease had subsided. In many cases the enlargement of the tonsils still remained after the lapse of a month or six weeks. Not unfrequently the disease, after having almost subsided, would be aggravated by changes in the weather. An unusually damp atmosphere almost invariably aggravated the symptoms; while a few days of clear dry weather almost as invariably diminished the violence. Cases were observed to multiply rapidly after a few days of wet and rainy weather. The disease was confined exclusively to children; adults suffering principally from tracheitis, bronchitis, cynanche tonsillaris, &c. The treatment most successfully sorted to consisted of emetics frequently repeated, accompanied by external irritating applications. These were almost invariably successful when early and perseveringly used. As an external application, flying blisters of cantharides seemed the most efficient. In very young infants, and in older children where they were not resorted to at an early period of the disease, they frequently failed to relieve. In these cases calomel and antimony were the most to be relied on. Bleeding, though in some cases it proved useful, was, as a general rule, of little benefit. Internal applications were of little use. Weak infusions of cayenne, the capsicum gargle, the sulphate of copper, chloride of soda, diluted muriatic and sulphuric acids, alum, borax, &c. &c., were used with apparently the same results. If any one article was entitled to more confidence than another, it was a strong solution of nitrate of silver. After free emesis, this seemed, in some cases, to mitigate the local symptoms. As applications to the enlarged tonsils which so frequently followed the disease, the solid caustic and the tincture of iodine seemed the most beneficial. There were many instances, however, where these enlargements continued for six weeks or two months after the violence of the disease had spent itself. The epidemic seemed to diminish in violence as the spring approached, and finally disappeared with the rainy weather of the season.

HYPERTROPHY OF THE HEART WITH PATENT FORAMEN OVALE, WITHOUT CYANOSIS.—The subject of this case was a child aged four months and fifteen days. No appearance of disease manifested itself until two weeks after birth, when restlessness on lying down, particularly at night, and on the right side, occurred, which was relieved by turning the child over on the left* side, or raising it to a sitting posture. This continued slightly increasing, the general health in other respects good, until within five days of its death, when severe symptoms of catarrh, accompanied with some difficulty of breathing, supervened and terminated fatally. The post-mortem exhibited no discoloration of the skin; the heart was very much enlarged, but the auricles disproportionately small to the ventricles, the foramen ovale entirely open, so that the little finger passed through it easily; the left lung was of a chocolate colour, very much contracted, lying along the spine.

INTUS-SUSCEPTION FOLLOWING PARTURITION.—Mr. Bradley, of Preston, states in the *Northern Journal of Medicine*, that he attended a woman, thirty-eight years of age, in her ninth confinement. The labour was somewhat protracted, and the secale cornutum was had recourse to. The next day, on visiting her, he found, he says, the whole of the rectum protruding externally. It had been down twenty-four hours. It was reduced with difficulty. The woman complained of great pain in the abdomen, and also in the rectum, with tenesmus, for which an anodyne with castor-oil was exhibited, with some relief. The pain, however, returned and increased in severity; the rectum continued to come down; the abdomen became swollen and tender, and there was considerable difficulty in micturition. The treatment consisted principally in the exhibition of anodynes, aperients, and enemata. No action from the bowels followed the use of the aperient medicines. On the ninth day of the attack, the pulse was 90; the cramp in the stomach and bowels had increased; the swelling and tenderness of the abdomen continued; the pain at the rectum was unabated; and there were occasional cold sweats with hiccough. Mr. Brown, of Preston, who was then called in, in consultation, made an examination per anum, and discovered an intus-susception of the colon, which he attempted to reduce, but found it impossible, in consequence of adhesion having taken place. Ipecacuanha and opium were exhibited in small doses every six hours, and an unfavourable prognosis was given. The next day the patient was a little easier; she had passed a great quantity (upwards of two gallons) of matter, per anum, among which were numerous scybala; she could also pass water naturally. The other symptoms were unchanged, and she died three days afterwards in great agony. The post-mortem examination was made eighteen hours after death. Abdomen greatly distended; on opening the cavity a considerable quantity of turbid and offensive fluid escaped; the peritoneal surfaces greatly inflamed, with universal adhesion of the intestines to each other, by recently effused lymph. The uterus somewhat large and flabby. The colon for about seven inches had fallen down, or, in other words, was intus-suscepted into the rectum, to which it had become firmly adherent by strong bands of coagulable lymph, whilst the protruding portion in the rectum, for about four inches, was in the second stage of gangrene, if not quite sphacelated.

* It may be remarked that this case does not lend any support to the theory of Prof. Meigs, according to which the patient should be relieved by lying on the right side when the foramen ovale is open.

The Right Hon. Lord Lyttelton has been installed Principal of Queen's College, Birmingham, in the room of Dr. Edward Johnson, who has retired, in consequence of his advanced age.

THE POTATO DISEASE.

By JOHN ALEXANDER MORRIS.

Quousque tandem abutere patientia nostra?—CICERO.

The first November number of the *Medical Times* is more than ordinarily occupied by the learned results of the speculations of erudite commissions, individuals, &c., whose thoughts the "potato disease" seems wonderfully to engage; but, alas! for the result of their long-spun lucubrations, the rottenness still progresses; nay, more undoubtedly generates itself, seizing hold of and quickly ruining those potatoes that have as yet enjoyed a perfect immunity. How wonderful the sagacity, how deep the penetration, how bold and unfettered the strides of the present vast mass of speculative science! how it astounds us poor nonentities, born as if but to look on in stupid amazement, and gaze in wonder and awe on the multifarious offsprings of its ever-active, ceaselessly-operating mind, under the shadow of whose protective wings we have hitherto felt the confidence of security, and the joyous hope that effectual succour was there stored until such time only as occasion or necessity should bring it forward; but now that the goddess, whose head o'ertops the stars, whose broad dimensions envelope the earth, whose gaudy trappings command the admiration, stoops her proud mien at the solicitation of her worshippers, and in the majesty of her nature descends the earth, not to recal the effects of, but to stop the ravages of an enemy, personified in the "potato rottenness!" Where are her boasted powers, her deified hands condescend to touch the infected tuber, and after boiling, burning, scratching, scraping, testing, and microscopising in every imaginable manner, sending forth her bulletins (bulls?) &c., she, with slow and measured dignity, rises, and to a panting, anxious, and starving world of worshippers, with unbecoming strut of manner, with proud severe mien, not unmingled with a gracious self-complacent smile of satisfied vanity, gives forth in loud, far-resounding, unblushing voice, in pomp and majesty of words—*sesquipedalia verba*—the product of her labours. What is it? The history of the disease, the alteration it effects in its victims, that it is, and that it is not, injurious in its action on the animal economy when taken into the stomach, everything in fact but what we want, or what we might reasonably expect—curative, or even palliative measures—to ward off its attack, or arrest its advance. How vastly disproportionate, when we reflect, seems the labour, the research, that has been bestowed on this subject, the time and money expended, and other et ceteras, with the results they have produced. As to the report of the commissioners appointed by her Majesty's Government in Ireland, published in the same number of your valuable paper, it reminds one of the fable of the mice in council, where the sagest of the assembly stood forward and proposed the affixation of a bell to the cat's neck; the ironical imp not reflecting, or not wishing, perhaps, to reflect, on the practicability of the measure. Messrs. Kane, Lindley, and Playfair (playfair?), in a similar spirit recommending "that the potatoes, when dry, should be spread over the field, and not collected into heaps, and if the weather continue dry and free from frost, that they should be allowed to lie upon the field for a period of time not exceeding three days.

"The potatoes, after being thus dried and improved in their power of resisting disease by the means proposed, should then be sorted by carefully separating those which show any tendency to decay. Those potatoes which appear to be sound should then *be placed about two inches apart in a layer*, and over each layer of potatoes should be placed a layer of turf ashes, or dry turf-mould, or dry sand, or burnt clay, to the depth of a few inches. Thus will be formed a bed of potatoes, each potato being completely separated from the other by a dry absorbent material; upon this bed another layer of potatoes should be spread in like manner, and be also covered with the dry materials employed; as many as four layers may thus be placed one above the other, and when the heap is completed, it should be covered with dry clay, straw, heath, or any other material adapted to protect it from rain."

After all this follows an enumeration of those circumstances which may prevent the accomplish-

ment of such desirable precautions, as well as the means to meet such exigencies—means of still more difficult subserviency. Have the learned investigators, I would inquire, asked themselves the question, or, having asked, answered it—if the preservation (which is to say the least extremely problematical) of the present existing sound potatoes, to save which they have proposed the adoption of such tender care, would compensate for the expense necessary to be incurred? It scarcely needs the aid of reflection to give a decided negative to this question—nay more, it would be doubtful if an average healthy crop would be sufficiently remunerative at the outlay proposed to be expended by our learned friends for the extremely doubtful preservation of a portion, less than one half, on the most moderate calculation, of the present diseased one.

That the disease is nothing more nor less than the consequence of an arrest of nutrition in, previous to the full and perfect developement of, the tuber, and naturally succeeded by a species of fermentative action in the arrested fluids, appears to me clearly evident; and that unless (which is impossible), a counteracting nutrient and stimulating alterative be administered, so as to circulate through its internal parts in obedience to the law of assimilation and action of medicine, the *cure* of the disease can never be effected; palliative measures, and those too of easy and immediate application, must, in this case then, be the only ones which, with any hope of even partial success, can be adopted; and unless such be speedily employed, we have every reason to conclude that the vindictive enemy against whom so many innocuous thunderbolts have been from all sides hurled, will never pause in his devastating advance until he has succeeded in laying completely prostrate the most essential article in the dietary of the poor, as well as a very important one in that of the opulent. As to myself, I must confess my inefficiency to comprehend the meaning of the inconsistently active interest which the government professes to feel in this matter, and the supine indifference with which it looks on receiving the reports of its delegates, which, meaninglessly enough indeed, are occupied either by covert expressions of their total ignorance of the subject, or the ostentatious promulgation of impracticable, and problematically (if practicable) successful measures, while the evil, equally indifferent to the interest it excites as to the injury it is inflicting, mercilessly proceeds, until its power be expended with the annihilation of the entire crop, when, perhaps, the sages will step forward with the wonderful elixir, which, if timely employed, was to have saved the entire.

I will now, sir, in conclusion, beg to present for the adoption of your readers, the following method of cure to be employed, which, as well as I can form an opinion, seems to be attended with more success than any as yet tried, of which I am aware, and the principle of the action of which is, I think, clearly explicable, by taking for the basis of our reasoning the above theory as to the nature of the disease. This remedy has the advantage, moreover, of cheapness, simplicity, and easy application. It is the free use of recently powdered lime, either in its pure unadulterated state, as when required for an advanced stage of the disease, or more or less diluted with dry sand, which is preferable to any other ingredient, according to its extent or malignity; the use of it in this form will, of course, demand an assortment of potatoes into two or more varieties, which, however, will require scarcely additional labour to that usually employed in digging them out of the ground. This process possesses the very important advantage of enabling the potatoes to be pitted, and that immediately, provided the lime be freely employed which, possessing an extraordinary affinity for water, will determine the fluids of the tuber to the surface, thereby opposing the most effectual preventive means to the central gravitation of the infected sap; independent of its chemical action in this respect, it also possesses another correlative one, which consists in the contraction of the cellular tissue of the tuber, thereby causing the forcible exudation of the aqueous particles, which are finally absorbed by the lime.

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1. As clearly showing the cause, it may be stated that walnuts have failed in a similar manner; that onions are violently suspected by the dealers, as are some other articles.

2. The fact is, that the tubers have not *ripened*, partly from the stalks being frost-bitten, partly from want of warmth, and partly from wet. Unripe potatoes (like unripe apples) will not keep, and are not considered wholesome.

3. The small potatoes (usually given to pigs), keep best. I think that the farina forms from the centre outwards, and that, therefore, unripe potatoes usually decay from the exterior inwards. The public may make up their minds that no care will keep unripe potatoes, and it is perhaps fortunate that we shall soon be rid of the whole before mischief is done.

4. No potatoes should be eaten without being cut lengthways through the middle, and any tuber soft or decayed in the centre should be wholly rejected. We might perhaps eat those which are merely decayed at the outside, if we peel them very thick. Potatoes which can be used for seed should be economised or removed from the tables of the educated classes.

5. With some hesitation I would suggest that the potato has now for some hundred years been propagated from cuttings, and not renewed from the seed in the fruit. The older varieties of the apple-tree are most subject to disease, and gradually wear out, as every plant has its natural period of existence like an animal.

6. The recommendation that the poor should store potatoes in their houses may lead to pestilential disorders.

Sir,—I have seen in the *Dublin Advertiser* of the 29th inst., an article from your paper on the potato *rot*—so very prevalent in this country and, I believe, all over the world. In support of (I think) the correct view which you have taken in the main point on the subject, I will give two instances that have come under my own notice. In my garden I had some drills of purple Bangors, which suffered much by the high winds prevalent in the last season. My man, observing the roots to be exposed more or less, went over every one of the drills, and tightened, with his heel, each plant; they were dug out with the rest of the crop (not, I regret, so treated) about the 1st of this month, and pitted in the *usual way*; having reason to fear for the remaining part of the crop, I opened the pit on the 24th inst., and found the disease breaking out. The Bangors I have examined this day, and they are as sound as need be. I also opened a pit of cups which I bought in the ground with some pinks in August; these I now find were also loosened by the wind, so much so, that the man in care of them, deemed it advisable to shovel and beat the drills with the back of the spade; they are perfectly sound, as well as the pink-eyes. These I have been using since the 13th August, not one of which has been found bad; any one in the least acquainted with gardening or farming knows the actual necessity of tightening a plant that has been loosened from its hold. Many a fine head of brocoli, cauliflower, &c. &c., I now recollect being attacked by a small insect, after its being first shaken out of place by the wind, and forming a round hole for air and rain to get at the roots.

31st Oct. 1845. J. Mellsop.

STATE OF THE PUBLIC HEALTH IN THE PAST QUARTER.

We extract the following from the Registrar-General's Report:—

"The quarterly returns are obtained from 115 districts, sub-divided into 576 sub-districts. *Thirty-four* districts are placed under the metropolis, and the remaining 81 districts comprise, with some agricultural districts, the principal towns and cities of England. The population was 6,578,912 in 1841."

The public health, during the past quarter ending September 30th, was good; for the deaths, notwithstanding the increase of the population, were only 36,008, or 1870 less than the average of the corresponding quarters of five former years (1840-44). This favourable state of things was general, and was observed in the majority of the town districts of the kingdom. The southern coast has been unusually healthy through the summer; the deaths in Brighton, on an average 262, were only 219; in the Isle of Wight, the deaths, on an average 183, were 121; in the Portsea Island (Portsmouth), the deaths, on an average 299, were 239; in Exeter, the deaths, on an average 200, were 160; in Plymouth, the deaths, on an average 224, were 191; in Penzance, the deaths, on an average 292, were only 166 in the quarter ending September 30th, 1845.

The mortality has been below the average in every district round the south-eastern and southern coast, from London to the Land's End; yet the average mortality itself is low throughout that part of the country. In the last report, it will be seen that only 1·9 per cent., or 1 in 52, of the inhabitants die annually in the south-eastern and south-western divisions, while the annual mortality of the whole kingdom is 1 in 45.

In Austria, including the northern parts of Italy, the annual mortality is 1 in 33;[1] and the mortality throughout Italy is not less than in Austria. In the cities of Italy the mortality, according to official documents, varies from 3 to 4 per cent. In France the annual mortality is 1 in 42.

The mortality was *above* the average of the corresponding quarter in the following districts:—Northampton, Bedford, Yarmouth, Kidderminster, Leicester, Rochdale, Halifax, Bradford, Pontypool, Newtown, Holywell, and Anglesey.

Leicester is an unhealthy district; the average mortality is high; the average number of deaths in the summer quarter is 325, and in the last quarter no less than 457 deaths were registered. The Registrar of the East District remarks—"Since that time (1840) vaccination seems to have been totally neglected; hence the great increase of deaths for this and the preceding quarter. I have registered 73 *deaths from natural small-pox*, and only 4 persons that had been vaccinated, and those only very doubtful. *Measles* has been very fatal; I have registered 57 deaths from that epidemic."

The fatality of *small-pox* is mentioned by the Registrars of Yarmouth, Northampton, Wolverhampton, Birmingham, Coventry, Basford, Liverpool, Bury, Prescott, and other districts, in their remarks.

Metropolis.—76 deaths from *Small-Pox* were registered in the quarter: the average is 130. In the week ending September 13th, no death from Small-pox was registered. Such an exemption has never before been observed since the new Tables were published. *Measles* has been epidemic; 688 deaths have occurred from that disease. *Hooping-cough* has been prevalent. Of *scarlatina* only 194 persons, chiefly children, died; the average is 476. Only 2 deaths from privation were returned; the average of the quarter is 5.

The weather presented this remarkable peculiarity—that the mean temperature of every week of the thirteen was below the average. The mean temperature of the quarter at Greenwich was 57°1; which is nearly 4 *degrees below the average of the season*. The month of August was 5° below the temperature of the same month on an average of 25 years. Seven inches of rain fell at the Observatory. The results varied considerably in other parts of the country.

The temperature of summer of last year (1844) was 2° below the average: but the state of the crops, and particularly of the potato crop in 1845, and its possible effects on the public health, render a a comparison of the whole meteorological phenomena in 1844 and 1845 important. This comparison will be facilitated by the annexed table, compiled from the Greenwich observations.

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[1] Reg. Gen. 6th Report, 8vo., pp. 39.

1845. Quarters ending.	Years.	Mean height of the Barometer, from 936 observations, corrected and reduced to 32 deg. Fahrenheit.	THERMOMETERS. Highest during any week.	Lowest during any week.	Mean. Highest on each day. 78 observations.	Mean. Lowest on each day. 78 observations.	Mean. Difference.	Mean of 936 observations.	Dew Point. Mean of 936 results.	Self-Registering. Highest in the sun. During the quarter.	Highest in the sun. Mean of 91 observations.	Lowest on the grass. During the quarter.	Lowest on the grass. Mean of 91 observations.	In the water of the Thames at Greenwich by the Self Registering Thermometer read at 9 o'clock. MEAN. Of the highest on each day from 91 observations.	Of the lowest on each day from 91 observations.	Difference between the dew point temperature and air temperature. Mean of 936 differences.	Mean of the greatest on each day, 78 observations.	Mean of the least on each day, 78 observations.	Difference between the mean temperature of the quarter, and the mean temperature of the same quarter, on an average of 25 years. *	WIND. Pressure in lbs. on the square foot. General direction.	Greatest pressure in the quarter.	Mean for the quarter.	Mean amount of horizontal movement of the air in each week.	Mean amount of cloud, 0-10.	Rain in inches, 91 days.
March	1844	29.705	57.	18.6	43.7	33.4	10.4	38.6	34.9	83.6	52.3	6.3	27.1	..	..	3.8	7.9	0.8	—4.3	..	17.0	0.63	1238	7.2	7.13
	1845	29.788	59.0	8.8	40.0	30.9	9.1	35.4	31.7	68.8	49.6	6.0	23.8	37.2	36.4	3.7	7.7	0.9	—3.5	..	13.0	0.6	1046	7.5	4.80
June	1844	29.919	83.3	34.0	65.4	45.5	19.9	55.0	47.2	111.7	88.6	21.6	37.0	..	..	7.8	15.4	1.6	+1.9	..	10.0	0.36	948	5.5	2.31
	1845	29.731	83·2	29.5	60.5	44.2	16.3	51.9	46.5	115.6	80.0	12.2	36.3	54.9	54.1	5.4	12.0	0.9	—1.1	..	12.0	0.5	956	6.4	4.80
September.	1844	29.762	85.1	40.6	66.9	51.4	15.5	58.9	53.6	115.0	90.0	30.0	43.5	..	..	5.3	11.3	0.8	—2.0	..	9.0	0.29	870	6.3	5.33
	1845	29.768	80.5	35.3	65.0	50.1	14.9	57.1	52.3	111.6	87.1	22.5	44.2	61.0	60.6	4.8	10.7	0.9	—3.8	..	9.0	0.4	917	6.9	7.00

* In reading the twentieth column it will be borne in mind that + is read "HIGHER," and — "LOWER," than the average.

SHOULD MEDICAL MEN DISPENSE THEIR OWN PRESCRIPTIONS ?

(Translated from a recent German work.)

The spirit of the advancing age has already expunged from the list of drugs the pearls and jewels, the precious bezoar, the unicorn, and other things which were so profitable to druggists : simpler processes were substituted for the complicated ones ; no one now required alcohol to be ten times rectified, or calomel twelve times distilled ; and the establishment of more stringent price-regulations threatened to convert the druggist's office of gold into one of silver, when things took a turn more favourable to the druggists, and more disastrous to the art of medicine.

The former medical laws had already begun to restrict the composition of the mixtures to the druggists, and thus in some measure to confine the physician. The more recent statutes completed the work by preventing physicians from converting the simple drugs into compound mixtures for themselves, as well as forbidding them to give any medicine directly to the patients, and, as expression was, "to dispense."

Nothing could have been done more expressly adapted to ruin the art of medicine. Such regulations can only have been adopted from three views.

1st. Was it from the notorious incompetence of the physicians of the present day themselves to prepare a tolerable combination of drugs ? Were they not to be trusted with the weighing out of the simples, that they were prevented from executing this mechanical operation, as midwives are not allowed to use the forceps ? If this were the case (what a dreadful presumption !) how could they write a receipt, that is a prescription, how a variety of substances were to be combined in the most proper manner, if they themselves were not masters of the operation which they described ?

2nd. Or was it for enriching the druggists, whose incomes suffered by the physicians themselves dispensing their medicines ? If the whole system of medicines existed for the benefit of the druggist alone—if people fell sick solely for the profit of the druggists—if learned men became physicians not so much for the purpose of curing the sick, as for the sake of assisting the druggists to a rich livelehood, then there would be good reasons why the dispensing of medicines was forbidden to physicians, and a monopoly of it confirmed to the druggists alone.

3rd. Or was it for the benefit of patients ? We must presume that medical laws are made chiefly for the benefit of the sick ! Let us see if it were possible that patients could derive advantage from these laws.

By not himself dispensing, the physician loses all dexterity, all practice, in the manipulation necessary for the combination of substances which severally react, and in certain cases decompose one another. He gradually loses his experience in this art, until he, at last, cannot give a minute and consistent prescription at all, and writes prescriptions which involve contradictions, and make the druggist merry at his expense. In this practice the physician must conform with the best grace he can ; and the doctor and his patients must be content to receive his medicine as the druggist and his assistant (a mere apprentice) please to make it.

If the physician wants to order equal parts of camphor and myrrh in the form of powder, he very likely does not know, from the want of acquaintance with pharmaceutical manipulations, that these two substances never can form a powder, but the longer the two dry substances are pounded together, the more entirely do they become converted into an emulsion, or even a fluid. Then the druggist either sends to the patient a soft mash, instead of a powder, with a sarcastic observation, much to the annoyance of the physician ; or he deceives the doctor to keep in his good graces, and gives the patient some other brown powder impregnated with the smell of camphor ; or the physician perhaps writes a prescription against hemoptysis, consisting of alum and kitchen salt rubbed together ; now, although each of these substances separately is a dry powder, yet, out of the triturated combination no powder can be obtained, but a fluid mass, which a physician, not himself accustomed to dispense, could never have suspected ; what will the druggist do in a case like this ? He must either deceive or annoy the writer of the receipt.

Now, can these and a thousand other similar counteractions tend to the welfare of the patients ?

Errors, mistakes of every kind, which the druggist or his assistant commits in the preparation of the compound, through ignorance, hurry, confusion, uncertainty, or deceitful motives, afford to the man of science and knowledge who wishes to prove such a combination, a problem, which, in the case of vegetable compounds, altogether defies his powers to resolve ; how much more so for a physician who does not use his own medicines, and even is not allowed to do so ? How is he ever able to detect the adulterations or the impurities which the person who makes up the prescription may have employed ? If he cannot detect them, which from the limitation of his knowledge is very probable, what mischief must and does accrue to the patient ! If he cannot detect them, what a fund of merriment must he afford, when his back is turned, to the druggist's shop boys ! By forbidding physicians *themselves* to dispense, the druggists' income is cared for in the most satisfactory manner. How is it possible to check his bill ? And if we attempt to reckon the items, his conscience does not prevent him from employing a cheaper substitute (quid pro quo), instead of the expensive one that is prescribed. Many druggists have brought this deception to perfection. This practice has been in vogue for 1500 years. We may learn this from Galen's little book entitled περιαντε βαλλομενιον and the multidude of books which treat of the adulteration of drugs and deceptions practised by druggists make even now no contemptible library. How much is the whole history of the treatment to be depended on in regard to the healing of the sick !

CONFESSIONS OF A QUACK.

(*From Douglas Jerrold's Shilling Magazine.*)

When a person who for many years has been living and making money by practices which a moralist would term fraudulent, comes forward at the end of his career with a confession of them, it is likely to be presumed that he has renounced, and is ashamed of, his former course of life. Now I, for a considerable period, have been not only getting my bread, but also buttering it richly, by medical quackery ; and I am retired on a handsome fortune which I have thereby amassed. But for my part, so far from feeling either shame or repentance on account of what I have been, I declare solemnly, with my hand upon my breeches-pocket, that I glory in the name of Quack. I wish anybody could imagine with what inward exultation I hear, as I pass by a village pond, the peculiar cry of the ducks upon it. Quack, quack, quack ! Yes ; I am a Quack, although a retired one. I own it, I boast of it ; and when I look back on all the things, ay, and all the persons too, that I have done, to become the rich, fat, comfortable fellow that I am, I am delighted. So pleasing is this retrospect, that thereby, partly, it is, that I am induced to publish these disclosures, which nothing but an ingenuous modesty in speaking of my own affairs makes me term "Confessions." In so doing, however, I am also actuated by another motive, namely, by a craving for sympathy ; a desire to render kindred minds partakers of my own. This amiable instinct is one in which we Quacks, in the busy hum, as it may be truly called, of our lives, are obliged to repress. We cannot unbosom, even to our dearest friends, without putting ourselves in each other's power. Our secrets, in that case, would be betrayed, at all events they would be shared in ; and this would not do—would not *pay*. But now, my active days are over. My mission is fulfilled. I am independent, able to speak out, and can tell what I choose without losing a farthing by it. And let me mention that, although in this position, I am only a middle-aged man. I reflect on this circumstance with great complacency, whilst, when riding in my carriage, I

behold one of my brethren—for I will call all medical men my brethren, although they disown me—grown old and grey in what is called honourable practice, hobbling along on foot.

Full particulars respecting my birth and parentage shall be recorded on the monument which I mean to have erected over my remains. I was educated, that is to say, half-educated, like most persons whose destiny is the medical profession, at a classical and commercial academy. There, I remember, I was once, and only once, flogged; which I mention, because the infliction made a powerful impression on me, and, I believe, was the means of doing me much good. My offence had been a verbal fiction. My executioner, with the concluding lash, bade me mind how I told lies for the future. I recollected this advice in after years, to my no small success and advantage. Having left school, and being required to choose a calling, I made choice of physic, influenced, I believe, chiefly, by a love of the mystic and the marvellous; attributes with which my imagination had invested that science. A short course of practical pharmacy, however, in my master's surgery, soon dissipated all the romantic notions I had formed respecting it, but astonished me at the same time in an unexpected manner. I had fancied that the ills that flesh is heir to were many, and that their corresponding remedies were equally numerous. I was, therefore, surprised at finding that by far the greater part of my employment consisted in pouring into phials or "putting up," as it was termed "*Haust: Rub:*" *Haust: Nig:*" and "*Mist: Feb:*" Three sorts of medicine, I thought, seemed to go very far in treating diseases; and the dim forecast of a still grander generalisation, the embryotic notion of a universal pill, would occasionally occur to my conception.

When the term of my apprenticeship had expired, I proceeded, as a matter of course, to London, for the purpose of completing my studies. To these I really did apply myself with some diligence, and all that I now regret is, that I wasted so much time as I did in attending lectures and dissections, and storing my mind with a knowledge of anatomy, and chemistry, and botany, and other sciences; which, in the first place, as I crammed them all up by rote, I forgot in less time after my examination than I had taken to learn them in before it, and which, in the next, if I had remembered them, would have been of no use to me. A large per-centage of curable diseases is to be cured with a blue pill and a black dose; those which are incurable are best treated with coloured water and placebo-pills. Now of what service is chemistry, or anything of the sort, in the prescription of such remedies as these? To arrive at the great truths contained in the foregoing statement, it will be supposed that I endeavoured, at least, to acquire some knowledge of medicine, and that I reflected to a certain extent upon the information which I acquired on that subject. Such was actually the case; for before I entered into private practice, I thought, and certainly not without a show of reason, that the success of a medical man was proportionate to his professional skill, and that the better the commodity he had to offer, the more would he gain by the sale of it. How beautifully was I deceived! How not less beautifully undeceived, as I shall show presently! Under this delusion, not only did I cram my head with scientific verbiage, in order to pass the Hall and College; but I diligently attended hospital-practice, and besides that, visited, in the capacity of pupil, patients belonging to another public charity. Acting under the physician to the institution, I undertook their cases, and visited them at their own homes; thus acquiring a knowledge of disease and its treatment at the bed-side. Hence I arrived at the two great principles in therapeutics which I have above enunciated; but this was not all. I certainly did find that there was a no small number of diseases, whose cure really required scientific knowledge, applied by sound and careful judgment; and among these my confessions, I may mention, that I thought myself a rather fine fellow, if not somewhat of a philosopher, for the mode in which I managed them. I do verily believe that I saved several lives, and a large number of eyes and limbs, by sheer art. I afterwards found how little the preservation of a life is appreciated, and how much less is thought of saving a limb than of amputating it. But let me not anticipate.

My examinations passed, there was the world before me where to practise. I was not a little ambitious; and had any public appointment been open to competition or obtainable by talent, I should have striven for it; and perhaps have become a hospital-surgeon. But such was not the case, and I here tender the heartfelt thanks of a quack to my brethren, the surgeons of the London hospitals, for contriving so cleverly as they do, to exclude from their respected fraternity all but those who have been their apprentices, and their relations. But for this prudent and praiseworthy arrangement of theirs, I might still be a working man, with perhaps but a middling practice, and only a moderate amount of property in the funds. But to return. I saw no prospect of doing great things in London; and an advantageous opening for a general practitioner occurring in a country town, thither I repaired, worth about two thousand pounds, which had been left to me by my maternal grandfather.

Private practice, I very soon found, is quite a different thing from the treatment of gratuitous patients. I was quite astonished at the number of coughs, colds, mere aches and pains, and other trivial ailments, for which my attendance was solicited. I administered what was necessary for them, assuring the applicants that they had nothing to fear; and sometimes, when no medicine was wanted, merely told them to go home, keep quiet, and put their feet in warm water going to bed.

Noodle, ninny, simpleton that I was! I believe there is a piece of music called, "With verdure clad," I declare that I never hear it named without thinking of the excessive greenness with which, as with a mantle, I was invested at the period just referred to. Imaginary and trifling complaints are the staple of medical practice. Serious diseases are too few to furnish bread and cheese. That there should ever have been a time when I was ignorant of these things!

From month to month, from week to week, I waited for important cases. Seldom they came; and for the few that I met with I got small pay and fewer thanks. My practice altogether, instead of increasing, decreased; and the coughs, pains, and aches betook themselves to a rival, who, I afterwards found, made much of them, and persuaded the objects of them that they were really seriously ill.

I found too that I unwittingly was constantly giving offence. I happened, one Sunday, to step into an Independent chapel. The next day, the father of a family that I attended, who was a high-churchman, sent to request my bill, with an intimation that he should cease to require my services. I walked out once in the cool of the evening, with a cigar; whereon, almost immediately, ensued a tremendous fall in business. A doctor of divinity came one day to consult me. It happened that a volume of Shakspere was lying on my table. "Are these your studies, Mr. ——— ?" demanded the reverend gentleman, somewhat sarcastically, pointing to the book. Very soon afterwards he quitted me for my opponent; whilst a report, I found, became current that I read poetry, and attended to that more than to my profession. I discovered, on another occasion, that I had given great scandal by appearing, in the open day, in a straw-hat and a shooting-jacket. Another time, I was sent for to see an asthmatic old woman, who had been worth fifty pounds a-year to me. She said, "I hear, Mr ———, that you are about to become a freemason." Such happened to be the fact; I admitted it. "In that case, then, sir," she replied, "I shall be under the necessity of seeking other advice." I was wise enough, to be sure, to take this hint, though I would have given worlds at the time to have defied the old hag with indignation. With what smiling meekness have I cringed to imbecility since!

My practice thus growing "small by degrees," had become by the end of the third year from its commencement so "beautifully less" than it was during the first, that, to pay my rent and taxes, and discharge my Christmas liabilities, I was obliged to make a large hole in my capital. There is, or was, a publication called the *Medical Gazette*, in which the names of many practitioners appear in connexion with their published cases; but I began to fear that mine, if I did not take care, would very soon appear in a gazette of another sort, connected with no case whatever, except a case of bankruptcy. In the background of my prospects, to speak figuratively, and by no means far in the distance, I very distinctly beheld the Dogs. It was therefore necessary, with a view to remedy this consumption of the purse, that I should resolve my whole man, medical as well as individual, into a Committee of Ways and Means.

I will not exhaust my reader's patience with a record of the debate into which I thus entered with myself; but will merely mention the resolutions in which it terminated, which were these:—

Firstly, That in expecting to succeed in my profession by skill, knowledge, and attention, I had made a great mistake.

Secondly, That, by endeavouring to recommend myself by sincerity and straightforwardness, I had, on the contrary, incurred disfavour.

Thirdly, That in having followed my own inclinations in matters wherein I should have been guided by the fancies of others, I had been guilty of a grave contempt of the majesty of prejudice; to which, in all particulars, I ought to have been an abject slave.

Fourthly, That through the above-mentioned errors, I had irretrievably lost my practice; and fifthly, that I had better try my fortune somewhere else, remodelling my whole course of action, and turning over an entirely new leaf.

In a word, I fairly made up my mind to turn quack; and, for my sphere of operations in that capacity, to choose the metropolis itself. I had little to lose, go where I might: my success in any part of the country would at least be limited; but there was a possibility that it might be unbounded in London. I therefore, without loss of time, transferred myself to town, boldly took a house in a good neighbourhood, put my blue bottles in my window, and brass plate on my door, and dressed myself in the fashion of a dissenting minister. I also, though my sight was as keen as a hawk's, put a pair of spectacles on my nose; for the very reason that I had known this done by pretenders, whom I used to despise. Thus equipped and established, I felt as if accoutred for a fight, and I screwed up my energies for an onslaught on my prey—the stupid, the ignorant, the vain, the credulous, the domineering—the creatures who would not let me get an honest maintainance.

My first step was to bring myself into notice. For this purpose, I availed myself of every kind of introduction that I could procure, and I had a number of professional cards printed, which I did not scruple to send to all manner of persons, whether I knew them or not. I likewise, every now and then, wrote letters to the newspapers, sometimes asserting that I had discovered a remedy for hydrophobia; at others commenting on cases which happened to come before the public. As to the truth, speculative or practical, of anything that I asserted, I paid no regard to it whatever; my sole object was notoriety. I bribed penny-a-liners to report imaginary accidents, to which I was summoned, in the papers; and I hired persons to ring and knock at my door, and even occasionally to call me out of church—whereat, by the bye, my attendance was most exemplary, and my demeanour conspicuously devout. Whenever I went to a party, I was sure to recollect, at an early hour, that I had a professional engagement; but I seldom left one without having ingratiated myself with some old lady or gentleman afflicted with indigestion or gout.

A steady perseverance in these and similar artifices, was in no long time rewarded with some success; and I was soon resorted to by a number of patients, sufficiently large to enable me to carry out my new principles of practice. And I had now brought myself into such a frame of mind that fresh truths, in reference to them, were continually imparted to me, as if by poetic inspiration. The first great fact that I perceived was, who, and what, are the bulk of profitable patients. I found that they were weak, fanciful, timid, and old women and corresponding characters of the opposite sex, feeble in body, and still more feeble in mind, pampered to extreme sensitiveness, unable to bear the least pain, and frightened to death at the slightest symptom of disorder. Incapable of reasoning or hearing reason, knowing little of anything, and least of all of themselves, physically or mentally, they judge merely from their sensations. If these tell them that they are very ill, it is useless to attempt to convince them o the contrary. They will disbelieve the truth to

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their physician's prejudice; now, it is much better that they should disbelieve a falsehood to his advantage. Accordingly, when such patients came to me with nothing, or next to nothing, the matter with them, I no longer told them that they would be well in a few hours, or dismissed them with a few cautions and a little medicine. Not I. I listened to their groans, and moans, and rigmarole, with profound attention. I told them, indeed, that they had no ultimate danger to apprehend, but at the same time I besought them to take care of themselves. And then I said that I would send them a little medicine; and I sent them several draughts to take every day, and pills, or powders, night and morning, for a week; so that I was better than my word. Consequently I not only made money, but also got the character of a kind considerate man, and a dear creature; whereas I had formerly been called a savage and a brute.

I soon also saw that many of the above class of patients who are rich, particularly if they belong to the fairer, not to say the softer sex, do not apply to a medical man merely for relief. They regard him as a sort of social luxury—a thing to rest upon—a cushion, a sofa—or by which to be solaced, as by a comforter, a muff, or a warming-pan. They require him to come and condole with them, and pity them. They want him also to gratify their vanity, whether by direct flattery, or by obviously and studiously consulting their whims and caprices. It is a gratifying spectacle to them to behold one whom they believe to be a learned and intellectual man, devoting his whole mind to their petty selves, grovelling before them, walking in their faith and fear, and working out his favour in their eyes with fear and trembling: for money—yes, for money. They would not care for a gratuitous doctor. He must be their paid sycophant, that they may enjoy the full luxury of despising him. How soon, like dear, meek Mawworm, did I learn to like to be despised! How musically chinked the reward of my humility!

Thus enlightened, I perceived the folly of my former independence, and the causes of its injurious consequences to me. I now dressed, acted, talked, nay, looked, solely at the dictation of society. I contradicted nobody, and yet agreed with everybody. I seemed to have no will of my own. On moral, political, and metaphysical subjects I never breathed a syllable, lest I should offend some one. And let me here lay down this aphorism, that no medical man, who would prosper in his calling, should ever deliver any opinion but a professional one. I may add, too, that he had better word even that ambiguously.

Another important, I may almost say tremendous, verity which I arrived at, was the proper mode, in a pecuniary sense, of treating serious diseases; one widely different from that which is right abstractedly. The latter mainly consists in the careful rectification of disordered functions, and the prescription of a suitable diet and regimen, with occasional recourse, in certain cases of necessity, to more active means; such as bleeding and counter-irritation. For diseases result from transgressions of the natural laws, and in conformity with those laws, they should also be cured. Now scarcely any patients are aware of this. They imagine that diseases are cured, directly, by certain drugs; whereby, indeed, mere symptoms are often relieved; and they are unable to distinguish such relief from a real cure. They moreover dislike restrictions in diet, and hate to be obliged to take exercise; and they object to the right method of treatment because it is long and tiresome. They do not know or consider that by it alone can their diseases be finally eradicated. What they want is to be made well at once. Hence the Quack, to get money, must treat mere symptoms, irrespectively not only of their essential cause, but also of the mischief which he may thus do on the whole. For instance, I have often been applied to by patients with determination of blood to the head. I might have given them appropriate medicine, desired them to live abstemiously, and perhaps to apply a mustard poultice now and then to the nape of the neck. By these means they would certainly have become well and have remained so. Did I do this? No. I bled them, to be sure, which relieved them instantly; and then I allowed them to go and live as they liked. In a few months they were ill again. Again I bled them; and so on as often as they came to me. At last they generally died, though they would have lived under a more rational treatment; but what of that? I got well paid, and reputed a clever, nay, a bold practitioner, to boot.

A grand popular fallacy, which I successfully traded on, was the popular faith in specifics. For every complaint, I invariably gave something to take; it was generally, therefore, believed that I knew "what was what:" but what I really did know was, that there are but two specifics in the whole "Materia Medica"—sulphur and quinine. Diseases, directly or indirectly, are the result of some sort of injury. The only specifics are those that either neutralise the injurious agent, or expel it from the system. I must apologise for all this philosophy; but really it is necessary to know something of medicine, in order to pervert it to quackery.

I had formerly often lost credit for a good cure by not having at the outset sufficiently magnified the importance of the case. I took very good care, now, to avoid this mistake. I have been summoned, frequently, to the bed-side of a child, affected, perhaps, with scarlatina or measles. I have seen the mother, her lips white with agony, trembling as she listened for my opinion. And I have looked solemn, and shaken my head, and said I feared there was great danger, although, in fact, I had no apprehension of the kind. I was rather sorry to be obliged to trifle with her feelings; but I was forced to do so in self-defence.

A question, perhaps, may by this time have occurred to the reader, as to how many people, in the course of my practice, I calculate that I have killed? I cannot say exactly. By bleeding for the relief of symptoms, in the manner above mentioned, I believe I have produced several cases of diseased heart, which terminated fatally. I have also, I think, shortened some lives by the use of mercury, for a similar purpose. Likewise, I suspect that, with the same end in view, I have treated divers cases of indigestion with alcoholic stimulants, whereby was occasioned disorganisation of the liver, ultimately producing death by dropsy.

By means of a practice, based on the principles above indicated, I became, very speedily, a prosperous gentleman, if I may venture to claim the appellation. At length I hit upon my grand discovery, which has raised me to the proud pinnacle of affluence that I now stand upon. There was a certain pill, compounded of various ingredients, which, as I have sold the patent for it, I am not at liberty to mention. I had frequent occasion for its use in every-day disorders, the result, principally, of over-eating and drinking. I found, when I came to consider, that in forty out of fifty cases, at least, I had occasion to give this pill. I came, therefore, to the conclusion that it would be serviceable, that is, would produce apparent relief, in the proportion of twenty per cent., taking diseases at random. This at once suggested to me the idea of making it a patent medicine. I reasoned, that out of those who might be induced to take it, eighty, at least, in every hundred, would fancy that it had done them good; and that the many voices in its favour would be attended to, and the few against it disregarded. Nor did the issue falsify my conjecture. I took out a patent for it, under a fictitious name, of course. I advertised it in every paper and magazine that would admit such an advertisement; that is, in most of the magazines and papers in the kingdom. I wrote grateful communications from enthusiastic purchasers, testifying its miraculous virtues, and appended them to those advertisements. In the same manner, I published letters, which I pretended to have received from Abernethy, and Astley Cooper, recommending my pills to families. I actually procured testimonials to its efficacy, from one or two stupid noblemen, and several old ladies of rank; and in some instances absolutely forged letters of gratitude from public characters. Every dead wall, every boarding, was placarded with puffs of my infallible pill. In these spirited proceedings I spent a little fortune; but the bread which I had thus cast on the waters, returned to me, after not may days, hundredfold. Thanks to the glorious credulity, thanks to the stupendous ignorance of my fellow-creatures, with respect to the laws of health and disease! And now, perhaps, it will be asked by those who have perused the above Confessions, what are my reflections when I lay my head upon my pillow? Why, I reflect what a clever head it must be, that has made its owner a Crœsus. As to conscience, I drown it in the Pactolus of my three per cents. I have now candidly described my course through life, and I advise every medical man to imitate it. Whilst common sense remains uncommon, and till the minds of the many are enlightened on the subject of medicine, there will always be a field for Quackery. Success to it! I drink the toast in Champagne. And be it, I would whisper, remembered, that when a practitioner who would be honest, is driven, by neglect, discouragement, and conventional prejudice, to become a Quack, society, for all the mischief he may inflict upon it, has only to thank its own wrong. P. L.

HOMŒOPATHY.

(To the Editor of the Medical Times.)

SIR,—Several weeks' indisposition (with some other circumstances) had almost persuaded me to abandon my first intention of standing forward in defence of the established usages against the bold attacks of the Hahnemannites, but upon perusing today Dr. Hilbers' continuation of his discourse, I became seriously impressed with the necessity for acting upon Monsieur Chaubert's approved custom, of administering an antidote as nearly at the same moment with the poison as possible. I must confess I enter upon this discussion precipitately, and without sufficient preparation and leisure; but, in the absence of every other requisite, I rely upon the great principle of "eternal truth," and on the thorough conviction which I entertain of the almost perfect sufficiency of the medical art (when practised aright) to cure every curable malady, and to alleviate every mitigable disease; and that for both these essential purposes the "old" is immeasurably more effective than the "new school." Homœopathic authors write like infallible oracles, while reciting the life of their divine founder and descanting upon the "axiomatic law;" but when brought down from the clouds to the level of mother earth, that is, when the touchstone of English experience and common sense is applied, there is a woeful decadency of the homœopathic mind. I advise every one to look somewhat nearer home than Vienna for a satisfactory test of the virtue of homœopathy. I was informed by a homœopath that he had cured a most decided case of inflammation of the brain in five minutes; no doubt this performance became an authentic item in the statistical records. I ought in this place to put Dr. Hilbers' heart at rest respecting his fear of my setting about the discussion of homœopathy "after only a *week's* investigation." Five years since I read several works upon homœopathy, and obtained interviews with, and explanations from, some of the most famous practitioners in London; I afterwards purchased a box of medicines of Mr. Headland, together with "Laurie's Domestic Medicine," and "Jahr's Manual," (in English) which had not been published many days. Thus armed, I treated numerous patients, including some of my own family, in the most approved homœopathic style; but, after steadily persisting in the experiment for more than a year, and after questioning persons who had been under first-rate homœopathic professors, I became so convinced of its utter worthlessness that I discarded homœopathy for ever. Dr. Hilbers says, "I cannot conceive the object of comparing homœopathy with hydropathy and mesmerism." Now I think it does a man good to survey the entire field, to place himself on an eminence where, without involving himself in the *melêe*, he may behold the conflicting hosts—where, remembering the numerous exalted victims of delusion, and how each one madly contends for the truthfulness of his own wild phantasies, he will probably hesitate and tremble lest he likewise should be ingulphed in a sea of error.

In so far as regards England, it may be fearlessly asserted that, if the "science" of Homœopathy had relied solely upon its intrinsic merit, it would not have attained to its present flourishing condition. It need not be circumstantially related how a London merchant (more famed for wealth than wisdom) was cured by Hahnemann of an imaginary consumption, how he imported a homœopathic

doctor (recommended by Hahnemann) into London, settled £300 a year upon him (Heaven knows what besides!), established a dispensary, founded an hospital, imperatively commanded shopmen, children, and domestics to recant their allopathic errors, hunted up proselytes from all classes of people, encouraging the poor with small presents of creature comforts, and entertaining the rich with fabulous tales of homœopathic facts and allopathic failings, and finally how the doctor, the merchant, and his lady every Sunday administered homœopathic globules and preachments to all the neighbouring poor. Nursed in the lap of wealth, and fostered by boundless credulity, where is the wonder if the Hahnemann child hath grown and prospered! "Gentlemen or ladies, when they have once eaten of the insane root, when they have once declared their faith in humbug, are beyond the reach of logic." "Thunder and lightning," saith Dr. Curie, in his "Practice of Homœopathy" (Preface, page ii.) "were observed hundreds of years before our knowledge of electricity enabled us satisfactorily to explain their origin, yet no one on that account, doubted their existence. The heavenly bodies moved in their orbits, and ponderous substances were attracted to the earth, thousands of years before Newton arose to discover and explain the laws which regulated their motions; so, *likewise*, the law '*simila similibus*,' co-existent with electricity and gravitation, remained unknown till the genius of Hahnemann discovered, developed, and applied it to the cure of disease:" thus, the crash of the thunderbolt, the fierce rush of the comet, and the superlative "pathogenetic potency" of one Hahnemann globule, "no bigger than a poppy seed," are the equally vast results of three mighty laws!

This most fortunate discovery is thus enunciated in true legal parlance "*simila similibus curantur*" or "like cures like;" and it is exemplified in the familiar instances of the benefit resulting from the application of snow to a frozen, and of fire or hot turpentine to a burnt, part of the animal body, which is explained to be the "conforming to the law of similarities in opposing cold to cold and hot to hot." See Dr. Curie's "Principles of Homœopathy," page 75 to 80. It may be worth while to inquire into the validity of the inferences drawn from these supposed exemplars of the law of "like cures like." Snow, relatively to a body having a temperature of 80° or 100°, is unmistakeably cold; but the tables are decidedly turned when the temperature of that body is exhausted to zero. The human body never becomes frozen but in an atmosphere far below the freezing point; when snow, therefore, is rubbed into a frozen limb, there can be no doubt that excitement is caused, and that warmth is infused into it. If, "conforming to the law of similarities," we "oppose cold to cold," the injured part ought to be retained in a temperature at least as low as that of the part itself at the time, otherwise our practice is by no means consonant with the "law." It would therefore be more in accordance with the fact to say, that snow, in virtue of its mild *stimulating* property, being the first step above the temperature of the frozen part, is most beneficially applied by friction, because it gently awakens that dormant vitality which, if incautiously aroused, would be its inevitable destruction. Now, a burnt part, having its temperature so unnaturally raised, scarcely experiences stimulation from exposure to a fire, or the application of hot turpentine. Thus, relatively to a frozen part, snow is not cold, and relatively to a burnt part, heated turpentine is not hot; but "far as the poles asunder" are the relative temperature of a frozen part and of hot turpentine or hot water; therefore, to apply either of them for the remedy would be about as sensible a proceeding as thrusting your cold feet into the fire when you want to warm them. The survivors of a shipwrecked crew who have not tasted food for many a weary day, are picked up by the captain of a vessel wherein abundance reigns; their generous deliverer does not forthwith regale them with an ample meal and a glass of grog each, but, aware of the necessity of proportioning the aliment to the more infantile feebleness of his famishing guests, he orders the most cautious administration of weak soups, and, as the vital energies revive, other and more stimulating food. Probably the quantity of food at first allowed would, in the ordinary state of the body, have been insufficient to sustain health or even life; this instance therefore, may be regarded by the homœopathists as another striking exemplification or unfolding of their eternal law—"so little aliment has a tendency to starve a man, ergo, it is good for a starving man"—"like cures like"—"oppose cold to cold"—"hot to hot"—"famine to famine."!

I am Sir, your most obedient servant,

WM. BAINBRIDGE.

[We shall ourselves have a word on this subject.]

REVIEW.

Practical Observations on the Diseases most Fatal to Children, with reference to the Propriety of Treating them as proceeding from Irritation, and not from Inflammation. By P. HOOD, General Practitioner in Medicine and Surgery. London: John Churchill. 1845. 8vo., pp. 231.

We are not critics of the every-day school. Whatever subject a book may treat of, or whatever name may adorn its title-page, we make a rule of never taking it for granted that such book is worthy of commendation or of censure until after having read as much of it as is necessary to give one a clear insight into its character. There are some books that we have a sort of *à priori* doubt about, and therefore betake ourselves to conning them with an extra care, whenever they come in the way of our reviewership. The book before us is one of them; we do not like its pretensions, which strike us as being too general, and not a little too assuming; and we are not over fond of the relations of the subject, seeing that we have read, *usque ad nauseam*, the tinsel trash which candidates for baby-practice and maternal patronage have put forth in the form of disquisitions upon children, especially addressed to their mothers and grandmothers. But to our task, and to take the book as we find it. Mr. Hood seems to have an instinctive horror of inflammation, which carries him so far as to almost make him doubt that such a condition as inflammation ever exists. Especially directing his observations to children, he affirms that what is generally called *inflammation* is nothing more than *irritation*. If Mr. Hood were a better pathologist, and better acquainted with fundamental principles, he would see how dangerous an adventure it is to endeavour to separate these two states from one another, or to say how they shall stand to each other in the relation of cause and effect. We never have inflammation without an *increased sensibility*, or *irritability* of parts, making them more responsive to ordinary impressions, which, under healthy circumstances, they would little feel; and the issue of these things is *irritation*. The eye, which in its normal state can look with ease upon a dazzling object, becomes so sensitive in certain states of inflammation as to be quite incapable of bearing the influence of light, which, if not excluded, produces a degree of irritation, and the consequence of this is a flow of tears. On the other hand, we may have irritation without corresponding inflammation, but not for any length of time, for the continuance of the former invariably induces the latter to some degree of extent. These two morbid states have a degree of necessary relationship, which, though sometimes difficult to define, is oftentimes more difficult to disprove. Nor does Mr. Hood at all dive into this fundamental pathology, for the substantiating of old, or the eliciting of new, facts; but letting *principles* altogether alone, he founds nearly all the pith of his two hundred and thirty pages upon the *false practice* of certain nameless somebodys, whom he takes occasion to contrast with his superior self. He concludes his preface by briefly relating "two cases of puerperal fever, which are strikingly illustrative of the different results of two different modes of treatment as applied to the cure of the same disease. A lady, aged thirty, of healthy constitution, was seized three days after being put to bed with a violent pain over the abdomen, which became swelled and tense. She was feverish, thirsty, and restless. Her medical attendant, impressed with the idea of inflammation, bled her, and for a short time the violence of the symptoms appeared to abate. At the end of twelve hours, however, she became worse, and the alarming symptoms returned. Her medical attendant now called in a surgeon of great repute, who decided on the propriety of what had been done, and recommended a further abstraction of blood, and the administration of active purgatives. She was accordingly leeched and purged, and died on the third day from the first attack of the malady. The body was opened by the desire of the husband, who thought his wife had not been properly treated, and at his request I attended the examination. The external appearances were extreme pallor of the face, and blueness about the mouth; the body looked bloodless, and like that of a person who had died of cholera. Upon opening the abdomen, and puncturing the intestines, large quantities of gas escaped; the intestines, which were enormously distended, appeared pale and bloodless. The uterus was uncontracted, and contained a small quantity of dark-coloured grumous blood."

"A lady aged thirty-four, remarkable for her excellent health and her quick recovery after child-birth, was seized on the evening of the third day of her confinement in precisely the same manner as the lady whose case has just been given. I was called in next morning; she had not previously had any medical aid, and I found her much exhausted, restless, and in great pain. I immediately ordered hot bran to be applied to the abdomen, which was extremely painful, and as distended as before she was put to bed. I gave her the following medicine." (Here follow sundry purgatives, carminatives, and stimulants in abundance, backed up by an enema). The result was a "great discharge of wind," &c., and the patient got well! (pp. 14—17). Now, does Mr. Hood gravely mean to call these cases of "puerperal fever?" Because a woman, a few days after her confinement, has got, as is not uncommon when the nurse is not particular about diet, &c., an enormous gaseous distension of the bowels, and, as a *necessary consequence* is restless and feverish, does he mean to call this *puerperal fever*? Mr. Hood, medical terms were not made to be trifled with! If you use *specific* language, it must be with a *specific meaning!* And are we to learn from these that puerperal fever contra-indicates bleeding, and that it is curable by cathartics, carminatives, and stimulants? All we can say is, that if this be Mr. Hood's practice in puerperal fever, we should not like to call him into consultation.

Throughout the book we find sundry statements like the following, which are few amongst many we could quote. We have not space to discuss them, were they worth the trouble, and we shall, therefore, simply put our *query* after each:—

"The most frequent alteration of this kind (*congestion*) is to be found in the lungs. The blood becomes condensed in their substance, the watery part is thrown off, and the character of sponginess so peculiar to those organs is quite lost in the parts in which this prevails. This state is termed *hepatisation.*"? (p. 8.) This is the first time we ever heard of *congestion* of the lungs and *hepatisation* being synonymous!

"It is very rare to find these (serous) membranes affected in children."? (p. 10.) "I hold inflammation of the lungs to be as rare in the infant as inflammation of the kidneys or prostate gland."? (p. 13.) "Pereussion is generally allowed to be almost useless when applied to the infant, excepting in the latter stage of what is termed inflammation of the lungs when hepatisation has occurred, and auscultation is equally inefficient."? (p. 77.) "The heart beats *vehemently*, though *powerlessly*," in pneumonia.? (p. 83.) "Blisters should never be applied when the skin is heated by fever. They should only be regarded as powerful stimulants to assist the languid circulation of the blood in a particular organ."? (p. 92.)

The book, altogether, is levelled at the bad practice of those who are not able to say when inflammation exists in an organ, and when it does not. But we do not want to be told the well-known tale of such men and such errors; we have known all these things time out of mind. Nor do we think that the enunciation of the follies of others is the surest way of guarding ourselves from folly. We want standard truths, the issue of generalities that are founded upon carefully-observed and well-digested *facts*. Had Mr. Hood given us such things, we should really have felt obliged to him; but for a book in which we can find nothing new, and plenty that is not true, we have no obligation

to express. In conclusion, our opinion is, the book is neither good enough nor bad enough; had it been worse, it might have had a purely popular run, but it must be made much better before it has a professional one.

NOTICES TO CORRESPONDENTS.

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

J. E. G. M.—*We never reply to questions of the nature proposed by our correspondent.*

The communication from Dr. Moses *has been received.*

An Old Subscriber.—*A surgeon can certainly recover payment for a surgical operation as for service done and received.*

H.—*We cannot insert H's communication on anonymous authority. If favoured with the author's name and address we shall probably give it a place in our columns.*

F. B.—*The pamphlet by Dr. Jeffreys, of Liverpool, contains the best account yet published of the Matico plant. We will answer his other question next week.*

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THE MEDICAL TIMES.

SATURDAY, NOVEMBER 8TH, 1845.

"Erranti, passimque oculos per cuncta ferenti."—VIRGIL.
"Qui mores hominum multorum vidit."—HORACE.

ONE of the chief pleasures connected with the profession to which we belong, consists in the opportunities which it affords us of doing good. And herein, also, consists its chief honour. It is not a common privilege to be provided with the occasion of rendering a kindness to a fellow-creature. Such an occasion placed in our way, is something to be grateful for, and doubly grateful should he be who has a heart generous enough to take advantage of it. Misanthropes may say what they will, but, depend upon it, that man is the happiest who does the most good—who wipes away the most tears; soothes the most sorrows; subdues the most suffering; and gladdens the most hearts. Cases which call for our personal kindness or sympathy do not fall *accidentally* in our way—we are no believers in the *fortuities*—we would rather say with Shakspere, that "there is a special providence in the falling of a sparrow." Every occurrence of this life is invested with a consequence, either in the *abstract*, or in the *law of relation*. Nothing is useless, nothing is powerless, nothing is void of action—everything, therefore, has its *tendencies*. In the *physical world* all these things are *ordered*, and they are all governed by *laws* which, being fixed and immutable, preserve the harmony and integrity of the material universe. The *vital world*, again, is an aggregate of functions which are performed according to certain laws; but these are not constant and unvarying. Hence, living beings are liable to perpetual changes; to a *perversion* of vital function, which leads to *disease*, and to a *cessation* of vital function, the consequence of which is *death*. In the *moral world* the case is altogether different. In it, there are no fixed laws which command or compel obedience to their dictates; everything is suggestive and optional; and these things are the foundation of *free-will*. The moral nature of man is more elevated than his physical, or vital nature, because its tendencies are more important, its capacity more ample, and its cultivation voluntary. For these reasons, also, does the possession of this nature entail a corresponding degree of responsibility. Whether it shall improve or impair, does not depend upon ordained and immutable laws, for whose operation man could not be held accountable, and from which he would inherit neither dignity nor disgrace; but the proper training of this nature, or the neglect of it, are committed, in every case, to the individual choice of each individual possessor. This power of choice, or *volition*, as it is termed, is an inherent property or attribute of the human mind; it is imparted to all, and every intelligent being is answerable for the use which he makes of it. This volition is, properly speaking, a *selective function of the mind, a mental taste*, and is a complete index of the state and character of the mind. It is the *inclination* of the thinking entity towards certain objects—the glass in which every man's image is shadowed forth—at once the source of temptation and of trial!

As in the physical and vital world nothing is stagnant, but all is action, maintaining old combinations or manufacturing new ones, everything, in fact, being endowed with a *tendency*, so in the mental and moral world do we observe the same incessant operation. The better part of man is either improving or spoiling—doing or being undone; it never lies fallow, like a field; it must either work or waste! But in this respect do the mental and moral differ from the other entities of our common constitution, that we are responsible for the state they are in, and for the actions they perform. Hence the necessity for constant vigilance over them; they cannot idle, but we are held accountable for the indulgence. It ever becomes us to *seek for opportunities* befitting the exercise of this our noblest endowment; but it still more becomes us not to let pass unheeded those opportunities which may fall in our way. As we have said, nothing here is *accidental*; all is appointed for us, or is the issue of our free will. Thus, though the occasion for doing good actions is a blessing to such as may rightly employ it, it is a corresponding curse to those who may let it escape them with an idle notice. The man who, with multiplied means of charity within his reach, employs those means wisely and well, is amongst the happiest of his race; and the converse is the state of him who looks indifferently upon similar inducements to benevolence. Now, if the opportunities of charity and personal kindness be not *accidents*, but *appointments*, placed in our path to tempt our pity, and call forth the best services of our compassion, it necessarily follows that those, unto whom are meted the greatest share of these occasions of goodness, are in the way of being very much the better or very much the worse for the particular position they occupy on this side the grave. Of all classes and conditions of men, we know of none who are on these terms held more accountable for what they are, and what they do, than medical men. No earthly position abounds more in importance and responsibility than theirs. To them is peculiarly delegated the power of doing good or evil. A false step on the part of a medical man may spread ruin and anguish we know not how far; and the converse in his conduct may be productive of equal incalculable good. Such man, with an available amount of conscience in him, must necessarily be very happy or very miserable in his professional career; happy in the knowledge that he does his duty, or miserable in the conviction that he does not do it. The leading principle of action in the fulfilment of our professional obligations should be a paramount sense of DUTY. This guide of conduct will necessarily invest itself with a whole train of proprieties. Preserve the fountain clean, and never fear that the stream will be pure.

Let it not be imagined that these simple truths have no need to be enunciated in these columns. They could find no more fitting place. Anxious as we have ever been, and hope ever to be, to support the dignity, integrity, and best interests of the Profession, we feel that our task would be only half fulfilled were we to lose sight of such subjects as we are now discussing. We love physic and all its goodly fraternity too well, to let any opportunity slip of dropping, in due season, a word of admonition or encouragement. And we know the Profession too well, to imagine that they will disregard any saying that we may utter in their service. And our very gratitude for their favours, prompts in us this anxiety for their best welfare. The day is gone by for treating deridingly the manifestation and maintenance of high principles. HONOUR, unsullied honour, is the great watch-word of our tribe! Once lost, it is rarely regained, and of all earthly losses it is the most fatal! We cannot hold it too securely, or prize it too much, or praise it too often. It is a goodly thing, which we delight to foster, and to commend to the safe keeping of all who are within our ranks. Without it, though a man may obtain celebrity, this must be ephemeral, and at the cost of a disgrace which will inevitably be everlasting. It is the great and only good ground upon which all permanent repute, all substantial prosperity, must be placed. We have much of it among us—no profession can boast of more—but still we have not enough—there are many Augean stables yet uncleansed. We remember an anecdote of the Royal Society when it was a very different assembly to what it now is, that well attests the truth of our observations. Dr. Woodward was expelled its Council, for an insult offered to Sir Hans, then Dr. Sloane. The latter was reading a paper of his own composition, and Woodward said something very insulting about it. Sir Isaac Newton was in the chair when the vote of expulsion was agitated. Dr. Sloane complained that Woodward had often affronted him by making faces at him, when Dr. Arbuthnot got up and drily inquired what degree of distortion of a man's face constituted a grin? Woodward, however, was expelled, and somebody having pleaded in his favour that he was a good natural philosopher, and ought in consequence to have been both respected and retained, Sir Isaac Newton remarked, that, in order to belong to that society, a man should be a *good moral philosopher* as well as a *natural* one. So is it with ourselves—a man, to be truly eminent and truly esteemed

amongst us, must have professional skill companioned by high moral principle. That is the security for a reputation which will live for ever. He who is thus fortified will survive all opposition, and surmount all rivalry. Let the shafts of "envy, hatred, malice, and all uncharitableness," fly thick as hail at him, their power is expended in their pursuit, and they drop harmless and pointless at his feet. He becomes a victor without handling the weapons of warfare.

> Integer vitæ scelerisque purus
> Non eget Mauris jaculis neque arcu
> Nec venenatis gravida sagittis,
> Fusce pharetra:
> Sive per Syrtes iter æstuosas
> Sive facturus per inhospitalem
> Cancasum, vel quæ loca fabulosus
> Lambit Hydaspes.

The obligations which are entailed upon the practitioner of medicine, and which test the integrity both of his heart and his head, are not confined to the mere business of the bed-side. Though this is his first and last duty, it is not the only one, but involves many other items of accountableness which stand between himself and society. It is not a trifling privilege to be permitted to cure disease, to save a sufferer from death, to prevent orphanage, and widowhood, and domestic desolation;—to do all these things is to do the noblest and best of human deeds; but the medical man need not, ought not, to stop here. In his traffic amongst tribulation, he may soothe many a sorrow by dropping hither and thither the kindly words of comfort; there is many a trial of the heart which he may lessen, by listening to its woes and speaking a seasonable consolation; many an ideal anguish which he may stifle in its birth; many a sinking spirit of which he may be the supporter! And how many errors may he not rectify—how many quarrels check—how many passions calm—how many friendships restore? And what knowledge may he not communicate? Himself a treasury of learning and science, he should be anxious to distribute, as well as to gather information; it is only given to him that he in his turn may give it again, and so be honoured both in the acquirement and the disposal. And not only he *may* do these things, but he *must* do them, if he do his duty. They are not *chances* of doing good that fall in his way; they are all *appointments* to witness to his conduct. Even the smallest of them deserves to be regarded, for we can never say what consequence the most trifling event may not one day assume. A Persian fable mentions a drop of water which had been disengaged from a cloud, and was falling into the ocean, as deploring its fate, and saying, "I shall soon be absorbed in the world of waters and lose all my consequence for ever." It chanced, however, that this drop of water fell into an oyster, where it was shortly changed into a pearl!

RESIGNATION OF THE COUNCILLORS OF THE COLLEGE OF SURGEONS.

We have been told that some recent observations of ours have been peculiarly offensive to the authorities of the College of Surgeons. So much the worse—for them. Our remarks—to own the truth—were not penned to please them. It is our duty to tell them—what, of all things, their conduct must have made most disagreeable to them—THE TRUTH. If they were even not fallen to a pitch in which the venal finds it no longer worth his while to flatter them, *we* should yet feel entitled to claim our old prerogative of unbaring to them the whole hideousness of their misgovernment. It is our place to narrate for that impolitic body facts they cannot deny, and register general opinions they cannot impugn; and if the narrative convey no eulogium—the register no compliment—the fault is, alas! not at our doors, but theirs. It is not we that are their accusers, but their own actions. However disgraceful the indictment, it is their own misdeeds that have preferred it.

We confess we have turned on every side to find a fair reason why, under such a state of circumstances, the Council might not RESIGN—but in vain. Their failure in every duty assigned to them by their position has been so strikingly complete, and everybody seems so settled in the conviction of their hopeless incapacity, that they should *court* resignation as a boon, and *rush* to it with the zeal of martyrs. It is their only rescue from the moral pillory in which they have for months been compelled to reside as in a home. As true friends to them—severe, and, therefore, the more sincere—we earnestly counsel them to sieze time by the forelock and snatch the proffered occasion with avidity. The Profession, rejoiced at the deliverance, in the delirium of its joy, might forgive, for this one act of goodness, a world of misdeeds. Nothing in their corporate life, it may safely be said, would become them so well as the leaving of it! Carefully, and with charity, scrutinising their corporate doings up to the present day, we have failed to notice one argument they can put forward against the fiat of annihilation the public voice has proclaimed against them. The large sums of money they have annually received were not honestly obtained, nor *quite* honestly expended. Their examinations were anything but what they should have been. They were far below those of the Apothecaries' Company, though contended to give a higher diploma. A pupil of Todd, or Sharpey, or Carpenter, laughed at them as child's play. The elementary matter put to him taught him, whatever his modesty, that he knew more than his examiners. He found, after a few questions, that the better physiologist, in other words, the more *scientific* surgeon, was at the wrong side of the table. He had practically explained to him the mystery of idle students "passing" after a six weeks course of grinding. He saw that the examiners (with, of course, some exceptions), were too distrustful of themselves to venture out of a prescribed and fixed course of scientific interrogatory—observed that one step towards an unfettered examination, promiscuously carried on, would bear them beyond their depths into that open ocean of science, in which their ignorance made shipwreck almost inevitable, and that, therefore, the few parrot answers prepared by the "grinder" to meet the few parrot questions *prepared by the examiners*, was at once the *agreeable*, the *orthodox*, and only *infallible* road to a diploma. The odds, in fact, were in favour of the student of the grinder, the man of words without experience, who had ready answers he did not comprehend, in response to questions he did not understand. Such a one gave no trouble, did not provoke his examiners by knowing too much, nor confuse their brains by new facts that had naturally enough escaped their knowledge, and which, therefore, they felt bound officially to treat as impertinent assumptions.

Their examinations, thus lamentably low in surgery, the theory and practice of which were virtually never thought of, and that portion of it—midwifery—the most important of all, ostentatiously discarded as below consideration, were also equally defective in every point that should be attended to in the admission of a candidate to the membership of a *learned* profession. Gentlemanly habits or character were never for a moment thought about, and men unable to utter six consecutive words grammatically, or place a sentence on paper with a due regard to orthography, were considered eligible to occupy the place of members. We have ourselves received palpable proofs of deficiencies in these respects that almost defy belief; and in No. 196, we felt it our duty to make public a letter received from a gentleman who had just (*after* paying his twenty guineas) been honoured with the diploma of the College. The Council, indeed, themselves admit all this as if it were matter of credit. They have made acknowledgments which show that their disgracefully bad examinations were disgracefully bad on principle. They never dreamed, they have themselves told us, of having their members fitted for any functions save that of ministering to the *ordinary* surgical exigencies of the people; and they speak officially and deliberately as if it were a part of their duties as examiners to incorporate among the "members" (though not among the fellows), "violators of the laws of their country," "professional paupers and persons of notoriously bad character," "puffers and vendors of nostrums and secret remedies, and the writers of indecent advertisements!"

With an over-crowded profession sinking in reputation from the fierce briskness and vast extent of competition—with immensely increased education pervading all classes of society—with a high and gradually rising standard of medical competency existing throughout Europe—with severe and comprehensive requirements both as regards classical as well as scientific attainments insisted on to their own detriment by the abused Society of Apothecaries—with these and a thousand similar facts before us, we do say, earnestly and strongly, that our present Councillors, by upholding such a system of examinations as that we have now denounced, have played false to the interests of the science that was entrusted to their care, have falsified the pledges they imposed on themselves in taking corporate office, and have offered themselves as dishonest servants of the public, and traitors to the Profession. We could much wish that reflection on the *motives* for their loose and mischievous examinations would extenuate their conduct. But it would have, we fear, the contrary result. The public know two facts: that the more members admitted through loose examinations the better, first, for the College income (viz. £20 per member), and secondly, the better for the Examiners (viz. half-a-guinea per member). Easy nominal examinations might make a difference to the College of five hundred members per annum, or about 10,000 guineas, and to the Examiners of five hundred members, or about £300 per annum.

There is here a strong and irrefragable case against this ill-managed and unwise Council; and though the three hundred guineas per annum gives them as much grounds to cling to office as it has given us grounds for ejecting them from it, the fact should influence us rather to augment than abate our exertions. *We say, emphatically, these gentry must* RESIGN. The feeling that is growing against them—every day growing (great as it at present is)—cannot be resisted much longer. There is a point at which even such persons will not longer outrage decency. Let, then, every member who feels himself injured, insulted, and outraged by their misgovernment, at once communicate to them his request that they RESIGN. Let remonstrances with this command reach them from every district. Let each post convey to their ears the ill-omened words, and when it becomes a fact in everybody's knowledge that the Councillors have no constituent in the empire who has not asked them as a favour to resign their "*protection*" of him, RESIGNATION IS INEVITABLE!

REVIEW OF THE PRESENT STATE OF MEDICAL POLITICS.

(To the Editor of the Medical Times.)

Sir,—It is clear to the eye of the bystander that the present is a time of suspense, doubt, and circumspection, among all parties and interests engaged in medical agitation. Each is watching his opportunity; observing the signs of the times restlessly; weighing with fear and trembling the slightest expressions of public opinion; concealing, with Machiavellian skill, his own aims, and endeavouring to seize upon the faintest indications of public feeling that shall determine a wavering resolution, animate a dying enthusiasm, or authorise a total change of policy and conduct.

The various forces are in sight of each other; but in the doubt that exists as to who will be allies, and who enemies, no actual warfare has commenced; a skirmishing with the outposts has taken place; a random shot has been fired; an ominous shout raised; but the death-sworn enemies have scarcely yet unmasked their batteries. Fight they must; for on one side, at least, there will be no deficiency of rancour.

The committee sitting at the Freemasons' Tavern published, a few weeks since, what they styled an address to their members; but it was distributed with so much jealous caution, that very few found their way into the hands of the surgeons of the metropolis. Cowardice is a virtual acknowledgement of feebleness or guilt.

I had thought that *this* Association[1] had been dead and duly buried some months since, and am now fully persuaded of the fact; for, surely, no society of injured mortals ever wrote so tame and lugubrious a jeremiad of their grievances. Their next composition shall be an autobiographic dirge, to be sung at their own funeral. Verily the genius of dulness presides over their councils. Let the living separate themselves from these ghastly visitants, and "let the dead bury their dead."

The address itself was a very foolish composition, irresolute in its principles, trite in its sentiments, and in style weak, shambling, and extremely simple. But all this might be excused, if the old and false policy of seeking impossibilities, viz, a reform of the College of Surgeons commensurate with the wants of the profession, had not been repeated, and impediments thus thrown in the way of a sound and useful measure of legislation.

I should like to see this college reformed to the utmost wish of this section of the agitators; but it never can be made what, indeed, they do not earnestly seek that it should be—a head and home for *all* the members of our profession at this moment in general practice. Partial schemes must not supplant general measures.

On the other hand, the conservative party which the last charter called into existence has also published a memorial, in which all interference with the present constitution of the College is strongly deprecated. This is an act of rare boldness. The Harcourt fellows are, nevertheless, wise in their generation; they have read the signs of the times, and observed that the profession are becoming apathetic to a reform of the College of Surgeons; for otherwise they had not dared to affront public opinion by the publication of their memorial: but they *have dared*. The high priest of the Lancet has, in the extremity of his wrath, anathematised them for this apostate act, and sent them down to posterity as incorrigible sinners, whom no priestly unction can redeem.

Requiescant in pace!

[1] *Is* it an Association?—Ed.

What, Sir, are we then to do? Must we incorporate? Many years ago Mr. Wakley saw the necessity of this, and, with the view of accomplishing it, started his College of Medicine, dubbed his doctors, and granted his diplomas with audacious liberality. The British Medical Association advocated it—all wise men have seen its propriety—all sincere men have supported it with zeal; it is a necessity.

At this moment the National Association is organised with the sole object of effecting this incorporation. A few months since their object was greeted with enthusiastic applause: what was good then is good now; time has made no difference in our relations; we are now as destitute of protection, as liable to insult, as ignominiously regarded, as wronged, degraded, and despised, as we were then; but we are better informed of our rights, more powerful, and more resolute; let us be, Sir, more *united!* Mere resentment is puerile, mere clamour contemptible, and our agitation will amount to nothing more than this if we are not united.

The National Association has commenced the campaign with new assurances and new zeal; let us strengthen their hands, urge on their efforts, review their councils, affirm their irresolution, adjust their errors, impress them with a high and independent sense of their duties; scrutinise, approve, or censure; but forbear to encourage malice, jealousy, and faction.

The envious detractor can use no sophistry that can impose on a generous mind to the prejudice of honest exertions.

But, Sir, while the surgeons are contending strenuously for the recognition of their collegiate rights, what steps have the apothecaries taken for the security of their position? *Simply none!* With a marvellous apathy, arising, I apprehend, from an unconsciousness of their numbers, they have totally abandoned the field of contest, and have supinely trusted their fortunes to equivocal friends, or declared enemies. Do they not know that more than one-third of the general practitioners of this country are *pure apothecaries?*

On the supposition that there are 11,000 practitioners in actual practice in England, 4,000 of them will be pure licentiates of the Hall! Is so large a number to be disregarded? When the new Poor Law came into force, all these gentlemen, by the machinations of the Council of the College of Surgeons, were *unjustly* excluded from union appointments. They made no effort to rescue themselves from this shame and injury. And why not? Because they knew not their strength. If they have any respect for themselves, they will muster their forces to vindicate their rights, respectability, and superior attainments; and if they do not trouble themselves for their own interests, they will deserve all the ignominy and injustice which dishonest agitators, an overreaching College of Surgeons, and a misguided minister may conspire to inflict.

I shall not attempt to define the policy of the licentiates of the Hall; the time may come when such counsel may be needed: at present I can only cry—*organise! organise! organise!* Step forward boldly like men—show the extent of your acquirements—challenge inquiry into your scientific proficiency—stand upon the respectability of superior learning, upon the dignity of personal character, display your arduous curricula of study, and your high standard of examinations—set forth your extensive usefulness, and forget not to urge your *legal* position in the profession, and the authority which this position should confer on your demands upon the Legislature.

If the licentiates of the Hall show their strength, disunion will be mere madness, for it will be instantly apparent that rival interests of so great magnitude dare not come into collision. The Profession, as one body, must make common cause, and learn to despise the puerilities of the agitator and obstinacy of the bigot.

I have the honour to be, sir,
Yours very truly,
George Ross.

Kennington, Nov. 10, 1845.

ADDRESS FROM THE COMMITTEE TO THE MEMBERS OF THE NATIONAL ASSOCIATION.

The Committee of the National Association, on resuming their labours at the commencement of their second Session, are of opinion that the following observations on some of the leading principles of the Association deserve the attentive consideration, not only of the members, but of the profession generally, at the present momentous crisis in medical affairs.

On the first Government medical bill being placed before the profession in the summer of last year—the general practitioners—constituting nine-tenths in point of numbers of the whole medical public—were a powerless uninfluential body—without compass or rudder—doomed to professional degradation and ultimate ruin, by the operation of laws in the framing of which they had no voice, and destitute of any definitive head or collegiate body at all identified with their interests, or through whose representations their wishes could be made known to the Legislature. The paramount necessity for an immediate organisation of this important section of the medical profession under a duly recognised head, was so urgent, as a means of self defence, that the appeal from the committee for a voluntary enrolment was responded to with the greatest enthusiasm, and for the following avowed objects:—

To obtain an institution with a thoroughly representative government.

To preserve the education and examination of their class from deterioration either in reality or by implication; and

To secure the postponement of all legislation on medical affairs, until these objects were attained.

The organisation of the medical profession in general practice has been effected to an extent hitherto unparalleled—a powerful, voluntary National Association has, in a few short months, been created—and its principles been declared and responded to. It has asserted its claims to consideration in medical politics, and those claims have been admitted and duly recognised by her Majesty's Government. So much, then, for the organisation of the general practitioners.

It is important to bear in mind, that as the Government had expressly declared its determination to withhold its assent to the formation of any medical institution in addition to those already in existence, and had also expressed an anxious desire to enter upon the question of medical reform in an amicable spirit, and still further desire to secure as much accordance as it was possible to obtain from all parties, prior to legislation, the National Association, acting through its committee, fully concurring in the propriety of these latter sentiments, instituted a searching inquiry into the principles prevailing in the councils of the existing medical institutions of the country, with a view of ascertaining if they at all approximated to those set forth and adopted as the vital principle of the National Association.

The three existing institutions, viz., the Colleges of Physicians and Surgeons, and the Society of Apothecaries, to whom had been delegated the task of regulating the education of the medical profession, had each its merits and demerits fairly and dispassionately considered.

If there is one principle more prominent than another which the National Association was formed to vindicate—a principle which they believe to be incontrovertible—it is this, that to all classes of the community should be secured *competent* medical

and surgical assistance, when suffering from disease or accident.

The Association claimed a separate Charter of Incorporation for the General Practitioners in Medicine, Surgery, and Midwifery, because it was clearly demonstrated that by no other practicable means could they so completely secure the future efficiency of that most useful and necessary class.

The Society of Apothecaries, fully convinced by ample experience of the great public importance of elevating the qualifications of the general practitioners; *annually* improved their curriculum, so as to give effect to the one great axiom, viz., that the medical attendant of *nine-tenths* of the community ought to be educated to meet *all emergencies;* and wisely taking their stand on this great principle, had the fullest claim to the confidence of the National Association. Here, then, was a complete identity in the principles of the Society of Apothecaries and those of the great mass of the medical profession—they were both equally interested in elevating and sustaining the qualifications and attainments of the general practitioners, and could honourably combine for such an object and form a joint deputation to negociate with the Government. So much as regards principles, now as a question of policy. The Society of Apothecaries are in possession of an Act of Parliament that constitutes the sole dependence—the very sheet-anchor—of the medical profession at the present critical period in medical affairs. When the first medical bill was introduced, this Act of Parliament, which has proved a stumbling block to the institutions which represent the consulting branches of the profession in their hitherto futile attempts to lower the professional status of the general practitioners—was to have been repealed in every useful particular, and the society were to be retained merely as the assistants of the College of Physicians in testing the qualifications of their licentiates. The Society of Apothecaries appealed to the profession, and, pointing to their honourable deeds for the last thirty years, declared their determination to abide by their principles, and to retain possession of their Act of Parliament until its powers were safely transferred into the hands of the class for whom it was specially intended.

Sound policy, therefore, dictates that the National Association and the Society of Apothecaries should continue cordially to support each other, in order to guard the interests of the general practitioners of this kingdom. So long as they do so, and so long as the great body of general practitioners act in concert, they may defy every attempt forcibly to dispossess them of their Act of Parliament. If the Society of Apothecaries are not supported, they may be induced to surrender in disgust; for however firmly they may maintain the rights of the class they have created, they may be overcome by accumulated foes.

Mark now how the case stood with the other medical institutions, the existing colleges? The College of Surgeons has proclaimed that the practice of midwifery and pharmacy is a professional degradation, and, in conjunction with the College of Physicians, unhesitatingly declares that an inferior class of medical practitioners is required. The overt acts of both colleges demonstrate too palpably that they would, if the licensing for general practice were left, without a check, under their control, immediately lower the standard of education, as the College of Surgeons has already done the age of admission of its members: and as the first bill of Sir James Graham intended more fully to carry out, by instituting a class of inceptors, who were to be permitted to practise after *two years'* preparation. Is it not, therefore, a duty the Association imperatively owe to the public fearlessly to denounce principles so pernicious, to place before the minister, the legislature, the profession, and the public, the principles that guide them in this great movement, and those that find advocates in the councils of the older institutions? Both the Society of Apothecaries and the National Association deem it of vital importance that the power of determining the curriculum, and testing sufficiently the qualifications of all future candidates for general practice, should remain under the control of their own class, and no arrangement that does not effectually secure this would be assented to by either the one or the other. If they *can secure* this, they will have saved the general practitioners from the thraldom that awaited them, and have sustained most completely, in the emphatic language of the minister, "their station, their honour, and their attainments."

However intrinsically valuable the charter may prove to be, even as a bond of union—as a girdle that binds the integral parts into a comprehensive whole—it will unquestionably be a means of sustaining an united professional body which will be seen—felt—heard. On these grounds, then, the committee advocate an independent charter of incorporation for the general practitioners, regarding it as a powerful instrument for rendering every member of the profession of physic what he ought to be—a man of sound education, both general and professional. The charter will at once place the general practitioners in an independent position as a collective professional body, and may soon be made to accomplish whatever its ten thousand members, through a council chosen by themselves, may be desirous of carrying out.

THE EDINBURGH UNIVERSITY.

(To the Editor of the Medical Times.)

There is no more to say, but east and west,
In go the speares sadly in the rest,
In goth the sharp spur into the side,
There see men who can just and who can ride;
There shiver shaftes upon shieldes thick,
He feeleth through the heart spone the prick.

——— In the midst was seen
A lady of a more majestie mein,
By stature and by beauty marked their sovereign Queen.

Sir,—Ever since I reached the period when it is common for youths to begin to think and choose, I have been a humble but a sincere member of an association whose creed was prepared by the elegant Addison. It runs thus:—"We whose names are hereunto subscribed, do solemnly declare that we do in our consciences believe two and two make four, and that we shall adjudge any man whatsoever to be our enemy who endeavours to persuade us to the contrary. We are likewise ready to maintain with the hazard of all that is near and dear to us, that six is less than seven in all times and all places, and that ten will not be more three years hence than it is at present. We do also firmly declare that it is our resolution, as long as we live, to call black black and white white. And we shall, upon all occasions, oppose all such persons that upon any day of the year shall call black white, or white black, with the utmost peril of our lives and fortunes." Notwithstanding the strong attachment which I feel to this association, I am sorry to say I have often found in myself that which wars against its spirit. Prejudice, the product of times and circumstances, and associations, has frequently warped my judgment. I have been educated in English medical schools, under English professors, and surrounded by English scenes and companions. A rumour, too, of an unfavourable character has reached my ears about Aberdeen and St. Andrew's. No wonder that I concluded *such leaven* leavened the whole lump of Scotch universities and Scotch medical institutions; and whilst I could appreciate the talents of a Waverley, and a Burns, and a Hogg, of a Chalmers, a Candlish, a Buchanan, and a host of others of the same class, and stand struck with admiration and amazement at the magnanimity and piety, and more than natural courage of such men, who gave up all they possessed of a monied and landed nature rather than compromise their principles, which they loved dearer than life, yet I was prepossessed in favour of O. P. Q.'s assertion, that the whole system of Scotch colleges was bad, and probably "the direct result of an abuse of patronage unexampled as regards educational institutions in ancient or modern times."

In common with others of my medical brethren, I have looked with intense interest on the combat which O. P. Q.'s assertions challenged. He advanced courageously. We thought his attack upon the books, although very similar to Don Quixote's encounter with windmills and stables, common and "Augean," was perhaps a good move on the ramparts, and preparatory to a rush upon the citadel, and the bringing of "hidden things to light." The trumpets sounded, and the knights seemed to attack each other in full career, but although the spear of the Tiverton knight (followed by his squire of Chatteris) did but in comparison touch the shield of O. P. Q., that champion, to the astonishment of all who beheld it, reeled in his saddle, lost his stirrups, and fell in the lists. "Unscathed by the lance of his opponent, he seemed to have died a victim to his own contending passion," but his squire, Philo, pronounced him living, and in dragging him out of the lists, made one effort to revive his sinking spirits, in an heroic assault upon the "*flies*" that buzzed around him, forgetting that the contact of one such insect with the Schneiderian membrane of the fallen hero might have sneezed him to life and activity again.

Well, bravely and luminously, or gloriously, has the Tiverton champion fought in support of the fair fame of his alma mater, "the lady of royal origin." It now becomes your duty, sir, as the patron of the tournament, to throw down your staff or truncheon and declare the victor. But we know you like not to perform a part invidious. It will be quite sufficient to mention the law of the tournay which has been acted out on this occasion. "If any knight is struck down and unable to recover his feet, his squire or page may enter the lists and drag his master out of the press, but in that case the knight must be adjudged vanquished, and his arms and horse declared forfeited."

Whilst we cry, Success to the University of Edinburgh, for she deserves it, for the possession of a character almost unsullied in the disinterested election of her professors, and the fame which they have justly procured to her—and Success to Lewins, the brave defender of her aspersed honour—we also cry, Returning health and vigour to O. P. Q.! Let him use his talents in a better cause. Let him weigh other professors and institutions in the same balances—he will find them more wanting of the good he desires, and less free from the evils he deplores.

"What a wonderful world this will be when of patronage the universal voice shall cry, 'Down with it,'" exclaims one of the combatants. So it will. But not more wonderful than probable—nay, certain. Why not? The part taken by the university champion, and the points which he has endeavoured, and succeeded in proving to a very considerable extent—that the professors have been selected chiefly on their merits, and that they have proved themselves worthy of the election by their subsequent industry and efforts, tell of the dawning of a brighter and a better day. Dynasties and governments, and other things have been changed by the force of public opinion, and they must change and adapt themselves to the change of sentiment. Every accession of science has a tendency to render men more free. If this be not obvious, it is owing to the slow ripening of results, and the tardier process of actions and their consequences on a great scale. Depend upon it a succeeding generation of medical practitioners will witness the epoch when nepotism and unqualified patronage shall not be alone sufficient to place men in honourable and high places. Such influences may, in some sense, properly possess subsidiary and subordinate weight; carried beyond that they become illegitimate, and injurious to the individual and to society; to the former, because he feels that he is placed in an office for which he is not competent; to the latter, by the general and certain results of such unfitness.

Yes, Dr. Lewins has shown that the "town council" performs its duty to the university, to science, and to scientific men, with the most scrupulous fidelity, "and that it has been so little accustomed to the misuse or abuse of patronage," that "the stranger," the man known only to science, has been selected to the honourable post of professor. What a wonderful council! Would that all councils were as scrupulously careful in their selections! Such conduct is worthy of the noble spirit of freedom which has been a characteristic trait in the history of Scotia; and shall England—the precursor in all the improvements which are peculiar to the times we live in, strong in all the influences which give a healthful action to modern society, upborne in the highest degree by those impulses which are hastening the development of modern civilisation in all the varieties of improvement, and which mark an advanced period in the history of

man—shall England be behind in the exercise of that liberty, freedom, and purity of election in the economy of scientific pursuits which gives health and strength to all other pre-eminences? I trow not. There is an influence of the highest and noblest character at work upon society, which reaches to the motives and thoughts of the heart and intellect, and sets them right. It has produced a mighty and wonderful spirit in Scotland; there it has had *free* course, and it will continue to have. It is no less essentially and intrinsically powerful and influential on this side the Tweed, but it has to contend with circumstances of a more adverse kind; yet there, too, it shall prevail, and that which it may very truly appear to be impossible to effect by the ordinary operations of the human mind and human nature, shall be accomplished by a power extraordinary and superhuman, the results of whose operations in the moral, as in the physical world, may be perceived by every inquiring and thoughtful mind. To that Power is possible what is impossible to man. The same Omnipotent power which said in the chaotic era, "Let light be, and light was," and leaves nothing to "*chance*," but has established laws, which, in their ultimate reception must lead to perfect conclusions—can—will—is—producing that wonderful independency and purity of thought and action which will make the world wonderful in the one concatenated and universal shout—"Down with all unjust and irresponsible patronage."

A. W. C.

Grosvenor-street, Manchester, Nov. 1, 1845.

NATIONAL ASSOCIATION.

We rejoice to inform our readers that the committee of the National Association have resumed their important and valuable labours in behalf of the profession they represent. We have, in another part of our journal, published the Committee's Address to their Constituency. We subjoin the following, adopted at a meeting held Nov. 5th.

It was moved by N. Clifton, Esq., seconded by F. A. Bonney, Esq., and resolved unanimously:—

"That an addition be made to the number of the Transactions about to be published, expressing the anxious desire of the committee that the exposition therein contained of the present position of the Association with the Government will prove satisfactory to the members of the Association; and that, should any further explanation be required, it is suggested that the several Local Associations appoint deputations to confer with the committee, when they will receive every explanation the committee are capable of affording.

In accordance with the above resolution of the committee of the National Association, *notice is hereby given* to the various Metropolitan and Provincial Branch Associations, that if desirous of conferring with the committee, by deputation, on the present state of the medical question, arrangements will be immediately made for holding such conferences, on application in writing to the honorary secretaries.

By order of the Committee,

James Bird, } *Hon. Secs.*
Henry Ancell. } *pro. tem.*

EXTRAORDINARY CASE.

RECOVERY AFTER (SUPPOSED) COMPLETE DIVISION OF THE SPINAL MARROW.

The following very extraordinary case has been placed on record by Dr. Eli Hurd, of Middleport, Niagara Country, New York, in the *New York Journal of Medicine* for September, in the present year. It occurred in the year 1829. The patient, it appears, jumped from the top of a lumber-waggon box on to the trunk of a tree, slipped and fell on his back. On endeavouring to extricate himself, he found his lower extremities benumbed, and powerless. Assistance was immediately rendered him, and a chisel, which had been previously in his pocket, was found sticking in his back—so fast, that the attempt then made to withdraw it failed, and the handle came away. Dr. Hurd arrived soon after, and essayed to extract the chisel with a pair of blacksmith's pincers, the patient being held by three or four men, but did not succeed at first; he managed, however, to withdraw it after a prolonged and severe effort; it was five inches in length to the shoulder, seven-eighths of an inch wide, and from a quarter of an inch at the shoulder tapered to less than one eighth of an inch in thickness at the cutting extremity. At the time of extracting the instrument, the man said he saw vivid flashes of light, which were apparently followed by total darkness. During the operation he was conscious of very little pain. The wound made by the chisel was opposite the spinous process of the lower dorsal vertebra, on the left side. At its superior extremity it was half an inch from the spinous process, and one inch at its extremity; so that a line drawn parallel to the spinous processes of the vertebræ, and three-fourths of an inch to the left, would have intersected it in the middle. The direction of the instrument was upwards, at an angle from the surface of twenty to twenty-five degrees, and to the right of about twelve degrees, penetrating the spinal column, and undoubtedly entirely dividing the cord. Perfect insensibility of the skin below the wound, with paralysis of the lower extremities, bladder and rectum, was the immediate consequence. The shock that the system received produced great prostration for some forty hours, when reaction took place, and was followed by fever for ten or twelve days. The external wound cicatrized in a few days, scarcely discharging a spoonful of pus. The urine was drawn off by means of the catheter for six days after the accident, when the bladder began to resume its functions, and two days after the instrument was discontinued. Cathartics failing to move the bowels during the same period of time, and for two or three days longer, dejections were procured by stimulating enemata. Returning sensibility occurred in the skin on the fifth day, and an imperfect use of the limbs about the fifteenth. Dr. Hurd ceased to attend the case on the twenty-first day after the accident. The treatment during the state of prostration was by diffusible stimulants, through the febrile stage by antiphlogistics; while friction, with stimulating liniments to the paralysed parts, was used throughout both stages, and for months afterwards. The patient first commenced locomotion on his hands and knees, then by pushing a chair round, and afterward by means of crutches, which he has been obliged to use ever since. Distortion of the feet and ancles commenced some weeks after his efforts to get about on crutches, and increased for several years thereafter; yet his general health continued good. Sensibility of the skin and action in the inferior extremities returned very slowly; so much so, that four years and seven months after the accident above-mentioned, carelessly sitting or kneeling with his left knee nearer than usual to the hot fire, without feeling any pain, or being conscious of suffering, the skin and integuments over the knee-pan and on either side of it were so badly burned, that mortification and sloughing took place. This was so deep, that the cavity of the joint was opened and exposed to view. The patella was covered only by the periosteum, and after a few days, as he was endeavouring to draw his leg up in bed, broke transversely across. The superior portion of the patella protruded so much from the wound in consequence of the retraction of the extensor muscles, that, after various unsuccessful attempts to reduce and keep it in place, it was removed by amputation. The knee was now much inflamed and swollen. The wound gaped horribly, and every symptom gave indication of a fatal issue. A fungous vegetation sprang up from every side of the wound, filled up the cavity, and formed a spongy protuburant mass above and around it. Hemorrhage followed every application of caustic that was made to check its exuberant growth, as well as compression, even the slightest touch. The miserable patient became extremely exhausted, and amputation of the diseased and crippled limb seemed the only alternative, and even that a doubful one. Dr. Hurd now had recourse to the employment of Singleton's golden ointment, which soon arrested the morbid action, reduced the size of the fungoid mass, and rendered it healthy. Convalescence slowly followed. Anchylosis of the joint did not take place; on the contrary, the patient complains it is rather too flexible. The present condition of the joint is as follows;—A large, ugly-looking puckered cicatrix remains over and above the left portion of the joint. The inferior portion of the patella is drawn round upon the outside of the knee-joint. The leg is rotated outwards, and the heel thrown in so as to point to the hollow of the right foot. The toes are thrown out and drawn up towards the metatarsal bones, and the whole foot is drawn inwards, and flexed upon the tibia in such a manner as to make it almost a right angle with the leg. There is also considerable deformity of the right foot and ankle, though less than of the left. The spine, according to Dr. Hurd's account, is not the seat of curvature, nor has it been so at any time. Nor is there any complaint whatever of the back. He can get into and out of a carriage, mount a horse from the ground without assistance, and ride off at any pace. He has been elected constable and collector of the town where he resides for a number of successive years, discharged the duties of his office acceptably to the public, and attends to many other kinds of business. He has married within two years, and has one child. In fact, he is, in every sense of the word, as *well* as he ever was, except his crippled condition. The editor of the *New York Journal*, in commenting on the case, says, "we regard the above case as unique, as far as our knowledge extends, and the facts are abundantly corroborated. That the spinal marrow was completely divided, and afterwards united, there seems to be no doubt whatever. Perhaps it may be deemed not more remarkable than the union of nerves after division for tic douloureux, a fact well authenticated, as the spinal cord may be considered no more than a bundle of nerves contained within a common sheath. Cases also are recorded where incised wounds of the brain have united, and the patient has recovered; but, so far as we are informed, this is the first instance on record of a total division of the spinal cord."

*** The case is certainly the most extraordinary we ever read, but we must beg leave to doubt the fact, that complete division of the spinal cord occurred; that question can only be set at rest by the result of an autopsy, and we trust Dr. Hurd will keep his eye on the patient, and when death takes place, endeavour to obtain permission to examine the spine. Although union of divided nerves,—nerves, for instance, cut across for the cure of tic douloreux—has certainly happened—and that, too, so frequently as to induce surgeons, when that operation is performed, to remove a portion of the nerve, to prevent re-union,—the complete section and re-union of the spinal marrow cannot be regarded as at all analogous. As well might it be pleaded that, because a joint of the finger, when chopped off, and replaced, has been found to re-unite, and be as useful as heretofore, that the amputation of a sound limb, and the re-application of the divided part to the stump would also be followed by a similar result. The injured part is of by far too great importance to the economy for such an effect—and if it should be proved that, in Dr. Hurd's case, the spinal marrow really was divided and that completely, it will be unique. We are rather inclined to the belief that the chisel fractured the arch of the spine, and that the fractured bone was driven in upon, and compressed the medulla, the part afterwards accomodating itself, in the lapse of time, to the amount of injury it had sustained, and thus accounting for the imperfect degree of restoration of the nervous energy which the patient obtained. Were the similitude between the divided nerve and the divided medulla perfect, when the union occurred, the nervous energy should have been restored completely.

Robertson *v.* Quinn.—An action was brought to recover the sum of £104 for wages due to the plaintiff from the defendant. It appeared on the plaintiff's evidence that the defendant was Dr. Quinn, who had opened an establishment called the St. James's Homœopathic Dispensary, and that he had engaged the plaintiff, who was a medical man, as the secretary to the institution, at a salary of £90 per annum. The only question was as to the amount of salary agreed to be given. The jury found a verdict for the plaintiff for £89. Mr. Crowder and Mr. Walesby were counsel for the plaintiff, and Mr. H. Hill for the defendant.

BRITISH AND FOREIGN MEDICAL AND GENERAL BIBLIOGRAPHY.

Wallbridge (A.) Torrington Hall; being an Account of that Establishment for the Insane, 8vo. 6s cloth

Budd (G., M.D.) On Diseases of the Liver, 8vo. 14s cloth

Chiosso (J.) Remarks on Physical Education, 12mo. 1s sewed

Drummond (J. L.) First Steps to Anatomy, 8vo. 5s. cloth

Eisenberg (J.) Surgical and Practical Observations on the Diseases of the Human Foot, 4to. 21s cloth

Henderson (W.) An Inquiry into the Homœopathic Practice of Medicine, 8vo. 6s cloth

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GOSSIP.

What next?—The following is extracted from an account of the trial of a man, named Van Steenburgh, for murder, as reported in the *New York Weekly Herald*:—"One of the most singular, extraordinary and curious things about this trial is, the fact that Mr. Stanley Grimes, the celebrated lecturer on that sublime and interesting science called Phrenology, at present delivering a course on the subject in this village, sits on the right hand of council for prisoner, and critically examines the faces, but more particularly the bumps on the craniums, of jurors, while undergoing examination. His advice regarding their character has been taken in several instances; and if the juror was declared competent by the triors, the peremptory challenge has been used at his suggestion." This is certainly one of the most novel, romantic and funny proceedings we have yet heard of. It is the beginning of a new era in modern criminal jurisprudence; for if successful in this instance, we have no doubt a phrenologist will hereafter become an indispensable appendage in a criminal suit. An animal magnetiser may shortly be found useful, in putting an obnoxious juryman into a state of somnolency while the evidence is being heard.

Obituary.—We regret to announce the death, in his seventy-second year, of the celebrated surgeon, Christian Fenger, Director of the Royal Academy of Surgery of Copenhagen, chief surgeon to the king, and author of a great variety of professional works—the most important of which have, it is said, been translated into English, French, and German. —On the 9th inst., Charles Badham M.D., F.R.S., Fellow of the Royal College of Physicians, London, and late Professor of Medicine in the University of Glasgow.

University Intelligence—University of London—Bachelors of Medicine, 1845.—*First Division:* Matthew Baines, King's College; Fred. James Brown, University College; David Peter Evans, King's College; Frederick John Hensley, King's College; Alfred Jackson, University College; John Ody, King's College; Thomas Palmer, Apothecaries' Hall of Ireland; Charles Bland Radcliffe, Leeds School of Medicine; Samuel Hopkins Steel, King's College; William Pullimore Stiff, University College; Robert Bowie Walcott, St. Thomas's Hospital; Charles Matthew Wayte, Guy's Hospital; Ewing Whittle, Royal College of Surgeons of Ireland. *Second Division*: Thomas Herbert Barker, University College; James Duncan, King's College; Archibald Redfoord Ridgway, London Hospital.

MORTALITY TABLE,

For the week ending November 8, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	944	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	212	201	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	89	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	139	155	159
Diseases of the Lungs, and of the other Organs of Respiration	313	323	292
Diseases of the Heart and Blood-vessels . . .	22	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	83	68	71
Diseases of the Kidneys, &c.	4	6	6
Childbirth, Diseases of the Uterus, &c.	15	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	6	6
Diseases of the Skin, Cellular Tissues, &c.	3	1	1
Old Age	33	74	70
Violence, Privation, Cold, and Intemperance . .	24	27	26

No. 321. **SUMMARY.** Nov. 22.

CLINICAL LECTURES ON SURGERY. By M. F. LALLEMAND—
Stricture at the Neck of the Bladder—Distension of this Cavity simulating Ascites—Dilatation of the Stricture—Cure; Stricture simulating Incontinence of Urine and Paraplegia; Treatment of Strictures; False Passage—Complete Obliteration of the Canal during Two Years—Incision—Cure 163

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CLINICAL LECTURES ON SURGERY:

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

CASE.—*Stricture at the Neck of the Bladder; Distention of this Cavity simulating Ascites; Dilatation of the Stricture; Cure.*

In the year 1832, a Russian colonel came to Montpellier, after having consulted the most eminent practitioners of Italy, Germany, and England—all of whom agreed that ascites was present, which was by some supposed to result from obstinate constipation; by others, from former attacks of intermittent fever. He also suffered from incontinence of urine. Paralysis of the bladder was admitted by all, because the patient passed urine involuntarily and "drop by drop;" this latter symptom deeply affected the moral energy of the patient, as he was obliged constantly to keep his penis in an apparatus for the reception of urine, attached to the thigh. During four years, the colonel's health had suffered from paroxysms of intermittent fever, which had been treated by quinine and the other usual febrifuge remedies without producing the slightest improvement, until he was reduced to the greatest state of marasmus. When he came to Montpellier, the abdomen was enormously swollen, and fluctuation was easily felt; for this tapping had been proposed. Before I entered upon any plan of treatment, I was anxious to ascertain the state of the urinary organs, and I accordingly examined his urethra by catheterism. The glans and prepuce were inflamed and ulcerated by their long maceration in the urine. I easily passed a large catheter as far as the neck of the bladder, but it was arrested at this point. I then tried smaller ones, but with the same want of success, and, finally, after much difficulty, I only succeeded in passing the smallest metallic catheter. The stricture existed then at the neck of the bladder. As soon as the instrument had entered this cavity, a very small jet of urine escaped, and continued to flow for a quarter of an hour; the catheter was allowed to remain, and was changed at night for a gum-elastic one, of larger size. The size of the instrument was progressively increased each day; so that about the third day the patient made water in a full stream. During the process of dilatation no accidents occurred, and the attacks of intermittent fever, which had daily tormented the patient for four years, completely disappeared. The general state of his health now improved, and in about two months the extreme state of marasmus to which he had been reduced was replaced by his former embonpoint. The persistence of this intermittent fever for four years, and the formidable symptoms it induced in the whole economy, afford a clear idea of the influence which affections of the urinary passages exert on the system, in consequence of the disorder produced by the non-eliminated matters contained in the urine.[1]

[1] "An attentive examination would have saved this patient from years of suffering; in his case the abdomen was not distended as in ordinary dropsy, it extended only to the umbilicus; the thighs and legs were not œdematous, which is always observed in peritoneal dropsy; in the same manner, we see ovarian dropsy simulate ascites in women, when the cyst has arrived at a state of considerable distention, and it is also distinguished by the dryness of the lower extremities."—Note by Dr. Waters.

CASE.—*Stricture simulating Incontinence of Urine and Paraplegia.*

Charles Orcilly, of robust constitution, had several times contracted blenorrhagia, which was treated by mercurial frictions, the liquor of Van Swieten, &c.; the discharge having disappeared, urine could only be evacuated drop by drop, or in a small stream which fell between his legs. Soon after, when the patient was about thirty-four years of age, the urine became turbid, of fetid odour, and was passed involuntarily, particularly at night; afterwards, complete incontinence came on, with its usual train of miseries. At the expiration of four years, acute pain occurred in the lumbar regions and legs, which induced considerable bending of the body forwards, with obstinate constipation, general prostration, accompanied with anorexia, difficult digestion, borborygmus, and a feeling of numbness and weakness in the legs, so that he frequently fell, and was now obliged to observe complete repose. Most of his medical attendants viewed the case as one of paraplegia, and a few as dependent on an affection of the vertebræ or medulla spinalis; the error in diagnosis was owing to the incontinence of urine, the constipation, the forward curvature of the spine, and particularly the extreme state of weakness of the legs and the gait of the patient. The methods of treatment that were put in force were as numerous as the different opinions that were given as to his case; moxas, mercurials, frictions, tonics, &c., were tried in vain.

At the end of May, 1826, the patient came to the hospital to undergo treatment for paralysis; the history he furnished me with induced me to suspect that this so-called incontinence of urine was only caused by an over-distention of the bladder; accordingly a small catheter was with difficulty passed, and it was with extreme surprise that the patient saw an enormous quantity of urine drawn off; the instrument was allowed to remain in the bladder.

The strictures were destroyed, in the course of fifteen days, by four cauterisations; after the first the patient could empty his bladder, and he was able to retain his urine during the night. From this time the incontinence disappeared, his general health rapidly improved, and in twenty days he could walk about without assistance; the body gradually became erect, the pain ceased, and his restoration was complete.

In this case there was no paralysis of the bladder, but the urine was discharged by "*regorgement.*" As for the extreme debility of the lower extremities, and the other alarming symptoms, which were attributed to a spinal affection, they were evidently caused by the direct influence of strictures on the spermatic organs and in the urinary passages, whose influence on the economy is as formidable as it is unfortunately but too often misunderstood.[2]

[2] From the history of these two cases we see how guarded we should be in taking the report of patients who speak about incontinence of urine: they are easily led to believe in a relaxation or paralysis of the neck of the bladder, because the emission of urine is continuous and involuntary, whilst the bladder is only emptied by "*regorgement.*" Its distention depends, then, on some stricture, or on some swelling of the middle lobe of the prostate gland. Even in cerebral diseases, incontinence of urine is frequently less owing to paralysis of the neck of the bladder than to the enormous distention of this cavity, and the repletion is owing to the patient not feeling the want to void urine; the bladder no longer perceiving the sensation of the presence of urine, only expels it when it is over-distended by this liquid. The emission, then, takes place by "*regorgement,*" in as continuous a manner as it is secreted. In all cases where this state has existed for a long time, we find, on post-mortem examination, that the bladder, the ureters, and kidneys, are enormously dilated. We should, then, recommend a serious attention to the state of this canal, when disorder in the emission of urine takes place. Catheterism, if it does no good, cannot do any harm. In the case of the Russian colonel, the illusion was carried to an extreme, as abdominal paracentesis had been proposed. The bladder must have accordingly acquired an enormous distention, and the question naturally occurs, What would have become of the patient if he had been operated on? for, instead of an abdominal puncture, the operation would have been performed on the bladder, and the slightest effusion of urine would have quickly produced a fatal peritonitis.—Note by Dr. Water

TREATMENT OF STRICTURES.

Prolonged Dilatation.—Formerly it was considered necessary to continue the use of dilating bodies for two or three months to effect a cure of stricture; and the instrument was only changed every eight days, because it was considered necessary to wear it this length of time to obtain a sufficient dilatation. Dupuytren persisted in this dangerous mode of treatment until his death, and it is still, unfortunately, but too generally practised.

The prolonged dilatation, besides the pain and uneasiness which it induces, and the complete rest it requires, has often induced more severe diseases than the stricture which it was hoped to destroy. Even the presence of the best-made gum-elastic catheters offers great inconvenience to the bladder, the prostate, the spermatic organs, and the urethra itself. Chronic vesical catarrh frequently continues, even as an idiopathic affection, when the instruments have been withdrawn, the mucous membrane being harassed so long by the presence of foreign bodies, and by the almost inevitable introduction of atmospheric air, that its tissue remains injected and fungoid, and cannot be completely disgorged. These chronic catarrhs of the bladder become as troublesome to the patient, after having undergone treatment, as the most distressing case of stricture, and are sometimes more difficult to be removed.[3]

[3] The pressure which the end of the sound for so long a time makes on the same point of the bladder, produces a circumscribed inflammation, which soon extends from the mucous membrane to the muscula

Notwithstanding all the care which M. Dupuytren himself took in fixing the sound, I saw miserable instances of the nature I have just spoken of, when attending his practice: he was well aware that these perforations were caused by the extremity of the catheter against the opposed side of the bladder; and if the instrument was not forced too far, the violent contractions of the bladder, in time, caused its fatal pressure; even when the instrument has been removed, in consequence of severe pain, the mucous and muscular membranes being destroyed, or considerably softened, cannot bear the pressure exercised by the urine during the efforts of expulsion, and thus rupture of the bladder may take place. The breaking off of the instrument at the places of opening is another accident, which we may equally attribute to a too prolonged sojourn in the bladder. This breaking off of the catheter is not always occasioned by the action of the urine, or the bad quality of the metal, but sometimes by the spasmodic contractions of the bladder. This may give us some idea of the excruciating character of the pains. Even when the catheter is allowed to remain in the canal for eight or ten days, it gets obstructed with mucus, and incrusted with calcareous salts; and it is for this reason that the urine passes between the catheter and the urethra. Again, the continual distention of the neck of the bladder for months together, by the presence of large sounds, weakens the muscular fibres, and exposes the patient to incontinence, or at least to such relaxation, that he can scarcely resist for one single minute the desire to make water, without allowing some part of the liquid to escape. The action of catheters on the surface of the prostate produces still graver accidents: the mucous follicles being already irritated by the difficulty which the urine has in escaping, induces an increased secretion of mucus; sometimes inflammation extends to the cellular tissue of the prostate, and produces abscess, or the inflammation passes into the chronic state, and causes hardening, hypertrophy of the prostate, or the formation in its substance of small abscesses, which at a later period are transformed into tubercles. The action of sounds on the ejaculatory canals produces irritation, swelling, and inflammation of the testes. These consecutive affections of the spermatic organs must necessarily have a great influence on their functions. The canal also suffers from the presence of instruments. Not only the mucous membrane and its follicles become inflamed, and contract an habitual excess of secretion, but the inflammation frequently extends to the spongy tissue of the urethra, and even to the surrounding cellular tissue; this is easily known by the small painful tumours which we meet with in the course of the urethra, and which form slight projections. These attacks of inflammation are sometimes acute, and proceed to suppuration. The pressure which is exercised by the sound produces at first a useful excitation on the stricture, and increases the work of absorption; but if the contact be too prolonged, this action is increased, and there results, instead of a simple excitation, a fresh attack of inflammation, which is analogous to the first, and is finally succeeded by an abscess or stricture, or the formation of a fresh obstacle in some new part of the urethra.

Rapid Dilatation.—The method of prolonged dilatation, often even now practised, has been for some length of time abandoned by me, and, instead of the old practice, I have recourse to rapid dilatation of the canal; it is surprising with what facility we may gradually increase the size of sounds, and how, at the end of a few days, we may gain as rapid a cure as in cases treated by the old manner, and this cure is as permanent.

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tunic, and from thence to the peritoneum: this inflammation produces, as it always does, softening of the tissues, as well as spasmodic contractions of the bladder, which are induced by the end of the sound. This may gradually penetrate into the softened tissue; and if the severity of the pain does not induce the surgeon to withdraw the instrument, there may result from this combined action a complete perforation of the bladder, a urinary effusion into the peritoneum, and consequently rapid and inevitable death.—Note by Dr. Waters.

CASE—*False Passage; Complete Obliteration of the Canal during Two Years; Incision; Cure.*

In the month of February, 1834, M. H., an officer, forty years of age, was tripped up by his sword, and fell on the perineum. Immediately after the accident some drops of blood were discharged by the urethra; pain was not severe at the time, but about an hour afterwards, having occasion to make water, he felt great heat in the canal, and on the following day much greater pain came on; at the end of three days the pain was much mitigated, but he passed blood until the eighth day; he now considered himself perfectly safe, until fifteen days after his fall, when he perceived a small tumour in the perineum, which slightly obstructed the emission of urine.

In the beginning of May M. H. left his quarters, and, having performed a fatiguing military march, he threw himself on a couch to obtain a short repose. During sleep he was troubled with violent priapism, and, on suddenly starting up, he felt severe pain in the perineum, which was followed by troublesome hemorrhage. Venesection, warm hip-baths, emollient poultices, were used, and these measures were persevered in for fifteen days, without completely arresting the hemorrhage; cold applications were now used, and the hemorrhage ceased; three days afterwards an astringent injection was tried, which occasioned much pain; the stream of urine became much diminished, and in a month afterwards quite filiform. Catheterism was now tried, with Nos. 3 and 4 of M. Mayor, but without success. In the month of August, 1835, M. H. went to the Military Hospital of Lyons; the introduction of sounds was again tried, but with the same want of success; fever, and an icteric tint of the whole skin was the result of the irritation caused by these measures. In the month of February, 1836, a catheter was forcibly introduced, and made a false passage through the middle of the penis; acute pain was felt, and immediate engorgement of the penis, with considerable swelling of the perineum; the urine came away drop by drop. In the space of four days an urinary infiltration had occurred in the scrotum, and tension and heat of the perineum were much increased; an incision was now made on the right side of the raphe, which afforded an outlet to a large quantity of pus, urine, and blood. From that period a continual oozing of urine came from this opening. Frequent but fruitless attempts were made to penetrate into the bladder; in the month of March cauterisation was performed from before backwards, with a straight sound No. 4, which was armed with nitrate of silver, and was passed down to the obstacle; excessive pain, violent contractions of the canal, fever, &c., were the sole results of this operation. He now demanded to be sent to Montpellier, where he arrived on the 13th of June, 1836, twenty-seven months after his accident. Even then the patient appeared in robust health, the pallor of his countenance only indicating long suffering. Catheterism was perfectly impossible. During the space of four years many operations were tried to pass an instrument into the bladder, and to give a free outlet to the urine. On the 9th of April, 1840, a lancet was passed into the canal, behind the obstacle, at the moment when the patient made forcible efforts to pass urine; a considerable jet passed through the wound, which was kept open. His strength now became prostrate, and a train of the most distressing nervous symptoms came on. He was counselled by M. Serres not to undergo any further operation, and he was doomed by that gentleman to the misery of a perineal fistula.

The patient now consulted me (August, 1840). The canal had been obliterated for two years, and during all this time not a single drop of urine had passed from the meatus urinarius. A little in front of the scrotum there was a small capillary fistula; the perineum was enlarged and hardened, and covered with cicatrices, the result of the many fistulæ. When he attempted to pass water rather forcibly, the perineum and penis became much swollen, which proved that the portion of the canal which was situated behind the obstacle was free as far as the bladder. I now introduced a small sound as far as the obstacle, and, on attentively studying the nature of the lesion, I decided that the obstacle was occasioned by the false passage which had been made, and that the effect of the cauterisation which had been performed had caused adhesion of the flap (so as to form a kind of valve) to the walls of the urethra. On the 12th of August, 1840, I decided on operating on the obstructed portion, and accordingly cut down on the part; having made an incision of six or seven lines in length, a communication was thus established between the two parts of the canal, and the obstacle was completely incised. A catheter (No. 5) was now introduced into the bladder by the incision, and was allowed to remain there. The dilatation was continued on the following days, gradually increasing in size, until No. 9 was introduced. The lips of the incision were now brought together, and the wound rapidly cicatrised.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M. D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums; Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

HOMICIDE.

The impulse to homicide is a perversion of the affective faculties, which, up to the present time, must have appeared the more inconceivable from its being often accompanied with integrity of reason. In many cases it precedes, and even determines, suicide, and hence it is that we see unhappy beings who seek to destroy others that they may afterwards destroy themselves. Others act without any motive in their wild delirium, selecting as victims their children, wives, or parents, committing the crime with apparent tranquillity, and appearing more calm, and almost contented, when it is consummated. Sometimes, they are themselves the denouncers of the crime, delivering themselves up to justice of their own accord, or, instead of concealing themselves or their crime, they wait to be arrested in their own homes, and furnish the most minute details as to the mode in which it had been committed.

Homicidal mania, therefore, presents two distinct forms. In some cases the murder is determined by false reasoning, that is, by an unreasonable motive; in others, and the most frequent instances, the intellect appears to be undisturbed, the patient is carried away by a blind impulse—by some inexplicable influence which impels him to slay; and this is the character of the true homicide.

Pinel narrates the case of a fanatic who, wishing to purify mankind by the baptism of blood, began by killing his children, and was proceeding to destroy his wife also, but she saved herself by flight. Sixteen years after this same maniac killed two insane persons at Bicêtre, and would have sacrificed many more had he not been mastered by the attendants. This is an instance of homicidal mania showing itself under the influence of a dominant idea. Esquirol gives a case of a young married lady labouring under melancholia, who became insensibly possessed of the desire to kill her two little daughters, whom she loved most tenderly; while kissing them, she felt tempted to strangle them. This impulse, of which she felt all the horror, compelled her to avoid carefully being alone with her children, lest she should be overcome by the fatal impulse. This is a striking instance of homicide without complication, of a perversion without motive, of the affective faculties.

Thus, in homicide, the murderer is carried away by an irresistible force—an impulse, which he cannot overcome—an inconsiderate determination, without interest, *sans egarement*, or even premeditation, in the true acceptation of the word.

Such an overthrow of all the laws of nature must have long seemed to be inadmissible; it was treated "as a supposition—a convenient excuse—a modern invention to save the guilty from the severity of the law, or to deprive a citizen of his liberty arbitrarily. Every man enjoying the consciousness of his being, has the power to resist his propensities, especially those that are revolting to nature; and, if he does

not resist, he is guilty." Such has constantly been the language of the tribunals of justice. Without meaning to deny the abuse to which such a means was open in trying to represent, as insane, guilty persons who had acted with full discernment, we are nevertheless forced to yield to the evidence of facts, and whenever science points out a new infirmity, the law, in its turn, should recognise it as such, in order to watch over it, and render it powerless for evil. Duty and responsibility attach to all wherever the force of facts demands them, and in the case under consideration the evidence of the facts is such as to be beyond all question.

Already Pinel had observed in some of the insane in whom there was no lesion of the intellect, that they were at times under the influence of a sanguinary furor, as if the *affective faculties* alone were deranged. Marc relates that, in a respectable German family, a servant who gave perfect satisfaction, threw herself on her knees one day before her mistress, and besought her with tears to allow her immediately to quit her service. The unfortunate woman confessed to her mistress that every time she undressed her child, the whiteness of the child's skin had such an effect upon her, that she was seized with an almost irresistible desire of killing it, and, fearing she might give way to the cruel feeling, she preferred quitting her place. A country woman, of mild and simple disposition, had, ten days previous, given birth to her first child, when, while her eyes were fixed upon the baby, she was seized suddenly with an impulse to kill it. Trembling at the idea, she put the child in its cradle, and went out. Returning in-doors, the impulse was again renewed, and she betook herself to prayer for strength to struggle against it. She passed the entire day in fear of yielding to the fatal propensity. At night, she determined to make known her cruel situation. She was placed under surveillance till the morning, and, after an absence of some days, those cruel thoughts were dissipated.

Georget narrates another very remarkable instance of an impulse to commit homicide in a shoemaker's wife, who came to consult him one day on a subject that reduced her to despair; in every other respect she seemed to enjoy both her reason and health; but she complained that she was incessantly tormented with the *idea* of killing her four children, whom, nevertheless, she said she loved most tenderly; she dreaded some dreadful outburst of mischief; the thought made her desperate, and she was tempted to throw herself out of the window. She felt an irresistible impulse, without motive, which made her tremble from head to foot. She felt no sinister designs against other children; she only felt an anxiety to keep away from her own, and, lest she should be overpowered by the impulse, she concealed with care every instrument that came in her way. She kept continually moving up and down stairs to divert her bad thoughts by exertion and fatigue. This propensity to homicide lasted three months, and disappeared spontaneously at the return of menstruation.

Patients have not always strength to conquer the fatal impulse; but if they are watched and isolated in time, they may still be cured of the fatal propensity.

A young man, aged twenty-two, of a taciturn and unhappy disposition, occupied as a shopman, took a pleasure in avoiding society, and never shewed to his mother the affection of a son. He became possessed with a violent desire of killing, and repeated different times that at certain moments he should be delighted to poignard his mother and sister. It often happened, after taking leave of his mother, that he would rush back with his eyes glaring, crying to her to fly from him; he was going to cut her throat. One day he laid hold of a soldier's sabre for the purpose of stabbing him, although he had never seen him before. On another occasion he enticed his mother into the cellar, and attempted to knock her on the head with a bottle.

While he had been under the influence of this horrible impulse, his head was burning, and he could no longer sleep, although his intellect remained perfectly sound. After his removal to a private asylum, he stated that he had been five or six times on the point of sacrificing his mother and sister, against whom, however, he had no ill feeling; that he had no fixed idea, and that at those cruel moments he had no longer any control of his will. After eighteen months of isolation his sinister ideas left him, and he returned to his mother, treating her afterwards with kindness and regard.

In order fully to characterise homicidal mania, and to make it be understood that it is a disease of the affective faculties very different from intellectual lesions, it is only by the best ascertained facts that we can establish this distinction, the consequences of which, in legal medicine, are of extreme importance.

The following case was communicated to the Academy of Medicine by Dr. Barbier, of Amiens:—Margaret M., aged twenty-four, was subject to headache, giddiness, noises in the ears, and occasionally slight disturbance of vision. She was confined, for the second time, of a healthy child. On the fifth day she was well enough to get up and make preparation for baptising the infant, when mention was made in her presence of the murder of a child by Henrietta Cornier. She was deeply affected by the idea of so horrible an action; it haunted her, in spite of her efforts to chase it away, until she familiarised herself to the thought of killing a child, even her own child. When holding her naked infant on her knee, the same feeling returned upon her with greater violence. Being one day alone in her room, she perceived a kitchen knife on the table near her; she felt herself impelled against her will to clutch it, and, being conscious that she was no longer mistress of her actions, she cried aloud for help. She was removed at once to the Hotel Dieu of Amiens for medical treatment, and in the space of six weeks her morbid impulse was dispelled.

We must recognise in the case of this woman a diseased perversion, totally distinct from any delirium, and against which, on the contrary, she struggles with all the power of her will. In other cases homicidal mania becomes a veritable furor, which excites itself and revels in its own misdeeds, and which then degenerates into a frightful butchery The following case is an instance of this kind:—In June, 1832, Jeanne Desroches, who had been but a few days married, left her home, and returned to the village in which her mother lived. On her way she entered the dwelling of a couple named Champart, who had two young children; she fell upon the eldest child, inflicting a wound in the neck with a knife. The child uttered a cry, and expired. She then rushed out of the house, and ran to her mother's; finding her in the stable, she attacked her, stabbing her in the chest, and completing the murder by means of a pick-axe. Upon consummating this crime, she rushed up the narrow stairs of a neighbouring house, and, calling for a widow named Georges, stabbed her several times, and fled. She then went to the house of another woman, named Dorneron, who was in her room with her son, aged seven. As soon as she entered the door-way, she called this woman to come and see what was passing in the street. By this artifice the child was left alone, and was instantly mortally wounded by Jeanne. The cry of the child recalled his mother too late to save him. A frightful struggle ensued between the mother and the murderess, and not being able to overcome her, the latter fled back to her mother's house, and, decending into the cellar, threw the fatal knife into a wine tun, and pulled the tap out, allowing the wine to flow away.

All these atrocities were committed in the space of ten minutes. On her trial, she stated that she had long cherished a feeling of hatred against her mother, on account of her sending her oftener to work in the fields than her sister. The prosecution laid great stress on this avowal. But how futile was such a motive for the assassination of her mother, and four other persons against whom no such feelings existed. Throughout the whole of this awful drama the homicidal furor was so evident as to leave no doubt on the mind of any well-informed person, and yet this woman was found guilty of parricide and murders with premeditation, but with extenuating circumstances. She was sentenced to ten years' hard labour.

We have no hesitation in saying that such a sentence bears upon it the mark of powerlessness and timidity. Either this woman was guilty with premeditation, as the judges had affirmed, and in that case the punishment bore no relation to the nature of the atrocities, or the plea in extenuation recognises that she was labouring under disease—subjugated by an instinct of destruction; that in her one of those instinctive perversions had occurred without motive or object, venting its fury against every one that came in the way, and becoming more fierce by the very blood it caused to flow. In the latter case she ought to have been regarded as a patient, and a very dangerous one too, and sent to spend the rest of her days in an asylum, under a continual surveillance. Such a sentence would have been at once rational and logical.

I shall here add another case, in which justice pronounced a sentence still more in contradiction to the general conviction arising out of the trial.

A peasant, aged twenty-two, of a morose, ungovernable, cruel, and vindictive disposition from his infancy, used to take a pleasure in threatening to kill his companions; he had a particular aversion to his mother, and could but ill repress his loathing and anger whenever he went near her. He was in the habit of leaving his home, and passing several days in the neighbouring stone quarries, and would ask his father if he could not live in the woods alone, on roots and herbs. His organisation seemed to correspond with his evil disposition; he was stunted, ill-made, with a narrow low forehead, and thick meeting eyebrows, and a wild oblique look, that seemed to dread the gaze of others. He had a halting gait, and seemed to jump rather than walk. On the 30th June, 1835, he put on his best clothes; and on his grandmother asking him the reason, he replied, "You shall see to night." At night he went into the room noiselessly, and, with a sharp sickle, in an instant, and without their having time to utter a cry, he cut the throats of his mother, brother, and sister. He then walked out quietly, and remarked in a calm manner to two persons he met, that his father would be no longer unhappy, and that he had just delivered him, and went his way with the bloody sickle in his hand.

It was all in vain that the prosecution dwelt on all the circumstances that showed forth the false ideas, and the instinct of natural ferocity, which led to an act of barbarity that had been executed with so much apparent coldness. Both court and jury condemned him to the punishment of parricides. And then, by one of those contrasts which demonstrate the uncertainty and doubts of such a proceeding, they addressed a memorial to the king for a commutation of punishment, on the ground that his reason, which had never been clear, had been unfavourably influenced by the circumstances in which he was placed. The jury thus admitted that the murderer was mad, and yet he was sentenced as a parricide.

To enter at length into these questions of legal medicine would lead us too far; but they are of the last importance, and demand the most serious attention in the point of view of criminality.

Thus, in homicidal mania, certain murderers act from motives more or less chimerical, or from false conceptions; but the majority of them are driven by an instinctive impulse which they cannot account for, which many of them try to combat and overcome, and which many of them unfortunately obey in a sudden and inconsiderate manner, without any motive or interest.

In taking a general view of this terrible perversion of the affective faculties, we observe that almost all who are attacked with it are of a nervous constitution, of strange disposition, and keen susceptibility. Before the attack, sensible changes are observed to take place in their habits and affections; from being mild, polite, and even religious, they, in most cases become brusque, wild, and impatient. On the slightest cause the mania breaks forth, and very frequently from the influence of example or imitation. Laplace, in his *Essay on Probabilities*, remarks with great truth, that many individuals are so organised as to give way to pernicious examples or fatal propensities from the excitement produced by the account of a criminal action, and he adds, that in this respect the publicity given to crime is not free from danger; this is a fact that cannot be doubted.

When the disease has persisted for a time, it is found to have been preceded, or to be accompanied by headache, tremors, and general disturbance of the principal functions. The presence of the individuals

destined to be sacrificed, and the sight of the instrument to be employed, give fresh force to the cruel impulse. In the intervals of calm, these unhappy persons give an account of the most minute details which may have excited them to the commission of the crime, or may have prevented its execution. As to personal motives of hatred or interest, they had none; they were impelled, carried away, by an internal irresistible force. The victims of their sanguinary preference are persons to whom they are quite indifferent, or they may be those whom they hold most dear, and the horrible choice of them is the characteristic sign of the affective perversion.

Once the victim immolated, their object is accomplished; they are calm, they proclaim what they have done, and even deliver themselves up to justice.

It is obvious that acts so monstrous must at the first blush carry terror even into the minds of the judges, and must have made them fear lest all criminals might not shelter themselves under the impunity of such examples. For frequently in homicidal mania, as well as in crime, there is premeditation; the murderer has struggled against the impulse, and consequently has consciousness of the murder. But it is on the whole of the circumstances that have preceded, accompanied, and followed the homicide, that the evidence and the conviction of non-culpability, and the character of a true mania, must be established.

The physiology of the brain is yet of too recent date, its teaching that the affective faculties, the same as the intellectual, are the expression of its healthy action, and consequently that they are equally subject to isolated perversion or derangement, is too new for these truths to have yet penetrated the masses, or to become vulgarised; but they will be so. Certain parts of the brain are most certainly the organs of the affective faculties, and it is from a material lesion of these parts that the disorders, of which we have here traced a short sketch, arise.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Continued from page 146.)

Frothy Sputum.—This, though less interesting and important than some others in the classification, is yet deserving of a separate place and comments.

Appearances and Qualities.—Generally, this sputum is nothing more than the "thin mucous" variety in a state of extreme frothiness. It is complete foam when first discharged, the bubbles are excessively minute, and without number, and they will sometimes remain for hours, or even days, without dispersion. Having disappeared, they leave a thin fluid exactly corresponding with the sputum first described in our list. The froth is elastic, and remarkably tenacious, as white as snow, and without taste or smell. In other cases we find this sputum, at the time of its expectoration, consisting both of foam and fluid; the bubbles then have less tenacity, and are sooner dissipated. This sputum often has a saline taste! Another variety of this sputum consists of thick mucus, or muco-albumen, more or less completely frothy. It is generally yellowish or greyish, has a mucous smell, the bubbles are variously sized, some large and some small, and they often remain a long time unchanged. With this sputum pus is sometimes intermixed, but without itself being frothy.

A third variety consists either of blood alone, or of blood intermixed with mucus. This was treated of under the head of "bloody sputum," and need not, therefore, be further enlarged upon.

Frothy sputum is seldom expectorated for any length of time. Sometimes it ceases, and is not succeeded by any other form of spitting; but it is oftener followed by bloody, purulent, or tuberculous sputum.

Pathognomonic Relations.—Frothy sputum is more frequently met with in commencing phthisis than in any other morbid affection, or, indeed, than in all the others put together. It is one of the most common indications of incipient tuberculisation of the lungs, and I never meet with it without suspecting it to be the premonitor of mischief. It is less frequent in the middle and advanced stages of consumption. In affections of the heart, both sympathetic and structural, it is not a rare occurrence. I have seen it very characteristically in aneurism of the aorta, in angina, and in hypertrophy, with dilatation of the right side of the heart. And I have as often met with it in that irritability and irregular function of the heart, which so commonly accompany a debilitated state, or an actual breaking up of the constitution. In melancholic and hypochondriacal subjects we find it sometimes; also in chlorosis, in œdema, and in melanosis of the lungs, and in pulmonary apoplexy. The second variety is chiefly observable in the different forms of asthma,[1] in bronchitis attended with pulmonary congestion, and in functional disturbance of the heart and lungs, sympathetic with depravity or impoverishment of the system, or with disease or disorder of the stomach and bowels.

Local Symptoms and Physical Signs.—The latter are, for the most part, those which accompany and denote commencing tubercles in the lungs. We have detailed them at length under the head of "tuberculous sputum." Also there may be any of the abnormal sounds which indicate disease of the heart. But what we most commonly hear, in such portion of the lungs as may be permeable to air, is a thin crackling mucous râle, almost amounting to crepitation; and usually the chest itself yields a duller than natural sound on percussion. When the second variety of the frothy sputum is discharged, we mostly hear a thick mucous or bubbling râle in the larger bronchi, with, sometimes, a thinner râle in the smaller branches. There is always more or less dyspnœa, and rarely any pain in the chest, except about the bifurcation of the trachea and under the clavicles. The cough is very troublesome, tickling, and frequent, expectoration difficult, and often accompanied with nausea. There is generally some fever, either simple or hectic.

Pathology.—The secretion of frothy sputum is usually connected with an irritable condition of the respiratory system, or with a state of local irritation of the organs. How the cause and the effect stand in pathological relation to one another it is not possible to say. There seems something extraordinary, that a morbid state which at one time prompts to the secretion of thin transparent sputum, should at another time cause that sputum to be issued in complete foam. But such is the fact. An analogy we find in the case of saliva. Often, in powerful affections of the mind, in violent passion, mania, &c., and after the use of certain narcotics, the saliva will suddenly be discharged profusely, and consisting entirely of froth. Another cause of frothy sputum is one purely physical, viz., an admixture of air during the respiratory process, when the effused mucus is long detained in the smaller bronchial tubes. Between these cases the stethoscopic signs are very distinctive.

Treatment.—When the secretion of this sputum is not dependent upon organic disease, but is the offspring of simple nervous excitement, either general or local, it is best corrected by tonic and narcotic medicines. The latter will often cut short the trouble very speedily. I have known it cured by a single dose of opium, of one grain. This, or hyoscyamus, or conium, or other such remedy, it is well to commence with, night and morning, and if necessary, to continue it. The best tonics are the light preparations of iron, zinc, and quinine. The shower bath is excellent, so also is cold bathing. The diet should be nutritious, and stimulants in moderation used. Sometimes all these remedies will be resisted, and the ailment yield directly to the inhalation of watery vapour containing a narcotic, or some excitant, such as iodine or chlorine.

Fetid Sputum.—This is a variety of expectoration which, happily for us and for our patients, we seldom meet with in its worst form. In its milder states it is common enough.

Appearances and Qualities.—These are by no means specific in the case of fetid sputum. They are little variable in the sputum of the same individual; but in different people, even when labouring under the same disease, this peculiar matter of expectoration exhibits much diversity. It may consist of mucus simply, or of muco-albumen and pus, as generally happens to the fetid sputum of chronic bronchitis, and of dilated bronchi in old people—of pus, sanies, serum, and blood, with or without mucus, as in gangrene of the lungs—of tubercular matter, intermixed with any or all of these, as in gangrenous phthisis—and of mucus, pus, and tubercle, as in common pulmonary consumption. In very rare cases the false membranes of certain tracheal and bronchial inflammations have this characteristic fetor. Fetid sputum is either acid or alkaline; the latter reaction is due to ammonia or its hydro-sulphuret. I never saw a neutral specimen when the fetor was considerable. It is of all densities, from the fluidity of common sanies (perhaps its most frequent consistence), to the solidity of tubercle or croupy membrane; and of all colours, from a light ash-grey to yellow and green of every shade, to a claret or prune juice colour, and to perfect blackness.[2] Its taste is generally complained of as being excessively disagreeable and nauseating; but its odour, in its worst forms, deserves the epithet of horrible. It is utterly impossible to convey by language any idea of its intolerable offensiveness. The poor patient (though it is less appreciable by him than by strangers), often prays that death may take him from his trouble, whilst the attendants, both domestic and medical, sicken at a distant approach to him. I do not know, in the whole catalogue of calamity, one greater than this.

In its milder forms, fetid sputum may be intermittent or persistent, and often enough ceases altogether. The worst variety is rarely, if ever, recovered from; but it generally stops suddenly a few hours before death. This sputum varies in quantity, from a few ounces to as many pints daily.

Pathognomonic Relations.—Fetid sputum of the worst kind is most commonly met with in gangrene of the lungs, whether this arise from inflammation, or from any other cause.[3] At one time, indeed, it was considered pathognomonic of pulmonary gangrene only; but modern pathology has proved that it may attend other diseases of the respiratory organs. Nor indeed is it a constant accompaniment of *gangrena pulmonum*; fetor of the breath is invariably so, but in some cases we find the sputa comparatively free from offensiveness, whilst the breath is insufferably filthy. In carcinoma of the lungs the sputum is often disgustingly fetid; but in this case there is an indescribable sickliness also, which almost makes the tainted atmosphere irrespirable. A recent writer, in describing an unhappy

[1] Aretæus mentions a frothy expectoration chiefly aqueous, occurring in various asthmas lib. iii, cap. 11.

[2] Laennec says that, at the beginning of *gangrena pulmonum*, the colour of the sputum "is a milk-white, and it is nearly opaque, and of the consistence of mucilage. Gradually it assumes a greenish-yellow, a brownish or ash-colour, and becomes sanious or purulent." Op. cit., p. 226. The "milk-white" colour of the sputum here mentioned must not be taken for a pathognomonic sign of commencing gangrene of the lungs, inasmuch as it has been by others observed in cancer of the lungs "Utrum horum mavis accipe." According to the best authorities, this milky sputum is a herald of one or other mischief between which there is little choice. "D'apres Bayle, l'expectoration de la phthisie cancéreuse est remarquable par sa blancheur laiteuse; il ne donne aucune autre détail. Nous avons observé cette blancheur particulière de l'expectoration chez un jeune homme de vingt ans environ, scrophuleux au plus haut degré. Il offrait déjà tous les signes d'une phthisie pulmonaire passant du deuxième au troisième degré; il expectorait en petite quantité les crachats *composés*, qui l'annoncent; mais ils étaient remarquables par leur couleur, aussi blanche que celle du lait le plus pur. Ce malade sortit de l'hôpital àpres un mois de séjour pendant lequel il présenta constamment la même expectoration." (Andral. These., p. 87.)

[3] For interesting examples, see Bright's Reports of Medical Cases. 4to. Lond. 1827, p., 136 et seq. Laennec. op. cit., p. 221 et seq. Andral. Clin. Med. Trans., p. 371 et seq.

case of this kind, says—"the breath and the expectoration emitted such a malaria that it was scarcely possible to stay a quarter of an hour in the same house with her, and the effluvium was so dreadful to herself that she twice attempted suicide. The odour of cancer is so peculiar that no person can mistake it. It differs totally from that horrible stench attendant on gangrene of the lungs, and is, alas! much more lasting before life becomes extinct."[4] In phthisis, the sputum is often intolerably fetid. Hippocrates, Galen, Aretæus, and other of the older authors, considered it to be a fatal symptom. Sauvages alludes to it under the denomination of "*Dysodia pulmonica*[5]—odor ille est qualem sputa phthisicorum fundere solent." The membranous exudation of some forms of cynanche has been observed to possess this fetor. Laennec says, "I am not acquainted with any instance of croup which originated in the larynx or bronchia being accompanied by gangrene; but in cases where it has sprung from the extension of a gangrenous and plastic cynanche, I have myself seen gangrenous eschars on the mucous membrane both of the larynx and pharynx. In these cases, the false membrane was of a dirty greyish or green hue, and exhaled the horrible fetor peculiar to gangrene.[6] In common catarrh the sputa are often intolerably fetid.[7] In chronic bronchitis this kind of expectoration is frequently met with. Dr. Elliotson says of the sputa in this disease—"they may be dreadfully fetid; but there is no danger from the latter circumstance. I have seen persons with such a fetid expectoration that their sisters could not bear to sleep with them; and so fetid that they were disagreeable to themselves, and yet no sign of danger presented itself, and the patients did exceedingly well. They were going about without any particular ailment, except that they had a copious expectoration."[8] Andral relates many cases of this kind, as also does Laennec; and it is more than probable that the reputed cases of pulmonary gangrene, that have been judged such from the fetor of the sputa, and have recovered, have been for the most part nothing more than chronic bronchitis. Pulmonary gangrene is an excessively rare disease, and the rarest form of it is that which succeeds to pneumonia; but it has been often enough recorded, though no doubt with frequent error of diagnosis. In dilatation of the bronchi, this variety of sputum is very common. Laennec and Andral relate numerous cases, which we need not further advert to, so familiar are they in every-day practice. Purulent sputum of excessive fetor often arises from the escape into the bronchi of the matter of empyema and hepatic abscess. Sometimes, though more rarely, this matter becomes absorbed, and is subsequently discharged from the circulation of the bronchial membrane.[9]

Local Symptoms and Physical Signs.—These may be those which characterise the last stage of phthisis, and upon which we have already treated; or they may be those of the third stage of pneumonia, when upon the cessation, for the most part, of the bronchial respiration and resonance, we have an irregular gurgling mucous râle, here and there throughout the chest, indicating the presence of fluid in the bronchi, with entire absence of all respiratory sound in other situations corresponding with the destruction of the pulmonary tissue. There may also be pectoriloquy, after the separation of any portion of the lung by slough, and the consequent formation of gangrenous abscess. These signs, however, are not to be taken in evidence of pulmonary gangrene, even though aided by the fetor of breath and sputa, unless accompanied by the characteristic collapse of features and the complete prostration of the powers of life. When these attend the expectoration of fetid sputum, there can be little doubt as to the real nature of the case; but should they be absent, the diagnosis will deserve to be a different one. In the majority of cases, the physical signs which accompany the discharge of fetid sputum are those which have been already enumerated as indicative of chronic bronchitis or dilated bronchi.

Pathology.—There can be no doubt that inflammatory action is sometimes the very foundation of that perverted function to which this morbid material is owing. But the instances of gangrenous termination to simple pneumonia are extremely rare, and are perhaps confined to subjects that suffer from either a natural or an acquired bad habit of body.[10] We know that the *condition* of the system exerts a very marked influence over the process and the product of inflammation. In one case, we observe inflammatory action to be, so to speak, of a very pure kind, and, indeed, to differ little from normal function, except in the amount and excess of it, and the lymph produce has a close resemblance to healthy tissue, the functions of which it actually acquires after a certain contact with living structure. In another case, the inflammatory action is modified by constitutional circumstances, the process is less vigorous and is less resisted by the patient's strength, the produce is a further deviation from that which is the result of a normal process—it is pus, in some respects elemental of the living tissue, but not capable of passing into it. In more extreme cases, even genuine pus fails to be secreted—*ichor* is the discharge; we recognise in it the granules formative of pus, but these have had their properties preverted or destroyed, and have failed to elevate themselves into globules. In the most extreme case, we find no resemblance to any vital process, properly so called; the inflammatory action seems to be subsidiary to a depraved state of the system, and to be only the promoter of the worst form of decay and death of the part it sacrifices. It is during the decay, that is, during the peculiar process of morbid inflammation, that the extreme fetor is perceived—this fetor is the *characteristic produce of that process,* and *is not the exhalation of dead matter,* as is generally imagined. It has no resemblance whatever, either in *peculiarity* or *intensity,* to the odour of decomposition. The fetid sputum of chronic bronchitis, and dilated bronchi, and, indeed, of every pulmonary affection not gangreneous or cancerous, must be considered the effect of morbid secretion, partly dependent upon error of the function itself, and partly perhaps upon the condition of the circulating fluid. An impoverished or a depraved state of this fluid has more share than is generally supposed in giving a character to the secretions. Nor is it at all extraordinary that such should be the case, seeing that the blood not only ministers to the powers and properties of secernent organs, but furnishes the very material from which their fluids are derived. "Morton affirms that he was witness to the following circumstance:—'the blood of a woman in a malignant fever, when it was let out, stunk to such a degree, that the surgeon who bled her, and others who stood near her, fainted away'"[11] We know that in many diseases and cachectic states, the blood acquires a high degree of offensiveness; under such circumstances secretion must necessarily be perverted,[12] and should inflammation attack any secernent organ, of course the produce will be consistent with the state of health of the individual and the morbid nature of the inflammatory action. The filthy purulent matter discharged from a vomica, from the cavity of the chest, or from hepatic abscess, is perhaps owing to a state of decomposition the consequence of long detention, and to some imperfection or depravity in the pus itself at the time of its secretion. At least, I have never been able to recognise in pus exposed in various ways to spontaneous decomposition, anything like the offensiveness that I have remarked in certain varieties of purulent sputum.

Treatment. The curative treatment of gangrene of the lungs is altogether hopeless. I am not aware of any *authentic* case of cure being on record, though there are many that have this seeming.[13] Those of Laennec are alone worth any notice, and even of them their author says, "From the result of several cases of recovery, I am tempted to believe that the fetor and aspect of the expectoration above described, do not necessarily indicate the existence of a gangrenous eschar in the lungs, but that these characters may depend upon a general disposition to gangrene, manifesting itself especially in the mucous secretion of the bronchi."[14]
Additionally, however, to the palliative treatment of narcotics, extreme quiet, &c., may be mentioned the inhalation of chlorine, to correct the extreme fetor of the breath and sputa, which not only offers some impediments to the required services of attendants, but also adds greatly to the trouble and anxiety of the patient. M. Le Baron Louis was the first to give this remedy a fair trial, which he did amongst his patients at La Pitie, and he says, with good results. Since then it has been highly commended by Dr. Crane, who employed it in a case of what he calls gangrene of the lungs. I disbelieve entirely that it was a case of gangrene; but whatever it might have been, it is certain that the breath and sputa of the patient were extremely offensive, and that not only were these improved by the inhalation of chlorine, but the patient's recovery was seemingly promoted thereby. He says, "I prescribed the inhalation of chlorine, fifteen drops of the saturated solution, five or six times a day. The first time this was used, it created some slight irritation, in consequence of which I combined it with Tr. hyoscyami, which last was soon discontinued, and the quantity of chlorine gradually increased to thirty or forty drops. Soon after this treatment was commenced the cough became less troublesome, the odour was diminished, the reddish-brown sputa became less frequent and the patient appeared to be a little stronger; decubitus still only on the back, and greenish-yellow sputa constantly present. The amendment of the patient now continued gradual."[15] To this testimony I can add my own, of the efficacy of chlorine inhalations in pulmonary affections complicated with offensive breath and sputum. I have never tried them in gangrene of the lungs, but I am prepared to believe to a great extent in their palliative efficacy. I generally, myself, employ the chlorine in conjunction with some narcotic, the vehicle of both being watery vapour of agreeable warmth. In chronic bronchitis, as well as in the difficulties of respiration and expectoration which we often see in dilated bronchi, I have found this treatment of excellent avail. Occasional narcotics and expectorants administered internally, with a careful attention to the bowels and the general health, and counter-irritation, if indicated, are the only other forms of treatment to be recommended.

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[4] See Medico-Chirurg. Trans., vol. 27., p. 119 et seq.

[5] Nosol. Method. Classis, ix., p. 36.

[6] Op. cit., p. 121.

[7] See Frank De Cur. Hom. Morb. Epit. 5. 108.

[8] Lond. Med. Gazette, vol. xii., p. 99.

[9] See a remarkable and most instructive case of this kind recorded by Dr. Corrigan in Medical Times for March 22, 1845, p. 525.

[10] In the generality of cases, what inflammation may accompany gangrene of the lung is the consequence, and not the cause, of the gangrene. Laennec divides this disease into uncircumscribed, and circumscribed or idiopathic gangrene. The former he regards as in some measure connected with previous inflammatory action, the latter "to approach the nature of the idiopathic gangrenes, such as anthrax, malignant pustule, pestilential bubo, &c." (Op. cit. p. 222.) The frequency of pulmonary gangrene in lunatics and epileptics is a very singular and unexplained fact. Cruveilhier mentions it. Guislain saw fifteen cases in the Lunatic Asylum of Ghent. *Wallis in* Pruss. *Vereinszeit.*

[11] Kite on the Recovery of the Apparently Drowned; Lond. 1788, p 103.

[12] Look, for instance, at the relation in depravity which holds between the blood, the breath, and the saliva, of a patient suffering from severe mercurial ptyalism.

[13] See Johnson's Journal, N. S. vol. ix, p. 168. Gazette des Hôpitaux, May 1833,—and London Medical Gazette, vol. xii, p. 322.

[14] Op. cit. p. 226.

[15] Lond. Med. Gazette, vol. xii, p. 323.

MEDICAL INTELLIGENCE.—Dr. P. B. Ayres has been elected physician to the Islington Dispensary. Dr. Heming has resigned his appointment of physician-accoucheur to the Westminster Dispensary.

The Hon. Colonel F. G. Upton has forwarded the sum of 100 guineas to the treasurer of the Hospital for Consumption and Diseases of the Chest, in aid of the building fund of the new hospital now in progress at Brompton, which, it is stated, will be opened about Midsummer next.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND TREATMENT OF PULMONARY PHTHISIS.

By J. H. Tosswill, Surgeon, Torquay.

(Continued from page 128.)

On the Application of Remedies.—No disease has so effectually baffled the hopes and treatment of medical men as consumption. Every therapeutic agent in the animal, vegetable, and mineral world has in its turn been put into requisition, with an idea of obtaining some degree of success, however moderate; but each has signally failed, and not one has sustained the expectations which their original employers had led the profession to anticipate; the truth is, that no specific for a disease like consumption has been, or ever can be, discovered; whilst much of the disappointment which has attended the treatment of practitioners has arisen from this cause—that in the application of their remedies they have had no determinate end in view; they combat present symptoms, they relieve the cough, they check the diarrhœa, and they subdue the perspirations, without determinately and perseveringly endeavouring to grapple with the originating cause, so as to bring about an altered condition of the system generally. Consumption is essentially a constitutional disorder, giving rise to local organic disease. It must, therefore, be treated constitutionally, to eradicate the cause, and locally to subdue and relieve those organic changes whose results must otherwise finally terminate in death. From being a constitutional affection, we should be led to anticipate that the circumstances which produced it originated in that fluid which circulates throughout the body generally, and upon whose healthy condition all healthy secretion, all healthy formation, all healthy excretion, depends; and that, consequently, circulating with the blood, it will be deposited locally as a cause of future irritation and a tubercular nidus in those situations we should most reasonably expect to find it in, namely, the filtrating, depurating, and secerning organs. In these situations, whatever may be the relative quantity of the constituents as regards their proportion the one to the other, tubercular matter is found, having phosphate and carbonate of lime as a constant ingredient, in quantity varying and indefinite (generally insoluble); and where all other trace of tubercle has disappeared by the process of absorption, phosphate and carbonate of lime frequently remain to give evidence of its previous actual existence. That a disposition to calcareous deposit always accompanies tubercular disease, a remark of Dr. Harrison, when writing on the endemic causes of disease, fully sustains; he observes, "I had not resided long in this division of Lincolnshire before I was strongly impressed with an idea that the inhabitants upon the wolds *were a great deal exposed to idiopathic consumption, and peculiarly liable to calculous complaints.*" Is it possible to avoid seeing the connexion between the effects and the cause producing it? Assuming, therefore, that the disease is one of the constitution, dependent upon an altered condition of the blood, the result of depraved nutrition, by which the soluble superphosphate is converted into an insoluble subphosphate of lime, and that, locally, the organic changes are the result of a deposition of this insoluble matter, it follows that the constitutional depravity should be treated constitutionally. It is marked by a preponderance of waste over nutrition, whilst a healthy standard of the system consists in a balanced condition between the nutrition of the body and its waste. The causes, therefore, which continue to sustain this preponderance of waste must be subdued, and exercise and diet are the safety valves by which an equilibrium may be maintained. We should, therefore, endeavour to solicit every opportunity by which nutrition may be increased, and the nutritive powers strengthened, by adopting a diet regulated by the amount of exercise, and which amount must depend upon the actual powers and state of the patient. Another frequent cause of error, I apprehend, results from our treatment of phthisis being too often of a general character, whilst the circumstances of patients are particular. It can never be reduced to an unchanging rule, it must vary with the circumstances and occupation of the individual. What system can be conceived more injudicious than to urge exercise and waste, whilst the patient can only obtain an impoverished diet; or to recommend a highly azotised description of food, where perfect rest is enjoined or compelled; the treatment must be regulated by circumstances, and the circumstances must point out the constitutional treatment. The local disorder must be met by local means, and by remedies calculated to benefit locally; this may be accomplished by subduing any acute inflammatory action which may exist, by lowering the function of the organ involved, by allaying irritability, and by endeavouring to promote cicatrisation of any solution of continuity.

If we observe Nature, we shall obtain much useful information from our inspection; and if we seek to follow her steps, we shall arrive at many satisfactory results. It cannot be doubted that many apparently hopeless cases of consumption recover independently of all medical treatment. It cannot be doubted that many localities predispose to the disease, whilst others are comparatively free. It cannot be questioned that peculiarity of diet has also an influence predisposing to, or else an effect exempting from, the ravages of consumption; neither can it be denied that occupation exercises a power in promoting the development of tubercle, or otherwise in retarding, or in suppressing its appearance. We shall, therefore, endeavour briefly to review these influential circumstances, in connexion with tubercular disease. The localities which appear the most favourable to the development of consumption (so far as regards atmospheric influence only), are those where *cold winds* are prevalent, combined either with dryness, or else charged with humidity. The effect of cold, combined with dryness, has a more highly irritating effect upon the bronchial mucous membrane, and has a greater tendency to establish bronchitis than, perhaps, any other cause. The inhabitants of mountainous districts, far removed from the sea, are particularly the subjects of this atmospheric influence, and although, with those who are enabled to resist its influence, a delightful and exhilarating condition of the nervous and muscular system may be the result of the highly oxygenised condition of the atmosphere, still it has been admitted that, as a body, they are more frequently the subjects of diseases of the respiratory organs than any other portion of the community. Cold, combined with humidity, appears to act in a doubly prejudicial manner. First, by irritating the mucous membrane of the lungs, and secondly, by preventing cutaneous evaporation. Much of the mischief arising from this cause results from the local geological nature of the soil, which, obstructing the percolation of the rain through the super-stratum, prevents the most efficient of all drainage, and causes, from its superficial position, a considerable amount of evaporation by which the air becomes charged with humidity. Thus the rain, which, falling in one locality, filters through the porous earth, is in another retained on the surface, subsequently to be again received into the atmosphere by evaporation. Heat, apparently, has a tendency to diminish the development of tubercle, and warmth, combined with moisture, seems almost to subdue its manifestation. The benefit derived from heat alone may be observed in persons in whom tubercular deposit has undoubtedly taken place, and the further progress of which has been checked by a removal to a warmer locality. This benefit probably arises from the more highly rarified state of the atmosphere, and also from the increased function of the skin which such temperature calls into greater activity; but no condition so powerfully prevents the manifestation of tubercular deposition, and checks its further progress when manifested, as that climate which possesses the advantage of warmth combined with humidity. This fact I stated in the commencement of these papers, and I have been rejoiced to observe the attention of the profession since drawn to the same subject by a paper in the *Medical Times* for August 2nd, 1845, by Professor Sheriffs, of King's College, Aberdeen. Every spot which has obtained a just celebrity in the re-establishment to health of the consumptive, conjoins these essentials. Hastings, the Isle of Wight, Torquay, Madeira, Lisbon, &c., all combine a comparatively high and equal temperature, charged with moisture from their propinquity to the sea. Inland, again, we observe that those places which appear to enjoy a comparative immunity from the scourges of consumption, are those which combine moisture with heat. The malarious districts especially appear in this respect fortunate; neither is this confined to one locality, but it is general. It is, therefore, not a little singular that hitherto so many medical men have exerted themselves to discover "climates most free from humidity," when not only the evidence afforded by the actual condition of the atmosphere of localities recognised for their beneficial effect upon the consumptive is so very manifest, but that even those occupations and trades which combine humidity with heat, yield additional evidence in its favour. No individuals are so free from phthisis as bleachers, tanners, dyers, and washerwomen, whilst those trades which have the advantage of warmth, but are destitute of the protecting humidity, are far more liable to the disease; this class includes the founders, enamellers, blacksmiths, and glass-blowers, jewellers, watch-case mounters, &c.

OBSERVATIONS ON THE NATURE AND PROPERTIES OF OX-GALL AS A REMEDIAL AGENT.

By Dr. Clay, Piccadilly, Manchester.

I believe I was the first to announce to the world the value of the inspissated ox-gall in counteracting the constipating effects of opium. Valuable as opium is as a remedy, it must be acknowledged that its peculiar effects on the brain, its arrest of the secretions of the liver (which it most certainly does), thus producing constipation, &c., are immense drawbacks to its application; and it must be hailed as a great boon to medical science if we can exhibit this valuable agent, securing all its good qualities, whilst its effects on the secretions of the liver are entirely destroyed by the due admixture of inspissated gall, which counteracts this peculiar tendency of opium. The action of opium on the brain, too, is in a great measure destroyed by the same means; indeed, the latter effect may be considered as a mere metastasis to the brain, from suddenly checking the secretory powers of so large and important an organ as the liver. In 1842, I gave some cases where the counteracting effect of the gall over opium was most fully and satisfactorily proved; and, since that time, Dr. Allnatt has fully confirmed my views, and I believe no medical fact is better established than this. I shall, however, add some further testimonies on this point.

Another subject has fallen under my notice whilst engaged in my inquiries on the effects of ox-gall; I mean the system of *periodical*, or, more correctly speaking, *wholesale purging*—a system followed to such an extent in modern practice, that it cannot be otherwise than pernicious; for, though some cases may be benefited, and other iron-like constitutions may resist the formidable attack of drastic purgatives without suffering much detriment, yet it must be acknowledged that many are injured by their promiscuous administration. *Irritation* often provokes inflammation, and a trifling disturbance is changed to a formidable disease. Such must often be the case, when, in our parish unions, boarding schools, army and navy, whole companies of children, full grown women, and men, are periodically drawn up to swallow the accustomed drastic dose; little or no distinction is made between the strong or weak, delicate or robust, age, sex, or condition—the dose must go down. In hospital, and even in private practice, medical men are to be found, and those pretty numerous, who consider a drastic cathartic as the first step in the treatment of disease of almost every character, the *sine quâ non* of practice. This, though good in individual cases, must be bad as a general rule. If we take a case of simple obstruction, that is, when the fæcal matter has not a sufficiency of bile mixed with it, and, therefore, is hardened, and, being so, causes no little irritation in the lower intestines; can it be a reasonable practice to endeavour to expel forcibly, by strong cathartics, the existing obstruction, causing an additional amount of irritation, if not laying the foundation of inflammatory action? The very driving of such hardened matter through a canal where the natural secretions are already

deficient, must always increase irritation, and often promote inflammation; the same reasoning applies to vitiated biliary secretions producing diarrhœa, where the mucous membrane is in a considerable degree irritated. Can it be good practice to give strong purges to increase that irritation? The object should be to restore the natural secretions as rapidly as possible, whilst at the same time we endeavour to remove the obstructing mass, or correct the vitiated secretion, by some means that will not increase *the then existing irritation*. This cannot be done by strong purges; for whilst we by that means direct the force of the circulating system and nervous stimuli to the lower bowels, we rob the liver of its supply of the same, and therefore delay, if not check, the secretion of bile, the deficiency of which is the true cause of present mischief. It is certain we have hitherto been at a loss for a remedy by which we could remove obstructions, without in some degree increasing irritability; in fact, it is that principle on which the action of all laxatives, purgatives, or cathartics solely depends. In my humble opinion, however, the inspissated gall has this unique power, the hardened fæces immediately give way under its influence, the vitiated secretions in the lower bowels are immediately corrected, and these without in the least possible degree adding to the symptoms of irritation; thus, an immediate relief is obtained against the present cause of mischief, and time also gained to restore the deficiency, or correct the natural secretion, of bile by other medicaments more immediately acting on those secretory organs whose action is deficient or otherwise deranged. For instance, in simple constipation arising from a deficiency of secretion of bile, I would give ten or fifteen grains of inspissated gall every two or three hours, combining with it very small doses of the pilulæ hydrarg. or calomel, so small as to have no immediate effect on the bowels, and yet have a direct tendency to improve the secretion of the liver, preventing future mischief, whilst the gall introduced will be fonnd quite sufficient to correct the present evil. It may, however, be supposed by some, that in a case of obstruction of this nature, small doses of a mercurial preparation might produce unpleasant effects on the system; to this proposition I maintain, so certain is the action of the gall, that there is no fear of the obstruction being removed early, and therefore the effects of mercury on the system cannot take place so early but that the mischief may always be prevented. In extreme cases of obstruction, where too much time has been lost already, irritation to a considerable degree, if not inflammatory action, is present. An enema of a couple of ounces of recent (not inspissated) gall in simple gruel will act instantaneously on the hardened mass, break it down to a pulp, and its removal consequently follows by natural effort, and, as no additional stimulus has been added, the irritation immediately subsides; and if inflammatory symptoms are really present, they are considerably mitigated, if not immediately put an end to. With respect to some experiments on hardened fæces by a quantity of recent gall, I refer the reader to my former paper on this subject, vol. vi. pp. 100 to 114.

If, instead of the system which I have previously called wholesale purging, our public medical functionaries would pay more attention to the cause of obstructions, and suggest a better system of diet and regimen, I am inclined to think it would be a far better course than courting mischief, which the system of strong purges often produces. If remedies are to be used for the correction of an evil, such should be resorted to as will accomplish the object sought after in the most direct manner.

I believe the time is long past since the bile was considered as an object of inutility in the animal economy; that the gall bladder was a mere waste butt to collect effete matter extracted from the circulation, and to be passed from thence to the intestines by as easy a route as possible, having no subsequent actions to perform, but merely to make its exit from the system as soon as convenient. The very contrary is the fact, as proved by some of our highest authorities in chemistry and physiology. It has been found to have a very important office, and that its absence is of serious consequence to the system. The experiment of Schwann, of tying the ductus choledochus of a living animal and establishing a fistulous opening externally for the exit of the bile without passing into the intestinal canal, produced the following conclusions: 1*st. That when bile does not get into the bowels, its absence is generally perceptible about the third day by a marked diminution in weight.* 2*nd. That unless the channel for the conveyance of bile to the duodenum be re-established, symptoms of deficient nutrition, wasting, debility, &c., ensue, and death is the ultimate consequence.* In the language of Dr. Allnatt this is to be regarded as an important fact, for, says he, "How frequently do we meet in practice with analogous instances?—cases of marasmus, in which, without any appreciable organic lesion, there is a gradual decline of the physical and vital energies, in fact, direct evidences of deficient nutrition, involving the integrity of all the functions of the body, and running on, unchecked, to a fatal termination. There is, however, a symptom almost invariably present, by which our practice is, in a measure guided, and that is, inaction of the liver, which gives rise to obstinate constipation, clay-coloured evacuations, and the whole train of obvious effects which follow an obstruction of the hepatic secretion. A case fell under my observation a few years ago, and made a great impression on my mind, owing to the total inefficiency of all the means which were devised for its alleviation. After a severe attack of influenza, the patient sunk into a cachectic state, and although the appetite was, under the circumstances, tolerably good, the liver was uniformly torpid, and nutrition, in consequence, appeared totally suspended. The bowels never acted without apperient medicine, and the execretions, which were light and clayey, were frequently mingled with portions of undigested food. Death ultimately followed. Chlorosis is another disorder in which there is invariably a confined state of the bowels, arising from a paucity of bile; and a series of ultimate morbid changes take place, indicating defective nutrition. The pica, or depraved appetite, which accompanies the severer forms of the disease, is nothing more nor less than an insatiable craving to supply the place, by unwholesome matters, of the natural stimulus of the stomach and bowels which has been withheld. As a substitute, the most efficacious mode of our present treatment is by aloetic purgatives and other remedies, which tend to arouse the dormant powers of the system. Aloes, however closely in some respects it may assimilate to the action of the natural secretion, does not possess its specific properties, and it is only when the liver assumes its proper function that the disorder begins to abate. Now in all such cases of incipient constipation, administered in the form of enemata, or pills, ox-gall is a remedy of undoubted efficacy; and even in protracted cases, when hope has almost fled, but where evidences of strangulation are not unequivocally manifested, it should never be omitted by the practitioner. In habitual or chronic constipation, accompanied by indigestion, clay-coloured motions, and a feeling of oppression after food has been taken, it acts almost with specific certainty. When, however, the liver begins to assume its healthy action, its employment should be discontinued, as it will then produce all the symptoms of regurgitation of bile into the stomach. This state will be readily recognised by the practitioner as a favourable omen of returning power." Such are the remarks of Dr. Allnatt, whose communication I have taken the liberty of quoting at considerable length, as being particularly confirmative of my own experience. I might have added his testimony on the counteracting effects of ox-gall in the constipation caused by opium, by its exhibition as proposed by me in 1842; but of that I have already said as much as will be necessary, except what will occur in the cases I intend to produce in illustration of this subject.

It might have been supposed that the authority of such a man as Boerhaave (who used the ox-gall with considerable advantage in the cure of pale ricketty children) would have been sufficient to have directed the attention of the medical world to its application. The quotation from this learned man gives us reason to infer that the children he spoke of were marasmoid, as he further states the use of gall softens the belly, and acts powerfully on the urine, increasing its quantity—and Lewis states, "in want of appetite and other complaints proceeding from a deficiency of bile in the first passages, this animal bitter (ox-gall) may probably be of more service than those of the vegetable kingdom usually directed with such intentions. With respect to the application of ox-gall to practice, I will first briefly allude to the ten cases formerly published by me in 1842; I shall afterwards add a few cases from correspondents, and, lastly, shall add some additional cases of my own which have since occurred, and conclude with a few general observations.

The first case I reported was that of a cancerous ulcer of the nose, accompanied by excruciating pain, which, although not cured by the ox-gall, nor was it given with such hopes, yet it received a considerable check, and what was of infinite importance, great relief in respect of the agonising pain the patient had so long suffered under; the inspissated gall was used to the extent of about thirty grains in the day. In this case the motions were purely white before the exhibition of the gall.

Case 2 was a scirrhous breast of long standing, with extensive fungoid excrescences; the pain was excessive, the discharge from the sores considerable and very offensive; after taking the inspissated gall for a little time, the pain was in a great measure relieved, the discharge became less offensive, and the sore was much healthier in appearance, and disposed to heal. In this case the motions were very light coloured; after being treated with gall some time, the sore was nearly healed, although at first not less than three inches in diameter; his general health improved, and bowels were quite regular, which before had been obstinately confined; so far I had reported this case in 1842. I had great hopes of succeeding to an entire cure, when, some time after, he received a blow on the part, the disease returned with great violence, and with the exception of the pain which the gall at all times considerably abated, he sank and died some months after.

Case 3 was an extensive cancerous destruction of the whole of the left labium pudendi, extending to the mons veneris, and to the glands of the groin. In this case every thing that experience could suggest, or the materia medica supply, had been tried, not so much to cure as to give some ease to the torment the patient endured. Nothing procured her sleep for more than an hour at a time, and that of a very restless character. I found her motions very light coloured. In a case so hopeless I could only expect trifling relief. The digestive powers were almost lost. She commenced with ten grains of the inspissated gall every four hours, and before she had taken four doses she enjoyed more real rest than had visited her for many weeks before; the dose was subsequently increased to forty grains during twelve hours; but though she experienced more relief from this than any other remedy, and it always controlled the pain more or less, still the work of destruction progressed, and she finally sank, not however without expressing her satisfaction at the relief it had from time to time afforded her.

CASE OF POISONING BY HYDROCYANIC ACID—RECOVERY.

By William A. Guy, M.B., Cantab., Professor of Forensic Medicine, King's College, and Physician to King's College Hospital.

The following case of poisoning by hydrocyanic acid was, for obvious reasons, not published at the time of its occurrence. It is now brought forward as, in many respects, an important addition to the cases which have recently been put on record. It is especially interesting as showing the interval of perfect consciousness and complete command of the voluntary muscles which may intervene between the swallowing of a large dose of prussic acid and the development of the characteristic effects of the poison, and it is a very striking example of a large class of cases of suicide in which the impulse to the commission of the act precedes the act itself by a very short interval, and springs up during a temporary excitement of the mind. The particulars of the case were noted down on the day following the attempt at suicide.

In the month of November, 1844, I was called up at night to see a young gentleman who had swallowed prussic acid. The particulars of the case, as detailed by himself and his relatives, are as fol-

low:—He is the son of a medical man, is about nineteen years of age, and studying the law. His disposition is naturally cheerful; he has met with no disappointment, and never, until the present attempt, had contemplated suicide. His habits are temperate and industrious. On the afternoon of the day on which he swallowed the poison he dined in the Hall of one of the Inns of Court, and drank, according to his own account, half a bottle of wine—a quantity much exceeding that which he was in the habit of taking. On reaching home he was observed to be somewhat affected by liquor, and before going to bed went, under some pretence, into the surgery, from which he took a stoppered bottle containing, according to the estimate of his father and the apprentice, from one to two drachms of prussic acid of the pharmacopœial strength, but, according to his own statement, about a mouthful. Soon after he had gone to bed the family was startled by a noise in his room as of a heavy body falling, and a relative, who was passing at the time, was alarmed by a loud gurgling noise. His father was almost immediately on the spot, and seeing the bottle on the drawers, dashed several buckets of water over the face and chest of his son. This roused him. He was then taken into an adjoining room, and put to bed, the treatment consisting in holding ammonia to the nostrils, and applying heat to the spine and feet. An injection was also given, containing tincture of assafœtida.

When I reached the house I found him in the following state, in which he had continued without alteration for three hours:—He lay on his back, drawing in his breath with great effort, each inspiration being accompanied by a loud gasping sound, and a distinct mucous râle. The pulse was upwards of 140 in the minute, and the respiration 36. The surface of the body was very cold; the countenance was of a dull leaden hue; the lips blue; the pupil extremely dilated, and the jaws rigid, in which state they had remained for the whole period, so that it had been impossible to administer any antidote. The treatment from this time forward consisted in holding ammonia under the nostrils, assiduous frictions with the flesh-brush, and the application of heat to the surface by means of flannels warmed at the fire, and constantly renewed. At the expiration of about five hours there was some effort to vomit, encouraged by tickling the throat, and some bloody mucus was wiped from the mouth. Soon afterwards he could be made to swallow, when some warm brandy and water and some strong coffee were given him. At this time, too, he could be made to answer in monosyllables, and could raise himself on his elbows. He was also perfectly sensible, but looked bewildered. At the end of about six hours he was sufficiently recovered to answer questions, move himself about, and call for lemonade, which he drank freely. The mucous râle had disappeared, the respiration and pulse were still frequent, the pupil was restored to nearly its usual size, and the skin was warm. Being disposed to be quiet, and seeming out of danger, he was left to himself. After a time he complained of fulness at the pit of the stomach, and asked for an emetic, which was given him, with the effect of bringing off his stomach a large quantity of undigested food.

I saw him about fourteen hours after taking the poison, and found him quite well, though weak. He gave the following distinct account of the attempt of the night before:—He was suddenly tempted, as he said, by the devil to take prussic acid, under a confused idea that it would not hurt him. He swallowed, according to his own account, a mouthful of the acid from the bottle in bed. He then got out of bed, walked round the foot of it to a chest of drawers standing within a few yards of his bed-side, placed the stopper so firmly in the bottle that it could not be removed, and then walked back to bed, intending to get in again. He reached the side of his bed, sat down upon it, and then lost all consciousness. During all this time he said that he had no giddiness, and no unpleasant sensation of any kind, no more than if he had taken so much water. He also assured me, and his manner made me quite confident that he spoke the truth, that the idea of suicide had never before entered his head. The father of the lad has since informed me that the fæces, and, as he believes, the urine too, were expelled as the first effect of the poison.

On examining the bottle which had contained the prussic acid, it was found quite empty, so that it was not possible to ascertain the strength of the preparation which the lad had taken. From the statement of the father and apprentice that the bottle contained one or two drachms, and that of the lad himself, who affirmed that he had swallowed a mouthful, it is highly probable that the dose taken was such as to prove fatal had it not been for the prompt application of the cold affusion, the continued use of ammonia, and the assiduous application of warmth to the surface. At the time that I first saw the patient the remedies most strongly indicated, in addition to those already employed, were warmth and friction to the surface, of which the first had been already applied, but to an insufficient extent. The extreme coldness of the surface rendered such treatment imperative, and the blueness of the skin of the hands and face, the labouring respiration, and the abundant collection of mucus in the air-passages, furnished an additional reason for its assiduous application. Friction and warmth to the surface are as strongly indicated, after the patient has been in some degree roused from the first effect of the poison, as the cold effusion at the onset.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November 15, 1845.

Academy of Sciences; Meeting of November 11, 1845; M. Mathieu in the chair.

Researches on the Composition of the Blood in the Disorders endemic in Algeria; by Dr. Leonard and Dr. Foley.—*Intermittent Fevers:* In 67 cases of intermittent fever the authors have constantly found, that in the incipient stages of the disorder the fibrine of the blood was undiminished, but that its quantity fell under the influence of long duration or relapses of the malady. The red corpuscles, on the contrary, are almost invariably lowered in quantity, and the albumen of the serum, in particular, undergoes a marked diminution. In *dysentery*, the fibrine has been found to increase in abundance, and an evident decrease of the corpuscles and albumen is noticed. These results agree perfectly with the researches of Professors Andral and Gavarret, who have demonstrated, by a long series of experiments, that in all diseases of an inflammatory nature the amount of the fibrine of the blood is raised above its usual standard (3-1000th.) It may not be uninteresting to add, in this place, some extracts from the valuable paper published in 1844, by Dr. Becquerel and Dr. Rodier, on the composition of the blood in health and disease. The relative proportions of the principal elements of the circulating fluid are, according to their calculations—

	In Men.		In Women.
Water	779·		791·
Fibrine	2·2	for 1000	2.2
Globules	141·		127·
Albumen	69·		70·

In *Pregnancy:* Drs. B. and R. have found that the blood presents a slight increase of its fibrine, a notable diminution of its globules and albumen, and a proportionate augmentation of its watery parts. Thus, in nine cases of pregnancy, the following results were obtained from chemical analysis:—Water, 801·; fibrine, 3·5; globules, 111·; Albumen, 66·

	Water.	Fibrine.	Globules.	Alb.
In typhoid fever	797·	2·8	127·	64·
In pleurisy	798·	6·1	120·	65·
In pneumonia	801·	7·4	122·	61·
In acute rheumatism	789·	5·8	118·	66·
In chlorosis	828·	3·4	86·	72·
In phthisis	794·	4·8	125·	66·
In granular kidney	—	2·6	129·	58·

(One case only.)

The authors whose researches we have glanced at, insist particularly on the constant diminution of the quantity of albumen in disease, especially in inflammatory disease, when it accompanies a corresponding increase of the fibrine, and would be due, in their opinion, to a transformation of fibrine into albumen under the influence of phlogistic action.

Academy of Medicine; Meeting of November 12, 1845; M. Caventou in the chair.

Lithotrity; by Dr. Casenave, of Bordeaux.—During seven years, Dr. C. has performed the operation fifty-two times; forty-three patients have been cured, eight have died, and one experienced no benefit. Dr. C. begs to direct the attention of the Academy to the result of two most-mortem examinations which he had an opportunity of making of two patients who died accidentally after having undergone lithotrity, and also to the dissection of the urinary organs of a person who was not operated upon, all three cases tending to show that the long sojourn of calculi in the bladder, and the operation of lithotrity, frequently cause no structural changes in the walls of that viscus. The first case related by Dr. C. was that of a gentleman, aged sixty-six, of an extremely nervous temperament; it was sometimes extremely difficult to introduce a catheter into the bladder, and at others the instrument was passed with the greatest ease, and in consequence of this circumstance the idea of removing the vesical calculus which existed in the bladder by lithotrity was abandoned, and lithotomy was decided upon. The patient was placed on the table for operation, but before the staff could be passed into the bladder cerebral congestion occurred, and death took place. Several calculi were found in the cavity of the bladder, the *coats of which were perfectly healthy.* The second case referred to a gentleman in whom two or three calculi had been detected by the catheter. The patient was under the influence of severe mental anxiety, and died suddenly a short time after the second operation of lithotrity had been performed. On examining the urinary organs, two large calculi, each of the size of a chestnut, untouched by the instruments, were found in the bladder, and also the remains of a third calculus which had been bruised during the two operations. *The bladder was in a healthy state*, and the cause of death was found to reside in a rupture of the large vessels of the heart. The third case was that of a child, aged two years, who died of acute pneumonia some days after a fourth *séance* of lithotrity. The infant bore a small calculus which was completely crushed. The *bladder was healthy*, and the anatomical alterations of pneumonia were present.

Rachidian Orthopedy; by Dr. Pravaz.—At a late meeting of the Academy of Medicine, orthopedic surgery was proclaimed inefficient for the cure of spinal deviations. In a paper read on this subject, Dr. Pravaz endeavoured to refute the opinions expressed by Dr. Nacquart and Dr. Delens on the occasion alluded to. He observed that deviations of the vertebral column, of any extent, absolutely require the interference of the surgeon for their cure. He added that gymnastic exercises, far from being sufficient to straighten the deviated regions, would, in all probability, only tend to increase the deformity, and observed it would be as unreasonable to expect a cure from such means as to endeavour to mend an injured wheel in a complicated machine by making all the other parts of the machinery perform increased duty. The opinion he supported, he stated to have also been that of Dupuytren. M. P. could not admit that the successive development of the liver, and other viscera, could have any influence on spinal deformity, which he attributes exclusively to the absence of *synchronism* between the development of the vertebræ and that of the muscles which regulate their movements.

The meeting adjourned at four o'clock.

MEDICAL CONGRESS.

The session of the Medical Congress has now closed, and the following resolutions, added to those contained in our last communication, form the body of the modifications in medical instruction and medical practice, proposed by Congress to the Legislature:—

Resolved,—

1. That after the new law shall have been promulgated, only one medical degree—that of doctor in medicine—shall be conferred in France.

2. That the "*officiers de santé*," having practised in that capacity for the space of five years, shall be empowered, by a special clause, to receive the diploma of M.D. after a practical examination in medicine and surgery.

3. That the illegal practice of medicine shall be

well defined in the new law, and repressed by severe penalties.

4. That a medical college be created in every district, comprising *all* the physicians resident therein.

5. Every year each medical college shall elect by ballot a medical council; that council shall be empowered to inflict five degrees of disciplinary penalties:—1. Admonition (in private); 2. Reprimand (in council); 3. Censure (in public); 4. Temporary erasure from the list of practitioners; 5. Definitive erasure from that list.

6. It shall be the duty of medical councils to direct the attention of the attorneys-general towards persons illegally practising medicine.

7. That all foreign physicians desirous of practising medicine in France, shall be required to obtain the diploma of M.D. in a French university, and to pass on the same footing as Frenchmen—the six examinations and the thesis.

8. Political refugees shall be admitted to examination without expense.

9. That a certain number of "bourses" in the faculties of medicine shall be granted by public concours to pupils having studied two years.

10. All public notices, or advertisements in newspapers, pamphlets, or prospectuses, announcing to the public the arrival of a physician, his direction, a special medical treatment, or the sale of any medicinal preparation whatever, are forbidden, and their authors shall be punished by severe penalties.

11. The simultaneous practice of medicine and pharmacy is strictly prohibited.

Such are the principal resolutions adopted by the Medical Congress—resolutions which will doubtless be taken into very serious consideration by the Chamber of Deputies and by Government. M. Salvandy, the minister of public instruction, attended two of the meetings, and expressed his intention of giving, as far as lay in his power, every satisfaction to the desires of the profession.

The 7th resolution may appear illiberal in its tendencies, but the protection of the public and of the interests of the profession demanded imperatively some such measure, and it was carried under the influence of the following remarks from Drs. Gorée and Malgaigne:—

Dr. Gorée, delegate of the Boulogne physicians.—The city of Boulogne contains seventeen French doctors and twenty-one foreign physicians. Six of these twenty-one, only, have obtained a legal right to practise medicine—four having been authorised by royal ordonnance, and two having passed the examination of "*officier de santé.*" The fifteen others practise medicine illegally, and the law is powerless against this abuse.

Dr. Malgaigne.—I here see two sorts of foreign physicians, gentlemen. There are many great and learned men, who enjoy a well earned reputation of talent and science; these men honour any university they belong to, and your examinations will not frighten them away. But these men form a very small minority amongst the persons who practise medicine away from their homes. I will mention to you the opinion of a man whom all acknowledge to be competent in such matters: M. Orfila, the dean of the faculty of Paris, asserts it is impossible to form an idea of the ignorance of the foreigners who demand authorisation to practise medicine in France; out of one hundred, five at most could pass any examinations with credit.

Shall I speak of some German universities—of that of Giessen, for instance—whose commercial agent, one Mr. Bond, advertised for months in the medical and political papers the £50 degrees? Shall I say that the faculty of Würtzbourg has ceased to exist, in consequence of the same abuses? Is it necessary for me to add that the Marbourg forwards its diplomas, by post or by waggon, to whoever asks for them, even to WOMEN? and we all have seen Madame Boivin, who had never put her foot within the gates of Marbourg, displaying the diploma of M.D., purchased from that university. Professor Forget, of Strasbourg, represents at this Congress the physicians of the department du Basrhin, who loudly call for your assistance against quacks from the other side of the Rhine—a new invasion of barbarians, whose numbers overpower the unprotected legal practitioners. As to political refugees, give them a home, give them assistance of every kind, but do not give them the lives of your fellow-creatures; that you have no right to do. What we positively demand from Congress is, to oblige foreigners desirous of practising medicine in France to furnish the same proofs of capacity which are required from Frenchmen; we demand it in the name of common sense, of public health, which you are called upon to protect, and of the dignity of our profession, which you are bound to uphold.

DAN. M'CARTHY, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D., Physician to the German Hospital.

Experiments on the Artificial Production of Inflammatory Blood by Means of the Effects of Medicine.—The author endeavours to prove by experiment that the formation of fibrous tissue is increased by the addition of stimulant remedies, even to double the quantity formed in normal blood, and the red colouring matter is dissolved in the plasma in the same manner as in inflammatory blood. Venous blood of healthy persons was drawn from the vein into cylindrical glasses, which contained the remedies in question; it was then put by for free coagulation, and after twenty-four hours the fibrous tissue was washed out. The author employed Spir. camph.; Ol. terebinth., with alcohol; Tinct. pimpinell.; Tinc. canthar.; Decoct. querc.; Tinct. spilanth.; Spir. cochlear.; Ol. cajeput.; Ol. rosismar.; Strychn., nitr., and pure alcohol, and invariably obtained (whilst the pure blood contained only 0·36 of fibrous tissue) from the same blood, after mixing it with the above remedies, from 0·39 to 0·64 parts of fibrous tissue. To the conclusions deduced from these experiments may be objected: 1. That the relation of certain substances to the blood drawn does not at all prove their efficacy as regards the circulating blood. This is proved by the direct experiments of the distinguished Nasse. 2. It seems that, unless the circulating blood be considered as a substance which only separates into albumen and fibrine after coagulation, at least a part of the albumen has been separated, with the fibrine, in a solid form, by the spirit of the employed tinctures, by the tannin of the employed decoction of oak-bark, and by the essential oils. This albumen naturally added itself to the fibrine when the fibrous tissue was washed out; on that account, no doubt, the whole blood was, by some remedies, "coagulated to such a solid mass that no serum separated." "On the blood of the horse being mixed with either tinct. pimpinell., opium, or morphium, an inflammatory crust was found;" but does not an inflammatory crust form on the blood of every horse? Did not the pure blood of horses show such a crust? In the latter case the blood would not be in a perfectly normal state.—*Dr. Schultz, of Berlin, in Froriep's Notizen.*

On the Efficacy of Veratrine Compared with that of Strychnine.—Strychnia has been lately employed with a great deal of hesitation, in consequence of dangerous effects often appearing unexpectedly, whilst the disease against which it was employed is not acted on. It is said to be most useful in paralysis of the motor nerves, whilst, in neuralgia spasms, and convulsions, it has been employed without effect. The experiments of Magendie show that strychnia is absorbed very rapidly, and the transfusions of Segalas prove that it is found in the blood. Autopsies show thick tar-like blood, venous turgescence (particularly in the brain and spinal marrow), apoplexy, and even inflammation. In small doses its primary effect is stimulant, and by no means sedative; through its bitter principle it seems to promote digestion. By long-continued use it seems to alter the composition of the blood in such a manner that it produces violent reaction of the whole nervous system (convulsions, tetanus, paralysis, and death, with symptoms of asphyxia). If we consider that in paralysis subsequent to apoplexy, the vascular tone is greatly weakened, and that a badly oxygenised state of the blood prevails, strychnia must be considered to be contraindicated. Veratrine taken internally, in small doses, causes peculiar sensations in the stomach, often cold, heat, pricking in the skin, particularly in those parts which were formerly affected with rheumatic or neuralgic pains. Here it has a sedative effect. If the dose is increased, at first warmth is perceived, then disagreeable burning in the stomach, sometimes salivation, nausea, sickness, vomiting, colic, diarrhœa, sometimes increased desire to micturate, often also perspiration, and different spasmodic symptoms. It is said to increase menstruation. If the remedy be discontinued, the effects soon cease, recommencing as soon as the medicine is resumed; then, however, dull pains appear in the back, but no feverish reaction of the vascular system, no affection of the brain or senses is connected with its effects. Externally veratrine may be used for months without any injurious effects. Rubbed into the skin it causes heat, pricking and burning, which extend from the place of application to the different parts of the skin, often disappearing suddenly to reappear on other distant spots; sometimes a sensation occurs in the nerves, spreading in the form of rays; sometimes it seems as if boiling water was dropping down the back; at other times slight convulsions occur. The skin generally remains unaltered, except in some cases of very delicate skin, in which slight redness and inflammation appear. Rheumatic and neuralgic pains often cease suddenly. Turnbull saw also distinct increase of absorption in glandular indurations. Veratrine cannot be employed by the endermic method, because it produces the most violent pain, inflammation, and suppuration, by which means its absorption is prevented. The *autopsy* after a fatal dose shows congestion of the alimentary tube, sometimes (not invariably) inflammation; no invariable change in the blood, no considerable venous turgescence, no exudation nor infiltration either in the brain or spinal marrow; these latter phenomena appear, however, if veratrine be injected into the blood. It thus appears that the effect of veratrine is directly on the nervous system, and not (as in strychnia) first on the blood. The blood may, however, be secondarily affected by means of the nerves. Veratrine seems to operate by its specific stimulant effect on the spinal cord, producing an equal distribution of the nervous fluid, and thus removing pain and paralysis; for we see (after rubbing it into the back, pit of the stomach, &c.) the most violent nervous palpitations of the heart, spasmodic cough, &c., yield; even absorption is promoted, and very often urinary secretion. The anti-neuralgic effect of veratrine may be explained by Hilling's view, that in pure neuralgia, pain is an expression of diminished nervous effect on single parts, so that an unequal distribution of the nervous principle takes place, and thus peculiar irritation is exhibited in the form of pain. The *indications* for the use of veratrine are—pain, spasm, effusion, and paralysis. The chief contraindications are—increased action of the vascular system, fever, and inflammation. Frictions of veratine ought to be avoided in erysipelatous, herpetic, or other dyscrasic tendency. *Dose:* Veratrine internally, gr. 1-16th, twice a-day. increased gradually to four times the quantity. Externally the author prescribed from gr. v. to xx. in ℥ j. of lard; but since the remedy is very dear, and the rapidity of its effects is not always to be calculated upon, he generally ordered gr. i. to gr. x.—xv. of lard pro dosi, and ordered two to three doses to be employed, and repeated if necessary. He employed veratrine in children and tender females, or after recent acute rheumatism; but in chronic cases, and in want of action in the skin, he employed a spirituous friction (gr. ji.—x. to ℥j.) The frictions must be continued from ten to fifteen minutes, till pricking or burning sensation appears. The author employed veratrine in the following cases:—1. Acute rheumatism; obstinate local pains after fever and gastric inflammation, are easily removed by frictions of veratine. Their effect in muscular rheumatism of the back is particularly rapid. This sometimes disappears after the first friction. In general the remedy displays an excellent effect, if employed, before feverish reaction appears. In chronic rheumatism, however, it must be continued for months. He never employs veratine internally in rheumatism. In chronic articular swellings, without pain, iodine combined with vera-

tine rendered excellent service when taken internally. 2. Neuralgia; particularly when the pains are not fixed, but extend to the extremities of the nerves (as in rheumatic prosopalgia). 3. Spasms; the author found the friction of veratrine into the neck and back very efficacious in hooping and catarrhal coughs. 4. Dropsy; as well of the extremities as of the cavities, particularly when dependent on rheumatic causes. Also in glandular indurations it proved useful, but it was combined with iodine and bromine. 5. Paralysis; cases of paralysis of the facial nerve were completely cured by frictions with veratine into the neck; not only paralysis of the sensitive, but also of the motor nerves, are beneficially affected by veratrine.—*Dr. Gebhard, of Moskow, in Sz.'s Zeitschrift fur Therapie.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Impulsive Insanity. — Under this title Mr. Daniell, of Newport Pagnell, describes several cases in the *Provincial Medical Journal*, one of which, the following, appears to us to be in fact a case of delirium tremens, mixed perhaps with mania, although the treatment that was adopted, and which was apparently successful, was not that usually employed in combating the drunkard's delirium. His patient was an innkeeper, a man of intemperate habits, and idle from the very nature of his calling; he had suffered for years with what he called a "liver complaint;" had been jaundiced repeatedly; his tongue was always foul, and his complexion of a dirty brown. Mr. Daniell was one day summoned to him, when he was labouring under an attack of what he (Mr. Daniell) calls "impulsive insanity." The man had lost all control over his perceptions; present objects were brought before his mind distorted, and his vision was crowded with unreal images. Mr. Daniell found him capering about the room, hopping upon chairs and tables, and vociferating loudly at every movement; the perspiration streamed down his cheeks by the violence of his exertions, and his countenance exhibited the most marked characters of fear, horror, and dismay. He had a notion he was in hell; that legions of devils were pursuing him in every direction, imps of every form hissing and whizzing about his head, his hands and arms being perpetually in action to shield him from their attacks, occasionally seizing and grasping them, dashing them on the ground, and stamping upon them; snakes entwined themselves round his legs, and fire was scorching him. To reason with him was useless; nothing in nature could equal his intense agony, and no effort could dispel the illusion. At length an expedient of humouring the false impression was hit upon; Mr. Daniell sprinkled the room with chloride of lime, created a smoke, and pretended to charm away the intruders. It had its effect; he became quiet, and was then prevailed upon to take fifteen grains of calomel and a black draught, which, as far as his insanity was concerned, entirely cured him.

Calculus encrusted upon a Hair-Pin, passed through the Female Urethra.—Mr. Brownbill, surgeon to the Salford workhouse, has published in the *Provincial Medical and Surgical Journal* the details of a case which occurred in his practice in the workhouse. The patient, a female, twenty-six years of age, after suffering for some time from pain in the sides and back, constant pain in the urethra, difficult micturition, a feeling of tension and bearing-down, as if from the passage of a hard body of considerable size, passed, during the act of micturition, a calculus, of which the weight was four drachms and forty-four grains, its length two inches and a quarter, breadth one inch and a quarter, and thickness five eighths of an inch. It was of a flattened oblong figure. Its nucleus was a common hair-pin, the points of which, as well as the convex extremity, were equally evident to the sight. Its probable composition was phosphate of lime, and the triple phosphate of magnesia and ammonia. From the history of the case Mr. Brownbill expresses himself as satisfied that the pin, on which the calculus was encrusted, was swallowed about twenty-seven months previously, and he thinks it not impossible that it passed from the sigmoid flexure of the colon into the left side of the bladder. The woman has not fully recovered since passing the concretion, but still complains of pain on pressure at the lower and the left side of the abdomen and groin.

Treatment of Adynamic Fever.—Dr. Henry C. Deshon states, in the *Provincial Medical and Surgical Journal*, that he has administered in several cases of this disease, the aromatic spirit of ammonia in large doses, and the di-sulphate of quinine, each in various combinations, with manifest advantage; but the carbonate of ammonia, in the proportion of a drachm to half a pint of camphor mixture, with half an ounce of nitrous æther, subsequently appeared, in the early stages, to possess the superior advantages of being a more diffusible stimulant, and more easily borne by the stomach than bark in any form. Symptoms of cerebral excitement, such as pain, watchfulness, suffusion of the eyes, intolerance of light, tinnitus aurium, &c., do not interdict its use; when combined with an occasional dose of hyoscyamus, and even in some cases of opium, with shaving the head, cold affusion employed topically, or a blister to a contiguous surface, it will be found singularly efficacious in allaying these symptoms. In all cases it is both safe and desirable to administer an emetic in the commencement, and the vitiated secretions of the liver and bowels may be gently promoted, if not improved, by suitable doses of compound rhubarb pill, mercury with chalk, and ipecacuanha. Mild farinaceous food, or beef tea, with wine in small quantities, should frequently be repeated. Dr. Deshon suggests, that the primary action of the carbonate of ammonia is stimulant; and, he adds, if, as the learned Raspail suggests, the stomach is capable of elaborating carbonic acid and other gases, it might secondarily enter the general circulation as a pure alkali; so that, with Dr. Stevens, we could suppose it capable of restoring the red particles of the blood, so depraved in low fevers, and by offering a healthy stimulus to the vessels, overcoming venous congestion.

Treatment of Placenta Prævia.—Mr. Crowfoot, in a letter published in the *Provincial Medical and Surgical Journal*, states that, while admitting the great importance of the new plan of treatment of placenta presentation, advocated by Dr. Simpson and Dr. Radford, it should not be indiscriminately adopted, as unless pains, sufficiently expulsive to effect the birth of a child, very speedily follows the entire separation of the placenta, the child's death would be nearly inevitable. He does not consider the operation of turning, if gently performed, as very fatal in private practice. Of fourteen cases of placenta prævia, which fell under his notice, eleven were delivered by turning, as soon as the os uteri had become dilated to the size of a shilling, and was found to be dilatable; of these eleven cases not one mother was lost, and only four children. The twelfth case was also delivered early, by a very careful and experienced practitioner, but the mother died subsequently from hysteritis. In the two other cases the labours were far advanced, and the patients were almost exsanguine before Mr. Crowfoot was called in; both were delivered, but both, with their children, perished. In these cases, Mr. Crowfoot says, had he been acquainted with the practice at the time, he should have had recourse to the complete separation of the placenta, and have endavoured to rally the powers of life by cordials and nutriment, leaving the expulsion of the child to the natural action of the womb. Mr. Crowfoot concludes his observations with the following caution:—It cannot be too strongly impressed on the minds of practitioners, that in all turning cases, the safety of the patient depends, in great measure, on the very gentle and gradual manner in which the operation is performed, particularly the first steps of it. If the neck of the womb be very slowly dilated, almost as much by its own exited action as by the gentle insinuation of the fingers and hand of the operator, and if the subsequent steps of the operation be conducted in the same cautious and deliberate manner, a favourable result may generally be expected; but if, under the influence of alarm, or of undue haste to get over a troublesome case, the operator should too forcibly dilate the os uteri, or should use undue violence in the version and extraction of the child, he must look for the most disastrous consequences.

Chorea.—The following propositions are sustained in a paper on chorea, read before the Sheffield Medical Society, by its president:—1st. The necessity which exists for examining the heart constantly in all cases of chorea, since nine out of twenty-one consecutive patients affected with chorea, suffered more or less severely from heart disease. 2nd. That disease of the heart is frequently the consequence and not the cause of chorea. 3rd. That the heart affection which supervenes in chorea, is often extremely insidious, causing little distress at the time, and only to be detected by a stethoscopic examination, and yet the seeds of future mischief having a direct tendency to shorten life are then and there sown. 4th. That the valvular souffle heard in chorea is the result of inflammatory action, and does not depend, as in anemia, upon an altered condition of the blood—the inorganic murmur in anemia being heard invariably with the first sound, and loudest over the *aortic valves* and not at the *apex* of the heart. 5th. That the endocardium covering the mitral valve is much more frequently the seat of inflammatory action in simple chorea unaccompanied by rheumatism, than either the pericardium, or that portion of the endocardium which covers the aortic valves. 6th. That unless the heart affection be attacked in its very earliest stage, little hope remains of restoring the valve to a healthy condition, inasmuch as at the time the bruit is first heard there must exist a deposit of lymph upon or beneath the endocardium covering the valve, sufficiently great in amount to prevent its perfect closure; and unless this deposit of lymph is of very recent formation, even the long-continued use of mercury and counter-irritation, our chief, if not only hope, will be of little avail in promoting its absorption. 7th. That mercury is more influential in promoting the absorption of lymph deposited on the pericardium, than on the lining membrane of the heart. 8th. That when the pericardium is affected in chorea, the rheumatic diathesis is more strongly marked than when the endocardium is the seat of disease.

Pathological Effects of Alcohol.—Dr. Peters, in the *New York Journal of Medicine*, in commenting on the pathological effects produced by alcohol, observes that the most important appearances are the fluid and venous condition of the blood, and the great superabundance of fat. According to Steinheimer and Roesch, alcohol acts directly upon the blood, and drunkenness is owing to an alcoholic venous plethora, in which the proportion of hydrogen and carbon in the blood is much increased. The same alteration of the blood occurs in poisoning with narcotic drugs, and the delirium and excitement of the nervous system produced by them and alcohol is supposed to be secondary to this change in the quality of the blood. According to Orfila, if a large quantity of alcohol be taken during or shortly after a meal it coagulates the albuminous portions of the contents of the stomach, and this coagulated albumen passes off almost unchanged into the small intestines. The action of the gastric juice upon other portions of the food is prevented, and they undergo acetous fermentation. A large quantity of pure alcohol also reaches the duodenum, mixes with the bile, which loses its alkalescence, and can no longer be precipitated into insoluble flocculi by the addition of the acid chyme, as is normally the case; in the natural state this insoluble precipitate from the bile is not reabsorbed, but is cast out with the fæces, but in drunkards no such precipitate ensues, the bile remains fluid and unchanged by the chyme, and a larger portion of it is reabsorbed; hence the bilious difficulties in drunkards, and the frequent occurrence of jaundice in them. Large quantities of acid chyme and imperfectly digested food pass along the small intestines, and even reach the cœcum and colon, where they also undergo acetous fermentation; this is sufficient to account for the dyspeptic difficulties and sour eructations in drunkards. The blood which returns from the intestines into the vena porta system and liver is more or less mixed with alcohol, imperfect bile, and other impure matters; hence the venous plethora of the vena porta and subsequent affections of the liver; as much bile is brought back to the liver, it is, doubtless, re-secreted from it with great rapidity; hence, among other causes, the large quantity of bile

which is usually found in the gall bladder, and small intestines. The chyle which is absorbed by the lacteals must be very imperfect, and is mixed with more or less altered alcohol; of course the blood which is formed from it is equally imperfect. If alcohol be added to blood which has been drawn from a vein, the blood becomes dark, it loses its normal opacity, becomes transparent, and changes to a cherry-juice-like fluid. With the aid of the microscope the blood globules are seen gradually losing their red colouring matter, which becomes equally dissolved and diffused through the serum, which assumes the peculiar cherry-red colour; this serum coagulates to the consistence of thick milk, but cannot form solid coagula, and no watery particles separate from it. These appearances agree with those of the blood of topers, which is thick, but fluid; it coagulates very loosely, contains but little fibrine, but much albumen and fat. According to Rokitansky, Andral, and Engel, the blood in tubercular cachexia is arterial and rich in fibrin; while in the cancerous cachexia and typhous fever it is more venous, abounds in albumen, and is deficient in fibrin; hence alcohol would seem to produce a state of the blood opposite to that which occurs in tubercular disease, and is somewhat similar to that which obtains in cancer; therefore, it may prevent the development of the former, and hasten that of the latter.

Congenital Occlusion of the Vagina.—Dr. Watson, of New York, was consulted by a young German woman, with the external parts of generation well formed; she was not destitute of sexual desire, had never menstruated, but on inspection was found to be actually without any traces of a vagina. Her health was good, and there was no abdominal swelling. An operation for establishing the vaginal passage had been performed by Drs. Hoffman and Maxwell, but owing to the patient's neglecting to follow their instructions, the parts again united. A second operation was performed by Dr. Watson, as follows:—A silver catheter was introduced into the urethra, and held by an assistant. The fore finger of the left hand being inserted into the rectum, the parts were then carefully divided at the natural situation for the vagina, between the catheter and the finger, which served to protect the urethra on one side, and the rectum on the other. After the bistoury had penetrated about an inch and a half, the tissues were found to yield slightly to pressure. The further extension of the passage was effected partly by stretching and partly by cutting, until, at length, the passage was restored as far as the os tincæ. This was evidently very small, and the whole uterus appeared to be atrophied. There was no accumulation of menstrual fluid. The passage was kept open several months by means, first, of sponge, and subsequently, a full-sized pessary. The patient has been seen within a few weeks. The passage is still pervious, but much contracted. It is very evident that Dr. Watson's patient will never be prolific.

Influence of Marshy Exhalations on Phthisis.—Dr. Bryan has published, in the *Philadelphia Medical Examiner*, a brief account of the case of a young lady, who had laboured for ten years under symptoms of incipient consumption, which became confirmed, and she was sent to a marshy district in New Jersey, that she might die among her friends. Contrary to all expectation, at the end of a few months, the night sweats, expectoration, cough, &c., were much relieved, and a slight show of the menstrual discharge, which had entirely ceased for several months, took place. At the date of the report the patient was in a fair way of recovery.

Laryngotomy in Diptheritic Croup.—Dr. Post, states, in the *New York Journal of Medicine*, that he performed the operation of laryngotomy in a case of diptheritic croup, without advantage, the child dying twelve hours afterwards.

Venous Erectile Tumour of the Cheek.—Dr. Post, surgeon to the New York Hospital, has published in the *New York Journal of Medicine*, the details of a case of subcutaneous venous erectile tumour occupying nearly the whole extent of the right cheek, and projecting externally and into the cavity of the mouth, for the relief of which he tied the common carotid artery, the patient dying of phlebitis, with deposition of purulent matter between the membranes of the brain. The autopsy was practised the day after death The right internal jugular vein was thickened in its coats and adherent to the surrounding parts; when it was opened, it was found to be distended with purulent matter and shreds of fibrin. The inflammation of the vein extended from the base of the cranium down to the space just above its junction with the subclavian vein, where its cavity was entirely obliterated by adhesion of its opposite sides. No traces of inflammation were detected in any of the veins below. On laying open the congeries of veins constituting the tumour of the cheek, it was found to contain soft coagulated blood, but no pus. Four small white calculous concretions, or phlebolites, of a globular form, were found in it: they varied in size from the volume of half a pea to that of a large pin's head. On the left hemisphere of the cerebrum there was extensive effusion of concrete purulent matter between the arachnoid and the pia mater, along the course of the veins running over the anfractuosities, and in some places extending between the convolutions. There was less extensive effusion of a similar character on the right hemisphere. A similar effusion was also observed on both surfaces of the cerebellum, and at the base of the cranium, between the arachnoid and the dura mater. A small portion of fibrin was also found in the right lateral sinus near its termination. No marks of inflammation or of suppuration were found in the lungs, liver, or kidneys, or any of the articular cavities. The ligature had not come away from the artery during life; but it became detached in laying out the corpse. The artery was found entirely divided, and a pretty firm clot on each side of the division, obliterating nearly an inch of each portion of the vessel. Dr. Post observes in this case that the result was entirely unexpected, and unusual. He is not aware that there is any case on record, in which the ligature of a large artery has been followed by inflammation of a corresponding vein, when the vein itself was not disturbed during the operation. In the present case, the sheath of the vessels was opened over the carotid artery, and the internal jugular vein was not exposed nor disturbed in any of its relations. The existence of phlebolites is also an event of very rare occurrence, and he never had an opportunity of observing them in any other cases.

Puerperal Fever.—Dr. Flint has published, in the *New York Journal of Medicine*, a report on the epidemic puerperal fever that prevailed at Buffalo, New York, in the course of which the following propositions are sustained. 1st. Puerperal fever appears to be an epidemic disease, originating, like other epidemics, in certain inappreciable general causes, which are either migratory, or developed successively in different localities from unknown endemic causes. It appears to have some connection with other epidemic diseases—more especially that known as epidemic erysipelas. It may be stated, that the latter disease had prevailed for some months to some degree, before the occurrence of any cases of puerperal fever; continued while these cases were in progress; and has continued, but in a less extent, since that time. The relation of puerperal fever to erysipelas is also illustrated by several facts which occurred in connection with the cases which have been considered. The most striking are the following:—Two ladies who watched with a patient with puerperal fever the last night of her life were, within two or three days afterwards, each seized with the characteristic symptoms of epidemic erysipelas. In one the erysipelas was developed, and she passed through a dangerous illness. In the other all the premonitory symptoms were experienced, but subsided after an active emetic. A labouring woman who was employed to wash the clothes of the same patient, and who, during this duty, received a slight scratch upon the hand, was seized with inflammation of the absorbents extending up the extremity to the neck, with all the constitutional effects of inflammation of the absorbents after a wound received in dissection, and died after a short illness. In one of the cases alluded to by Dr. Flint, erysipelatous patches existed on the arms and hands, and in another, distinct erysipelas was developed on one upper and lower extremity during the short career of the disease. These circumstances go to show some relationship between the two diseases; as to the precise nature of the relation there are not facts upon which to base any positive conclusions. It appears, however, most probable that they are effects of a common epidemic cause. The occurrence of labour appears to bear to the disease the relation of an exciting cause, leading to the development of the effects of a morbid influence already existing within the system, but in a latent form. It is possible that gestation may contribute to promote the predisposition to the reception of this morbid influence, or its development. 2. Puerperal fever appears to be, in reality, an essential febrile condition. It is not merely a peculiarly modified form of peritonitis. We have in the symptoms the same fact which especially characterises all essential fevers, viz., a disproportion between those of a local and those of a general nature. And in the appearances after death the analogy also holds good. The local changes and evidences of disease are inadequate to explain the severity and rapidly fatal character of the disease. The local circumstances incident to gestation and labour may sufficiently explain the fact of the peritoneum being the seat of the local affection which complicates the disease. They are not sufficient of themselves to account for the fact that peritonitis is developed without any reference to a more general cause. How seldom is purely local peritonitis developed after delivery, under ordinary circumstances. 3. Such being the origin and character of the disease, it is easy to conceive the fact of its presenting great difference in its phenomena at different times and in different locations; and, also, that quite different methods of treatment may be applicable at different periods and places. Different individuals, therefore, who contend for different therapeutic principles as based upon their individual experience, may each be entirely correct. It is probable that no particular line of treatment would be applicable to the disease in all its forms in the same epidemic; still less in different epidemics. This (if true) is a highly important consideration in various points of view. It will be seen from this that the opinion which refers puerperal fever to an erysipelatous influence of the peritoneum is gaining ground.

Conversion of Benzoic into Hippuric Acid.—Dr. James E. Booth and M. H. Boyè, of Philadelphia, have published in the "Transactions of the American Philosophical Society," a valuable paper on the Conversion of Benzoic into Hippuric Acid, accompanied with numerous experiments, embodying the following results: 1. The formation of uric acid in healthy urine is not affected, either in regard to its quantity nor to its external properties in general, by the introduction and transformation of benzoic acid into hippuric acid in the system. 2. The time required for the benzoic acid to pass through the system, and reappear as hippuric in the urine, is from twenty to forty minutes after its introduction with food into the stomach. Its occurrence continues for four or eight hours, but then ceases. 3. The quantity of hippuric acid obtained from the urine is greater than that of the benzoic acid taken. In round numbers it may be stated to be one-third more. 4. Urea is not in combination with the hippuric acid in the urine. 5. The base with which the hippuric acid is combined, and which keeps it in solution, is ammonia.

Abnormal Abdominal Pulsation.—Mr. Bonnar, of Auchtermuchty, has published in the *Northern Journal of Medicine*, two cases of abnormal abdominal pulsation, brought on, or rather greatly increased, in the first case by excessive depletion, which was treated by the exhibition of stimulants and tonics with manifest improvement, and in the second, caused by undue action of hypertrophied heart. In the last case small and repeated bleedings appeared to afford the desired relief.

Foreign Body in the Œsophagus.—Mr. Brown, of Preston, narrates in the *Northern Journal of Medicine*, the case of an old lady who accidentally swallowed a piece of bone. She was much distressed at the time by efforts to vomit, during which some blood was brought up. Embarrassed breathing, cough, muco-purulent, and occasionally hæmoptic expectoration, with loss of strength, and emaciation, soon followed. Auscultation failed in discovering the cause of so much pulmonary disturbance. This deranged condition of health con-

tinued for seven months, when, during a severe paroxysm of coughing, she brought up a large mouthful of phlegm—experienced the sensation of something giving way in the throat, speedily succeeded by the feeling of a sharp substance across the passage. During a fit of vomiting, she succeeded, by means of her finger, in removing the piece of bone. A week subsequent to its discharge all traces of previous irritation were entirely removed.

Remarkable Suicide.—A female, fifty years of age, cut her throat with a razor. While attempts were made to stanch the wound, she drew something from her pocket to which she endeavoured to attract attention by signs. When taken out of her hands, it was found to be a considerable portion of the walls of the respiratory tube. It consisted of the cricoid cartilage entire, of the left wing of the thyroid, of the right arytenoid, of a part of the upper rings of the trachea, and some fibres of the muscles of the larynx. The unfortunate female stated, by signs, that the mutilation was committed by herself, and that she had made five several attempts before she completed it. She survived thirty-four hours. It is observed, that if this female had died, without being able to make a confession, the circumstances would unavoidably have induced a strong suspicion of homicide. How few would have credited the assertion, had it been made by an accused party, that she had herself completed the horrid dissection, and then removed the parts to her pocket.

REVIEWS.

A Complete Practical Treatise on Venereal Diseases, and their Immediate and Remote Consequences, including Observations on Certain Affections of the Uterus attended with Discharges. By William Acton, late Externe at the Female Venereal Hospital, Paris. Illustrated with coloured plates and woodcuts. London: Renshaw. pp. 410.

It is scarcely necessary to say a word in praise of a work in which are consigned the principal views entertained by a surgeon of M. Ricord's eminence in the particular branch of surgical science to which he has devoted himself. His vast experience stamps a value on everything that proceeds from his pen, and, notwithstanding some of his theories are somewhat extraordinary, and need thorough confirmation by other, and perhaps less prejudiced, observers, his practical remarks are nevertheless deserving of every attention. Mr. Acton has conferred a favour, therefore, on the profession on this side "*La Manche*" by reproducing them in an English dress. His own knowledge has enabled him to bring these views forward in a manner to render them highly acceptable and serviceable to his brother practitioners.

As it is a matter of absolute impossibility to analyse the contents of this important volume *seriatim*, we must, *per force*, be satisfied with taking a chapter here and there as samples of the rest, and we are the more ready to do this as we feel convinced that every practitioner, now that the work has been considerably reduced in price, will be anxious to place it on his book-shelves as one of the best works for reference he can possess.

The third section is occupied with the consideration of epidydimitis. After a brief notice of the synonymous terms, to which we shall not further advert, Mr. Acton proceeds to detail very clearly the symptoms and causes of simple uncomplicated cases, among which he mentions that M. Ricord states that he has seen pus intimately mixed with seminal fluid when discharged in the nocturnal emissions. This, we presume, is a symptom of rare occurrence, at least, it has never fallen to our lot to notice it, nor does Mr. Acton confirm it from his own experience. The effusion of fluid into the tunica vaginalis, although admitted by many surgeons, is nevertheless not generally acknowledged to occur.

"A careful examination of the scrotum at this stage of the affection will show that there is not alone redness of the skin with great augmentation of heat, but that effusion has taken place into the tunica vaginalis. If the surgeon, with the left hand, embrace firmly the affected half of the scrotum, so as to render tense the testicle covered by its envelopes, and with the fore-finger of the right hand gently but suddenly press on the centre, a distinct feeling of fluid will be experienced, and the elastic body of the testicle will be felt below it. Should a lancet be thrust into this point where fluctuation exists, a clear or slightly turbid serum, varying in quantity, will often escape, and the size of the tumour will sensibly diminish. When the fluid thus contained in the tunica vaginalis has escaped, the greater portion of the remaining swelling is found to depend on the epididymis, which is hard and painful, and can be felt distinct from the testicle; this appears to constitute the disease, at least in the majority of the cases. Effusion may not be confined to the tunica vaginalis; we often see the subcutaneous cellular tissue infiltrated with serum, and become œdematous or phlegmonous; inflammation may result, and distinct abscesses form. However, when intense suffering has preceded, and the fluid has been allowed to escape, the testicle may be found hard, having lost its proper elastic feel, and it seems to form a nodulated body which we are unable to distinguish from the epididymis."

The causes of epidydimitis are of two kinds—the predisposing or the direct and exciting causes.

"*Predisposing Causes.*—Under this head may be included fatigue, violent exercise, repeated sexual intercourse, and any circumstance producing excitement of the organs: authors have mentioned particularly excitement of the animal passions. Daily observation shows that various trades predispose to the affection; we meet with it much more frequently among weavers, turners, grooms, and those whose testes are liable to friction. Among other predisposing causes I should mention an habitual flaccid condition of the scrotum; for it is a point on which any one may convince himself, that a strong cremaster and firm scrotum are rarely met with in individuals suffering under this affection. This is corroborated by the fact, that the left testis is more frequently affected by the disease than the right, which is sustained by the seam of the trouser affording it an adventitious support. Wet, damp weather seems to act in the same manner in predisposing to the affection, and may afford an explanation of the epidemic nature of the complaint at some seasons of the year; such are the principal predisposing causes of the affection.

"*The direct and exciting cause* consists in inflammation of the urethra. Observation shows that this may take place by direct continuation of the inflammation along the vesiculæ seminales and vas deferens to the epididymis; or, it would appear, by virtue of a law common to many mucous surfaces, extremities of canals may become sympathetically affected, the intervening surface not perceptibly participating in the inflammation. Of the fact there can be no doubt, that the epididymis is often affected, the cord remaining perfectly free from disease.

"This cause, viz., inflammation of the canal of the urethra, however, seems to act in a manner that, *à priori*, we should not expect; for the epididymis is rarely affected during the first week, or during the period that the inflammation is most acute; from the third, fourth, and fifth week, this affection is most frequently met with. I take the following account from some statistical tables made by M. Gaussail:—During the first week, three cases; second week, four cases; third week, five cases; fourth week, sixteen cases; fifth and sixth week, thirty-nine cases; two months, two cases; three months, one case. Now, as in the first fortnight the inflammation, although very severe, has not reached the deeper portions of the canal, being confined usually to the corpus spongiosum, it is probable that this is the reason why, at the early periods of the affection, the epididymis escapes. Such a supposition, however, is of some practical utility, for if true, it leads to the practice of attempting to prevent the occurrence of the affection of the testicle, by putting a stop, by all active means in our power, to the inflammation before it has reached the prostatic portion of the canal; it may induce, moreover, the surgeon to inform the patient who consults him about the fifth week, that an affection of the scrotum is imminent."

The disease may be complicated by extension of the inflammatory action to the cord, or to the tunica vaginalis, the latter giving rise to all the symptoms of acute hydrocele, or by œdema of the cord and scrotum, and lastly by the inflammation involving the body of the testicle, causing the disease properly called orchitis or testitis. Epidydimitis may terminate by resolution, or there may remain a hard nodulated mass, curable only by time. In this last case great pain may be felt for months afterwards during sexual intercourse, and there is a liability to relapse. In some rare cases effusion of pus or lymph may occur. Suppuration or sloughing of the testicle may also be a consequence of the disease, and not unfrequently, under such circumstances, a fungous growth may make its appearance. Lastly, tubercular or malignant degeneration may, in some subjects, be traced to previous inflammation of the organ.

Passing over the diagnosis and prognosis, both of which are ably treated, we come to the consideration of the treatment, under which head we find a recommendation, as a preventive, that the gonorrhœa should, if possible, be cured before the fourth week, and that a suspensory bandage should also be worn. When the disease has commenced, rest in the horizontal position is absolutely necessary, and the antiphlogistic plan should be strictly enforced. With regard to leeches, Mr. Acton directs them to be applied freely to the groins and perineum; if applied to the scrotum or vulva, erysipelas, œdema, ulceration, or gangrene, may, he says, follow. Although, out of numerous cases in which we have ordered them to be applied to the scrotum, no such evil consequences have ensued, there can be no harm in their application to the groin or perineum, and it is certainly as well to avoid all risk.

"When the acute stage is complicated with considerable and rapid distension of the tunica vaginalis, occasioning much pain, great relief will be instantly given by puncturing that membrane. I have likewise seen this symptom quickly relieved by the application of a blister which embraces the half of the scrotum, after the previous antiphlogistic treatment has been had recourse to. When the cord is much swollen, poultices and frictions must be persevered in for a long time, and compression should never be recommended."

When the acute symptoms have been removed, recourse should be had to compression by means of strips of plaster. The *emplastrum vigo cum mercurio*, of the French codex, cut into strips of half an inch wide, is the preparation used by M. Ricord; other adhesive plasters answer equally well; the less irritating they are, however, the better.

"The manner of employing them is as follows:—Embrace the affected testicle in your closed hand, drawing it, at the same time, away from the other; then pass a strip of plaster around the chord, just where it is in connexion with the testicle, to prevent that organ escaping out of the scrotum; this being done, the scrotum of the affected side will be applied closely on the testicle, which presents an oval shape; the strips of plaster may then be applied in circular layers along the testicle, until all but the lower part is included. The latter may then be compressed by smaller and shorter strips, placed at right angles with the circular ones, which they thus maintain in their place. The testicle is thus equally compressed, and the strips of plaster should be drawn tolerably tight; the patient will usually complain of some degree of pain during and immediately after the operation. Far from discouraging the surgeon, this should lead him to believe that the compression is well applied. When, however, the pain has not abated at the end of an hour, the surgeon may usually be assured that no good can result from this treatment; the compression should be discontinued, and antiphlogistic means had recourse to. If the cases of compression be well selected, and the indications followed, it will be necessary to withdraw the plaster in a few hours after, for the size of the testicle will have subsided considerably, and the shell of adhesive plaster will become quite lax; it must be removed, and other strips applied in the same manner as the former, which may require removal in succession. I have witnessed cases cured in twelve hours by these means, both in the hospital *La Charité* and in the *Hôpital du Midi;* and I can most confidently recommend it in the subacute stages of inflammation, and in the sympathetic affections of the epididymis."

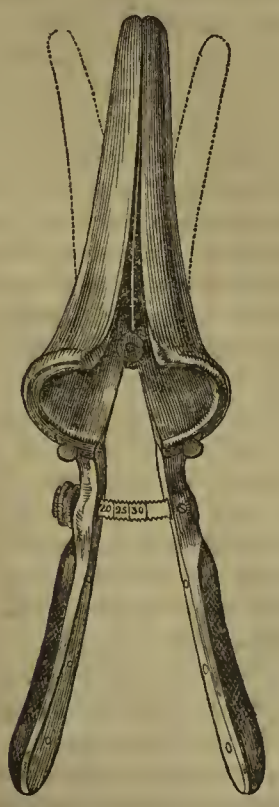
The straps must be reapplied when they become

loose, or reaction will take place, which it will be very difficult to counteract. Compression is prejudicial when the inflammation is gaining ground, and useless when there is much effusion.

"The annexed woodcut will better explain the manner of employing compression. Fig. 1 shows the strips of plaster passed around the chord and testicle. Figs 2 and 3, the strips placed at right angles, to maintain the circular ones, and compress the lower part of the swelling."

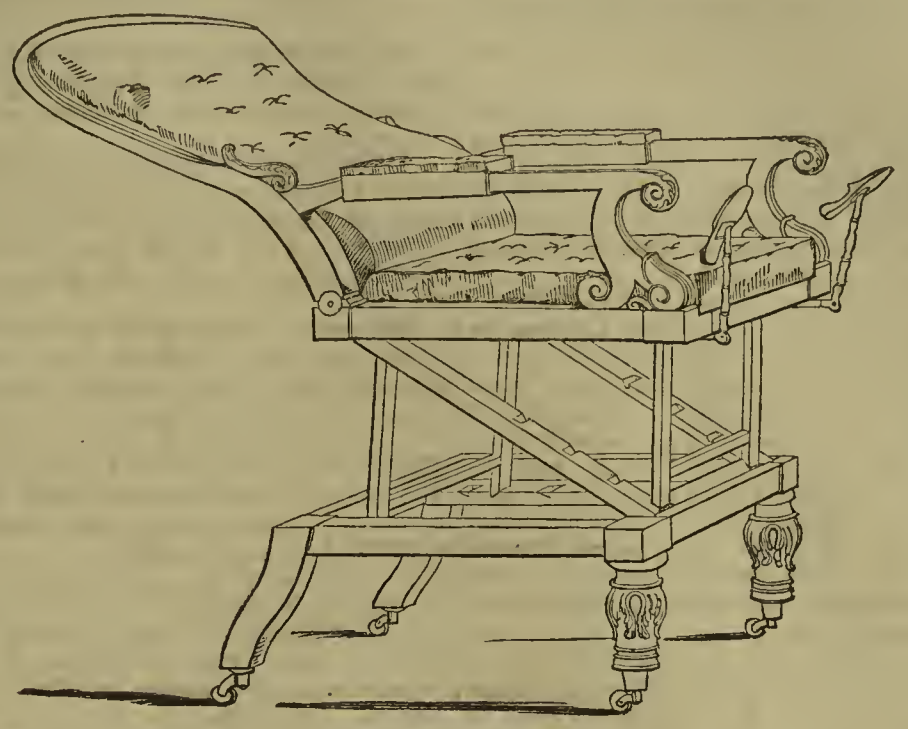
COMPRESSION OF THE TESTICLES.

Blenorrhagia of the uterus cannot be properly investigated without the aid of the speculum. The bivalve speculum, of which we subjoin a woodcut, is that used by M. Ricord, and recommended by Mr. Acton. "It consists of two valves united at about the middle point, allowing both extremities to be widely opened; the narrowest part is thus placed at the vulva. To each valve a handle is attached, by which means space is gained, and the light falls upon the interior uninterruptedly, and pressure upon them causes a dilatation of the two extremities, which can be maintained, diminished, or increased by means of a screw." Its employment is very simple, but, like the catheter, requires some practice.



BIVALVE SPECULUM.

M. Ricord employs a speculum chair in using this instrument, made according to the accompanying woodcut.



SPECULUM CHAIR.

The following are Mr. Acton's directions for passing the instrument:—

"The patient should be placed on the edge of the speculum chair, as seen in the annexed woodcut, or on a bed, with a pillow under the head and shoulders, the thighs bent on the pelvis, and the legs on the thighs, the feet supported on two chairs. The surgeon should place himself between the lower extremities of his patient, and requires no assistant,—an important thing in private practice. The speculum, previously warmed and greased with a white pomatum, is thus to be introduced:—holding the valves of the instrument firmly together with the right hand, the surgeon should separate the nymphæ by means of the index and ring fingers, while, by the aid of the middle finger of the left hand, he depresses the lower part of the vulva.

"This should be done gradually, but gently; at the same time the extremity of the speculum should be introduced, the handles turned towards the left thigh; the side of one extremity of the valve should press upon the middle finger; the other valve will necessarily be applied against the posterior surface of the meatus, along which the surgeon must pass it by depressing the instrument, without tearing or excoriating the mucous membrane. Immediately the speculum has passed the ring of the vulva, it should be directed in the axis of the pelvis, and the operator should separate the valves; by this means he is enabled to see the condition of the vagina and uterus, and finally, the instrument will surround the neck of that organ.

"It is unnecessary for this purpose, to employ a very long instrument, or push it on until the neck of the uterus is embraced, as this would expose the organ to laceration, and cause great suffering if the instrument should be caught in the *cul de sac* of the vagina, as often happens. To avoid this, we recommend that the situation of the neck of the uterus be previously ascertained by the *toucher*, so that the instrument may fall at once upon it; the neck of the uterus will be recognised by the smooth condition of the mucous membrane, and by its colour, which usually differs from that of the vagina. Useful indications for finding it may often be derived from the streaks of white of egg like mucus, which flow from the uterus into the vagina. In spite of these indications and precepts, should the surgeon find the speculum entangled in the *cul de sac* of the vagina, instead of pushing it onwards, let him gradually withdraw the instrument, at the same time that the valves are separated, and the neck of the uterus will at once come into view."

In concluding this notice, we feel bound to add, that the many important diseases so ably treated by Mr. Acton in this work, are fully deserving to become the subject of remark, but our space precludes the possibility of doing justice to them. We may, perhaps, at some future time, advert to some of the principal, and, in the meantime, we strongly recommend the work to the profession, as one of the best on the diseases of which it treats. It is illustrated by a series of engravings, coloured after nature, representing the syphilitic diseases of the male and female organs of generation.

On Growth, or Health and Diseases in Youth. By A. M. Bureaud-Riofrey, M.D., &c. Paris: J. B. Baillère, 8vo. pp. 163, 1845.

We rarely meet with a foreigner who writes as good English as Dr. Bureaud-Riofrey, and not often with any man who writes such good sense. The work before as abounds in scientific research; judicious, impartial criticism; and good practical knowledge. The author has not only read extensively, and reflected deeply upon his subject, but he shows also that his bed-side treatment of it is in accordance with the best established truths of physiology, pathology, and therapeutics. The work consists of preliminary observations, clear, sensible, and true, upon the physical and physiological constitution of man, chiefly in reference to the function of nutrition, and the purposes which it serves in the economy, by contributing to the growth and reparation of parts. These remarks, made somewhat axiomatically, are succeeded by the narration of cases, proving such and such deviations from normal function, some of them ending finally in abnormal growth. Those on spinal disorder, disease, and distortion, are particularly good; and those on uterine disturbance, primary and secondary, are not without a considerable share of merit. As a whole, we like the work exceedingly, and thank our author for the compliment he has paid, and the service he has rendered, the literature of our country.

Medical and Physiological Problems, being chiefly Researches for Correct Principles of Treatment in Disputed Points of Medical Practice. By William Griffin, M.D., Physician to the County of Limerick Infirmary, &c., and Daniel Griffin, M.D., Assistant Physician to the County of Limerick Infirmary, &c. London: Sherwood, Gilbert, and Piper, 8vo. pp. 356, 1845.

This is one of the best practical books we have met with for some time. It abounds with evidences of extensive and careful observation, and most judicious treatment of disease; and upon subjects that are tolerant of speculation and theory it displays not a little ingenuity and cultivated taste. The articles, "Does Suffering necessarily imply Self-consciousness?" and "On the Application of Mathematics to the Science of Medicine," are especially deserving of commendation. But it is to the more practical papers that we attach the chief value, and these, for the most part, we consider to be of a very superior order. On the "Diagnosis of Abdominal Inflammations," is particularly good. Take the following as an example:—

"In determining the diagnosis of abdominal inflammation, where both pain and tenderness on pressure exist, we should always endeavour to ascertain

"First—Whether there be any pain or tenderness on pressure in the corresponding portion of the spinal column; because, if there be, although it may not absolutely decide whether inflammation be present or not, it is quite sufficient to account for both the pain and tenderness without assuming the existence of any inflammation.

"Secondly—Whether, if there be no spinal tenderness or pain, the soreness of the abdomen be superficial or deep-seated, which may be ascertained with tolerable certainty in all cases, by an examination directed to that end. And whether, if both superficial and deep-seated, as it usually is in peritoneal inflammation, gentle, steady pressure with the flat of the hand can be easier borne than with the points of the fingers. In pain and soreness from affections of the spinal nerves, it commonly can be so borne, while in peritonitis every kind of pressure, and even the weight of the bedclothes, is very distressing.

"Thirdly—Whether the boundaries of the pain or soreness extend beyond what the suspected inflammation could produce? Thus, if inflammation of the liver be suspected, and we find the soreness extending to the ileum or groin, or to the opposite side of the abdomen to which the liver does not extend, it is obvious that soreness cannot be attributable to mere disease of that organ. Again, if the whole abdomen be tender to the touch, in a case otherwise closely resembling peritonitis, and we find the tenderness is not confined to the abdomen, but extends over the hips and lower extremities, it is obvious we can attach no importance to the abdominal soreness as a sign of inflammation.

"Finally—It should be recollected that constipation may depend on mere loss of power in the intestinal nerves, as well as on spasm, obstruction, or inflammation, since the treatment in each case must necessarily be modified, or directed, by the supposed cause of this symptom." (pp. 58-59.)

"What Principles should regulate the Treatment of Hemoptysis," again, is an admirable paper. The following case is excellently recorded, and is a thorough specimen of good practical advice:—

"A youth, seventeen years of age, was attacked with spitting of blood, occurring to the amount of three or four ounces, at intervals of six or eight days. He was a well-formed muscular young man, and had never shown any symptoms of phthisis, or of any other serious disease, previous to his late seizure. Happening subsequently to get an attack when at some distance from home, he became alarmed, and getting into a carriage drove ten or twelve miles to his own neighbourhood. I met him the moment he arrived, and, seeing that he was spitting blood profusely, had him instantly placed in bed, with few bed-clothes, his head and shoulders elevated, and the windows thrown up. He had salt and cold water to drink, being the readiest astringent I could procure. There was, however, no abatement in the hemorrhage, and if I except cases in which the patient died instantaneously, I never saw such frightful quantities of blood thrown up in so short a time. I had him, therefore, taken out of bed again, and a can of cold water poured over his chest, upon which the discharge almost immediately diminished, and, finally, under the influence of other remedies it ceased altogether." (p. 205.)

Of the starvation plan in the treatment of hemoptysis, Dr. Griffin says, "Of one thing I am convinced, that in all such diseases, the patient should be allowed to die of the hemorrhage, rather than of the debility following the interdiction of all food. Neglected cases daily prove to us, that even very alarming hemorrhages may not prove immediately fatal, although no abstinence be practised, while no one can doubt the certainty of speedy death if blood is daily bursting from the lungs, while all possible supplies in the way of food are cut off from the circulation." (p. 206.)

Of such like cases and comments is the practical part of the book made up; and, in closing it, we can conscientiously say that we have seldom met with a work which we have had greater pleasure in perusing, or in recommending, with our best praise, to the profession.

NOTICES TO CORRESPONDENTS.

☞ *Several gentlemen whose term of subscription expired on the 1st October last, are requested to forward the amount for the current year at their earliest convenience.*

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

F. F.—*The French metre equals* 3·2808992 *English feet, or about* 3 *feet* 3 *inches and a quarter. The decimetre equals* 3·937079 *inches, or about three inches and seven-eighths. The millimetre equals* 0.03937 *of an English inch.*

An Old Student *has sent us a letter from which we extract the following:*—"Three years since I entered as a student at the University College, and then purchased what I believed to be the first volume of a new edition of Quain's Anatomy, edited by Dr. Sharpey and Mr. Quain, with the understanding that the second *volume* was to appear soon after Christmas of the same year. In this expectation I have been disappointed, and I now learn that a second *part* will be published shortly, and a third or concluding part at some remote period." *We can make allowance for a* little *delay on the part of editors and publishers, but a delay of three years seems to us over long for the production of a new edition, albeit such edition may have required entire rewriting. We understand the second part will be published in the early part of December. The remainder of our correspondent's letter is inadmissible.*

L. *should address the secretary to the University of St. Andrews; from this gentleman he would receive all necessary information. No examinations will take place previous to the beginning of May next.*

We have received inquiries respecting a person named Dewhurst, *who, it appears, has been practising a wholesale system of genteel mendicancy. We subjoin a circular from the Mendicity Society, which will, we hope, satisfy our correspondents as to his claims on their benevolence.* "The Mendicity Society beg to caution their subscribers and the public against the numerous appeals of H. W. Dewhurst (calling himself sometimes Professor Dewhurst, or at other times Dr. Dewhurst, Dr. Dew, and Mr. Hurst) soliciting the purchase of a book, and otherwise appealing to their compassion. He has been writing similar letters for many years.—Mendicity Office, London, Sept. 23rd, 1845."

A Medical Student.—*Any duly qualified practitioner is quite competent to undertake our correspondent's treatment. We cannot deviate from our rule, "never to prescribe in the columns of the* Medical Times."

A Constant Reader, Holyhead.—*The cases forwarded by our correspondent are too vaguely reported to be intelligible.*

Mr. John Mann's *communication was in type, and should have been published last week. It was, however, omitted at a late hour from want of space. We regret we were not aware of the necessity for this omission until too late to insert an acknowledgement of his letter in our notices to correspondents.* Mr. Mann *should not so hastily impute uncourteous motives to occurrences which he must, on reflection, be convinced arose solely from accident or inadvertence.*

A Reformer *on the college question is respectfully declined.*

A. B., Birmingham.—*A member of the College of Surgeons cannot be prevented from keeping a druggist's shop, retailing drugs, and compounding physicians' prescriptions, should he be ambitious of so doing.*

Communications have been received from Dr. Rigby, Mr. John Alexander Morris, Dr. Hilbers, Mr. Edward Holland, Mr. A. W. Close, Mr. A. Stobo, and a Constant Reader, *some of which shall be inserted in our next.*

E. A. *will be allowed to offer himself as a candidate for the matriculation examination at the University of London.*

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s.; Quarterly,* 6*s.* 6*d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is* 6*s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

SATURDAY, NOVEMBER 22ND, 1845.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

THE two months that stand between us and the next Parliamentary Session promise well. They can hardly fail to be turned to good account in the cause of Medical Reform. The National Association has come back to its vast toil with the powerful alacrity of a "giant refreshed with wine;" and what a magnificent augury for our future fortunes is the existence—the unhoped-for existence—of such an organisation! How vast a difference does it make in the balance of medico-political parties! A few years back how little could the most sanguine supporter of professional improvement have looked forward to so large a union of medical men, acting permanently together in good feeling, with a noble sacrifice of time and personal ease, and exercising so vast an influence in the settlement of Medical Reform! Long may it survive each foolish or wicked effort to injure it! Long may it escape each insidious attempt to promote internal dissension, or external distrust! Long may it laugh with scorn at the miserable calumnies of its worthless, unprincipled, and disappointed opponents!

There never was a more fitting course for the General Practitioners to pursue than that of taking a determined stand on the question of Medical Education, and insisting that, while friendly to all good medical legislation, they will oppose every measure that does not guarantee to the medical men of this country a high standard of scientific attainments, secured to them by the guarantee of their own authoritative supervision. The touch-stone of Medical Reform is Medical Education, and all the great administrative improvements that we so strongly advocate have, after all, no value save as its aids, or means, or securities. What, traced to their source, are all the evils laid to the door of our old institutions but their sacrifice of the interests of science at the shrine of a miserable vanity, or a more disgraceful mammon—cupidity?

It is the science-killing tendencies of our old corporations that have awakened in us the whole severity of our opposition to them. Varied as may be the forms in which our indignation has revealed the want of virtue or wisdom of their Government, all our statements resolve themselves ultimately into the one grand accusation—they oppose the progress of science. The Committee of the National Association, therefore, have done most wisely—have acted, indeed, in strict conformity with the dignified pru-

dence which has marked their whole career, in prominently and indissolubly connecting themselves with the one great question of medical education, and from the high vantage-ground *that* affords them, viewing and deciding on all the other questions more or less subordinate to it. Let but a really good system of medical instruction be introduced into the country, and placed under the absolute command, not of a self-chosen clique, but of the whole Profession, and a death-blow is struck at nine-tenths of the abuses that infest our medical polity. Every remedial application which fails of touching that, is but a miserable *placebo*, raising hopes only to deceive them, occupying and amusing the patient while Death unheeded is speeding on the dissolution.

We are glad that the Association have squared their course with this chart in their hands; and, though sticklers for the pettier squabbles of Medical Reform may be disappointed in seeing that less prominence is thus given to their pet grievances than it may be supposed they called for, it will require but a little time to convince even them, that the larger and more comprehensive policy by which the less is swallowed up in the greater, was the only one that could ultimately prove successful.

Objections have been taken by some as to the course pursued by the Association in reference to the bill last introduced by Sir James Graham, but they are objections that scarcely rise to the merit of respectability. A deputation from the body had entered into certain arrangements with Sir James Graham as to the ultimate and only terms that would satisfy the General Practitioners in any Parliamentary measure of Medical Reform. They fixed definitively the boundary of concession, and said beyond that we step not. The Committee, in considering that arrangement, agreed that on the whole, taking the condition of all parties into question, it would be desirable to accept this arrangement with the one *proviso*—that it should be carried out to the letter. Very shortly after the committee had published to those they represented, the report of the deputation, and almost immediately after the committee had pronounced their acceptance of the terms offered by that report, the bill founded on that arrangement made its appearance in print. As the bill, however, must have taken, with a large committee, some time for consideration, and as the question of the deputation's agreement and arrangements stood wholly and solely on its own merits, the committee, as we think, wisely published their decision on the deputation's report, and reserved till further inquiry any judgment on the question how the deputation's arrangement and Sir James Graham's Bill tallied. It was found, when further investigation was given, that there were some grave discrepancies—discrepancies which, on inquiry, were attributed on the other side to inadvertence and hurry. What, then, did the committee? While giving Government credit for the good faith it professed, they came forward, declaring that the Bill, if not altered, would meet their firmest opposition. This was the course of good faith and fairness their constituency expected from them, and which the natural anxiety for a fair repute of nearly a hundred of our most respectable practitioners would be sure to secure. For the low and miserable calumnies of men, inflamed with disappointment and vexation, inventing facts at need to serve any purpose of the hour, we feel unspeakable disregard. The contrast of character is ever present; and no one will be content to impeach, on doubtful and suspicious authority, the honour of so large a number of the most employed practitioners of the kingdom, who have every thing to lose and scarcely anything to gain by their devotion to the interests of their brethren.

"Dic mihi, si fueris tu leo, qualis eris?"—MARTIAL.
"Were you a lion how would you behave?"
"Unde Doctoris titulo gloriantur, nisi ut doceant?"
ERASMUS.

LYING before us, is a pamphlet consisting of a series of letters passed between Dr. Cormack and the managers of the Royal Infirmary of Edinburgh, relative to the subject of clinical teaching in that said hospital. We refer to the matter, not from any particular feeling we entertain towards either party—of the latter we know nothing, and we know the former chiefly by repute—but from a dislike we have to injustice, whoever may be its recipient, and a desire we have to aid any honourable scheme which may further the interests of the profession, or its individual members. The subject of hospital appointment and hospital duty is particularly interesting in this country, from the extraordinary anomalies with which it abounds. Large men and little ones, wise men and simple, men with merit and men without it, men of good character and men of bad, men known to science and the profession, and men strangers to both—all come within the range of hospital functionals. Favouritism, fortune, accident, money, and sometimes merit, determine the appointments. Amongst the motley group, therefore, that slide, shuffle, slip, or walk stately, as men ought to do, into these said places, there are some that are good for much, and others that are good for nothing. Now, however the chances may be *for* or *against*, in the inducting process, *once inducted*, the men ought to stand on their own merits, ought to rise or fall according as they may be able to do the one, or may deserve to do the other. The duty of such a post is serious, and big with interest, nor should any man be crippled in his laudable endeavour to do whatever good his occupation may throw in his way. If he be foiled in his generous and just efforts, great is the crime of those who have placed impediments in the path of his good intention. Nor can it be considered that we are trespassing upon propriety or privilege in stating these truths; for they seriously concern the public, and still more seriously the profession, for both of whom, but especially the latter, we are called upon to express the opinions of our best judgment.

Two things are paramountly required in an hospital medical officer—knowledge of his subject-matter, and industry. Whether the former be the rule or the exception amongst such men, our personal information does not permit us to say; but we will *hope* that it is the rule, seeing that our opinion is it *ought to be*. As regards the latter, it is a most excellent quality, to what class of men soever it may belong. It will improve an inferior man, and make a good man better. Even a stupid fellow is the better for it, and by how much the more a man may be enlightened, by so much the more will he be worthier for its possession. It is rarely that we find a man in a public capacity over anxious to work, but when such a man *is* found, and the collar fits him, let him pull, say we. Dr. Daubeny asked a waggoner, one day, why a particular horse was called by the name of "Doctor?" "I don't know, Sir," said the man "except that he is the heaviest and laziest in the whole team." This is an old joke, though a harmless one, against us, and we can afford to bear it, because its application is but limited. For this very reason, were there none other, our industry ought to be respected, and encouraged in all the occasions of its exercise.

The great, nay the almost exclusive business of an hospital, we take to be CHARITY—no matter of what sort, or upon what objects it be dispensed. If the gift be in accordance with the *specific* intentions of the institution, the larger that gift, and the more ample its distribution, the better will the purposes of the establishment be fulfilled. The business of an hospital, all the world over, is *is to cure disease, and to teach the cure of it*. And that in such place is such work more ably executed than elsewhere, is proved in the universal concession that, nowhere can medico-chirurgy be better taught, or better practised, than in an hospital.

We should say that, in an hospital where pupils are entered, a most important feature in the transactions of it, is the correct and efficient teaching of those pupils. It is scarcely secondary to the treatment of the sick themselves, because it is the training of men who are hereafter to be practitioners, and who will in future practise well or ill, according to the advice and direction they may receive during their period of probation. If they be incorrectly or inefficiently taught, there is no saying how great may be the sacrifice, or how many the sufferers. These are our fundamental reasons for thinking that the admirable practical opportunities for clinical instruction which occur in an hospital should never be neglected—that the system of bed-side tuition should be regularly pursued therein—and that no medical officer, able and willing to work, should be denied the privilege of teaching. Some hospital managers, however, think otherwise, and not distinguishing between Hippocrates, whose godship belongs to us, and Harpocrates, whom themselves would be the better for symbolising, they fancy the old imager of silence is the most fitting genius to preside where medico-chirurgy is publicly practised. They think, contrary to Bacon, that it becomes the physician to be wise by signs, or at least, that whatever his *talk* may be, it must not amount to *teaching*. This function they affirm not to consist with the specific gravity which his name denotes.

Doctor, a non docendo, ut lucus a non lucendo.

In fact, they declare he ought to be, as the owl said of himself, "not much of a hand at talking, but *a good un to think!*"

Other managers, again, not prejudiced, but partial, consider teaching to be very good in its way, provided you don't have too much of it; for then, as the adage goes, it becomes good for nothing. They believe that to be over-taught is as bad as to be over-fed, and therefore, to prevent anything like intellectual gluttony, and keep the appetites of voracious learners in proper cheek, they limit the supplies! This is the case with the managers of the Royal Infirmary of Edinburgh, and it has also been the cause of the correspondence above referred to. The main circumstances of the affair are these:—

Dr. Cormack feeling, justly we think, that "the labourer is worthy of his hire," and finding that he could not conscientiously discharge the duties of his office, and at the same time do himself justice, without some remuneration, and, moreover, that other men holding a like situation to his own did indirectly derive profit from it, he "suggested to several of the managers that some remuneration to the physicians was absolutely necessary, if they wished to command adequate attention to the suffering poor entrusted to their charge." He "was assured, however, that it would be useless to bring any such proposition before the Board." Failing in this, he

"next attempted to effect some change in the system of clinical instruction, whereby he might have some indirect advantage from his appointment. The privilege of giving *any kind* of clinical instruction in Edinburgh, has been limited by the managers to two or more university professors, and alternately to one of the two senior physicians. "I never could see," says Dr. Cormack, "the propriety of this monopoly." Nor could anybody else, we should say. Accordingly, he addressed a letter to the managing officials, requesting to be permitted in the ensuing session, "to offer private clinical lessons to a class of *not more than ten pupils.*" What he contemplated was, "*not the giving of clinical lectures*, but of familiar practical lessons, on the plan which, in the previous March, Dr. Douglas was permitted to pursue." The managers, after some deliberation, "resolved that it was not expedient to grant the privilege sought by" Dr. Cormack. To us this really seems an anomalous decision. In the first place, there was a precedent for what Dr. Cormack asked, and why, then, deny to *him* what they had thought it fit to concede to another? Nay, that very act of concession was the instituting of a custom which they had no just right to annul, except by the establishment of a specific resolution or law, directed specially against it, and that on the score of its inadmissibility. By what authority or for what reason did they dispense an official favour to one gentleman, and withhold from another a like boon when he voluntarily asked it at their hands? What was the particular position occupied or assumed by Dr. Douglas, not to be occupied or assumed by Dr. Cormack? To us the distinction appears strange, and at least ought to have been accounted for by those who made it. Dr. Cormack's request was as modest as it well could be, for though he desired to benefit both the hospital and himself, yet he solicited nothing which, being granted, could at all interfere with the established prerogatives of certain of his colleagues. His wish, it seems, was "not to be a competitor with the present clinical lecturers, as attendance upon them would still be *compulsory*, and upon himself purely *voluntary.*" Certainly, as at present advised, we can see nothing unfair or unnatural in asking a favour which may be granted without partiality and enjoyed without prejudice The hospital would have been served, Dr. Cormack would have been a gainer, and it is not shown that any man would have lost, by the sanction that was sought. It was positively denied, however, and this, added to the occurrence of other differences of a less general nature, induced Dr. Cormack to tender his resignation.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, November 11th, 1845, Dr. Chambers, president, in the chair.

[This, which was the first meeting of the session, was exceedingly well attended. We never before saw the rooms so crowded.]

On the Minute Anatomy and Pathology of Bright's Disease of the Kidney, and on the Relation of the Renal Disease to those Diseases of the Liver, Heart, and Arteries with which it is commonly associated. By GEORGE JOHNSON, M.D., of King's College, London.

(Communicated by R. B. Todd, M.D., F.R.S.)

The author began by stating that the true nature of Bright's disease was, he believed, to be found in a diseased state of the secretory or epithelium cells which line the urinary tubules. He arrived at this conclusion in the first week of July of the present year, at which period he demonstrated his preparations to Professors Todd and Partridge, and a paper containing the result of his researches was given into the hands of one of the secretaries of this society on the 7th of August.

The author then stated that he had ascertained that the secretory or epithelium cells of the kidney contain naturally a minute quantity of oil in the shape of globules, such as are familiar to microscopical observers. The presence of these globules is constant in the kidney, but its quantity varies considerably within the limits of health.

Bright's disease, the author considers, may be described as *primarily and essentially an exaggeration of the fat which exists naturally in small quantities in the epithelium cells of the healthy gland*—a fatty degeneration of the kidney analogous to the fatty degeneration of the liver as demonstrated by Mr. Bowman. This accumulation of fat in the secretory cells necessarily leads to the engorgement and dilatation of the tubules which they line, and one or more convoluted tubes, thus gorged with fat, and projecting either on the surface of the gland or on the surface of a section, constitutes one of the so-called "granulations of Bright." Some Malpighian bodies were observed to contain no fat, whilst others contained gorged fatty cells, but the author had never observed in these bodies an accumulation sufficient to produce destructive pressure on the Malpighian tuft of capillaries. The frequent connection of albuminous and bloody urine with Bright's disease, and the atrophy of the kidney, are attributed by the author to the mechanical operation of the above described fatty accumulation. Having alluded to the circulation of the gland, as described by Mr. Bowman, he entered into a minute detail of the reasons which led him to the conclusion that the presence of albumen and blood in the urine is, in this disease, a secondary phenomenon, dependent on the previous morbid changes.

In reference to the atrophy which the kidney so often undergoes in this disease, the author contrasted the well known peculiarities of the vascular organisation of this gland with the very dissimilar arrangement of the vessels and secretory cells of the liver, an organ which appears to suffer but little from a similar engorgement in its cells.

In speaking of the *stages* of this disease, the author observed that he had no reason for believing in the existence of any congestive stage as necessarily preceding the morbid accumulation which he describes. The various forms about which so much has been said and written, he believes to depend in great part, if not entirely, on the rapidity with which the disease advances. In cases of long duration, the kidney is generally found small, contracted, and granular; when the progress of the case has been rapid, the gland is large, smooth, and mottled.

The author then dwelt at some length on the frequent coincidence which he had observed of the disease in question with a similar fatty degeneration of the liver, arteries, and valves of the heart.

From the above data the author deduced the important *practical conclusion*, that these fatty degenerations, so often conjoined, are of constitutional origin, and that they must not be considered and treated as local disorders. He repudiated the notion of Bright's disease having any specific connection with scarlatina, neither did he believe in its alleged relation to acute inflammatory dropsy.

The causes of the disease are, according to the author, essentially debilitating; in large towns the disease is prevalent and fatal, in country districts it is comparatively rare. The disease has been artificially produced, by Mr. Simon,[1] of King's College, in the lower animals by their continued exposure to depressing influences.

With respect to the microscopical characters of the urine in this disease, the author remarks:—1st, That the cylindrical bodies described by Dr. F. Simon are fibrinous casts of the tubes, frequently entangling blood discs, oil globules, or epithelial cells with fatty contents. 2nd, That the presence of much fat in the urine is an alarming symptom. In an advanced stage of the disease fat rarely abounds, but, from experiments on the lower animals, as well as from observation on the human subject, it seems probable that in many cases of chronic ill health during a period in which no especial attention is directed to the state of the urine, there may be eliminated with this secretion such an excess of fatty matter as would, in reality, mark the first stage of Bright's disease.

On the subject of treatment, the author stated that the obvious indications were:—

1. The pursuance of a general tonic regimen in respect of diet, atmosphere, exercise, and medicine.
2. The careful avoidance of all exhausting remedies.
3. To avoid, as articles of food, fat and other highly carbonised materials, &c.
4. To relieve congestion of the gland by strict attention to the functions of the skin and bowels, and by such small blood-lettings as circumstances might demand.

Dr. Todd stated that, having seen Dr. Johnson's experiments throughout his inquiry, he could bear testimony to the accuracy with which they were detailed. His investigations were of extraordinary interest, and were given in a very lucid manner. The value of the essay which had just been read did not depend on its intrinsic merits only, but also because it tended to direct attention from the mere condition of vascular repletion, or its opposite, to the absolute state of the elementary parts of the structures engaged in disease, as, in the present instance, to the condition of the epithelial cells of the kidney, such being the parts in which the real seat of the disease is to be found, and he hoped that this essay would teach us where to seek for disease, instead of in the blood and blood-vessels.

In Bright's disease of the kidney, or fatty degeneration of that organ, as in accordance with Dr. Johnson's views it ought to be called, there are three stages. In the first, there is no distinct disease of the kidney, but there is a morbid condition of the processes of assimilation, causing a diseased state of the blood; of this stage there are not any direct manifestations by which the malady may be recognised. In the second stage the attraction which exists between the substance of the kidney and the constituents of the blood is impaired, and the fat, which in health is excreted in small quantity, is attracted to a much greater extent and deposited in the epithelial cells, where it accumulates. This leads to the third stage, which alone had previously occupied the attention of authors; in which, from the compression exerted on the bloodvessels by the overgorged cells, congestion takes place in the Malpighian tufts, some of which may be ruptured, and thus give rise to hemorrhage. In this stage, the albuminous urine and the other symptoms so clearly pointed out by Dr. Bright, are met with.

Another point of importance, only slightly touched upon by Dr. Johnson, has reference to the connection of this disease with scrofula. Most practical physicians are now inclined to regard this disease as in some way connected with scrofula, or, at all events, with phthisis, and this assumed connection is in some degree strengthened by the statement made by Dr. Johnson as to the manner in which this disease (albuminuria) was artificially produced in animals.

Dr. Bright expressed the great pleasure he had experienced on hearing the paper read: he considered it to be one of the most interesting he had ever heard at that society. He of course could not vouch for the accuracy of the statements made by Dr. Johnson, but they bore the appearance of the greatest probability, and, judging from the great care which had evidently been bestowed on its preparation, they seemed to be facts. They looked like truth and accuracy. If this was proved to be the case by subsequent observation, a vast blank with respect to the disease would be filled up, which would ultimately lead to a more rational mode of treatment.

Dr. Copland felt sure that every one must have listened to the paper with great interest. The fundamental doctrine was altogether new to him, and was striking in its novelty. There were certain points, however, which, in his opinion, were worthy further notice. The author had stated that the disease originated in mal-assimilation of the blood by the digestive organs consequent upon a depraved condition of the circulating fluid. This was not a novel doctrine. He had made the same statement in a work published by him three years ago. With

[1] Observations on the artificial production of scrofulous diseases in the lower animals (unpublished).

respect to the existence of fat in the epithelial cells of the kidney—which he believed had formerly been regarded as albumen merely—it appeared to him that the only indications of its presence hitherto obtained by Dr. Johnson were the results of the examination under the microscope. He thought chemical demonstration of its existence was required. Taking it for granted that the disease originated in the abnormal deposition of fat in the kidney, how could that be connected with the presence of so large a quantity of albumen in, and the absence of the salts from, the urine, and the existence of the latter in the blood? The principles of treatment laid down by Dr. Johnson were, he thought, indentical with those recommended by previous writers.

Dr. Snow could not reconcile the fact that in the latter stages of albuminuria the quantity of albumen in the urine was diminished, or had altogether disappeared, with the opinion that the accumulation of fat in the minute tubules of the kidney, was by the mechanical pressure it exerted, the cause of the presence of albumen in the urine. Whenever there is much albumen in that secretion in the advanced stages of the disease, it is in consequence of the supervention of an acute attack. Dr. Snow then narrated a case of an acute attack of the disease coming on after scarlatina, and stated that other cases following the same exanthema had been mentioned by Dr. Bright and Dr. Christison. With respect to the directions given by Dr. Johnson as regards diet, he objected that, if the patient is to abstain from articles containing fat, starch, and sugar, he would be compelled to use nitrogenous substances, such as albumen and fibrine, being at the same time liable to secondary diseases, as inflammation, and coma with convulsions from the azotised products, which the disabled kidneys are unable to eliminate.

Dr. Budd observed that, after having been made acquainted with Dr. Johnson's views respecting this disease, he had put them in practice in treating several cases of albuminuria at King's College Hospital, that is, he had caused all articles of diet containing fat, starch, and sugar to be avoided, and had exhibited iodine and the hydriodate of potash internally. At present it would be premature to say much concerning the result, but as yet the treatment had been satisfactory. He thought it quite impossible to over-estimate the value of this paper; it shed quite a flood of light on the pathology of the disease. It realised what Dr. Prout, with rare sagacity, had suspected to be the case. Much stress had been laid on the pathological anatomy of the disease, but the question arose whence the fat found in the epithelial cells of the kidney was derived? In the case of the fatty livers of phthisical patients, it had been attempted to be explained by the imperfect aeration of the blood from the diseased condition of the lungs, but this opinion had proved to be perfectly untenable. This peculiar deposition of fat in special organs occurs in all diseases attended with considerable fever and rapid wasting, and he (Dr. Budd) thought it was not a deposition of fresh fat, but was produced by the absorption of the fat previously laid up in the body, which was redeposited in the organs in which it was found. Dr. Budd illustrated this observation by alluding to the diseased fatty livers of the Strasburgh geese, which were caused by the production of an artificial state of fever, and he was of opinion that this theory was still further supported by the fact that persons with granular kidney were invariably fat.

Dr. Johnson, in reply to Dr. Copland's question, requiring confirmation of the fact that the material deposited in the epithelial cells of the kidney was really fat, remarked, that persons in the habit of making microscopic investigations were aware that the oil globules did not present any resemblance to the globules of albumen. Chemical evidence, however, was not altogether wanting. Investigations had been commenced by him, in conjunction with Dr. Miller, which as yet were not complete, or he would have alluded to them in his paper. Portions of fatty kidney and liver had been digested in ether, and the result at present was, that the liver contained rather more than one-sixth part of fat, and the kidney quite one-sixth. When the analysis was completed, he had no doubt but that the proportion of fat would be found much higher.

With respect to Dr. Copland's statement, that the plan of treatment which he had recommended was essentially the same as that which is generally adopted, he (Dr. Johnson) believed that there was at least one feature which had not been pointed out hitherto—and that, too, one of importance—namely, the necessity of avoiding all fatty articles of diet.

Mr. Toynbee had paid considerable attention to the pathology of this disease for the last four years, in the course of which he had injected and examined between seventy and eighty kidneys. He complimented the author of the paper on the exceeding care he had bestowed in its preparation, and fully agreed with him that in the examination of fat under the microscope, it was impossible to mistake it for albumen. In the investigations which he had carried on, he had paid particular attention to the state of the arterial, venous, and tubular vessels, which he had minutely injected. In this respect the author's paper was very deficient; in fact, no notice whatever was taken of them. He (Mr. Toynbee) had found in the more advanced, and even in the earlier, stages of the disease, that the bloodvessels were affected; in fact, the plexus of vessels, in the Malpighian corpuscles, were much enlarged, and so were also the tubuli. Another point which had not been attended to by Dr. Johnson, was the state of the parenchyma of the kidney. Too much attention, he thought, had been given to the lining membrane and the epithelial cells, and too little to the true parenchyma, which consisted of corpuscles or cells, which became much enlarged in this disease.

Mr. Simon made some remarks on the difficulty experienced in injecting the kidney, in Bright's disease, in consequence of the nearly impervious condition of the vessels. He then referred to the observations which had fallen from Dr. Copland, with respect to the treatment advocated by Dr. Johnson. Supposing even it were the case that the latter had not recommended anything new, still the profession were indebted to him for having given the *rationale* of the treatment. But Dr. Copland's observations were not correct, for in the Dictionary of Practical Medicine, he (Dr. Copland) had mentioned hydragogue cathartics, mercury, and venesection, as having been employed by some practitioners in the treatment of this disease.

Dr. Copland explained that the plan of treatment which he pursued consisted in improving the tone of the digestive organs, small cuppings early in the disease, and the exhibition of chalybeates. He had derived great advantage from the use of the muriated tincture of iron, combined with the tincture of lytta, or other stimulant. He could not explain, by Dr. Johnson's theory, the occurrence of these acute cases of albuminuria which are occasionally met with in practice. The sudden irruption of this malady could hardly be regarded as connected with the deposition of fat in the kidney.

Dr. Budd remarked that Mr. Busk had recently exhibited to him some drawings of Bright's disease of the kidney, shewing the presence of fat in the epithelial cells, which fully confirmed the views entertained by Dr. Johnson.

Dr. Todd thought that if Dr. Copland would weigh well the plan of treatment of which he had spoken, he would change its order. He commenced, it appeared, by small cuppings on the loins in the first stage of the disease, when the abstraction of blood could only do harm. Such a proceeding was only adapted for the more advanced stage where the deposition of fat had occurred, and the organ was in a state of congestion.

Dr. C. J. B. Williams had not had an opportunity of hearing the paper read; but he thought he had gathered sufficient from the different speakers to enable him to make out the principal points insisted on by Dr. Johnson. He understood that one of these was the entire omission of the abstraction of blood in the treatment of the early stages of the disease. He himself knew of nothing so efficacious as cautious depletion. It was best applied, and most successful, in acute cases. He had recorded from twenty to thirty cases of albuminuria occurring as an acute disease, independent of scarlatina, which yielded to cautious depletion, such as cupping on the loins, and the employment of hydrogogue cathartics, together with remedies calculated to improve the general health. He had not been able to effect any alteration in the state of the urine until he had recourse to this practice, and he thought that the tenderness and congested condition of the organ loudly called for the cautious abstraction of blood. It was far otherwise in chronic cases, in which the injury to the system from the loss of blood would do more harm than the local effect would do good. He (Dr. C. J. B. Williams) held the same opinion as Mr. Toynbee, that the principal attention should be paid to the state of the parenchyma of the organ, and was inclined to regard the deposition of fat in the cells rather a secondary effect, than as the *fons et origo malorum*. There were certain states of the kidney resembling this disease in some respects, in which there was diminution of the urine, with albumen present in the secretion; but the difficulty was, that the quantity of water as well as of the salts was diminished. In these cases, instead of granular degeneration, there were uniform enlargement and induration of the organ. In this case the organ did not abound in fatty, but in granular matter; the cells constituting the parenchyma were greatly increased in number, and contained granules; which have also been discovered by Dr. Quain in the tubuli.

Dr. Golding Bird, although ready to acknowledge the ingenuity and industry of Dr. Johnson, as shewn in carrying on his investigations, could no regard his theory as fully explaining all the phenomena of the disease under consideration. He would, however, in consequence of the lateness of the hour, only allude to one or two points in which he deemed it inadequate. Dr. Johnson had drawn attention to a presumed similarity in the condition of the fatty degeneration of the liver and the state of the kidney in this disease, the fact being, that, in the former case the secretion of bile is carried on tolerably well, the state of the organ being taken into consideration, and there is no indication of the bile being retained in the blood—in fact, jaundice is not a necessary concomitant of the fatty liver, while in the granular degeneration of the kidney, in which Dr. Johnson considers there is an abnormal deposit of fat in the organ, the ordinary elements of its secretion are retained in the system, and give rise to symptoms of poisoning, whilst the urine contains albumen and other elements of the blood. So that if Dr. Johnson's views are correct, it follows that different effects are produced by fatty degeneration of the kidney to those which are induced by a similar state of the liver. One other fact was, in his opinion, also opposed to the belief that the disease was induced by the mechanical pressure of the deposition of fat on the vascular plexuses—and that was the very free diuresis which occasionally occurs in the latter stages of the disease.

Dr. Watson highly complimented Dr. Johnson for the accuracy and care with which he had drawn up his paper, after which the society adjourned.

Royal Medico-Botanical Society. Nov. 13, 1845. Dr. Cooke, Professor of Toxicology, in the chair.

A communication by Dr. Houlton on the cactus opuntia of Linnæus, the Indian fig or prickly pear, was read. It belongs to the class icosandria, order monogynia, of Linnæus; natural order, cacti. Of this species there are a great number of varieties; they have a very remarkable appearance, especially in the peculiar form of their articulations, which resemble fleshy leaves implanted one upon the other, and thickly beset with very sharp spines; it grows to the height of from six to eight feet, and when old has a short thick woody trunk.

It is found in South America, on the coast of Barbary, in Italy, and very abundantly in Spain, where it is employed in the formation of hedges. It bears a fruit which is eaten by the peasantry in that country, but is not considered worthy of a place in a dessert. It renders the urine of those who eat it red, though it does not appear to have any injurious properties. It is supposed to exert an anodyne and cooling action on the system.

Specimens of the fruit were exhibited by Dr. Houlton. Their section presented a pulp of a light red colour, freely interspersed with oval-shaped seeds. Its taste was slightly acid and refrigerant

Mr. Rodgers, the professor of chemistry, then delivered a lecture on the effects of the atmospheric pressure on the body in health and disease, which he illustrated by a series of experiments.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.—Third Sessional Meeting, November 6th; Dr. Budd, President, in the chair.

Mr. Henry Smith read a paper on Apoplexy. He enumerated three forms of apoplexy—congestive, hemorrhagic, and serous—and pointed out the symptoms of each. Post mortem examinations have, however, taught us that the severity of the symptoms bears no accurate relation to the amount of cerebral lesion. In a great number of cases of hemorrhagic apoplexy the arteries of the brain have been found brittle from osseous and other deposits, and the disease is most frequent at that period of life when there is almost always this abnormal condition of the arterial system. This, then, the author considers the great predisposing cause of hemorrhagic apoplexy; hypertrophy of the heart, or an impediment to the return of blood from the head (as a tumour), are other predisposing causes. The immediate cause of the rupture of the cerebral vessel is anything which sends an undue quantity of blood to the head—as exposure of the surface to cold, violent exertion, mental emotion, forced respiratory acts—all, or any, of these causes, producing rupture in cases where the arteries are diseased, will, in cases where they are tolerably healthy, produce congestive apoplexy. He mentioned the connection frequently found between hemorrhagic apoplexy and red softening of the brain, agreeing with M. Rochoux that this morbid change is not a cause of the hemorrhage, but a consequence of the inflammation excited around by the clot. In speaking of the treatment he pointed out the danger of indiscriminate bleeding; it is applicable in only a few cases of apoplexy, especially congestive; purgatives, as croton oil, are the best remedies. He read several cases in proof of these positions.

Mr. Stevens, Mr. Nunn, and Mr. Gill asked some questions, which elicited further explanations on several points from the author.

Mr. Dyer remarked, in proof of the author's opinion of red softening being an ulterior effect, and not a cause, of cerebral hemorrhage, that it is never found in cases where the patient has died very soon after the attack, but often in cases where death has not ensued for several days.

Mr. Chitty objected to the considering cardiac hypertrophy a cause of apoplexy; since it is always a secondary result of, and a compensation for, some obstruction of the circulation, and therefore cannot cause the blood to circulate with undue force.

Mr. Reid remarked, that disruption of the cerebral fibres, and compression, have been particularised by the author as immediate causes of death in apoplexy, but there is another frequent cause of death, namely, the shock; this cause can only operate at the time of the attack. He suggested, in cases of death from this cause, the use of artificial respiration, to keep the blood circulating and aërated, until the shock might be recovered from.

The President, in conclusion, said, that a chapter in pathology is yet wanting on the diseases of the arteries and their ulterior effects. It appears to him that ossific and other deposits in the coats of the blood vessels is *the* disease of old age, and the cause of senile decay and death; it must interfere with nutrition, we see it producing gangrene, and here apoplexy. He had read an account of the dissection of Old Parr, and his vessels were not ossified; no doubt persons who live and enjoy good health to very advanced years, are those who escape the ossification of the arteries usual in old age.

A NEW MOTIVE POWER.—A Mr. Talbot has taken out a patent for a new power, based on the condensation of carbonic acid gas. By chemical means and great pressure, the carbonic acid is brought down to a temperature below the freezing point. Heat is then applied, when its expansive power, Mr. Talbot avers, exceeds that of steam, while the great weight of the furnace, &c., is dispensed with. Time will show.

RETROVERSION OF THE UNIMPREGNATED UTERUS.

To the Editor of the Medical Times.

SIR,—It sometimes happens, that the numbers of the MEDICAL TIMES fall into arrear in my reading. Thus it occurred that I did not see the number for October the 18th until the other evening, where, to my great astonishment, I found one of my own cases reported in a lecture by Dr. Rigby from notes professedly furnished by Mr. Burmester, without my knowledge or concurrence, by which such inaccurate impressions would be conveyed to the mind of the reader, that I feel it my duty, in justice to myself and to Dr. Holt Yates, to request that you will publish a more correct narrative.

On Sunday, June the 14th, 1840, I was called, at 4, a.m., to Mrs. R——, aged 46, of No. 3, Great Montague-court, Little Britain. She was suffering severe pain in the lower part of the abdomen, and in the back; this was accompanied with other symptoms, which reminded me of strangulated hernia. On examination of the abdomen, I found a large *undefined* swelling above the symphysis pubis, *dull* on percussion, which, I supposed, might be a distended bladder. Fomentations were ordered, with an opiate mixture, which was afterwards combined with calomel and aperients.

4, p.m.—The symptoms had not been relieved although urine had passed, not drop by drop, as it usually passes from a distended bladder, but in small quantities passed at once.

10, p.m.—I passed the female catheter, and drew off about four ounces of urine. It was then I discovered a tumour protruding from the posterior part of the vagina, which, on further examination, I found was the retroverted uterus, which had fallen into the cellular tissue between the vagina and rectum, where it was impacted, completely shutting up the rectum so that nothing could pass. This I attempted to reduce, but ineffectually.

June 15.—A male catheter of elastic gum was passed into the bladder, and about four ounces of urine again drawn off. Thinking it possible that the bladder, as well as the uterus, might be doubled back on itself, and that there might be an upper chamber filled with urine, I introduced a male silver catheter, using it as a sound so as to touch the fundus of the bladder, in order to be quite certain that the bladder was emptied, and that its distension could not be the cause of the swelling above the pubes, nor of the retroversion of the uterus. After this, I attempted again to reduce the uterus by two fingers in the rectum in addition to two in the vagina, but these efforts were unsuccessful.

In the evening, having employed the same means with a like unsuccessful result, I thought it right to inform the friends of the patient, that, unless the position of the womb could be so altered as to allow of a passage through the bowels, the patient must certainly die. She was a very poor woman; but I represented that that need not preclude her from seeking other help than mine, for although she could not give a fee to a consulting physician, she could send, in the morning, to the Royal General Dispensary for one of the medical officers to attend, that I would meet him in order that there might be no chance of mistake as to the nature of the case, and then afterwards, in order to obviate any prejudice they might feel against dispensary attendance, I offered to continue my visits as before.

16.—In consequence of my advice the preceding evening, Dr. Holt Yates, who was then one of the physicians to the dispensary, met me at the house of the patient. After examination, he adopted my views as to the nature of the case, and attempted, with the hand in the vagina, to return the uterus, but the attempt, like those which had preceded it, was ineffectual. Dr. Yates suggested, that the abdominal swelling was due to an immense accumulation of fecal matters in the colon, by which the uterus was pressed down. Calomel, jalap, oleum ricini, and enemata were prescribed, with hyoscyamus instead of opium, to alleviate the pain.

17.—The enemata which were used the day before would not pass into the bowels, and were, therefore, useless. Having had a patient with stricture of the rectum whose life had been preserved, and his health and comfort restored, chiefly by the use of O'Bierne's rectum-tube, which had removed the hardened masses accumulated behind the stricture, I suggested to Dr. Yates that a similar treatment should be adopted in this case; and remembering also the extremely indurated condition which these fœcal matters retained for months in the colon will assume, we resolved to dissolve soft soap in hot water, in the proportion, I believe, of four ounces to the pint, to use as an injection. With some difficulty an elastic tube was passed through the rectum, and this mixture was injected by Mr. Burmester, who was then the resident pupil of Dr. Yates, and who accompanied him *only in this capacity*.

18.—We had the pleasure of finding the patient much relieved. The chamber-vessel was three-quarters filled with black and broken up fœcal matters which had passed during the night. Dr. Yates and myself agreed that it was of the utmost importance thoroughly to wash out the colon, and we requested that Mr. Burmester would himself continue to perform the operation, that it might be effectually done; and he accordingly repeated it three times during the day.

19.—A similar quantity of broken-up fœcal masses had passed with corresponding relief to the patient. Still masses of scybalæ could be felt through the parietes of the abdomen in the course of the colon. On account of the soreness induced by the frequent use of the instrument the injections were used less frequently, the urgent symptoms being relieved, although the uterus still remained retroverted.

From this time the patient continued to improve. The same treatment was persisted in, modified according to circumstances, until she was restored to health; the uterus, when the colon was emptied, spontaneously returning to its natural position.

October 30, 1845.—I visited Mrs. R., and learned that she had never since suffered from any return of her former symptoms.

The general conclusions to which we may come from a consideration of this case are:—

1. That retroversion of the uterus may be produced by a distended colon as well as by a distended bladder.

2. That the mode in which this accident endangers life is simply by its mechanical interference with the functions of the bladder or rectum.

3. That in such cases as that of Mrs. R. the *only* effectual remedy is to empty the colon; and the most efficient means to this end is the use of the elastic rectum-tube, which must be passed above the compressed portion of the rectum in order to convey a liquid of such quality as may dissolve the cohesion of the fœcal masses, and in such quantity as to render their expulsion possible through a very narrow passage.

The particular remarks, I would add, in reference to this case are:—

1. That the management rested solely with Dr. Holt Yates and myself, the responsibility chiefly devolving on the former.

2. That Mr. Burmester's merit (which I allow to be very considerable) was no more than that which belonged to a diligent and successful execution of the directions he received from his preceptor, Dr. Yates. I could never have thought of calling in Dr. Burmester, or of consulting with *him* (as would strangely appear from his notes), for until he came in company with Dr. Yates, whose resident-pupil he then was, I had no knowledge of the existence of such an individual, nor was he then a member of the College of Surgeons; nor am I aware that either Dr. Yates or myself thought it necessary to consult with Mr. Burmester at any subsequent period. Dr. Yates tells me that Dr. Rigby came in to see the case as one that was rare and curious, but not for the purpose of consultation, and until Dr. Yates recalled this circumstance to my memory I had forgotten it.

Dr. Holt Yates quite acquits Dr. Rigby and Mr. Burmester of any intention to misrepresent, as it is not their character. Dr. Yates supposes that his rough notes of the case, which were not drawn up for publication, might have been shown to Dr. Rigby to Mr. Burmester, and that Dr. Rigby may have imagined they were the notes of Mr. Burmester, and have used them accordingly.

I am, Sir, yours respectfully,

JOHN MANN, M.R.C.S.

63, Bartholomew-close, London,

[On this subject we have received the following note from Dr. Rigby, which we hope will prove satisfactory to Mr. Mann.]

Sir,—I really cannot see the justice of Mr. Mann's complaint against Mr. Burmester. By his own statement he gave up the case to Dr. Holt Yates and Mr. Burmester. It is so long ago, that I do not recollect having visited the patient myself, as Mr. Mann states; my impression is that I had only been casually consulted by Dr. Yates or Mr. Burmester.

On all occasions I should be most anxious to respect the rights and property of others as regards the publication of cases, but I cannot think that Mr. Mann has any claim to what he so confessedly gave up, and I regret that he should feel annoyed at Mr. Burmester about it, the more so as he has written courteously and kindly.

Perhaps you had better enclose this note to him, and if he still does not feel satisfied, I shall be happy to offer him any further explanation in my power.

Yours very truly,
EDWARD RIGBY.

23, New-street, Spring-gardens.
Nov. 4th, 1845.

THE UNIVERSITY OF EDINBURGH.

(To the Editor of the Medical Times.)

Sir,—As the most effectual mode of accomplishing the generous purpose of my worthy correspondent, Mr. Annan, have the goodness to give his accompanying communication a place in your columns.

Mr Annan is known to me, by reputation, as a highly respectable general practitioner, at Kinross, in the north of Scotland. I never had the pleasure of knowing him personally, but I remember him well, as a student at Edinburgh, my senior by a few years. He was considered by his associates as one of the most industrious and intelligent *alumni* of his day. Mr. Annan's anxiety to do justice to his noble-minded friends of the Free Church of Scotland, and his wish to defend his own theological tenets, do him great credit.

> "I venerate the man whose heart is warm,
> Whose hands are pure, whose doctrine and whose life,
> Coincident, exhibit lucid proof
> That he is honest in the sacred cause—
> To such I render more than mere respect."

But I forbear, here, to enter into any discussion on the question referred to. The day will, I trust, come, when I shall have an opportunity of doing so, *in propria persona*, with my respected professional brother, the worthy surgeon of Kinross.

I have the honour to be, &c.,
ROBT. LEWINS.

Tiverton, Nov. 16, 1845.

To Dr. Robert Lewins, Tiverton.

Respected Sir,—Permit me, as an old *alumnus* (1806—11) of the University of Edinburgh, to offer to you my sincere thanks for your able and triumphant vindication of our mutual *alma mater*. The first notice, in the *Medical Times*, of O. P. Q. on this subject, convinced me of the author; and though a personal friend, I had no feeling in common with him on the subject, although aware that in Edinburgh, as elsewhere, perfect purity of election did not always prevail.

The candour and impartiality you have shown in this matter leads me to trust that, had you the article in the *Times* to write over again, you would at least modify the passage referring to the "Free Church" Ministers, wherein they are stated to have "*resisted the law of the land.*"

Were the readers of the *Medical Times* principally on the north side of the Tweed, this remark might safely be left to be decided on the spot. But as the matter is the reverse, and Englishmen, most imperfectly, often entirely, ignorant of Scottish ecclesiastical history, are the judges referred to in this point, I sincerely think that the remark ought to have been otherwise made, if made at all.

I cannot suppose you ignorant of the gross violation of the national faith, in the passing, contrary to the "Act of Security," of the Act of Queen Anne, re-imposing patronage on Scotland—the fruits of which were, first, the secession betwixt 1733—38, of so ruinous a body, and latterly, of what is commonly called "the disruption" in the Established Church. Now with all deference, as this violation of national law had been only tacitly permitted, not submitted to, as legal, by no small portion of the establishment, surely the vindication of it, by the five hundred ministers of the church, to whom you have borne so honorable testimony, scarcely deserved the name of *resistance to the law of the land*,—which in any one of its points was, simply, an honest attempt to vindicate a formerly acknowledged statutory right. On this, however, I do not enlarge, leaving the matter to your candid consideration; and should occasion admit of it, to some *explanation*, at least in the quarter where your remark first appeared.

Residing out of Scotland you may not probably have seen some of the more recent vindications of the principles of the Free Church, and I therefore take the liberty of inclosing a Pastoral Address, which, I may remark, has recently been published along with other documents, as an "*authoritative exposition* of the principles of the Free Church." Had I a proper opportunity, with much pleasure would I have sent you a copy of the work. The little work is edited by Dr. Hetherington, of St. Andrews, and in the short but well-written preface is a brief compendium of the whole matter.

I remain, respected Sir, yours faithfully,
ROBT. ANNAN.

Kinross, October 27, 1845.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.—SECOND EXAMINATION.—PASS EXAMINATION.—1845.

Physiology: Examiner, Professor T. Rymer Jones; Monday, November 3; morning, 10 to 1.

1. What amount of refraction do the transparent media of the eye respectively cause in bringing the visual rays to a focus, and how are the effects of spherical aberration obviated? Explain how the eye becomes enabled to see objects at different distances, and give examples of special arrangements for this purpose met with in the eyes of birds and fishes.

2. Define the physiological differences between the motor, sensitive, and excito-motory nerves. Give a few examples of "reflex motor action."

3. Give an account of the blastoderm, or germinal membrane, in the ovum, and state the opinions of modern physiologists relative to the original formation of the animal tissues.

4. What is the intimate composition of the ganglionic system of nerves? State the distinctive properties of organic nervous matter. In what structures is its presence to be detected, and what are its functions in the animal economy?

5. Describe the minute structure of the fibre of voluntary muscle, and its condition, as shown by the microscope, when in the opposite states of contraction and relaxation.

6. Contrast the structure of the compound eyes of insects with that of the ocelli, or simple eyes, met with in the same animals; and state the uses to which these two forms of visual organs are individually adapted.

7. Compare the respiratory apparatus of a *fish* with that of a *bird* and of a *mammal*, for the purpose of illustrating the influence of respiration upon the animal functions.

General Pathology, General Therapeutics and Hygiene—Celsus de re Medica: Examiners, Dr. Billing and Dr. Tweedie; afternoon, 3 to 6.

1. Explain the occasional results of hyperæmia (excess of blood), and give examples of each.

2. Enumerate the principal remedies used as narcotics. Give the rules for their administration, and mention the circumstances which render their exhibition either doubtful or prejudicial.

3. Describe the effects of prolonged residence in a tropical climate on the European constitution. Sketch the hygienic precepts which are calculated to preserve health under such circumstances.

4. Translate the following passage into English:

Antè adversam autem valetudinem, ut suprà dixi quædam notæ oriuntur, quarum omnium commune est, aliter se corpus habere atque consuevit; neque in pejus tantùm, sed etiam in melius. Ergò si plenior aliquis, et speciosior, et coloratior factus est, suspecta habere bona sua debet: quæ, quia neque in eodem habitu subsistere, neque ultrà progredi possunt, ferè retrò, quasi ruinâ quâdam revolvuntur. Pejus tamen signum est, ubi aliquis contra consuetudinem emacuit, et colorem decoremque amisit: quoniam in his quæ superant, est quod morbus demat; in his quæ desunt, non est quod ipsum morbum ferat. Præter hæc protinùs timeri debet, si graviora membra sunt; si crebra ulcera oriuntur, si corpus supra consuetudinem incaluit; si gravior somnus pressit; si tumultuosa somnia fuerunt; si sæpiùs expergiscitur aliquis quàm assuevit, deindè iterùm soporatur; si corpus dormientis circa partes aliquas contra consuetudinem insudat, maximèque si circa pectus aut cervices, aut crura vel genua vel coxas. Item si marcet animus, si loqui et moveri piget, si corpus torpet; si dolor præcordiorum est, aut totius pectoris, aut, qui in plurimis evenit, capitis; si salivæ plenum est os, si oculi cum dolore vertuntur, si tempora adstricta sunt, si membra inhorrescunt, si spiritus gravior est; si circa frontem intentæ venæ moventur, si frequentes oscitationes; si genua quasi fatigata sunt, totumve corpus lassitudinem sentit. Ex quibus sæpè plura, nunquam non aliqua febrem antecedunt. In primis tamen illud considerandum est, num cui sæpiùs horum aliquid eveniat, neque ideò corporis ulla difficultas subsequatur. Sunt enim quædam proprietates hominum, sine quarum notitiâ, non facilè quicquam in futurum præsagiri potest. Facilè itaque securus est in his aliquis, quæ sæpè sine periculo evasit: ille sollicitari debet, cui hæc nova sunt; aut qui ista nunquam sine custodiâ sui tuta habuit.—CELSUS, *de Medicinâ*, lib. ii, cap. 2.

Surgery: Examiners, Mr. Bacot and Sir Stephen Hammick; Tuesday, November 4; Morning 10 to 1.

1. Give the symptoms, with the immediate and subsequent treatment, both locally and generally, of incised, contused, lacerated, and punctured, wounds of the scalp, in their mildest and also in in their most aggravated forms.

2. Describe the mode of amputating a right leg at the usual place below the knee. Detail the steps which are to be taken, from the placing of the patient on the operating table, till his return to bed. Give the subsequent management of the case, both locally and constitutionally, till the stump be cured.

3. What are the diseases of the testicle which require the operation of castration? Describe the method of performing that operation, with the after-treatment of the patient, under favourable and unfavourable symptoms.

Medicine: Examiners, Dr. Billing and Dr. Tweedie; Tuesday, November, 4; Afternoon, 3 to 6.

1. Give the rules for the administration of blood-letting in inflammatory diseases.

2. Describe the anatomical characters and diagnostic symptoms of cerebral softening.

3. Detail the symptoms and progress of inflammation of the cœcum.

4. Explain how pneumothorax may arise. Sketch its physical signs.

5. Contrast the general symptoms and progress of the eruption in small-pox and measles.

6. What diseases of the skin are included in the order squamæ? Enumerate the varieties of pityriasis.

Midwifery: Examiner, Dr. Rigby; Wednesday, November 5; morning, 10 to 1.

1. What are the symptoms, &c., during the last few days of pregnancy which would lead you to expect a natural or faulty presentation of the child?

2. What are the causes, diagnosis, and treatment of spurious pains?

3. Describe the condition of the os uteri just before labour, and the changes which it undergoes during labour.

4. Why is the child liable to be still-born in face and nates presentations?

5. Describe the last stage of labour, and your management of it.

6. What are the causes which will lead to insufficient or irregular contractions of the uterus after birth of the child?

7. Describe the points requiring your attention and treatment, as regarding mother and child,

during the first three days of the ordinary course of childbed.

Medical Jurisprudence: Examiners, Mr. Brande, Dr. Pereira, and Dr. Rigby; Wednesday, November 5; afternoon, 3 to 6.

1. Describe Marsh's and Reinsch's tests for the discovery of arsenic, and point out their respective merits and defects.

2. What are the distinctive effects of carbonic acid upon the system, where it is slowly generated, and largely diluted with common air (as by burning charcoal in a close room), as opposed to those where a person is suddenly immersed into it (as in descending into a vat or well in which the gas has previously accumulated)?

3. You are requested to enumerate the general characteristics of poisoning, as derived from symptoms, morbid appearances, and chemical analyses.

4. How would you distinguish poisoning by opium from apoplexy, and from intoxication by alcohol?

5. Enumerate those signs of pregnancy by which you can confidently declare on oath whether or not a patient be pregnant.

6. In the case of a dead child, what are the evidences of its having been alive during and after labour?

BRITISH AND FOREIGN BIBLOGRAPHY.

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GOSSIP.

Promotions.—Assistant-surgeons: W. Loney, of the Otter, and J. H. Patterson, of the Snake, to the rank of surgeons.

Appointments. — Assistant-surgeon D. H. Wright, M.D., to the Victory; Surgeon R. Guthrie, to the St. Vincent: Assistant-surgeon A. L. Enslie, to the Ocean, for the service of the ordinary at Sheerness; Surgeon T. D. Steel to the Frolic; Assistant-surgeons: A. Robertson to the St. Vincent; C. L. Lester (acting additional) to the Victory; G. W. Golden to the St. Vincent; Surgeon Rutherford to the China convict-ship; Assistant-surgeons: R. Sparrow and D. M'Bride to the Caledonia, for service at Plymouth Hospital; T. C. Millar to the Lizard; Dr. Main to the Poictiers; Thomas E. White, Esq., M.D., has been appointed assistant-surgeon to the 65th regiment.

War Office, November 14.—16th Foot: Edward John Kennedy, M.D., to be Assistant-Surgeon. 18th Foot: Joseph Hamilton Dwyer, A.B., to be Assistant-Surgeon, vice Fraser, who resigns.

Royal College of Surgeons. — Gentlemen admitted Members on Friday, November 14, 1845:—R. Babington, A. C. Tweedie, J. Walker, G. Foote, P. Jones, J. S. Hooper, S. W. Hurrell, A. V. Ward, D. J. Edwards, J. D. Kilner, H. B. Beck.

Apothecaries' Hall. — Gentlemen admitted Licentiates, on November 13th, 1845: — John Eddison, Gustavus Foote, Charles Howell Collins, James Smellie.

Ignorance.—A man lost his life, recently, by taking an overdose of colchicum. A boy, who assisted at the shop of Mr. Bartlett, general practitioner of Hatton-garden, sold the medicine to a little girl, but, as she asked him to give her good measure and a little drop over, he gave her six times the usual quantity for a penny. The following is a portion of his evidence at the coroner's inquest:—"He was in the habit of selling simple medicines. He did not know Latin. He knew that colchicum was a poison if taken in an overdose. The bottle was labelled 'Vin. S. Colch.,' which meant colchicum wine, though it was spelled wrong, for the *v* should have been a *w*. (Laughter.) Whoever wrote must have been a cockney. (Continued laughter.) He could not tell what the *s* in the label meant."

Liability of Surgeons to serve on Juries.—On Wednesday last, in the Secondaries'-Court, London, one of the jurymen claimed to be excused from serving, on the ground that he belonged to the Barbers' Company, and that, by an act Geo. II., "Barber-surgeons were exempt from serving on all assize inquisitions," &c. The Secondary said it did not exempt him from serving in the superior courts. The applicant said, that Chief-Justice Tindal had, in 1841, ruled the point in his favour, and ordered that his name should be struck out of the list. The Secondary said, a decision on an *ex parte* application before one judge was very different from a decision before several, after hearing arguments on both sides, and it had been held that those parties were liable to serve in the superior courts. He, therefore, could not excuse the applicant. The juror said, that the words appeared to him very distinct, and he should press the act upon the ward authorities.

A medical society has been established at Hong-Kong. Dr. Tucker has been elected president, Dr. Hobson secretary, and Dr. Young librarian.

Difficulty of Tying the Subclavian Artery.—Dr. Norris, in the *American Journal of Medical Science*, while alluding to the difficulties which attend the placing a ligature on the subclavian artery, enumerates several cases in which distinguished operators failed in securing the vessel. In a case at Guy's Hospital, Sir Astley Cooper attempted to tie the vessel above the clavicle. The aneurism was very large, and the clavicle thrust upwards by the tumour so as to make it impossible to pass a ligature under the artery without incurring the risk of including some of the nerves of the axillary plexus. The attempt was therefore abandoned. In a case of large aneurism of the right side, of four years' standing, which occurred to M. Dupuytren in 1819, he succeeded, as he believed, after one hour and forty-eight minutes, in placing a ligature around the subclavian from above the clavicle. Pulsation in the tumour continued after the operation, which M. Dupuytren stated to have been the most tedious, difficult, and painful that he had ever attempted, and after death, which occurred on the ninth day, the ligature was found knotted loosely on that portion of the fourth cervical, which afterwards becomes the external cutaneous or musculo-cutaneous nerve; the artery was not included in the ligature. In the case of a soldier, aged 27, with hemorrhage from the arm-pit resulting from a wound received in a duel, Pro. Lallemand attempted without success to place a ligature upon the subclavian from above the clavicle. The hemorrhage was arrested by ligature of the wounded vessel, and he lived till the following day. In a case of aneurism which occurred to Mr. Cusack, of Dublin, he attempted to place a ligature on the subclavian in its third stage, and in endeavouring to pass it the aneurism was penetrated. An alarming gush of blood followed, which was arrested by plugging up the wound: the man survived ten days, ultimately dying of hemorrhage.

MORTALITY TABLE,

For the week ending November 15, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	941	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	263	201	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	64	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	117	155	159
Diseases of the Lungs, and of the other Organs of Respiration	304	323	292
Diseases of the Heart and Blood-vessels . . .	41	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	53	68	71
Diseases of the Kidneys, &c.	8	6	6
Childbirth, Diseases of the Uterus, &c.	10	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	5	6	6
Diseases of the Skin, Cellular Tissues, &c.	4	1	1
Old Age	45	74	70
Violence, Privation, Cold, and Intemperance . .	24	27	26

No. 323. **SUMMARY.** Nov. 29.

CLINICAL LECTURES ON SURGERY. By M. F. LALLEMAND—
Cases: Stricture—Forcible Catheterism, followed by Six Abscesses on the External Side of the Thigh; Stricture—Abscess of the Prostate—Catheterism—Breaking of the Instrument in the Canal—Fragment coming away spontaneously—Cure 1 Accidental Hypospadias—Operation—Jaundice—Pain in the Right Hypochondrium—Vomiting—Removal of the Instrument—Disappearance of the Hepatic Symptoms—Introduction of a Bougie—Relapse—Death—Purulent Abscesses in the Liver; Stricture and Calculus in the Bladder—Large Incision—Severe Accident occasioned by the Presence of the Catbeter . . . 183

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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hopitaux, Membre de la Société des Medicins Etrangers, &c., &c.

I have not spoken about forcible attempts at catheterism because I never have recourse to it, and consider it a barbarous measure, and altogether unworthy of modern surgery; for, independently of the false passages to which it almost inevitably exposes the patient, it produces severe inflammation, abscesses, urinary infiltration, &c., even when the operator is successful in passing the instrument into the bladder through the different obstacles, a success which is very uncommon, besides being very dearly purchased. The following case furnishes an example:—

CASE—*Stricture; Forcible Catheterism, followed by six abscesses on the external side of the thigh.*

M. C., fifty years of age, of a nervous temperament, felt, about eighteen years ago, a difficulty in emission of urine, after having had several attacks of blenorrhagia: his medical attendant recommended the introduction of gum-elastic bougies, which he used for eleven years, but in the year 1818 he experienced a complete retention of urine, and no longer received relief by this means. Several surgeons in vain attempted to relieve him, and it was only after the expiration of forty-eight hours, by the application of leeches, with repeated fomentations, baths, and enemata, that the passage of urine was at length effected. From that period the emission of urine increased in difficulty. In 1823 forcible catheterism was had recourse to, and the instrument was allowed to remain in the bladder for twenty-four hours; excruciating pain followed. A gum-elastic cathcter was then introduced in place of the metallic instrument, and on the third day acute pain was felt in the left buttock, for which leeches were applied. On the fifth day there was manifest fluctuation; the abscess was opened and gave an outlet to a considerable quantity of pus. During the following four months, five other abscesses formed; they were attended with severe fever, and the life of the patient was frequently exposed.

One year after these accidents, another surgeon, having explored the canal, ascertained the presence of a stricture, which he cauterised twelve different times with Ducamp's instrument; he then arrived at a second stricture, which he cautcrised ten times without effecting any change in the stream of urine; some time after these abortive measures M. C. came to consult me. The canal was very painful, and on slight irritation bled; the catheter produced spasm, and even retention of urine; as soon as it was withdrawn the canal again became narrowed. However, the patient was able to wear a *sonde à demeure* without producing mischief, and in eight days time No. 11 was introduced.

To avoid making false passages we should be very slow and take every necessary precaution in passing the catheter. M. Mayor recommends the use of large instruments when the stricture is very old and resisting, and states that in such cases forcible catheterism may be used. But, in order to refute this evil practice, we have only to bear in mind that strictures are more or less indurated, and are even sometimes of a cartilaginous consistence and deprived of all elasticity, and consequently are inextensible; whilst the surrounding parts, being more or less altered, fungoid or softened, are easily torn and produce the most serious mischief. Large instruments should only be used where there is no organised stricture, as in cases of retention of urine caused by accidental spasm of the canal, or an inflammatory swelling of the prostate gland, &c., or when the bladder is paralysed in consequence of affections of the brain or spinal cord; in a word, in all cases where stricture, properly speaking, *does not exist in any one part* of the canal. When this instrument has reached the bladder it should never be introduced far into the viscus, particularly if it is to be worn, for it induces a spasmodic action of the muscular fibres, and the pressure which the point of the instrument must make on the opposed side of the bladder, produces irritation, inflammation, &c., and if its action be prolonged it may bring on all the consequences resulting from irritation, which I have enumerated on a former occasion.

CASE.—*Stricture; Abscess of the Prostate; Catheterism; Breaking of the Sound in the Canal; Fragment coming away Spontaneously; Cure.*

M. P., of robust constitution, had several attacks of blenorrhagia, which brought on a stricture and a feeling of weight in the region of the prostate; to get rid of a mucous discharge which he laboured under, he took a large dose of Chopart's mixture, which induced dysuria, followed by complete retention, at the same time an attack of inflammation of the prostate came on; about an inch from the meatus, I discovered a stricture, which was so narrow that it required the use of the smallest instrument; on passsing this towards the bladder, it became obstructed at the prostatic part, and on introducing the finger in *ano* to assist its passage, and to impart a more rapid curve to the sound, it broke off, and the fragment remained behind the stricture; immediately afterwards a large quantity of pus came away by the urethra, which gave great relief, and the feeling of weight complained of by the patient between the bladder and rectum ceased; shortly afterwards he could make water with ease. This sudden discharge of pus induced me to believe that either the pressure of the finger, or the extremity of the sound, had caused the bursting of a prostatic abscess. On the following night, when the patient was passing urine, he heard a metallic body fall into the utensil, and found out to his great surprise that it was the broken fragment of sound. A gum-elastic catheter was now passed on to the bladder, and was replaced by others, gradually increasing their calibre, so that they not only dilated the canal, but compressed the walls of the abscess in the prostate, and prevented the passage of urine into the cyst; shortly afterwards, cauterisation of the prostatic surface freed the patient from the discharge. His recovery was as complete as it was rapid; he had no further inconvenience.

Generally speaking, metallic instruments are preferable to gum-elastic ones in primary attempts at catheterism; they pass more easily, are less flexible, and may be guided according to the wish of the operator. Their rigidity inconveniences the patient, but they have the great advantage of placing all the openings of the strictures in the axis of the canal. If the stricture be very narrow, a small straight gum-elastic bougie should be used, with its iron wire, and when it has once passed the obstacle the wire may be withdrawn, so as to accommodate the instrument to the curve of the urethra, which is effected by raising the penis to the abdomen.

Dilatation.—Whatever may be the form, nature, or dimensions of the instrument which has been introduced for the first time into the bladder, it should be worn for seven or eight hours, or even for a whole day, to open the passage. If a metallic instrument has been used it should be followed by a gum-elastic one of about the same size, on account of the greater difficulty of its introduction. The stricture being thus compressed, it induces absorption, and, after being worn seven or eight hours, a larger instrument may be easily introduced; but, before withdrawing it, we should be assured that it may be moved about in the canal without inconvenience, and if it does not admit of this movement, it should not be withdrawn for a longer period. By observing these precautions we can generally, in the space of three or four days, introduce into the canal the largest instrument that it will admit, and each attempt at catheterism becomes easier, and less painful.

The sound when introduced into the canal acts in two ways—*mechanically*, as a foreign body, which distends the constricted part, and produces absorption—*vitally*, as an excitant. Independently of its purely mechanical action, the eccentric pressure, which is effected by the sound on the induration, facilitates the process of resolution by rousing the work of absorption in the disordered tissues. When the instrument can be freely moved there can be no advantage gained by allowing it to remain in the canal; it should be changed for a larger one, which considerably accelerates the progress towards cure. When the surgeon deems it necessary to discontinue the further use of instruments the emission of urine is sometimes painful, and the neck of the bladder painfully contracts during the expulsion of the last drops of urine. The remedial action of a bath will cause a cessation of these troublesome symptoms. On other occasions we observe a slight mucous discharge, which is produced by the excitement of the canal and of the prostate gland, but it very soon disappears.

The jet of urine is not always in proportion with the last bougie which has been used; sometimes it is small, twisted, and bifurcated, and is often smaller than before the process of dilatation; but even when the patient dreads an attack of retention, we should be guarded in having recourse to catheterism. This fresh difficulty in micturition is owing to the swollen state of the parts in the neighbourhood of the stricture, which is caused by the irritating action of the instrument. The *mobility* of the sound indicates the time at which it should be changed more than the period that it has remained in the passage, but we must be much regulated by the temperament, the nervous irritability, and general state of the patient's health.

CASE—*Accidental Hypospadias; Operation; Jaundice; Pain in the right Hypochondrium; Vomiting; Removal of the Instrument; Disappearance of the Hepatic Symptoms; Re-introduction of a*

Catheter; Relapse; Death; Purulent Abscesses in the Liver.

A soldier in the 2nd regiment, named Bodier, twenty-two years of age, of a good constitution, came to the hospital of Saint Eloi, on the 19th of November, 1827, for an accidental hypospadias, which was the result of a syphilitic ulceration, and was situated at the frænum preputii: he was operated on, and a catheter was introduced; on the 25th he felt acute pain in the right hypochondrium, nausea, frequent bilious vomitings, the face and conjunctiva presented an icteric tint; skin hot and dry; pulse small; obstinate constipation; expression of countenance much altered. The sound was withdrawn, and venesection and leeches to the region of the liver, with emollient poultices, sinapisms to the thighs, and anodyne julep, were ordered. These symptoms soon gave way, and desirous to obtain a rapid cicatrisation of the lips of the wound, which were disunited by the passage of the urine, I again introduced a catheter into the bladder: soon afterwards symptoms of hepatitis again appeared; nausea; vomiting of inspissated bile; hippocratic countenance, icteric tint; small pulse; right hypochondrium excessively painful on the slightest touch; irregular rigors; twenty leeches to the right hypochondrium; emollient fomentations and enemata.

13.—Symptoms become exasperated: skin hot and dry; countenance altered; pulse small, quick, and weak; tongue retracted and dry; voice almost extinct; acute pain in the right knee, also in the tibio-tarsal articulations of both extremities. (Emeties, sedative liniments on the articulations, emollient fomentations, citric acid.)

14.—Symptoms increased: articular pain of the right knee increased by effusion. Death at seven in the evening.

Post-Mortem—Cranium.—Nothing to remark.

Thorax.—Lungs and heart healthy; the right lung is considerably pushed upwards by the liver.

Abdomen.—The liver is very large, and presents on its superior surface several yellowish spots; on dividing them, we came down on several abscesses, which were surrounded by a congested areola much softened. The urethra is red and injected. There was a purulent collection in the right knee-joint, also in the left sterno-clavicular articulation: nothing remarkable in the other articulations.

This case is remarkable from the coincidence which existed between the introduction of the sound and the development of the hepatic symptoms, which reappeared from the effects of a re-introduction of the instrument, and were moreover attended with arthritis in several articulations.

CASE—*Stricture and Calculus in the Bladder; Large Incision; Severe Accident occasioned by the presence of the Catheter.*

Lafreté, a confectioner, forty-three years of age, came to the hospital of Saint Eloi, in the year 1825, in consequence of an attack of ischuria, which came on after blenorrhagia. The existence of three strictures was ascertained, which were treated by cauterisation, and the patient left the hospital. Little change occurred in his condition for seven or eight months; at the end of this time his symptoms gradually grew worse; an involuntary discharge of urine came on, which again induced him to come to the hospital. On examining the canal, I found two strictures, the latter of which I could not pass through; it was very indurated: the urine was turbid, purulent, and glairy, and acute pain was felt at the neck of the bladder. Having cauterised the stricture three different times, I passed the instrument through the last stricture on the 9th of January, and ascertained the presence of a stone in the urethra; it obstructed the passage, and I could not get the instrument further. I now passed a large catheter down to the calculus, and made an external incision towards the bulb of the urethra, I now introduced my finger into the wound, and found that the stone was much larger than I had imagined; the wound was enlarged, and the stone was grasped with a dressing forceps, and removed after several attempts; a second calculus, which was situated behind and below this one, was afterwards removed; the finger being now introduced I found another calculus lodged in the prostate, with its summit only projecting; the incision was prolonged backwards, and the stone was extracted. The wound progressed rapidly towards cicatrisation, when suddenly on the 28th, the patient who heretofore had suffered no inconvenience from the presence of the instrument, felt acute pain in the canal, about the situation of the scrotum; the catheter was withdrawn, and antiphlogistics used. Notwithstanding these measures an abscess appeared at the union of the penis with the scrotum, it was opened, and a fistula formed at this point.

18.—The *sonde à demeure* was introduced; its presence produced no inconvenience for some days, but though every precaution was used to fix it, a severe attack of peritonitis came on; from its first symptom the instrument was withdrawn.

March 1.—Peritonitis yielded to an antiphlogistic treatment; the urine is entirely voided by the wound made during the operation, and by the new fistula. On exploring the canal, I found that the strictures were reproduced; a catheter was left in the bladder.

From this time the wound made for the extraction of the calculi rapidly cicatrised; the strictures were cauterised every two or three days; the catheter was worn as long as the patient could wear it, and was removed the moment it produced a feeling of uneasiness, to be again introduced when the symptoms had disappeared.

June 20.—There was only the fistulous opening, resulting from the abscess; the patient had become quite strong, and the fistula has partly healed.

This case is not solely remarkable in consequence of the three large calculi which were found behind the last stricture, and the extraordinary dilatation of the canal and prostate gland, but the rapidity with which such severe and different attacks of illness were induced from the presence of the instrument.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D.; Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education.

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

IV.

MANIA WITHOUT DELIRIUM (PINEL); HOMICIDAL MANIA (ESQUIROL); PROPENSITY IN THE INSANE TO DESTROY—TO KILL; DESTRUCTIVE MANIA.

We may readily conceive that the insane, as well as persons sound in mind, may be seized with the mania of killing, of which we have just given such striking examples in persons in full possession of their freedom of actions, and living in society; in the insane, this instinct of ferocity is a mere accidental complication; while in those who enjoy the use of reason, it is an infirmity, a terrible, and profound disease, co-existing with the integrity of the intellectual powers. We have, therefore, drawn a distinction between these two affections, although their cause either in the insane or in the sound of mind be the same, namely, a perversion, more or less complete, of the affective faculties.

We have, therefore, to look amongst the insane, for examples of this destructive mania, which, though differing from the first, has never been regarded as matter of criminality, and, on which no doubt, in this respect, has ever been raised. Almost all the instances of homicidal mania narrated by authors, are characterised by a fixed and exclusive delirium, which becomes developed in a mind already enfeebled by a long enduring state of insanity; these persons are deceived by their own false conceptions, by hallucinations, by illusions, or a dominant idea, which leads them on to kill, after they have reasoned and premeditated on the homicide they are about to commit, but reasoning always through a more or less extensive series of false judgments.

This disposition in the insane, especially in the beginning of the disease, to kill and destroy, has been fully proved by Esquirol. The impulse is far more frequent than medical men imagine; and those in whom it shews itself are most frequently persons who, previously to their mental derangement, had been remarkable for the purity of their morals, and the mildness of their disposition, but who are now tormented with ideas the most sanguinary. These ideas do not arise out of feelings of hatred or anger, as is the case with furious maniacs; but evil inspirations, spontaneous, evanescent, and foreign to the patient's delirium, and which he is careful not to avow until he becomes perfectly restored to reason. A judge, who had been cured of an attack of mania, acknowledged to Esquirol, that he could never more preside in a criminal court, on account of the extraordinary impulses to commit murder he had felt during his illness. Another judge, under similar circumstances, made to him a similar avowal.

We now proceed to give a few examples of this destructive mania. A lady, who had always been remarkable for a haughty, ungovernable, and evil disposition, began to show symptoms of insanity, for which she was placed in an asylum in 1836; four months after, her state was one characterised by all the transports of the most furious extravagance, tearing, breaking everything within her reach, and endeavouring to kill the persons who came near her. She became calm after a few months, but her propensities continued the same, and she was taken home to her mother's, in the hope that the attentions and the sight of persons of her family might change her cruel instinct. The first few days passed over quietly, but she soon became an object of terror to her neighbours and relatives; she cried out incessantly that she must kill her mother and her attendants, that the human race must perish, the earth must be inundated with blood. If, in a brief moment of calm, any attempt was made to make her sensible of the horror of her mania, she answered with energy, raising her hand to her forehead, "that her head, such as it was, could not be changed—that such was her organisation. That no cell, nor strong chain, nor shower-bath could influence her will—that she was quite satisfied to be what she was." All the symptoms became more intense, and required more active surveillance, at the approach of the menstrual period.

We see in this case a natural instinct of cruelty, of which the patient is fully conscious, and by which she is governed, and which becomes exalted with the action of other parts of the brain, and impels her to murder; and after the paroxysm, the chronic delirium resumes its usual course.

A vine-dresser, aged thirty-five, was brought to Charenton after several attacks of mania, and some attempts at suicide. On his admission terror was painted on his countenance; he was sombre and silent. All at once he fancied the persons about him were enemies, his countenance became flushed, he then struck his neighbour with a night vase, fell upon him, and would have killed him but for timely succour. This patient made several other attempts at murder on the attendants. In the interval of the paroxysms he used to give an account of his evil impulses, the violence of which was always proportionate to the intensity of the maniacal delirium.

A captain of infantry, of strong constitution, mild manners, regular conduct, and affable towards his inferiors, became melancholy from disappointed affection. A few weeks later, he was attacked with furious delirium—he struck the physician of the military hospital to which he was first sent. Six months passed away without any change in his condition. He was then sent to Charenton; he was agitated, imagined himself to be endowed with prodigious strength—that he was Achilles—that he could impart strength and courage to others by breathing on them. A few days after, he got up from bed in the night, crying out, "This is the day of vengeance," and inflicted three blows, with a pewter pot, on the head of the attendant, who died of his wounds three days after. From that moment the sanguinary furor assumed increased violence—"he had killed twenty millions of men"—he begged Esquirol to come near to him that he might cut off his head—he then gave way to the most savage cries, trying to bite and tear everything or person within reach. This homicidal instinct continued active for several months, in spite of the extreme weakness of the patient, who died of chronic

pneumonia. We shall not dwell longer on this perversion of the affective faculties in the insane; its characteristics are the same as those of the homicidal instinct unaccompanied by intellectual lesion. But in the same way, as certain insane persons commit suicide by mistake, while the voluntary suicide is calculated and considered, so, in like manner, are there homicidal impulses which progress and become exalted by the delirium of the intelligence, and as observation has shown that similar perversions occur in persons of the soundest sense, perversions impelling them to kill those very persons for whom, before their illness, they cherished the warmest affection, these, then, are diseases of the instinct and affections totally different from diseases of the intellect, giving rise to their own peculiar symptoms in persons of sound mind, as well as in the insane.

V.

INCENDIARY MANIA.

The instinct of destruction, of which we have just seen man make so deplorable a use against himself and his fellow-creatures, may be concentrated on other objects, and become a dominant mania. He no longer wars against himself, his fury is directed against the places and houses he dwells in, devoting them to destruction by fire. This unhappy mania has recurred so frequently, and with even such a well-marked character of epidemic imitation, that Marc, in his "Annales d'Hygiene, makes it the subject of a special treatise; it forms another of those perversions of the brain, which we have thought it not right to pass over in silence.

The young woman Choleau was arraigned at the assizes of the Seine as one of an incendiary band which spread desolation throughout several departments in 1830. Being seventeen years old, an orphan, and seven or eight months gone with child, she protested, with an accent of sincerity, that, in two instances, she had set fire from instinct, or irresistible impulse, prompted by suggestions to which she became subject by her state of pregnancy, by the narratives and scenes of incendiarism that occurred the neighbourhood, spreading terror amongst the in population, and exciting her diseased brain.

A cart-builder's apprentice, aged eighteen, living in the country, raised fires sixteen times in the space of four months. He always carried about him a piece of sponge and thread covered with sulphur; and although he had no money, he would not steal anything during the conflagration he had raised. He was not prompted by any feeling of hatred or revenge; but the brilliancy of the flames, the ringing of the church bells, the cries of distress and confusion of the population, inspired him with the most lively joy—his whole frame seemed to be agitated with a tremors of delight.

A servant girl, aged fifteen, and suffering from nostalgia, set fire to her master's house, that she might quit the service. She declared, from the very moment she went to live in the house, that she was continually goaded by the desire to set fire to the house, and that it seemed to her that some shade was prompting her to commit this bad action.

Henke relates that a female servant returning from a dance, in which she had been greatly heated, was all at once seized with an impulse to raise fire; for three days she endured the greatest distress of mind, the most cruel irresolution; at last she could resist it no longer, and she declared that the sight of the flames gave her the most lively feeling of delight.

Marc concludes from the facts he had an opportunity of observing, that there is a variety of monomania without delirium, characterised by an instinctive impulse to fire-raising. He then goes into the reasons of the greater frequency of this mania in Germany than in France, more especially in very young females; he imagines that the mode of living, together with the efforts of puberty, renders nervous affections more strange and profound in the females of that country. He is quite welcome to this opinion.

Persons naturally dull and simple may be employed as instruments by malefactors in the accomplishment of their evil designs. Weak persons of this kind may be led away to commit a crime by a pittance, a morsel of bread, or even by a jest. In such cases they are not incendiaries without reflection. In other instances they yield to false ideas, delirious conceptions; and of this we have a remarkable instance in the case of Jonathan Martin setting fire to York Minster.

When arraigned for the act before a jury at York, he appeared with a smile on his countenance, and chatted unconcernedly with the persons near him. He was asked, "Do you regret what you have done?" "Not at all—I would do it again. It was necessary to purify the Lord's house from unworthy ministers who had departed from the gospel." "But burning the cathedral was not the way to correct the ministers." "There you are mistaken; it would make them reflect; they would see it was the finger of God that guided my hand; the Lord proceeds by mysterious ways." In the course of the trial the Solicitor-General abandoned one of the counts of the indictment, that of having taken away the gold fringe that decorated the throne. "You did right," says Martin, "to abandon the accusation of theft; I stole nothing; but an angel of God having commanded me to set fire to the minster, it was necessary for me to be provided with proof to show that I alone had done the act." Martin evidently was an incendiary only in consequence of hallucinations and false conceptions.

In passing in review the principal points of this short *exposé*, we may assert:—

1. That in the commencement of an attack of insanity, many of the insane are disposed to incendiarism.

2. That certain persons, otherwise rational, but of feeble intellect, are also disposed to incendiarism, but from a sudden or chronic perversion, in which they find a real enjoyment. These propositions do not require demonstration; the facts establish them fully. Take the following cases:—An insane man, who imagines himself invested with celestial power, places himself on a pile of faggots, and sets fire to it, believing that at his command the flames will cease to ascend.

A woman, labouring under religious melancholy, sets fire to her bed, in order that she may die a martyr. Saved in sufficient time, she exhibits no disorder of the intellect, except the one of getting to heaven like the saints who had expired in flames.

A young girl, who at the age of four years, had several attacks of epilepsy, enters the service of a peasant at the age of seventeen; she hears voices that are continually telling her to set fire to the house, and then to destroy herself. She struggles for several days, and at last gives away to her impulse, and enjoys the sight of the flames. Some time after she sets fire to the house a second time, but she hastens to give an alarm, and tries to strangle herself. Her determination was not based on any motive whatsoever; it was, she said, the Devil that drove her to raise the fire in spite of herself.

All these cases bear a strong analogy to each other, and demonstrate that in the brain the instinct of destruction may be multiple, and assume different forms.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

RETROVERSION OF THE UNIMPREGNATED UTERUS.

(Continued from page 126.)

In the present report I propose to offer a few cases illustrative of that retroflected condition of the uterus, which I described in this journal of the 8th November.

Mrs. R., aged 27, married five years, mother of one child four years old, of rather diminutive stature, delicately formed.

August 6, 1845.—Complains of lancinating pains in the pelvic region, which are aggravated shortly before a catamenial period; pain on sitting down suddenly upon a hard seat, or during the passage of hardened fæces; pain in left groin; has rheumatic pains in her limbs; the extremities are always cold; stomach and bowels much deranged, with aching lassitude of limbs; palpitation of the heart on the slightest exercise; frontal headache; depressed spirits, &c. The abdomen is large and flabby; it is occasionally much distended; the evacuations are light-coloured and offensive; has had a slight degree of piles

She has great irregularity of the menses as to the time of their appearance, the quantity of the discharge, and the characters of it; for the last year she has suffered more at these periods than she has ever done before; latterly the discharge has commenced with clots, becoming brown and watery, followed by an albuminous leucorrhœa.

Exam. per Vaginam.—Os uteri soft, patent, looking very much forwards. A small solid tumour can be felt through the vagina behind the cervix, and somewhat to the left side. After some difficulty I passed the uterine sound; its point went backwards and downwards into the tumour, thus showing it to be the fundus. I gently raised it, partly by my finger per vaginam, and partly by the sound, and carried it forwards and upwards into the natural direction of the uterus. She complained of no tenderness of any part during examination.

Rather more than a year ago she consulted a French practitioner on account of leucorrhœa; he introduced the speculum, and stated that there was an ulceration of the os uteri, which he touched with nitrate of mercury; the application caused severe pain, and she miscarried shortly afterwards; he then ordered her to take a cold bath for twenty minutes at a time in the river Loire, on the banks of which she then resided; this brought on severe pain of abdomen and general derangement of health. She went to Paris to consult M. Marjolin, who pronounced the ulcer quite healed, and ordered her emollient injections, with decoction of bran.

States that she has felt remarkably better during the few days that she has been in England, and dates the improvement in most of her symptoms to some doses of calomel which her last medical attendant in France, an English practitioner, had ordered her, by which the state of her bowels has become more healthy.

R. Pil. hydrarg.; Extracti coloc. co.; Extr. hyoscyami āā ℈j. M. ft. pil. viii, quarum sumat. ij, h. s.

R. Sodæ potassio-tart. cochl. min. j—ij, o. m. ex aquâ.

R. Acidi nitrici dil.; Acidi hydrochlor. dil. āā ℥j; Tinct. hyosc. ℥ij; Syrupi aurant. ℥ss; Infus. gentianæ co. ℥vij. M. ft. mist. cujus sumat cochl. magna. ij, ter die.

Let her use tepid sponging, and active friction afterwards with the salt towel.

11.—In consequence of her feeling pain, with sense of weight, &c., in the pelvis, I feared that the uterus had returned to its former retrofleeted state, and therefore called in the evening, when she had retired early to rest, in order that I might rectify it at a time when she would be remaining still for several hours afterwards. On examination, I found that the uterine sound would not pass in the same direction as it did before, but that the posterior portion of the cervix was swollen, hard, and painful, and throbbing violently: the uterus, as far as I could ascertain with the finger, was in its natural position. Omittantur med. Applicantur hirud. viij, ori uteri.

13.—Leeches bled tolerably, with relief. Contin. med.

13.—Leeches bled tolerably well, and with relief. Rep. medic. She left town shortly after.

23.—(By letter.) Feels stronger, and for the last four days has had less pain in the lower part of abdomen; has discontinued the pills, finding that the saline is sufficient. Appetite better; less pain on sitting down; is able to walk with more ease; extremities still cold. Pergat. If there be any return of uterine congestion let her apply some leeches to the anus.

September 11.—(By letter.) Catamenia have appeared since last report; the discharge was more natural, and with less pain; it was also somewhat less in quantity; has left off the mixture and the saline, and has not been so well since. Abdomen feels full, and she had some of her old pains. Contin. pil. and mist. Omitt. Sodæ potassio-tartras.

R. Pulv. rhæi, Potass. sulph., āā ℈j; Mannæ opt. 3ij; Sp. myrist. 3ss; Aq. carui ℥iss. M. ft. haust. primo mane sumend.

October 3.—Is better in health; the catamenia

have appeared more easily; she has gained flesh, but the tongue is pale and the pulse weak.

Exam. per Vaginam.—No pain produced by the pressure of the finger on any of the parts within reach, excepting a tubercular nodule, like a very small pea, on the anterior part of the cervix, which is somewhat tender. The uterine sound passed easily, in the natural direction of the uterus, to the full extent which, in this patient, is somewhat beyond two and a-half inches.

R Ferri sulph., Quinæ disulph. āā gr. ij; Extr. lupuli gr. vj. M. ft. pil. ij. h. s. s. Rep. mist. et haustus rhæi.

I have selected this as my first case, being one of the simplest kind, where the uterine supporter was not required, the uterus having remained in its natural position, into which it had been replaced by means of the sound.

Two causes combined in this case to bring on the displacement, viz., an abortion, by which the uterus was left for a while larger and more flaccid than usual, and, secondly, the disposition to reflection thus induced was still further increased by a deranged and loaded state of the bowels. The full and fleshy abdomen, the hæmorrhoidal congestion, and very unhealthy evacuations, showed that the intestines pressed with more than ordinary weight on the uterus. The previous state of the os uteri, if not also the treatment, must have kept up much uterine irritation.

The relief she experienced by a few gentle doses of calomel, shortly before coming to England, and the unhealthy state of the bowels when I first saw her, clearly pointed out the course I had to take. And I attribute, in great measure, if not entirely, the favourable circumstance of the uterus not returning to its retroflected condition, after I had replaced it, to my having removed, by a course of gentle laxatives, the weight of a loaded intestinal canal, which had hitherto been pressing injuriously upon it.

As the little bead-like tubercle on the anterior portion of the cervix uteri produced little or no inconvenience, I deemed it prudent to abstain from using any application to it.

The early details of the following case will be found in my report of February 1st, 1845, under the initials E. G.; it was a long and severe case of inflammation of the left ovary, where the features of the disease had been peculiarly well marked; but where, in spite of active treatment, the relief had not been permanent, although well marked for a short time after the action of the remedies. On making a very careful examination last January to ascertain, if possible, what was the cause of this constant suffering connected with the left ovary, I discovered the presence of a tumour close behind, and somewhat to the left of, the cervix uteri, behind the vagina, but in front of the rectum. On dilating the os uteri gently, the point of the sound passed downwards and backwards into this tumour, showing that it was the retroflected fundus, which I raised upon the sound into its natural position; the replacement of the uterus was attended with a sense of relief, and I retained it *in situ* by Professor Simpson's supporter. It remained there without inconvenience for twenty-four hours, when the uterus slipped off during the evacuation of the bowels; it was replaced again and again, but with the same result, whenever the bowels were moved.

January 22.—The uterus has again slipped off the instrument when the bowels were relieved; it had remained *in situ* for twenty-four hours. I bent the supporter so as to give the uterus a stronger inclination forwards. She wore it now for several days without the slightest displacement, and, as it seemed to be firmly adjusted, she returned home to Greenwich.

October 28.—The instrument was retained without any inconvenience, when, unfortunately taking it into my head (during a severe fit of illness at the time) that she had kept it much longer than I had desired her, I sent her a peremptory note to return it. The displacement soon returned, and since this time it has fluctuated a good deal, being sometimes better and at others worse; but the menstrual periods have gradually become more severe. Having called upon me, I made an examination. The os uteri is looking slightly forwards, but I can feel no tumour like the fundus behind it as I used to do. As high up behind the cervix and body of the uterus as I can pass my finger *per vaginam*, I can feel a small movable nodule behind the vagina, which is painful. On passing the uterine sound, it goes up in the natural direction for two inches and a quarter, and then, on turning the point of the sound backwards, it passes still further, viz., to the extent of half an inch more, and now can be felt *within* the nodule above described, which disappears on turning the point forwards. It is, therefore evident that the point of retroflection is no longer at the lower, but is now at the upper, portion of the uterus.

In a few days I propose to replace the uterus upon a supporter, and hope that the successful result will make amends for the delay and trouble I unintentionally caused her.

I have introduced this case here merely for the purpose of pointing out the variations in degree to which retroflection is subject even in the same individual; when I first discovered its presence in this patient the fundus was as low down as the os uteri, whereas, in my last examination, it could only just be reached—a circumstance which, I hope, will prove in her favour when I apply the supporter.

I will give one more case where a single replacement has hitherto sufficed to remove the retroflection of the uterus. I regret I did not take notes of it at the time, but as it has recently occurred, the particulars are sufficiently impressed upon my recollection.

Mrs. B., aged about thirty, a widow, mother of two young children, of a very hysterical habit, has been suffering for some time past from leucorrhœa, and some indistinct symptoms, which seemed to be those of partial prolapsus. She complained of a pain and sense of bearing down about the pelvis, with lameness and debility of one leg. The bowels were much deranged and the urine very turbid. I gave her some medicine to improve the state of the bowels, and recommended cold sponging of the loins, &c. She left town for Tonbridge Wells, where the inability to walk increased, and, hoping that the bracing air of Brighton would relieve her, she proceeded thither. Her symptoms did not improve, and she was shortly afterwards seized with an attack of hysteric insensibility, accompanied with much nervous and vascular excitement, for which she was promptly and judiciously treated by an eminent practitioner of that place; her friends, becoming alarmed, sent for me. I found her still under a good deal of nervous excitement, and as she still complained of pain and bearing down about the pelvis, with inability to move the left leg, I requested an examination.

I found the os uteri low and somewhat forwards; it was large and slightly open; the lips were greatly swollen, and the cervix thicker than natural. Its position and general feel at the first touch gave me quite the impression of incipient malignant disease. Behind the os and cervix uteri was a hard painful tumour, like a large walnut; it did not seem to be very moveable by the finger; it was apparently connected with the uterus, and from the above mentioned condition of the os uteri, one might have been led to the conclusion that it was a large tubercular growth of malignant disease, projecting from the posterior surface of the body of the uterus. The uterine sound passed easily through the os uteri, and its point then took a direction downwards and backwards into the mass behind it.

The presence of retroflection of the uterus was therefore evident, although, from the general hardness and enlargement of the os and cervix uteri, I still felt apprehensive that organic disease existed. I now gently moved the uterus from its unnatural position, and carried the fundus upwards and forwards, in which situation I held it upon the sound for three or four minutes. On making one more examination before withdrawing the instrument, I was agreeably surprised to find an entire change in the state of the os and cervix uteri; the whole had become much smaller; the swelling and hardness of the lips had gone off, and it was now in a perfectly natural state both as to its position, size, and form. The os and cervix had been much congested from the circulation in them being obstructed by the distorted condition of the uterus, and were instantly relieved by restoring it to its natural position.

It is now six weeks since this was effected; the patient has returned to town, and as yet does not complain of the symptoms from which she formerly suffered.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

(Concluded from page 146.)

Coloured Sputum.—This term is intended to designate any of those variously-coloured sputa (not included under any of the previous heads) which, though resembling certain of the specific varieties, have no *necessary* connection with any particular pathological state. They are not of themselves of much consequence, but it is desirable that they should be noticed, together with the means of distinguishing them from others they would seem to represent.

Black Sputum.—This kind of expectoration varies in colour, from blackness, like that of printer's ink, to an ash-grey hue. It must not be confounded with "bloody" or "melanotic" sputum. Smear a little of it, with the finger, on a piece of writing paper—if it be blood, the tint will be reddish where it shades off; examine another portion of it under the microscope—if it be blood, the characteristic globules, entire or broken up, will be detected. Should it prove not to be blood, take three portions of it, and boil one in potash-ley, another in strong nitric acid, and through the third, diluted with three or four times its bulk of distilled water, drive a stream of chlorine for some minutes. If it be melanotic sputum, the colour will fade in every instance, a dirty scum will collect on the surface of the fluid, and a sediment will fall, of a dirty-white, drab, or rusty colour. Should the colour remain unchanged, and the deposit consist of loose black particles, then the sputum is the variety we are now treating of. It is of the utmost importance to make this diagnostic distinction, inasmuch as black sputum may either indicate the existence of fatal disease, or may be merely the accompaniment of very trifling disorder. This black sputum owes its colouration to carbon, and its depth of hue will of course depend upon the amount of carbon it contains. As we have said, it may be uniformly black like printer's ink, and it is then not possible, except by the means described, to distinguish it from "melanotic," or the black variety of "bloody" sputum. In its lighter shades it is easily recognised.

It has puzzled the pathology of all ages to account for the origin of this black matter. Morton, Senac, Haller, Carolus a Bergen, and Bichat, believed it to be a secretion from the bronchial glands; Morgagni and Withers from the glands of the tracheal and bronchial mucous membrane; Portal recognised three varieties depending respectively upon extravasated blood, bronchial secretion, and the inhalation of carbonaceous particles; the last view was also that of Pearson, Chomel, Laënnec, Marshall, Gregory, Graham, Gibson, and Behier; Andral and Trousseau regard it as a consequence of chronic pneumonia and depraved secretion; Heisinger says it is analogous to pigmentum; Bree, that it is the carbon of the blood, which has failed to be oxydised and converted into carbonic acid; Breschet, that it is formed by the colouring matter of the blood. The subject has been very elaborately investigated by Dr. William Thomson (See Medico-Chirurgical Transactions, vols. xx and xxi), and his deductions are, that, in the majority of cases, this colouring matter of black sputum has an external origin. He has recorded some most interesting examples of its occurrence amongst men exposed to atmospheres impregnated with carbonaceous particles. More recently, M. Guillot, in prosecuting his inquiries concerning carbonaceous deposits in the lungs, affirms that "this black substance is carbon; not carbon (charcoal) produced by the action of the chemical reagents employed, but carbon deposited in its solid state during life in the tissues of the respiratory organs." (See Archives Générales for January, February, and March, 1845.) I am not

prepared to deny or to question the truth of M. Guillot's conclusions, for it may happen that in various pathological states a carbonaceous matter may be deposited by a vital process in the pulmonary tissue. But it is somewhat singular that this tissue should be almost the only one in which such deposit occurs. If external circumstances have no share in the production of the phenomenon, we do not see why closed organs should not be as liable to the accumulation of this matter as organs which are in constant communication with the external air. I have examined many bodies of old people without finding in their lungs the black matter which M. Guillot speaks of as being almost constantly therein; but I have never examined the body of an artizan who was exposed by his occupation to the respiring of an atmosphere containing carbonaceous matter, without finding his lungs more or less blackened with it. So also have I never known black sputum, not "melanotic" or "bloody," to be expectorated by any individual whose occupation did not account for the singularity.[1]

In all ages, authors have been accustomed to remark the expectoration of black sputum, and to connect it with some particular pathological condition. From the time of Hippocrates to the present, the "sputa nigra, vel fuliginosa," have been regarded as the concomitants of serious pectoral disease. If these sputa be "melanotic" or "bloody," they certainly may, and are very likely to, augur fatally. But it is far from being the case with the variety we are now considering, especially in its less characteristic forms. These may be expectorated for an indefinite time without any concurrent or consequent mischief. When the sputa are intensely black and continuous, there is almost invariably such an amount of deposit in the lungs as interferes greatly with their functions, and renders the patient's condition precarious. It is a common belief that these sputa are characteristic of incipient or established pulmonary consumption. I am not aware of any pathological connection between the two, and though we sometimes find that this black matter is expectorated by consumptives, yet in the majority of such cases it would appear that the external conditions which have led to the deposition of carbonaceous matter in the lungs have also favoured the *genesis*, therein, of tuberculous substance.

Some of the lighter coloured varieties of this sputum, such as the light and dark grey, appear to be nothing more than a morbid kind of mucus. At least I have examined several of them without being able to recognise the matter of melanosis, black blood, or carbon; and I therefore infer that, in such cases, the colouration of the sputum arises from some peculiar alteration in the mucus itself, referrible to morbid secernent function.

The treatment in cases of black expectoration will depend upon any particular local disease which it may accompany, and also upon the general indications which the patient's state may furnish. We have no specific or determinate plan of treatment, and our means are mostly limited to the use of palliatives, narcotics, expectorants, and mild tonics.

White Sputum.—This is a very peculiar form of expectoration. It is of various degrees of density, seldom very thin, being generally of the consistence of very thick mucus, and sometimes approaching even to pastiness. It is perfectly opaque, and white, like a thick mixture of chalk and water. Bayle speaks of it in "cancerous phthisis," when it would seem to consist of soft encephaloid matter. It is occasionally met with in tubercular consumption, and in the examples of it which I have had an opportunity of seeing, the peculiar whiteness has seemed to be due, not to the presence of tubercular matter, but to an altered condition of the mucus itself, and to an admixture of fatty matter. Albumen is generally present as well, and perhaps may contribute something to the characteristic peculiarity. Andral mentions a remarkable case of consumption in which this form of expectoration prevailed. "Nous avons observé cette blancheur particulière de l'expectoration chez un jeune homme de vingt ans environ, scrophuleux au plus haut degré. Il offrait déjà tous les signes d'une phthisie pulmonaire passant du deuxième au troisième degré; il expectorait en petite quantité les crachats *composés*, qui l'annoncent; mais ils étaient remarquables par leur couleur, aussi blanche que celle du lait le plus pur. Ce malade sortit de l'hôpital àpres un mois de sejour pendant lequel il présenta constamment la même expectoration." (These, p. 87.)

Though this is a variety of expectoration which should always be regarded with extreme suspicion, inasmuch as it rarely appears except as the accompaniment of fatal disease of the lungs, yet it is sometimes discharged when there is no actual pulmonary lesion. I have seen cases of this kind, in which the sputa, though perhaps scarcely presenting the remarkable whiteness of the specific variety, have yet been sufficiently characteristic to attract instant attention. In these cases the distinguishing coloration appeared to be owing to a modification of the natural mucus, secreted under circumstances of simple local disorder. They were all remedied by the administration of tonics.

Yellow Sputum.—This is a form of sputum often met with amongst dyspeptics, and asthmatic subjects. It is apt to be mistaken for "purulent" or "bilious" sputum. It should never be pronounced upon until after having been examined microscopically, and by the application to it of nitric or muriatic acid. If when viewed under the former it exhibits no pus globules, and when acted upon by either of the latter its colour remains unchanged, it will be the simple variety we are now considering, The colour appears to be entirely due to an alteration in the mucus itself, consequent upon a morbid secernent function of its membrane. Examples of this depraved secretion from the tracheal and bronchial membrane are of frequent occurrence. Similar discharges are often met with from the urethra and bladder. They generally yield to mild mercurial alteratives and tonics. Of the latter, none surpass the lighter preparations of iron, particularly the sesquichloride.

Green Sputum.— This also is a common expectoration amongst dyspeptic, asthmatic, chronic bronchitic, cachectic, and consumptive subjects. It is sometimes mistaken for "bilious" sputum. The latter, when of a green colour, is always acid, and the addition to it of nitric or muriatic acid deepens its hue, and finally changes it to a dark olive. This test will distinguish between the varieties. Dr. Hodgkin believes that this green mucus "is generally a sign of the subsidence of inflammation in the membrane yielding such a secretion, or symptomatic of a chronic and little active inflammation. On examination after death, I have observed that the membrane producing such a secretion was itself of the same colour." (Lectures on Diseases of Mucous Membranes, p. 24.) It would seem that the coloration of this sputum, like that of the preceding, is not due to the presence of any foreign ingredient, but to some change in the intimate nature of the mucus itself.

The *blue* colour we sometimes observe, especially in the morning expectoration of old people, appears to be merely a deepening of the natural shade of mucus. I do not know that it is indicative of any pathological state. The secretion of the bronchial membrane, like that of the salivary glands, has been observed to become blue under the continued use of the preparations of lead. I am not aware that the phenomenon has ever been explained.

I have now concluded a series of articles which are the result of nearly nine years' careful bed-side observation, practical experiment, and personal research. If these things shall contribute aught to the interest of pathology and practical medicine, by advancing new truths, or confirming and making clearer old ones, the best intentions of my application will be fulfilled.

APPOINTMENTS.—Surgeons: J. H. Patterson, M.D., to the Helena; Robert Butler, M.D., to the Star; B. Browning, M.D. (1828), to the Grampus; J. J. Crawford, M.D., to the Bittern.

[1] Amongst pit-men, coal heavers, and coal-venders, stokers, engine-men, foundry-men, and others who work in atmospheres rendered sooty by coal fires, oil and gas lamps, &c., this form of expectoration is common enough.

RICHMOND, WHITWORTH, AND HARDWICKE FEVER HOSPITALS.

Introductory Clinical Lecture, delivered by DR. CORRIGAN.

Session of 1845-6.

CONTENTS.—*On what does Professional Success depend? On experience. What it is—how acquired.*

GENTLEMEN,—It has fallen to my lot to give the opening lecture of this session. In accordance with the wishes and feelings of my colleagues and my own, I will endeavour to direct these observations strictly to the course before us.

A hospital class, such as I have now the pleasure of addressing, is very different from every other medical class. The anatomy, the materia medica, or the chemistry class, is usually composed of students of the same standing, arrived at the same stage of study, and devoted to the same pursuit. But the hospital class consists of students of every age—the boy just escaped from the trammels of school; the student immersed midway in all those studies which are requisite for his profession; and the youth just about to go through his transition, as it were, into another existence, to leave the companions of his own years and of his studies, to pass at once into the struggle of men in the world around him, and with a transition and change in habits, and mode of life, and conduct, and way of thinking, as sudden as those of the Spartan youth when he took his place among the men of his people. To all who reflect, even for a moment, the thought must naturally occur, to ask on what is the hope of success in the profession embraced, the hope of attaining an honourable place in its ranks, the hope of obtaining competenee from it, to be based? It is an anxious question, but it is one that you should keep in your thoughts, and often anxiously discuss. I have often listened to its discussion in society, and I have often been more amused than amazed at the solutions given to it. The success of this person or that in the profession is constantly a favourite topic of discussion; and, like all subjects on which the speakers know little, their confidence is in proportion to their ignorance. By some a man's success is attributed to his connexions; by others, to his manner; by more, to some accident, or lucky hit as it is called, on which future fame it is said has been built; while others again will tell you that he owes success to a fine house, or to incessant hurry, gaining extensive practice by pretending to have it. The promulgation of erroneous opinions like these I would earnestly beg of you to guard yourselves against. If you allow them to produce an impression on your mind, the result will be, that as indolence, whim, or accident, may induce you to adopt one or the other, you may find out your mistake too late ever to retrieve it; that you have leant in the most important step in your life on a broken reed. Look into the lives of eminent medical men, and their biography is a study I would strongly recommend to you to enable you to attain a clear conception of the cause of their success, and you will find that among them were men of the most opposite characters, manners, and situations. While some were so rude that their advent to a house was looked upon much in the same amiable light as would be that of a bear that had just broken loose from his keeper on the highway—others seemed as if moulded in the very glass of fashion, and of whom it would almost be a sacrilege to think that the odour of a dissecting room could have ever come betwixt the wind and their nobility; others again carry about an unvarying solemnity on all occasions, minute and great; while some again preserve a natural temperament for gaiety that even sickness and the death-bed cannot always control.

There is a rule we follow in reasoning, when many and often apparently contradictory circumstances exist, and when we wish to determine which of those circumstances it is on which the effect taking place depends—to ascertain what one circumstance it may be that is permanent, and without which the effect never takes place, no matter how all the other circumstances vary. To that one circumstance thus determined we are justified in giving the title of "cause" to the "effect" we are studying. The effect is professional success; the cause arrived at in the way I have noticed, is

experience. It matters not how circumstances, connexions, wealth, manners, may vary, we shall find, if we follow the rule of reasoning I have noticed, that there is through all the one unvarying quality present, experience, and to it we are justified in giving the name of cause. On all occasions of entrusting life, and health, and limb to professional care, the first, the last, the most important quality which a professional man possesses, which gives him most claim on public support, is experience. Let the magic words be only said, "he has great experience in such cases," and before them all influence of connexion, wealth, family, manners, melts as nothing. Why is it that this question is asked, and why is the solution so eagerly sought after, on all occasions when health is about to be entrusted to a member of our profession? It is valued in proportion to its importance and rarity. It is valued and eagerly sought after because it is not possessed by the greater number. It is valued, and talked of, and asked of, because it is the most important quality which a member of the profession can possess. Let us grant this—and I think all will agree to it—the next points are what is it that constitutes experience?—and what is the best way of attaining it? We may define it to be an accumulation of facts or observations, from which, stored up in the memory, the mind draws its deductions for guidance in similar cases. Attained in the most usual way it is the work of years, and hence the phrase "experience" has been generally hitherto associated with age. This connection may be either necessary or accidental. If necessary, it would produce a disheartening effect upon you. It would impress you with the conviction, that, no matter what your exertions and labours were, you could hope for no fair reward for your exertions until the better part of your life had passed by, and you would find in this belief a justification for want of exertion. This belief I think I can prove to you is erroneous. Suppose several years of your life after your entrance into the profession have passed over, and that at last, after perhaps half your life has passed, you are at length recognised by the public as a person of experience, what is it that has entitled you to the appellation? It is that during the years that have passed by, you have accumulated facts and observations from case after case as it has occurred, you have reasoned upon them, and you have at length reared up a mass of practical knowledge to draw on. This has been a slow process, for private practice supplies you necessarily, particularly on your outset, with but few cases; they come to you like angels' visits, "few and far between," and experience then is the result of years, and thus perhaps has arisen the adage that the physician has nor earned bread to eat until he has lost his teeth wherewith to chew it. But is this experience necessarily and only the result of years? Here, again, consult medical biography, or even your own observation, and you will be able to discover that some men have acquired experience in very early years of professional life, whilst others only acquire a similar character either after very many years, or perhaps never attain it. Experience is, then, not only not necessarily an attendant on years, but it has no connection with them; it may be acquired in early life. The explanation is easy, although perhaps not often thought of. It is obviously equal whether the number of facts and observations, in which the experience consists, be the result of the gathering of a great number of years, or whether it be accumulated from an abundant supply presented within a very short space of time. The faculties of the mind, which are exercised in accumulating and reasoning from medical facts, are as active in early as in advanced life; and hence if those facts be presented in sufficient number in early life, as much experience, in the strictest form of the word, may be put together in a very few years as afterwards could be collected in a great many. That wide field of supply of facts for observation, which only anxious, studious years of after life can supply, is presented to you in the wards of an hospital, and here, if you have only common industry and application, you can collect, early, more real experience than you can perhaps ever attain in after life.

I have now fixed these two positions prominently before you:—

1st. "That it is experience, in the strictest sense of the word, on which you must hope to rely for success in your profession."

2nd. "That experience is but an accumulation of facts, which may be attained by years of painful and unassisted labour after you enter on the world, but which you can acquire in early life, and within a short period, by close attendance on your hospital practice."

These two being established, bring me to my third point—the explanation of the way in which that experience is to be drawn from hospital practice. Let us contrast shortly the circumstances of acquisition of knowledge, from a case placed under your own care, and one as you generally look at it in the hospital. In the former, the responsibility which you have incurred, the risk of loss of character, the desire to be successful, the anxiety of having a fellow-creature's life in your hands, all tend to awaken every faculty of the mind, and to call into exertion to the utmost every power of observation and of reasoning. In the hospital, as you generally visit it, there are for the student none of those stimulants to mental exertion, and hence you pass over, as if they had never been presented to you, the many cases that occur. Thus you enter the profession without experience. But if you bring into your attendance upon hospital practice the same anxious solicitude about each case, the same care in observation, the same earnestness in reading it, that you would employ in a private case in after life, it is obvious the result as to the acquisition of experience would be equally great. This is, however, not the way in which the majority of students attend hospital practice. They seem to think that the sooner it is got over the better, and too many are content with "promenading" the hospitals, seeming altogether to have forgotten that the very subject they are neglecting is to constitute the whole business of their after life. A student will spend hours tracing in dissection in the dead body by the branches of the fifth pair of nerves, and will hardly spend five minutes in investigating its function and its alterations in disease in the living body. He will spend hours in unfolding the mucous follicles of the intestines, yet hardly bestow a passing glance on the obscure symptoms of their inflammation. He is familiar with every thing in the dead body, but he will not study what is of far more importance to him and to his patients, the alterations of the living body. He goes into practice deficient in the very point which concerns himself and his patients most—a knowledge of the living body and its alterations in disease. Why is this difference? Why is it that the very branch of study most necessary is thus neglected? Its neglect proceeds partly, I know, from ignorance; but more, I believe, from indolence. In other studies, as anatomy, chemistry, &c., characters are definitely marked; every thing is cut out, as it were, defined and plain, without any exertion of a mental faculty; but in clinical medicine the study is very difficult. Symptoms vary, and lines of diagnosis exist, partly plain, and in other cases drawn out by a process of reasoning that requires much mental exertion. Hence it is, I believe, that indolence prompts to its neglect. In the ordinary way of walking an hospital nothing is gained: there is no exercise for the mind, and necessarily no improvement; and thus in too many instances the pupil who has walked the hospital leaves it without any practical information or experience. Neither will it ever be acquired in a way that many adopt, of even carefully noting down every observation that the teacher may mention as having occurred in disease, or the passing it in review. He notes in such cases only results. He does not practically know how they have been arrived at. He has no practical knowledge of the means of arriving at similar results in after cases, and he is like an idle engineer who has devoted his whole time to copying maps laid down for him by others, but who, if left to himself, soon loses his way, and is ignorant of the mode of making observations for himself.

What is the mode, then, he is to adopt? Place himself as nearly as possible in the situation of a person in practice, acquiring experience in every case that comes before him, take on himself the duty of clinical clerk, and thus becoming responsible for the investigation and treatment of every case submitted to him, bring all his faculties of mind into operation, and at the same time acquire experience. Adopt this plan, and you can acquire in a few years of hospital study an amount of experience that you would never afterwards be otherwise able to obtain. There is no substitute for the knowledge thus acquired. Books will not give it. What are books on medicine? Copies, too often bad copies, of the originals which are before you. Why leave the originals for the copies? What would you think of a man studying natural history or architecture, who, when he had the object before him, would turn away from it and rather apply for information to an often obscure or erroneous written description of it; yet this is too often what is done in studying clinical medicine. If you will, then, adopt the plan proposed here, you will acquire in a short time that experience that otherwise it would cost you years to attain. I have still kept the three points I wish to impress on you in view:—

1st. That experience is the great quality on which you must depend.

2nd. That it is in your power to obtain it even in early age, by availing yourself of hospital practice.

3rd. That you can acquire it, but only acquire it, by investigating disease in an hospital, as you would afterwards do in private practice.

4th. That this is only to be done by acting as clinical clerks, investigating for yourselves and others, cultivating observation, memory, and reasoning together.

I will tell you a remarkable fact. I never knew a single person attain even tolerable eminence who had not acted as clinical clerk and taken notes, not from his teacher, but for himself.

These points being, I hope, established, it now remains for me to show how far we can afford you opportunities here for acquiring that experience on which I have dwelt so much.

The extent of the field here is unrivalled in the kingdom. We have 144 beds devoted to fever and acute diseases, to small pox and the exanthemata; 84 beds devoted to chronic and medical diseases, and 120 to surgical diseases; and attached to our institution is a large establishment devoted to the various forms of insanity. There is thus a field unrivalled for extent presented to you. Its extent affords facilities which in no other institution can be presented for enabling any student who is desirous to acquire experience in the way I have described, by being, if he chooses, clinical clerk for any number of cases he may be able to take charge of. But there are other unrivalled opportunities presented to you here for acquiring a knowledge of your profession, in the possession of a museum unequalled for information and interest. The preparations that are in it, the casts, the drawings, are all taken from cases that have been under our eyes. They give not only information of what has passed, but of what is taking place before you. Suppose the subject to be effusion into the pleura with displacement of the heart—instead of long and tedious verbal descriptions, here is the cast of it before you, such as occurred before in a former case, and as exemplified in that now before us. Is it of effusion into the pericardium—instead of dry and difficult description, here it is as it occurred before and as exhibited in the case before us. In the question of fever, and the cause of one form of fever terminating suddenly in convalescence on the 15th day, while in another the convalescence is only creeping on from day to day; here is the state of intestine that explains it, and these illustrations are far beyond any that could be drawn from purchased preparations, over the truthfulness of details of which we could have no check. Thus it is that we teach clinical medicine here, acting on the motto that is hackneyed, because it is true—

"Segnius irritant demissa per aures,
Quam quæ subjecta sunt oculis fidelibus."

Such are the points which I thought it necessary to impress on you on the present occasion. I have dwelt much, altogether on experience—only another name for observation and accumulation of facts. I have not said one word of genius. There is no such thing in medicine; there is no mistake you should more carefully avoid than the supposition that genius, talent, or cleverness, can take the place of

observation. Genius may give rise to bursts of eloquence, to flights of fancy; but it will not supply the place of observation in medicine and surgery. Indeed, among students themselves there seems to be unconsciously some notion of this, for when one of them is distinguished for mental qualities that, however ornamental, will not constitute what may be called a medical mind, he is usually designated a genius.

Cleverness is not a substitute for observation. You will see among you many who are distinguished for their quickness of answering, their facility of learning from books, and of quoting them, but who never acquire the character of practical men. They have been studying books, not men. Their mere book learning is not a substitute for observation. They are at the bedside much in the state of a man who on entering a museum would attempt to rely upon written descriptions, in recognising and destinguishing various objects in it. Confusion, delay, and error, would be his lot—he would not be a practical man. I was myself so convinced of the value of observation above any other quality that for at least fifteen years I kept memorandum books, in which I noted down, while fresh in my memory, the observations of every day as regularly as ever a merchant made up his daily account books, and to these I often still refer with pleasure for information.

I have now endeavoured to impress on you what are the points of greatest importance in your life at the present moment. If I have been able to impress on you as I feel myself their importance, you will need no stimulus beyond your own reflections to fix your attention on them; and in carrying them out I shall only say, in conclusion, that we shall all here give you our best exertions.—*Dublin Hospital Gazette.*

ON PHYSIC AND PHYSICIANS IN BRAZIL.

By RICHARD DE GUMBLETON DAUNT, M.D.(Edin.), and late Hon. Secretary to the Parisian Medical Society,* &c.

In drawing up this sketch some latitude in the matters treated of must be excused; for, as in the early middle ages, a hagiography was necessarily also a picture of the intellectual, social, and political condition of the saints' contemporaries, and as the "Gesta Ecclesiastica Francorum" of the venerable Gregory of Tours is the mine whence modern historians draw their most exact knowledge concerning the entire condition and relations of the various races and classes then in presence on the soil of France, so to-day, throughout the world, when circumstances have given to the physician so much of the domestic and social influence formerly in the hands of the clergy, and when physic, more liberally understood than for a long antecedent period, makes useful to it all progress in material invention, and embraces all those hygienic states and agents which influence the public health, and also is again, as in all its more philosophical periods, deeply influenced by whatever may be the prevailing character or tendency of the metaphysical views of the moment (of which the coëtaneous rehabilitation of the Hippocratic medicine with the preference now justly conceded to the Platonic over the Aristotelian philosophy, and the revival of a love for the Gothic in form and sentiment, is a valuable proof), it is impossible to give an idea of the state of physic in any country without more or less mention of topics at first view extraneous.

I may first speak of the *personnel* of the profession, in which I now include myself by adoption.

"Antiga Patria minha, é Lar paterno,
Penates, a quem rendo hum culto interno,
Lacrimosos parentes,
Que, inda na ansencia, me estareis presentes,
A Deos: hum vivo ardor de nome, e fama,
A nova regino me attrahe, me chama.

"Nos climas, onde mais doque na historia
Vive dos Albuquerques a memoria;
Nos climas, onde a Guerra
Heroes eternizon da Lysia Terra,
Von ver Le Acaso a mendestino Agrada
Darme vida feliz, ou morte hourada"

POESIA DE M. M. DE BARBOSA.

Owing to the rapidity of the social and political changes which, within the space of forty years, have brought Brazil to her present state of a free and independent empire rivalling in extent, and surpassing in capabilities of territory, the empires of Russia and China, enjoying representative government with the utmost liberty of thought and a free press, from her former condition of a Portuguese colony, into which no foreigner could enter but by stealth, governed by irresponsible local despots, and still preserving the manners of the mother country of three hundred years ago, the most curious *mélange* of things, new and old, is found, the new institutions having influenced chiefly the younger members of society.

"Tous les siècles y sont; ouy voit tous les temps;
La sont les devanciers avec leurs descendants."

Thus we find, side by side, the Broussaist and the humble copier of the formulæ of the Pharmacopœia *chemico-Galenica tubulense*—the prescriber of "fuligokali," or "valerianate of zinc," and the believer in the efficacy of "urina puellæ." Forty years ago, with the exception of a few bachelors and doctors of Coimbra, itself now but the ghost of former glory, who were scattered through the larger cities, the Brazilian practitioners were charlatans of the most degraded class, like the English village *doctors* celebrated by Smollett and Fielding. On the arrival of Dom John the Sixth, not only did many well-informed Italian, German, Irish, and Scotch practitioners soon appear; but measures were taken for the formation of a native body of practitioners, equal in attainments to the English apothecary up to 1830, who were well adapted to the transition state of Brazil. Things continued thus until about ten years ago, when the excitement of the revolution which placed his present Majesty on his father's throne subsiding, the government began to pay increased attention to the different educational institutions, and, among other measures of progress, the present schools of medicine of Bahia and Rio de Janeiro were formed, modelled in all points on the French schools, and although not forming part of a university empowered to confer degrees, there is a professor of operative surgery, and one of hygiene and the history of medicine, and there are *suppléants* as in France. Before entering, the students pass a matriculation-examination in mathematics, mental philosophy, Latin, and either French or English. They then must attend the school for six years, undergoing annual examinations—failing in any one of which, they must remain in the same classes another year. The final *épreuves* are a clinical examination and the defence of a thesis; the Emperor in person generally assists at the annual graduation. The number admitted annually at the Rio School is about twenty; the examinations are public. The *annus medicus* is nine months, but of one session; the students pay about £15 15s. annually, in one sum. This is received by government, which pays the professors their salaries, being about £300 per annum; those of the *suppléants* £150—sums too small to attract talent in a country where both politics and private practice hold out great inducements to educated men. No fewer than three of the professors are deputies.

The Brazilian students are generally wanting in industry, but they deserve praise for the regularity of their conduct, and a good deal of discipline is maintained. Many of the students are Mulattoes, as are some of the professors. Though the machinery of the schools is good, yet it is to be questioned how far it is suited to the present state of Beazil. I doubt greatly the wisdom of providing, even for a highly civilised country, but one uniform, and that a highly educated, grade of practitioners, and when the old licentiates in medicine and surgery become extinct, I am convinced that the new doctors will be found utterly unsuited to the wants of the rural population. A practitioner of medicine is better qualified for every-day practice, by combining with a certain amount of available knowledge, and of practical instinct, just those general ideas, feelings, and sympathies which may render him understood and esteemed by the people among whom he lives. In physic, as in the church, it is essential towards these professions extending to their utmost the limit of human happiness, that their members should, issuing from all classes, and accomplished in various degrees, be fitted to participate in the society, pains, and pleasures of all classes, and so gain an universal confidence. Even now the younger medical men here choose rather an uncertain income in a city than the certain independence to be gained in the country, which is filled chiefly by German, French, and some English surgeons. Another fault in the constitution of the schools is that it is the concours which decides on the candidate for the professorship. Brazil will not, for another century, be in a fit state to receive this institution. It is by means of a concours also that the parish clergy are chosen.

Foreign medical men have equal rights with the natives, but on arriving must present their diploma at the school, and undergo an examination either in Latin, French, or Portuguese, and M.D.'s must also sustain a thesis in public. I made my examination and thesis in French. The fees are about £15. I am happy to have an opportunity of acknowledging publicly my gratitude for the extreme courtesy with which I was treated, and the marked disposition shown to treat the affair as a mere formality, and I ought to add I consider myself chiefly indebted for this to the fact of my being a graduate of the world-famed University of Edinburgh. Medical men cannot, but by their own fault, avoid gaining in Brazil a comfortable independance, and, what is better, respect and influence, and I have a pleasure in advancing the opinion that though deficient in points of medical etiquette, yet that, as members of society, the medical profession in this country have justly acquired a general esteem, and, with their profession, well merit the praise of the Roman statesman—"Pius questus, stabilissimus que, minimeque invidiosus; minimeque malé cogitantes sunt, qui in eo studio occupati sunt." It is worthy of note that among the races of Europe, whose civilization is chiefly Latin, and where the municipal institutions of the later Roman Empire were not entirely swept away, the learned professions have ever been treated with more respect, and have perhaps been more worthy of it than in those countries where the military spirit of Scandinavian or Sarmatian conquerors produced other forms of society, and other standards of thought and feeling. In the interior of Brazil, where a somewhat lawless state of society may, in some localities, be found, a medical man is now and then awkwardly situated, being considered responsible for his patient's safety. I have conversed with a French practitioner who, on being shown his patient, a woman in labour, was told that, according to the result, forty guincas or the contents of a brace of pistols would be his *honorarium.* He found his patient in a doubtful state—planned a scheme to enable him to get to his horse—mounted him, and only checked the rein when he had arrived at the next village. But this is no reproach to a country with but forty years of civilisation, occurring too in a remote province, when we find that in Italy, and even in Tuscany, Pietro Leoni, the physician of Lorenzo the Magnificent, was, on his illustrious patient's death, sacrificed by his infuriated relatives.

The practice of physic is entirely separated from that of pharmacy. No druggist can now open his shop without having previously attended certain courses of lectures, and passed a public examination. The penalties against unqualified practitioners are, for the first offence, a week's imprisonment, and a mulct of £20. This punishment is increased on a second offence. Each municipal district has its vaccinator, who receives from £20 to £30 a-year for the gratuitous vaccination at the Town Hall of all the children of the district.

Medical men and pharmaceutists are highly favoured by the law in the recovery of their professional debts, which are always decided summarily, and even in a bankrupt's estate, where the other creditors have but sixpence in the pound, their claims are paid in full, like the imperial taxes.

Quackery flourishes in Brazil as everywhere else; its leading form here at present is homœopathy; its Coryphæus, who is also a preacher of socialism, is one Dr. Murc, an M.D. of Paris, and a Frenchman, but of Scottish parentage. He is a man of un

* This memoir was drawn up for the above Society, composed of British, American, and Irish physicians, surgeons, and students; the rooms are in Rue Neuve Racine, No. 3. Among its presidents have been Ricord, Paul Dubois, and Valentine Mott. It is invaluable to the British students in Paris.

bounded impudcnee, and is making a fortune, while he deeimates the population of Rio. He has a tail of four or five Portuguese and Brazilians, needy and unprineipled men. To the diseredit of the Rio School, I regret to say that he was admitted by it to praetice, though already an avowed homœopathist. What an awful dereliction of duty, and how fatal in the sort of sanetion it gave to publie eredulity! Surely the School is responsible for all the sufferings of his vietims on the principle, "pro tantis reus, quantos seeum traxerit in reatum." As Broussaisism is the almost universally reeeived doctrine among the native praetitioners, Mure, in his newspaper diseussions, takes the impudent advantage of this to elaim, as peeuliar to Hahnemann, all the medieal truths disearded by Broussais, both he and his opponents forgetting that any other medieine exists than that of these two men. We cannot wonder that this *ruse* should give him some superiority in argument. In the interior are to be found many quaeks as dangerous, though less expert. The poor peasants, their victims, regard them with mueh respeet, and repose so much faith in them that, to justify and maintain their reputation on the grounds "cur me posse negam, posse quod ille putat," they often perform the most rash and daring experiments on the tenacity of human life. I have heard of one who extirpated a large goître; the patient nearly sunk from hemorrhage, but lived.

A peculiarity and nuisanee in practice here is the love of the people for frequent and numerous eonsultations during the progress of an illness. Sometimes the discussion goes on in presence of the sick person, but in every ease some of the family assist, who "arrectis auribus adstant," while the "flumen orationis" falls "quasi imber super gramina" from the generally voluble consultants, who too often rather seek to say something piquant against their *confrères*, than to confine their speeches to the neeessary brevity and material.

An academy of medicine was founded on the plan of that of Paris about ten years ago, but is a nonentity. The president is a Dr. Meirelles, a Mulatto of great political and professional celebrity. He was, it is said, chief of the "Haytian Society" a few years ago, whose objects were the assassination of all the white males of Brazil, and the repartition of the *white* females among the Mulatto and black men.

In Rio are several hospitals; the great publie hospital is the seat of the imperfect elinieal instruetion given to the students, and the only one which merits notiee. It is ancient, having been founded, in 1582, by Father Joseph Anchieta, of the Society of Jesus. Its *locale* and the internal arrangenents are bad, but great ameliorations are now in progress. About five thousand patients are admitted annually, and the mortality often exeeeds twenty per eent., but, considering the widely different eondition of those who seek hospital relief here and in Europe, no comparison ean be made as to results in the different countries. The greatest of the many improvements lately introduced into the arrangements of the Rio Hospital was the removal into the country of a eemetery which existed almost within its walls, and in which, in eight years, twenty-two thousand eorpses had been interred. In the provincial towns other hospitals are found, into which a few patients are annually received, of whom sometimes the half die, being bad ehronie cases.

The eustom of intermarriage between uneles, and neiees, and eousins, which prevails here, neeessarily favours the appearanee of insanity as a frequent seourge of families—that priee which man pays for his little inferiority to the angels—"Πορρω Διος και τε πορρω χερωνου" and though the deplorable state in whieh lunatie asyla in Europe remained until but yesterday, and the inhuman and ignorant treatment applied even in England to the insane, the eonstant spectaele presented by their miserable assemblages being, if anything, feebly represented in these words from "Il Inferno":—

> "Diverse lingue, orribili favelle,
> Parole di dolore, accenti d'ira,
> Voci alte e fioche, e suon di man con elle
> Facean un tumulto, il qual s'aggira
> Sempre in quell' aria,"

deprive an European of any right to speak severely of the state in which even now the lunatics in Rio are found. Still I may be allowed the pleasing offiee of reeording with honour the names of Dr. Louis Vineent de Simoni, an Italian physieian praetising for many years in Rio, and of Dr. Joseph Clement Pereira, a Brazilian gentleman of great wealth, and still greater philanthropy, as those of the humane and noble-minded individuals who, with some others, have with great personal sacrifice aroused the public to a sense of the urgent neeessity for ereeting a manieomium on a proper seale, and with all the necessary arrangements. Large sums have already been subseribed, and the building is in progress, and the Government has sent a physieian to Europe to inspeet similar establishments there, so that, on his return, he may be qualified to take eharge of the first manicomium worthy of the regenerated Southern Americans.

It is a remarkable instanee of the ignoranee which even a nation otherwise eivilised may exhibit in points of hygiene, that, in a country of whieh so large an extent is tropical, the diet is exeessively stimulating, and of laborious digestion, and generally the solid part is taken in large quantity. In drink the Brazilian is temperate. A bad country rum, and an astringent Lisbon wine, are the usual spirituous drinks; for other drinks, a strong eoarse eoffee, and in the southern provinces the maté, or tea of Paraguay, are chiefly used. The Chinese tea is now being cultivated with great suceess on some estates. The animal food used is jerked-beef from Buenos Ayres, which the southernmost province of the Brazilian Empire, San Pedro do Rio Grande do Sul, also affords, and many animals of the chase; but the favourite is the flesh of the swine—"animal illud monosyllabum, veneri juxtá ac Minervæ invisum," whieh, as highly azotised or stimulating, is, from one or other motive, justly avoided in all other hot eountries, and whieh doubtless produces bad effeets on the publie health of Brazil. But the staples of Brazilian cookery are black beans, riee, the various qualities of the potato and manioe root. This last, the poisonous juice being expressed, affords a flour, whieh is eaten, roasted, either dry or made into parriteh, and by the natives is preferred to all other farinaeeous food but the bean; it eontains a great deal of gluten, so that the early aeeounts brought to Europe of it may be eredited. One author, speaking of the use of this root by the Indians of North Ameriea, says, "Evellebant radieum genus, quod illis tritiei loeo est, et tritieo tum gratiús tum salubriús." Out of the towns it is rare to see wheaten bread in any house. Different speeies of potato, which produce abundantly, enter much into the diet roll of the poorer whites. I recollect a verse of a Bavarian peasant's song in honour of this tuber, whieh may be applied to it in every eountry:—

> "Schön röthlich die Kartoffeln sind;
> Und weiss wie alabaster;
> Verdaun sich lieblich und geschwind,
> Und sind fur Mann und Frau und Kind
> Geschweige denn fur Schwein und Rind
> Ein rechtes Magenpflaster."

The banana fruit enters largely into the food of the slaves, but, generally speaking, they and their masters, as to essentials, fare pretty much alike. I may add to the foregoing that, in the whole empire, there is probably not one person who knows what it is to want a dinner.

(To be continued.)

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November 22nd, 1845.

Academy of Sciences; Meeting of November 17, 1845; M. Mathieu in the chair.

Hydrophobia; by Dr. Bellenger.—Dr. B. attributes the disorder observed in the human subjeet, after the bite of a rabid animal, entirely to the effeets of fear; and denies the existenee of any virus or morbid poison inoculated into the wound. The author grounds his opinions upon the following proofs:—1. Rabies was perfeetly known to exist in the dog, and its symptoms had been aeeurately described by many of the most ancient writers; but in *man*, the disorder was noticed only one eentury before the Christian era. 2. Hydrophobia is chiefly observed in persons of a nervous or excitable temperament; it has never been met with in subjects inaeeessible to fear, either in consequenee of their age or of their organisation; thus, in *infants* and *idiots* the disease has never oeeurred. 3. The symptoms of rabies having been noticed to arise "spontaneously" in some instanees, that eireumstance alone appears incompatible with the admission of a virus. 4. Dr. B. adduces, in support of his opinion, the uneertainty of duration of the incubation of the disease. He considers the disorder to belong to the order "neuroses," to have its seat in the larynx, and advises for the treatment of deelared hydrophobia the use of morphine internally; the applieation of blisters to the neek, and laryngotomy to prevent suffoeation from spasmodie eonstriction of the glottis. Dr. B. further proposes to the Aeademy, to submit himself personally to the inoeulation of the saliva of rabid dogs; a proposition of very questionable value, as Dr. B. must be aware that no seientifie body in Europe eould lend itself to any sueh experiment.

Extraction of Calculi from the Urinary Bladder; Dr. Cornay, of Rochefort, brings forward, for the extraetion of small ealculi, and of foreign bodies of small dimensions introduced into the bladder, a new plan, founded upon the faeility of progression of solid substances under the influence of aspiration. The instrument he employs eonsists in a eatheter to which can be adapted a receiver and a syringe. An injection is made first into the bladder, and, by the aspiration of the piston, the foreign body is earried into the receiver with the injeeted liquid. The instrument has been used, after many experiments on the dead subject, in several cases of gravel with decided advantage, in patients of Dr. Robert and Dr. Langier, surgeons, of the Hopital Beaujon.

Academy of Medicine; Meeting of November 18, 1845; M. Caventou in the chair.

Velpeau.—Report on the Spontaneous Cure of External Aneurism; by Dr. Montrol.—Dr. Montrol mentions in his paper three eases of external aneurism spontaneously cured. And Professor Velpeau, who reported to the Academy, on the subject of Dr. M.'s communieation, directed the attention of the members more partieularly to the following case, as presenting more interest than the other two.

CASE.—*Aneurism of the Coronary Artery of the Lower Lip.*—A pregnant woman, aged twenty-three, presented a tumour of the size of a hazel-nut at the right side of the lower lip. The disease had lasted for some time when it ulcerated by the pressure of the teeth; hemorrhage was the immediate eonsequenee, and was suppressed by eompression of the eoronary artery. The tumour which had, up to the period of ulceration, been the seat of pulsations isoehronous with the pulse, eeased to beat; and its further progress was eompletely arrested, spontaneous eieatrisation having taking plaee. The reporter observed that this ease, as well as the two others, proved a faet which had already, from experienee, received abundant demonstration, viz., that aneurism is occasionally susceptible of spontaneous eure, but could not be considered as an argument against the prudent praetiee of tying the diseased vessel.

MEDICAL CONGRESS.

Exhumation of the Remains of Bichat.—M. Rigal, seeretary of the Medieal Congress, read to the Academy the minutes of the proeeedings of the delegates eommissioned by the Congress, to superintend the removal of the remains of Biehat to the eemetery of Père la Chaise. The body had been interred in the year 1803, in the burial ground at present oeeupied by the Anatomical School of Clamart.[1] The bones were found in a perfeet state of preservation, and the head, whieh had remained in the possession of Professor Roux, was restored and plaeed with the other relies in an oaken eoffin. A funeral service was eelebrated at the ehureh of Notre Dame, and a eortège of upwards of two thousand persons followed in proeession to the eemetery of Père la Chaise, where several speeches were pronouneed by Professors Serres, Roux, Rigal, &e., recalling the numerous virtues of Biehat, and the many services rendered by him to seienee and to humanity. This eeremony, performed in memory of the great anatomist, eloses and eommemorates

[1] The exhumation took plaee on Sunday, Nov. 16th, 1845, in presence of a numerous meeting of professors and physicians.

the labours of the Medical Congress of 1845, the first attempt in France to obtain a general meeting of the members of the profession. The Academy adjourned at 5 o'clock.

HOPITAL ST. LOUIS.

Paralysis of the Serratus Magnus ; by M. Jobert.—In a former communication (see *Medical Times*, vol. xii, p. 470), we related a case of paralysis of the serratus magnus, observed in M. Jobert's wards. The following is another instance of the same disorder :—

C., aged eighteen, a rope-maker, entered the hospital on the 27th of April, complaining of loss of power of the superior extremities. In the month of November, 1844, in consequence of excessive muscular exertion in the performance of the duties of his trade, the patient found the movements of the right arm very much impaired ; the weakness soon extended to the left arm, and at the same time the shoulders became deformed by the abnormal protrusion of the scapular regions ; for four months before admission, C. was not able to return to his business. On examination, the scapulæ were found to be, as it were, raised from the thorax, and their inferior angles nearer to the spinous processes of the dorsal vertebræ than in the healthy subject. The voluntary movements of the arms were very much impaired ; but pressure of the scapulæ against the walls of the chest, by the hands of an assistant, restored them almost completely, as in the case we already have referred to. Sensation was perfectly preserved in both arms. Stimulating frictions, blisters, the actual cautery, eight moxas applied along the spinal edge of the scapulæ, and electro-puncture, have been successively employed without producing any improvement whatever in the condition of the patient.

Alkaline Preparations in Diseases of the Skin ; by Devergie.—The exhibition of alkaline preparations internally in skin diseases is indicated in every form of eruption complicated by an acid condition of the gastric secretions ; for the purpose of re-establishing the functions of the stomach, M. D. recommends, therefore, the administration of the bicarbonate of soda in a bitter solution, an effervescent draught, or in combination with sugar. M. D. begins with twenty grains a-day, and increases the dose gradually to one drachm, a quantity which he does not exceed. M. D. praises highly the external use of the carbonate of soda and potash ; in papular and squamous affections he recommends baths, containing a half pound of the alkali, a half pound of gelatine, and one pound of common salt. The alkaline carbonate may be replaced by common soap, but the quantity of the latter must be three times more considerable than that of the former. The temperature of the bath should be low, a high degree of heat rendering the alkaline bath too stimulating to the cutaneous surface. For the treatment of psoriasis, Dr. D. advises the following ointment, which he has found beneficial :—R. Axungiæ ℥j, Sodæ carbonat. gr.x to xx, and in lichen a similar one, containing twice the quantity of alkali. In eruptions of the scalp the dose may be considerably increased. The local application of alkaline substances calms very remarkably the sensation of itching, and relieves the tension of the skin ; it should be continued for some time after cure has been effected.

Clinical Researches on the Exhibition of Kermes Mineral in Pulmonary Affections; by Dr. Herpin.—Dr. Herpin has not found kermes so efficient in diseases of the pulmonary structure as it is stated to be ; but in affections of the superior air passages he has derived from it the greatest benefit. He goes so far as to consider kermes mineral as a specific against disorders of the superior respiratory tubes. In true croup Dr. H. has employed it as the "only" means of treatment, and obtained the most satisfactory results from its administration. In idiopathic and chronic laryngitis, kermes has again proved most serviceable. Dr. H. has also used the medicine with benefit in some cases of deafness, caused by chronic obstruction of the Eustachian tube ; the dose at which the drug has been exhibited in these several cases, varied between one and twelve grains in the twenty-four hours ; on the average from three to six grains daily. When three grains are taken in one dose, sickness is generally the immediate result. The drug must be given in extremely small doses to avoid nausea, and to obtain merely alterative effects ; the hour after meals is the most favourable to its exhibition.

PARISIAN MEDICAL SOCIETY.

The opening meeting of the winter session will take place on Wednesday, December 3, 1845, when Dr. Ricord will deliver the first of a series of communications on syphilis.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

ASPHYXIA.—Dr. Cotton, surgeon to the West Norfolk and Lynn Hospital, describes, in the *Provincial Medical and Surgical Journal*, the case of a boy, five years of age, who was admitted into the hospital with a gun-shot wound of the face and jaw. The accidental discharge of a gun laden with peas had carried away the integuments and fleshy parts of the left cheek, completely laying open the mouth, comminuting the lower jaw, and destroying also the soft parts of the same side of the neck. The accident was said to have occurred about two o'clock, whilst playing with some boys in a field seven or eight miles distant from the hospital, and it was stated that he had vomited more than a pint of blood, and lost much besides. The poor boy was breathing with the greatest difficulty, and with a loud noisy gurgling, accompanied also with a whistling sound, issuing from a hole in the upper and anterior part of the thyroid cartilage, where it had been grazed and wounded ; the pulse was extremely feeble, the surface of the body cold, and the countenance livid and betraying much distress. A portion of the lower jaw, which was lying loose, was removed, and the wound in the thyroid cartilage was as much as possible exposed, and as the least obstruction still more impeded respiration, it was enlarged by a portion of it being removed, giving exit to large quantities of red frothy fluid. The unsightly and charred fleshy parts were lightly covered with lint, and an enema of brandy and beef-tea was admistered. The boy experienced little or no relief, but in a few minutes after a convulsive struggle expired, and was pronounced to be dead. Determined, however, not to give up the case, Dr. Cotton performed the operation of tracheotomy, and an attempt was made by means of a syringe to exhaust the trachea and bronchi of the frothy mucus, which was present in great abundance ; this proving ineffectual, Dr. Cotton placed his lips over the tube, and by suction succeeded in doing so. He then steadily, still applying his mouth to the tube, commenced inflating the lungs, and persevered for fifteen minutes ; when about to desist he fancied he observed a convulsive heave of the chest. This encouraged him to redouble his efforts, while the house-surgeon used brisk friction over the region of the heart. Warmth was ordered to the feet, &c. ; irregular attempts at breathing soon followed, but they almost immediately flagged and ceased. The windows of the ward were thrown open, and, taking full inspirations, Dr. Cotton returned again and again to the charge, imitating, as well as he was able, natural respiration. He continued thus for at least three quarters of an hour, when, sick from the mucus and stuff that had entered and adhered to his mouth, and exhausted by his exertions, he had the delight of seeing the eyes and countenance regain expression, the breathing regularly performed, the pulse established at the wrist, and consciousness and sensibility restored. The tube was retained in the wound by threads carried behind the neck and tied, and the secretion which occasionally choked it up was removed by the syringe or a feather ; a worsted comforter was thrown loosely over the neck, and the temperature of the ward warmed and regulated. Despite the cheering hopes thus generated, the poor little fellow sank some hours afterwards, from the loss of blood he had previously sustained. The case is, in every respect, highly creditable to Dr. Cotton. His humanity and perseverance in an apparently hopeless task deserve every commendation, notwithstanding his efforts were ultimately rendered infructuous.

CHRONIC INFLAMMATION OF THE BLADDER.—A case of this disease is reported, in the *Provincial Medical and Surgical Journal*, from the University College Hospital. The patient was a man sixty-eight years of age, and he had been the subject of stricture for forty-two years. He was admitted for asthma, of which he was somewhat relieved by the treatment that was pursued, and he was then transferred to the care of Mr. Quain. He died shortly afterwards. The body was examined twenty-four hours after death. A small quantity of serum was found in the pericardium, and in both pleural sacs. Lungs adherent to the walls of the thorax in many places, on both sides showing a few spots of emphysema at the interior and lower margins, and some serous effusion throughout both lungs. Heart weighed seventeen ounces and a-half, was generally and equally hypertrophied ; valves healthy. Left kidney weighed five ounces and three quarters ; presented a few patches of Bright's deposit near the surface, as large as peas, otherwise healthy. Right kidney weighed eleven drachms ; both cortical and medullary portions atrophied ; lining membrane of the pelvis and calyces redder than natural ; a few particles of red matter, resembling in appearance the crystals of uric acid thrown down from urine by an acid, were seen in the tubes, and projecting in two or three places at their orifices at the papillæ. The coats of the bladder were of full four times their usual thickness ; the inner surface was sacculated by the increased development of the muscular tissue ; mucous lining red and congested, especially at the back part, covered in many places by a deposit of dirty adherent lymph. Just behind the bulb of the urethra the coats of the canal were found thickened for about the length of half an inch by a hard deposit, the seat of the old stricture, and two false passages had been made, the catheter having undermined the mucous membrane for about an inch at the entrance of the bladder ; these appeared to be of old standing.

(SUPPOSED) OSTEO-SARCOMA OF THE LOWER JAW SUCCESSFULLY TREATED BY IODINE.—Dr. Stryker, of New Town, L. I., has published in the *New York Journal of Medicine* a case of tumour of the lower jaw, which he describes as osteo-sarcoma, and which, it appears, was so regarded by several other medical men who saw the case. The patient was a boy, six years of age ; the tumour was the size of a hen's egg, and encircled the lower jaw between the symphysis and the angle. It protruded more internally than externally, and was solid and incompressible to the touch. From the history it appeared to be of two or three weeks' duration, and to have resulted from a fall. Dr. Stryker states that he commenced the treatment by exhibiting *ten grains of calomel, followed by two ounces of the sulphate of magnesia* (his patient being a boy six years of age) ; after which iodine was employed internally and externally for nine months, at the expiration of which time not a vestige of disease remained.

AMAUROSIS.—A case of amaurosis, occurring in a child ten months old, is related by Dr. Shipman in the *New York Journal of Medicine*. The disease appeared to have supervened after some cerebral affection, and is referred by Dr. Shipman to effusion of lymph, or serum, or some deposit in the brain from previous inflammation. The treatment consisted in the exhibition of small doses of blue pill, counter-irritation by the tartarised antimony ointment, and the internal administration of strychnia. The patient was cured. Ten grains of strychnia were used altogether, or about two grains a month. The case is very lamely told, and the particulars are detailed in a most irregular manner, indeed, so as to lead to the belief that the narrator's education, professor of surgery though he be, has been sadly neglected. Take the following as an example :—"My first prescription was blue mass 1 gr., creta prep. 3 gr., to be taken every night. Compound syrup of rhei, a teaspoonful once a-day. Unguentum of tart. ant. to be rubbed behind the ears every night, until a copious eruption was produced." Dr. Shipman twice states that his patient had "taken the prescription." This loose style of writing is far from being becoming to a physician.

INTUS-SUSCEPTION.—Dr. Dayton, of Middleton, Point, Monmouth County, New Jersey, has recorded, in the *New York Journal of Medicine*, a case of intussusception, which terminated favourably by the discharge per anum of a portion of the small intestine, about sixteen inches in length. The

patient was a shoe-maker, about thirty-five years of age, labouring under hypertrophy of the liver of long standing, and who had suffered from attacks of severe colic on two or three occasions. The symptoms of intussusception, as indicated by agonising pain in one spot, with general tenderness of the abdomen continued for about four weeks, notwithstanding the various modes of treatment which were employed. Anodynes were administered very freely. Emaciation took place, and his death was regarded as inevitable, when one morning he voided a portion of intestine from twelve to sixteen inches long, either in one or two pieces, after which he slowly convalesced. The portion passed was small intestine, having all its characteristics well marked. It was not a continuous tube, in the form of natural intestine, but was divided in its whole length; its edges being uneven, rough, and jagged; its mucous surface in spots, dotted over, and in other places almost covered with small, dark, granular particles, being hard and resembling grains of sand, except in colour; there were also two or three patches, from half an inch to an inch in diameter, in which the entire coats of the intestine were changed into a dark mahogany-coloured substance, not dissimilar to thin turtle-shell, either in hardness or appearance. A considerable part of the intestine presented a healthy aspect, except at its sloughed edges.

Phlegmasia Dolens.—Dr. Fountain, in an address delivered before the medical society of Westchester county, and published in the *New York Journal of Medicine*, divides phlegmasia dolens into three distinct stages, the forming, or neuralgic, the albuminous, and the serous stage. The first, the forming, or neuralgic stage, commences at the invasion of the disease, and continues till the violence of the pain has greatly subsided, or nearly ceased, when the limb is at rest, and the swelling has reached its acme, or nearly so. This stage varies in duration, occupying from twelve to forty-eight hours. The second, or albuminous stage, commences with the subsidence of the neuralgic pains and the acme of the intumescence, and continues till the soreness and pain on moving the limb are gone, and the swelling pits on pressure. This stage lasts from five days to as many weeks. The third, or serous stage, commences with the absence of soreness and pain on motion, and continues till health is restored. The first stage, he says, presents all the manifestations of a true and general neuralgia, with a local determination to the nervous fibrillæ of the predisposed part; as Dr. Hosack observes, "not merely affecting the limb, but the whole system." Hence the attack frequently resembles that of inflammatory rheumatism, as Dr. Burns says, "being marked by violent pain in the back and hips, with a sense of universal agony, followed by a violent pain in some part of the limb before any swelling is evident," even when the limb about to be affected is cool. From these and other phenomena he concludes that the disease is primarily and essentially a pure neuralgia, or functional derangement of the nervous system concentrated in the affected part, producing that peculiar capillary action, or specific inflammation so called, of the cellular tissue of the limb, already noticed, and terminating in effusion—not of ordinary watery serum—but of albumen, closing the first stage. The indication in this stage of the disease is to tranquillise or allay all nervous irritation at once, and thus to arrest the disease by breaking up the first link in the chain of morbid concatenation. This is to be accomplished by a full anodyne. For this purpose, he administers from four to eight grains of opium, with as much gum camphor, and repeats the dose, if necessary, every two hours, till all pain ceases. In the course of thirty-three years' practice, he has prescribed this to as many as six cases, and always with complete success. The anodyne is generally given at bed-time, in full doses, and he has found every symptom, except a little stiffness, dissipated on the next morning. The opiate is given with some warm vegetable infusion. A copious perspiration is induced, and thus the disease terminates in a few hours. A laxative, with a due degree of caution against cold, is all that is necessary to guard against a relapse. In the second stage, the intumescence of a pearly whiteness, uniformly smooth, tense, and elastic; very sore and painful when flexed, but is not painful when at rest. It will not pit, for it is filled with a gelatinous fluid, which Dr. Fountain considers to be nearly pure albumen. The indication of treatment in this stage, according to Dr. Fountain, is to change the albuminous into a serous effusion. This can be soon and safely accomplished by emetics alone. No class of medicines so soon and so effectually reduce nervous erethism, break up morbid associations, and consequent disordered movement of the capillary system, and set them right, as emetics. These considerations first induced him to resort to them in this stage of phlegmasia dolens, and he says he has uniformly found their operation to be decidedly and strikingly beneficial. Tartarised antimony should be selected for this purpose, as far more decisive in its action on the nervous, and especially on the capillary systems. Often one emetic alone will change the character of the tumefaction in twenty-four hours, freeing it from soreness and causing swelling to pit freely and deeply, being then purely the serous. When one emetic fails, a second may be given, or even a third, at intervals of twenty-four hours. Dr. Fountain asserts that three emetics at most, and very often one alone, will change any acutely sensitive and swelled phlegmasia dolens into a passive serous state, in as many days. Cathartics are of no avail in any stage of this disease, any more than to keep the bowels regular. In conjunction with emetics the most advantageous local applications are soothing fomentations of hops or poppy heads, especially the latter, applied warm. Over these a flannel should be placed to retain the warmth and moisture. All kinds of stimulating liniments and embrocations are injurious, as is every degree of friction during this period. As soon as this course has succeeded in procuring a freedom from soreness, and a doughy pitting feel, with coolness of the limb, the third or serous stage is fully established. This stage consists almost entirely of a distension of the cellular tissue by a serous or watery fluid, except in those truly inflammatory cases which pour out fibrine; these may be regarded as incurable. It is to be treated as one of uncomplicated anasarca. The main dependant is on the roller or bandage. Either a muslin or a soft fine flannel one, well adapted, must extend from the toe to the hip. At first it should be applied moderately firm, but it may be drawn with more force daily. The bandage should be removed every twenty-four hours, and the whole limb should be rubbed with brandy, saturated with common salt, or with any stimulating liniment. Frictions with the hand or flesh-brush may now be resorted to with advantage, to give tone to the relaxed vessels. In this stage diuretics as well as tonics are indicated; here calomel and squills, as first recommended by Dr. Samuel Bard, of New York, and subsequently by Dr. Hosack, will be found a good prescription, although perhaps no better than many other diuretics. Tonics and a generous diet are called for, and the diuretic must be of a tonic nature, consequently digitalis will not be admissible. The bitter alkaline infusion will be especially useful. Amongst other things recommended by Dr. Fountain, is the infusion of the plant, pryrola umbellata, called pipsisseway, or prince's pine. Another excellent tonic and diuretic is the apocynum cannabinum, or Indian hemp. It has cured many cases of dropsy after all other things had failed. The pyrola umbellata is the chimaphila corymbosa. of the London Pharmacopœia.

Extensive Disease of the Heart, Brain, &c.—Under this title, Dr. Foster has described, in the *New York Journal of Medicine*, an interesting case that came under his notice. The patient was a young man, who had been subject to asthma and attacks of rheumatism. When he was first seen by Dr. Foster, he was suffering from rheumatism, which was cured by the exhibition of the iodide of potassium in small doses; but the pulse continuing at 120 or 130, Dr. Foster was led to examine the thoracic viscera with care. On percussion the lungs were found everywhere resonant, and the respiration clear. No râles and, indeed, nothing abnormal was detected. Examination of the heart gave the following signs:—Impulse very strong; the apex struck against the side at least an inch further than usual from the sternum; dulness on percussion not more extensive than usual; at the junction of the third and fourth ribs with the sternum was heard a loud *bruit de soufflet*, synchronous with the pulse, which marked both the natural sounds of the heart. This became less loud as the ear approached the apex, allowing the sounds to be heard more and more clearly, until at the apex both sounds were clear. On the left side of the heart the bruit was again heard, but less loud; and also in the back. Second sound fainter than usual. The pulse was lowered to 100 by the use of digitalis, and when again examined, the impulse of the heart was much diminished, and the soufflet accompanying the first sound less loud. In the course of three or four weeks a material change in the signs took place. The impulse became almost natural; the apex was felt at nearly its usual situation; the bruit accompanying the first sound had diminished. But now was heard a murmur accompanying the second sound, loudest at the apex of the heart, giving the idea of disease of the mitral valve. He took the tinct. ferri chloridi for a short time with advantage. Some time after this he was attacked with severe persistent pain in the head, with frequent pulse, dilated pupil, obscure sight, and impaired memory. Frequent and rather copious epistaxis occurred during the first fortnight after this, which no attempts were made to check. Strabismus and ptosis of the right eye next followed. The pupil of the left eye afterwards became dilated. At this time there were not any symptoms of disorder of the heart or lungs, except that he had sometimes slight pain in the left side of the chest on turning over in bed, and that on three or four occasions, there was a double pulsation at the wrist. After this he had an attack of asthma, which was succeeded by the pulse at the right wrist becoming almost imperceptible, and, in a day or two afterwards, by paralysis of the left side. He had previously suffered from dyspnœa at night. Dysphagia next ensued; the pulse in the right brachial and carotid ceased; epileptic convulsions, with spasmodic contractions of the limbs and face came on, and he died soon after. The examination of the body was made six hours and a half after death. *Head.*—Dura mater somewhat congested, blood flowing freely from its vessels on removing the calvarium; about an ounce and a half of fluid under the dura mater; pituary body enlarged and indurated; considerable injection of the pia mater, and deposition of lymph between it and the arachnoid—in one spot of the size of a shilling—over the anterior lobe of right hemisphere; whole substance of brain rather softer than usual; roof of right ventricle, corpus striatum, reduced to the state of pulp or cream, which stuck to the finger when passed over it; some fluid in the ventricles. In the substance of the corpus callosum there ~~was~~ a drop or two of well-formed pus. At the base of the brain, directly in front of the pons varolii, and between the crura cerebri, was a tumour about three-quarters of an inch in diameter, which proved to be an aneurism of a branch of the basilar artery. The softened parts of the brain were not discoloured, and the vessels traversing them, which were drawn out like threads from their substance, seemed healthy. *Thorax.*—On opening the chest, the lungs did not collapse as much as usual; right lung attached to the parietes of the thorax by old adhesions; left pleura contained about four or five ounces of fluid; lungs everywhere œdematous, the serum flowing freely from them when cut, except a strip of about an inch or two broad of the free edge of each, which was emphysematous, the air-cells being distinctly visible through the pleura. Attached to the lower lobe of the left lung was a lobule about two inches long by one and a half broad, exhibiting a specimen of what might be called extra-lobular emphysema, being apparently a single lobule, of which the air vesicles had become so dilated as to push it out and almost detach it from the rest of the lung. The pericardium contained about five ounces of serum, but no lymph—the membrane itself polished and smooth as usual. The heart was enlarged to twice its natural size, and its parietes everywhere thickened and cavities dilated. Right cavities two-thirds filled by a polypous concretion, resembling the buffy coat of the blood (cadaveric), and a similar but smaller concretion in the left ventricle, the remaining space

being occupied by dark coagula. Valves of the aorta and pulmonary artery and tricuspid valves all normal. The mitral valve overgrown, and, in fact, degenerated, except a very small portion, into a mass of warty vegetations. These extended to the posterior wall of the auricle, which they covered almost entirely, being, in some places, nearly half an inch in thickness. In consequence, there was a permanently patent condition of the auriculo-ventricular orifice though much diminished in size. *Abdomen.*—Liver large and dark-coloured, tissue firm; intestines and omentum presented a dirty livid appearance, as if from venous congestion. Between the laminæ of the mesentery, opposite the ileo-cœcal valve, was found a dark-coloured tumour, about four and a half inches in the long, by three and a half in the short diameter, which, being opened, was found to contain half-decomposed coagula, except a smaller portion, about the size of a Madeira nut, which presented several concentric layers of fibrine, enclosing a small cavity. It would seem to have been an aneurism; but, upon careful examination, no artery could be traced into it. A smaller aneurism was found in the course of the inferior mesenteric artery, about two inches from the aorta. The arterial coats in other places appeared perfectly healthy.

Poisoning by Belladonna.—Two cases of poisoning by belladonna are related by Dr. Gray in the *New York Journal of Medicine*. The patient in the first case was a female child between two and three years of age, who had eaten, as nearly as could be ascertained, from eight to twelve grains of the extract of belladonna. When seen by Dr. Gray, some thirty or fifty minutes after the poison had been taken, she presented the following symptoms:—The expression of the countenance was that of a person in terror—pupils widely dilated and immovable—the tunica conjunctiva highly injected, and the whole eye prominent and preternaturally brilliant. The face, upper extremities, and trunk of the body exhibited a diffuse scarlet efflorescence, studded with innumerable papillæ, very closely resembling the rash of scarlatina; the eruption terminated abruptly at the wrists and flexure of the thighs, the rest of the body retaining the natural colour. Skin hot and dry, and pulse much increased in force and frequency. The patient's manner was apoplectic, respiration anxious, and attended with the brazen, stridulous sound of croup. A constant, but unsuccessful, effort at deglutition was observable, and at every renewal of the attempt the muscles of the throat and pharynx were thrown into violent spasmodic action; the venous trunks were much engorged. This state of partial coma was alternated by paroxysms of uncontrollable tendency to motion and rapid automatic movement, attended with convulsive laughter. No well marked convulsions made their appearance, although during the brief periods of sleep into which the patient fell, a slight subsultus of the muscles of the face and extremities was noticed. The treatment was that ordinarliy pursued in similar cases. The lower extremities were immersed in a mustard bath, while water and pounded ice were applied to the head. An active emetic was immediately administered, whose operation was induced by the application of local stimulants to the epigastric region, and the free use of warm diluents. The matter vomited contained several portions of the drug in a partially dissolved state. As soon as free emesis had been procured, a strong decoction of coffee was ordered, to combat the soporific effect of the poison, alternated with diluted liquor ammoniæ, for the purpose of decomposing any of the belladonna that might still remain in the stomach. The diuretic effect of the atropa was next experienced, the patient evacuating an enormous quantity of limpid urine. The alarming symptoms passed off in about three hours after the commencement of the treatment, and the child soon recovered with the exception of a moderate diarrhœa, and a slight enlargement of the pupil. Dr. Gray was himself the subject of the next case, having taken about eight or ten grains of the extract, in divided doses, in a few minutes, to relieve a neuralgic toothache. About an hour after the last dose had been taken, the medicine began to induce its specific symptoms in the following order. First, vertigo, increasing to such an extent as to render it impossible to walk without staggering. The dizziness which was at first transient, soon became continued, and very severe. Next came on the affection of the eyesight, every object growing dim, as though a cloud were between the eye and it. Sometimes objects appeared double, and with an undulating motion passed before the eye. Dr. Gray observed that by a strong effort of the will, a concentration of the nervous power, this paralysis of the retina might for a moment be combatted; but only to return with greater severity when the mental effort had been succeeded by its corresponding relaxation. The appearance of the eye was much the same as those mentioned in the other case, viz., pupil immovably dilated; eye prominent, dry, and exceedingly brilliant. The conjunctival vessels were fully injected. There was total absence of lacrymation, and motion was attended with a sense of dryness and stiffness. The face was red and turgid, and the temperature and colour of the surface considerably augmented. Pulse full, and about 120 to 130. The feeling in the head was that of violent congestion, a full, tense, throbbing state of the cerebral vessels, identically the same sensation as would be produced by a ligature thrown about the neck, and impeding the return of the venous circulation. The peculiar state of the throat next excited attention. The tongue, mouth, and fauces were devoid of moisture, as if they had been composed of burnt shoe leather. The secretions of the glands of the mouth, and the saliva, were entirely suspended. A draught of water, instead of giving relief, seemed only to increase the unctuous, clammy state of the mucous membrane. This sensation was most distressing in the pharynx. It induced a constant attempt at deglutition, and finally excited suffocation, spasms of the fauces and glottis, renewed at every effort to swallow. A little saliva, white, and round like a ball of cotton, was occasionally evacuated. The slight delirium that followed the action of the narcotic, was of a strange, yet not unpleasant kind. The intellectual operations at times were very vivid. Thoughts came and went, and ludicrous and fantastic spectacles were always uppermost in the mind. He was conscious, he says, that his language and gesticulations were extravagant, yet he had neither power nor will to do otherwise than he did; and notwithstanding his bodily malaise, the mind was in a state of delightful exhilaration. The treatment was very simple; cold douche to the head, and an emetic, soon destroyed the dominion of the poison. Dr. Gray especially alludes to the diuretic action of belladonna, which he describes as tremendous. He observes, that it does not seem to reach the kidneys until it has been some time in the stomach, and has exerted its specific influence upon the brain. He remarks in conclusion, that reasoning from its effects, as observed in his own case, he is induced to believe that it may become an important remedy in diseases, in the treatment of which at present it is but little used. He draws attention to the entire suppression of the lacrymal and salivary discharge which it induces, and says that in stomatitis, either aphthous or mercurial, attended with profuse discharge of saliva, and in epiphora of the lacrymal sac, he cannot see why it is not the very remedy indicated. In irritability of the eye, more particularly of the retina, its quieting effect would be of immense service. In the cachectic dropsies, attended with great irritability of system, it might also be of use. In anemia of the brain its congestive powers might be used with evident advantage. The catalogue might be extended, but it is sufficient for purposes of illustration. At all events, whether we adopt the principle, "similia similibus curantur," or "contraria contrariis curantur," the only effective mode of discovering the indications of disease, and the proper application of therapeutic agents to meet or combat these indications, is by experiments on the healthy, as well as the diseased body, carefully watching the effects produced in each.

Ligature of both Carotids.—Dr. Ellis, of the Grand Rapids, Michigan, relates, in the *New York Journal of Medicine*, the case of a young man, on whom he ligatured both carotids with an interval of four days and a half between each operation. The patient, twenty-one years of age, was shot by a comrade, who mistook him for a bear; the ball struck him near the centre, and immediately above the spine, of the scapula of the left side, passing out, after making a flesh wound of about two inches and a half, towards the neck, and after about the same space, it entered the neck over the centre and posterior edge of the sterno-cleido-mastoid muscle, passed up through the centre of the tongue, and cut of it to the right of the mesian line, struck the lateral incisor, cuspid, and bicuspid of the right side, knocked them out, and the alveolar process, external to them; passed then through the upper lip, leaving a ragged opening through it. At the time there was little or no hemorrhage. During the night of the seventh day, secondary hemorrhage from the wound in the tongue occurred, but was readily subdued by compressing the left carotid and the orifices of the wound. The bleeding recurring the next night, Dr. Ellis applied a ligature to the left carotid. The patient then appeared to be doing well, until the eleventh day after the accident, when there was a return of the hemorrhage, which was arrested by compression of the right carotid. The loss of blood again occurring, it was decided, in consultation, that the lingual artery should be tied, or else the right carotid. The latter vessel was selected, as it was uncertain whether the hemorrhage was from the right lingual, or from the unligatured end of the left carotid, and also because there was considerable tumefaction under the angle of the jaw, so as to prevent the corner of the os hyoides being felt. The ligature of the right carotid did not cause any disagreeable feelings; there was not any fainting, no unpleasant sensations about the head; all the perceptible change was a slight paleness, and a cessation of pulsation in both temporal arteries, and of the hemorrhage. The pulse soon increased in frequency; but did not maintain itself at the high number (140) it first reached. Some difficulty of breathing afterwards came on, with a hacking cough, which was treated with aconite and belladonna. The ligature from the left carotid came away on the seventeenth day, and that from the right on the fourteenth from its application. The wound on the left side continued to discharge for several weeks, when the portion of the artery between the ligature and wound sloughed, and came away in three pieces at different times. The patient, at the date of the report, was in comfortable health, and attending to business. Dr. Ellis, in remarking on the case, says there are several reasons which make the above case very interesting. It shows the comparative safety with which both carotids can be ligatured, so far as the brain is concerned, and the danger of pulmonary congestion. It shows with what rapidity the anastomosing branches of the opposite vessel supply blood enough to give rise to pulsation in the temporal artery, and of course the danger of hemorrhage from the unligatured end of the artery, where it is not possible to ligature both ends of the wounded vessel.

Headache from Spinal Irritation.—Dr. Wing, in a paper published in the Transactions of the New York State Medical Society, says spinal irritation of the cervical vertebræ seldom exists unaccompanied by headache, the nature of which is almost as often mistaken, as its treatment is unsuccessful. He contrasts its indication with that of congestive headache. In the latter there is vertigo, with a sensation of weight in the head, accompanied by either an acute or dull throbbing, transient or diffused pain. In the former, the sensation is that of distress, and the pain is of a darting and stabbing character, confined to certain portions of the head, and attended with local pulsations. In the latter, the pain is relieved by change of posture, exists with signs of general plethora, and yields to antiphlogistic remedies. In the former, change of position affords little or no relief, the countenance is pale, the pulse feeble, pressure on the upper cervical vertebræ brings on a paroxysm of pain, and depleting measures enchance the sufferings of the patient. There is little or no danger of headache from irritation of the spine being confounded with that of an inflammatory character. The former is attended with a weak pulse, absence of fever, cold extremities, pallid countenance, and spinal tenderness. The latter exists with a full pulse, general fever, flushed face, exalted temperature of surface, and suffusion of the eyes. The

pain of the former is lancinating, and, for the most part, local and paroxysmal. In the latter it is acute and throbbing, diffused and continuous, and in aggravated cases, convulsions and delirium ensue. Spinal may be distinguished from sympathetic headache by a strict attention to the state of the internal organs. Sympathetic headache, in most instances, depends upon functional derangement of the stomach, liver, or alimentary canal, which is indicated by the usual signs of indigestion and assimilation, such as foul tongue, loss of appetite, nausea, and vomiting, flatulence, costiveness, or diarrhœa. The pain is not generally confined to any particular locality, yet in some few cases it affects merely the forehead and temples. It is of a heavy and oppressive, or acute and sharp character; it is relieved by vomiting, regulation of dict, and such other means as are calculated to restore the functional integrity of the internal organs. Spinal headache is frequently connected with derangement of the digestive process, and, in such cases, the diagnosis is very difficult, from the complication of symptoms; yet its distinctive character becomes evident on the use of remedies adapted to restore the functional derangement. In pure spinal headache, the tongue is generally clean, the appetite normal, and the digestion perfect. Considering these contrasting signs together with the existence of spinal tenderness, it would seem not an easy matter to mistake spinal for sympathetic headache. Headache arising from spinal irritatiou may be distinguished from organic headache by the following points of differeuce. In the former the pain is lancinating from various points; in the latter, from but one. In the former, it is irregularly intermittent, and transiently paroxysmal; in the latter, the intermissions are distinct and perfect, protracted paroxysms occur, and, in the advanced stages, the pain is continuous, attended with involuntary muscular contractions, partial, and sometimes total loss of one or more of the senses. In the former there is spinal tenderness; in the latter it is wanting. The affection most likely to be mistaken for the one in question, is intermittent headache. The pain in this bears a stronger analogy to that of spinal headache than any to which allusion has been made; yet there is no difficulty in distinguishing the one from the other, if it be remembered that the pain of intermittent headache occurs in paroxysms at regular periods, with marked and protracted intermissions, and is induced and continued by such causes as give rise to intermittent fever. In all cases of this affection, the general indications of treatment are, to correct existing functional derangements, and to control the idiosyncratic tendencies of the patient; the local indications are, to remove spinal tenderness and nervous irritation. The first can be fullfiled by the use of remedies adapted to the state of the system, and calculated to secure the normal action of its organs; the second, by the judicious use of counter-irritation, and deplctives to the spine, and along the nervous trunks which may be involved in the same irritation. As the condition of the general system may be entirely opposite, and the organs deranged dissimilar, in different cases, it is evident that the general remedial means should vary in point of character, to suit each individual case. If a pyrexial condition of the system accompany this affection, antiphlogistic means will be found serviceable. If there be present in a case, anemia with its usual phenomena, or indigestion, or biliary derangement, or constipation, or a disordered condition of the uterus, or an abnormal excitability of the system, as they respectively appear, it will be necessary to administer tonics, stomachies, alteratives, emmenagogues, sedatives, anodynes, and antispasmodics. Local depletion of the spine may be effected by wet-cups or leeches; and counter-irritation may be secured by friction with or without liniment, dry cupping, setons and issues, blisters, antimonial ointments, or plasters, and by acupuncturation.

THE SULPHATE OF QUININE.—Dr. Wright has published in the *New York Journal of Medicine* a paper on the use of the sulphate of quinine in the malignant bilious fevers of the Arkansas, and states that, from the experience he thus acquired, he would not hesitate to exhibit it in half drachm or drachm doses.

REPORTS OF THE MANCHESTER EYE HOSPITAL.

By A. W. CLOSE, Esq., Grosvenor-street, Manchester.

Ellis M-——, aged seven, admitted July 2nd, 1845. Four days ago, whilst standing beside his father, who was filing metal, a portion flew off and entered the right eye. He has had considerable pain and irritation about the eye since the accident, and the vision is nearly gone. Much vascularity of the conjunctival and sclerotic coats is present. A small white speck is observed near the centre of the cornea, and on looking into the pupil the lens and capsule are opaque, and a *fragment of metal is seen lying within the capsule, and partly embedded in the substance of the lens.* The pupil is rather contracted, but active.

Ext. belladon. app. cir. ocul.

July 3.—The pupil is more, but not fully dilated. There is no other change in the appearance of the eye. At a consultation it was decided to puncture the cornea, and evacuate the opaque lens and fragment of metal. Mr. Walker used his grooved needle knife for this purpose, and the broken-up lens and portion of metal, about three lines long and one broad, escaped along the groove. The patient to be placed in bed.

Continue Ext. bellad. cir. ocul., Pulv. purg. pro re natâ.

6.—He has had no pain since the operation; the pupil is well dilated, but there is a considerable portion of capsule behind it; inflammation abated; vision much improved. He was made an out-patient, and ordered to continue the application of the Ext. belladon.

Aug. 7.—The pupil has been kept dilated by the belladonna; about one half of it is filled by the remains of the capsule; this is diminishing rapidly. No inflammation; vision is very good, and he is able to see well with the aid of a lens.

This case, Mr. W. observes, is unusually interesting from the fact of the foreign body remaining in view within the lens. Cases of foreign bodies wounding the eye are very common, but, generally speaking, they do not lodge within it. This is the only case in which he has observed the extraneous substance fixed in the lens. He has occasionally seen it in the anterior chamber in contact with the iris. Its ready escape along with the dissolved lens is also an interesting practical fact.

W. Redfern, aged ten, from Stockport, admitted October 25th, 1845. States that he accidentally wounded his right eye, about six weeks since, with a fine needle. He has not suffered much inconvenience excepting that which arises from loss of vision. There is now no inflammation present; the iris appears not to have been injured; the pupil is perfectly regular and contracts or dilates, according to the varying intensity of the light. The lens or capsule are of an opaque, blueish-white colour; a portion of floceulent lens protrudes into the pupil, and partly into the anterior chamber, through the rent in the capsule caused by the passage of the needle. He has no vision; says he cannot see his hand when held before the eye, but can readily discern light from darkness.

Application of Ext. bellad. cir. ocul. nocte maneque., Pulv. aper. omni secunda vel tertia die.

30.—The pupil is moderately dilated, but quite blocked up by opaque lens, of which a small portion has completely passed into the anterior chamber. No improvement of vision; no pain or irritation about the eye.

The patient, having been removed to the operating room, was laid on a sofa with the head elevated. Mr. Walker placed himself on a stool behind the patient. Taking charge of the upper lid, he passed the grooved needle knife through the cornea, near its outer margin, into the anterior chamber, and dipped the point into the centre of the pupil, when the broken up lens immediately flowed out along the groove of the instrument, leaving the pupil almost clear. The boy was now able to see distinctly.

A belladonna plaster to be kept constantly on the eye—to be renewed night and morning.

Nov. 1.—There is some slight inflammatory appearance about the eye, but nothing to create uneasiness. The pupil is clear, and he sees fully as well, but cannot bear to use the eye. A small fragment of the lens may be seen at the bottom of the anterior chamber. A little pain on exposure to light at times, at other times none.

Continue the belladonna, Pulv. purgans alternis die bus.

6.—No pain; pupil clear; rather contracted, but regular; a fragment of lens in the anterior chamber; vision good.

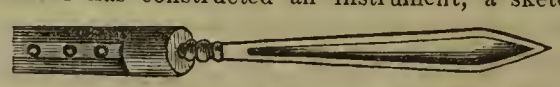
Continue the belladonna.

12.—Pupil clear; can bear the eye to be exposed; the fragment of lens absorbed; vision perfect, if a suitable lens be used; dismissed cured.

In reference to such cases as those I have now reported, I cannot do better than add Mr. Walker's own remarks. "The treatment of accidental cataract is conducted in two different modes, according to the views entertained by different surgeons. The common method is to allow the natural absorbent process to proceed with but little interference on the part of the surgeon. If there be much inflammation, leeches are applied and mercurials administered, as in a case of internal ophthalmia; the belladonna is also freely applied to maintain a dilated condition of the pupil. With this treatment, in favourable cases, absorption gradually proceeds, the substance of the lens is removed, and finally the pupil becomes clear with the exception of the capsule, or a considerable portion of it, which requires to be treated as secondary capsular cataract. In less favourable cases it often happens that a considerable degree of inflammation comes on, which is protracted for a long period of time, and terminates in closed or contracted pupil; the iris and capsule being agglutinated, and the latter converted into a thick, tough, opaque membrane, which is impervious to light. Bearing in mind the strict analogy which exists between a case of accidental cataract, and that in which the lens has been designedly broken up by the surgeon, we shall see the propriety of following up the practice adopted by Mr. Gibson, of early removing the fluid mass of cataract by extraction through a small incision of the cornea. This method was first employed by Mr. Barton. The puncture is to be made at the temporal margin of the cornea with the extraction knife, the point of the instrument being carried into the pupil, when the lens will frequently be discharged with the aqueous humour; if it do not escape in this manner, the knife must be withdrawn, and a scoop introduced through the aperture of the cornea into the pupil, when the softened cataract usually passes out with the greatest facility.

"It has been urged as an objection to the performance of this operation, that, as there is generally a considerable amount of inflammation present in all cases of cataract induced by injury, such a proceeding shortly after the accident would be likely to add to rather than diminish the disordered action. This, however, is not found to be the case in practice. On the other hand, the irritation and suffering which, in most instances, succeeded to the laceration of the capsule and breaking up of the lens, will often be materially relieved by the removal of the irritating body from the eye. Such a result I have witnessed in very many instances."

Since the publication of these observations, Mr. Walker has constructed an instrument, a sketch



of which I have great pleasure in presenting to the readers of the *Medical Times*, intended to simplify the operation by combining together the properties of the knife and scoop. So far as I have had the opportunity of witnessing its employment, it seems to fulfil that intention most admirably. In the case last narrated, immediately on puncturing the cornea, the fluid lens instantaneously, and as if by magic, pervaded the groove, leaving the pupil clear.

I cannot conclude this communication, without expressing the pleasure I feel in the consideration, that the almost perfect manner in which these cases of traumatic cataract are now treated originated with, and has subsequently been improved upon by, the genius and industry of *provincial* surgeons. Mr. Travers' operation for soft cataract, through a quarter section of the cornea, seems to have been proposed after Mr. Gibson's operation "of division and subsequent extraction." The cases above related are those to which the term *traumatic* may

be applied with the strictest propriety. To such Mr. Barton furnished a modification of Gibson's practice; and upon that, Mr. Walker, in the construction and application of his instrument, has founded a further improvement.

It is pleasant to see genius and industry blended in the one effort to amelioriate the sufferings and imperfections of humanity. In no part of the field of medical science is it more pleasingly made than in that of "ophthalmic surgery," restoring eyesight to the blind, and perfecting a sense so particularly essential to the human being. It is pleasant and encouraging to know that this effort is not necessarily influenced by time or place; need not be —is not—confined to the "city full," or "village scarce," to colleges, councillors, or fellows. To each individual, one talent at least is given—to many—more. It becomes every one's interest to ponder the oft-verified and sacred proposition, "For to every one that hath shall be given, and he shall have abundance, but from him that hath not shall be taken away even what he hath."

MALIGNANT DISEASE OF THE TESTICLE—EXTIRPATION—CURE.

By A. STOBO, M.R.C.S., Virgin Island, Tortola.

Mr. M., aged 52, white native of the West Indies; sanguineo-melancholic temperament, of temperate and active habits, has had hydrocele since 1815, in the right scrotum; was tapped for the first time in 1828; nearly three pints of clear fluid came away, of a greenish tinge; the scrotum immediately after reduced to its natural size. Since then has been in the habit of having the fluid drawn off every ten or twelve months, varying in quantity from a quart to three pints, always clear, and more or less of a greenish tinge; never suffered inconvenience from the operations, and has occasionally travelled several miles on horseback on the same day after being operated on. Has been obliged to wear a double truss since 1837, having had since then protrusion of the bowels into both inguinal canals. Was tapped about the latter end of June last, and had several bristles introduced by his medical attendant, with the view of producing a radical cure; the bristles came away about nine hours after their introduction, during sleep, without producing any sensible effect; a few days after this, felt a small tumour within the scrotum, and a little above the testicle, about the size of a nutmeg and rather painful.

About the middle of July, while employed in his usual avocations, the patient fell from a vessel into the sea, and was heated at the time from bodily exertions; the tumour had been increasing, and was as large (in his own language) as a turkey's egg, and was becoming more painful; the fluid was also beginning to collect. Within a few hours after the accident, fever came on, and lasted, with slight remissions, three days, during which the scrotum became intensely inflamed and very painful. Was bled freely from the arm, and had sixteen leeches applied to the scrotum; took medicine, and made use of cold saturnine lotions. When the fever left, the scrotum was more enlarged than ever it had been; was much heavier, and more painful.

Happening to visit St. John's at the time (29th August) I saw Mr. M. for the first time in consultation with his medical attendant, Dr. Raphael. The general health was good; the countenance rather anxious; the pulse natural; the scrotum was much distended and heavy, for hydrocele fluctuation was distinct, but no translucency; the tunica vaginalis felt as if it would burst from over-distension. The patient was tapped, and a quart of clear fluid came away, mixed with white flocculi; the stream did not run free, but stopped every now and again, rendering the use of a probe necessary to keep the mouth of the canula clear from the obstructing mass, which, under the probe, felt soft and yielding. A few drops of blood came away; the tapping reduced the scrotum about half its bulk; it still fluctuated freely, and the testicle could be felt at the lower and back part of the remaining mass. The patient expressed himself much relieved. In twenty-four hours the fluid had collected again, and the scrotum was as large as ever; there was no fever. On the 3rd September five days after the operation, the patient was again tapped by Dr. Raphael; the quantity of fluid this time exceeded a quart, and was mixed with a quantity of dark blood; considerable relief was again experienced. Cloths, wetted with saturnine lotion, were constantly applied; the swelling did not begin to reappear till the 8th, but from that period it kept steadily increasing till the 16th, when the patient came to this island.

I found the scrotum immensely swelled, and remarkably heavy, when held in the hand; there was no fluctuation in it; the skin at the base was œdematous, and rather redder than natural; the tumour had lost its pyriform shape, and was flattened at the sides; the patient complained of severe pain in it at times, and a constant painful dragging sensation in the loins; the spermatic cord felt sound, but the tumour had extended so high, that only about two inches in length could be traced; the countenance was sunk and anxious; the pulse 96, and strong; the tongue furred; the bowels confined. As the patient had come a distance of nearly twenty miles on a rough sea in an open boat, I ordered a dose of calomel and colocynth pills, with a pill containing one-third of a grain of muriate of morphia at bed time, and senna and salts in the morning, and cold lotion to the scrotum. Slight fever came on during the night; the bowels were freely opened on the 17th, the swelling was less painful, the countenance improved.

On the 18th, as there were no symptoms of alteration, hot applications were changed for the cold; the bowels were kept open, and the anodyne pill was given at bed time; the patient's countenance became more anxious, the urine scanty, and high coloured, when extirpation was recommended as the only alternative.

On the 22nd, assisted by Dr. Dycett, the operation was performed in the usual manner. An ellipsis of skin, about three inches wide, was taken away; the wound extended more than twelve inches in length; the cord was seized between the finger and thumb of the left hand, and then divided; two of the arteries were ligatured; there were only three other arteries requiring to be tied. The tumour came away very easily; less than two pounds of blood were lost; the tumour weighed six pounds four ounces avoirdupois. When divided through its middle, it proved to be gelatiniform cancer; the cells were larger than the usual descriptions of that disease; the remains of the testicle were seen at the lower and back part of the tumour; it had degenerated into a yellow, tough, fibrous mass, about three-quarters of an inch in thickness; there was no trace of epididymis; a little above the testicle, and to the back of the centre of the tumour, was a dark coagulum, of about two ounces.

The wound was closed in about fifteen minutes after the operation, with two strips of adhesive plaister and a pledget of lint dipped in laudanum and water. The patient's pulse was not sunk after the operation.

In about two hours I was sent for, and found a coagulum of blood, of about eight or ten ounces, on the pillow and between that and the fourchette; the dressings were removed, the wound opened and carefully sponged with tepid water, but the source of the hemorrhage could not be discovered after the most minute investigation; the surface was sponged over with a weak solution of diacetate of lead, to which a few drops of tincture of opium had been added, and dressed as before; a dose of castor oil was given on the 23rd, with good effect. On the 24th fever came on, with difficulty of voiding urine, which came away in small quantities, and high coloured; this was relieved by warm mucilaginous drinks containing soda and nitre. The general health begun to improve; the lips of the wound showed a disposition to close up, but were kept open to allow the clot which occupied the bottom of the wound to come away readily. This was extensive, and very tough, and was decomposed by applying nitr. argenti to it, and the exuberant granulations that were springing up at the sides. The patient left his bed on the 18th day, and returned home on the 20th from the operation. The cord is sound above its division; he has no bad symptoms; the other testicle is perfectly sound and natural; the cicatrix has contracted to about three inches in length.

REVIEWS.

The Modern Treatment of Syphilitic Diseases, both Primary and Secondary; comprising numerous Formulæ for the Preparation and Mode of Administration of the New Remedies, and an Account of a Safe and successful Mode of Treating Chronic, Protracted, and Constitutional Syphilis, by the Mercurial Vapour-Bath. By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham, &c. Second edition. London: John Churchill, Princes-street, 1845. pp. 228.

Mr. Parker is well known to the profession by an able monograph on "The Stomach in its Morbid State," and by another, on syphilitic diseases, which has now reached a second edition. This is the volume before us. For some time the work has been out of print, and the continued call for it induced its author to bring out the present edition, entirely re-written, and embodying much additional information derived from personal experience and research. The work, as it now stands, is in our opinion one of the most useful and complete practical monographs upon the subject of which it treats. The *quæstiones vexatæ* upon which the best physiologists and pathologists have long been at issue, regarding the origin, nature, mode of transmission, and immediate and remote influences of the syphilitic virus upon the human constitution, Mr. Parker treats with a skill which speaks of extensive reading and very competent judgment. He gives us just as much of this matter as is essential to the pathological bearings of the subject, without extending it into useless theory or idle speculation. But his great object throughout has been to simplify the *diagnosis* and *treatment* of syphilitic diseases. The *detection* of this malady, and the *safest*, *surest*, and *shortest mode of cure*, have been the great points at which he has aimed. And, in our opinion, he has hit the mark with much fidelity. He writes altogether like a man who knows his subject, and is moreover competent to impart the practical knowledge he has gained. Additionally to a disquisition upon the signs and symptoms of syphilitic diseases, together with directions for the general treatment of them, he gives us a copious formulary, partly his own, and partly derived from the French and other authorities. These formulæ occur as footnotes, and are therefore easily referred to whilst reading, without any confusion, as happens when they are blended with the text; and they are consulted with much less trouble than it gives one to refer to an appendix. Amongst the remedies for the treatment of the constitutional forms of syphilis, to which Mr. Parker attaches considerable importance is mercurial fumigation.

"The patient is prepared for the fumigations by low diet, the warm bath used daily, aperients, and the compound decoction of sarsaparilla. This preparatory treatment is pursued for five or six days prior to the fumigation, and the patient is confined to his room, which should be kept moderately warm. At the end of this period a smart aperient should be exhibited, and the fumigation may be employed. The patient is placed upon a seat covered with a mantle of waxed or oiled cloth; the apparatus, which consists merely of a spirit lamp and a china plate, upon which the cinnabar or bisulphuret of mercury is laid, is put under it. The mantle should be fixed closely round the neck, to prevent the mercurial vapours escaping into the room.

The fumigation is continued for a quarter of an hour, in a warm chamber, and, at its conclusion, the patient is directed to go to bed; it is for this reason that the remedy is most conveniently employed in the evening. The quantity of cinnabar necessary for each fumigation is from twenty grains to a drachm; one application a day is sufficient, and the cure is generally complete in eighteen or twenty days; in case of salivation occurring, or any circumstances affecting the constitution of the patient, the fumigations must be used less frequently, the quantity of mercury diminished, or the remedy altogether discontinued. When the treatment is terminated, the patient is to change his linen and take a bath." (pp. 196—197.)

The practice of mercurial fumigation is of very ancient date, nearly coeval, in fact, with the dis-

covery of the anti-venereal qualities of the metal. In the early period referred to, it was usual to fumigate the body either with cinnabar alone, or in combination with arsenic, sulphur, and various gums. Thus we read in Fracastorias,

"Sunt igitur Styracem in primis qui, cinnabarimque
Et minium, et Stymni agglomerant, et thura minuta,
Quorum suffitu pertingunt corpus acerbo,
Absumuntque Luem miseram, et contagia dira:
At vero et partim durum est medicamen et acre,
Partim etiam fallax, quo faucibus augit in ipsis
Spiritus, eluctansque animam vix continet ægram.
Quo circa ad totum corpus nemo audeat uti,
Indici me: certis fortasse erit utile membris,
Quæ Papulæ informes, Chironiaque ulcera pascunt."

From a suspicion that fumigation with cinnabar proved injurious from the evolution of sulphurous fumes, it fell somewhat into disrepute, and Thierry de Hery, about two centuries and a half ago, gave a formula for obviating the objection. About 1736, Charbonnier, in Paris, revived the system of mercurial fumigation, and treated many patients with obvious success. Nevertheless, it was opposed by Astruc, and others, and again fell into disuse. In 1776, Lalouette published what he called a new method of treating the venereal disease by fumigation, though, in reality, it was little more than an abridgment of the "Methode Curatoire" of Thierry de Hery. The materials for fumigation which he used were calomel, and a preparation analogous to the hydrargyrus cum creta. He also employed a fumigating machine, of which he gave a plate in his work, but it differs little from that used by Nicholas de Blegny in 1683.

In later years, mercurial fumigation has variously been employed for the cure of venereal diseases on the continent and in this country; but the latest, and, certainly the best, exposition of its mode of use, and its curative effects, is from the pen of Mr. Parker. We anticipate that the prominent manner in which he has brought it forward, will render its employment very general amongst the practitioners of this country. The only suggestion we have to offer is concerning the mercurial preparation he uses, viz., cinnabar. The bi-sulphuret of mercury possesses no action whatever upon the human system, and, therefore, whatever effects it may produce upon it, must be due to decomposition, and to the subsequent oxidation of the mercury. As the sulphur must be oxydised at the same time, and its fumes may possibly create a little annoyance, we would advise the employment either of metallic mercury or one of its oxides. The latter Swediaur speaks of as possessing great efficacy in fumigation. Mr. Parker says that the action of the mercurial vapour is greatly facilitated by applying it in conjunction with the vapour of water. "I have adopted," says he, "a method somewhat different to any I have hitherto seen used; it consists in the application of mercurial vapour in a moist state to the surface of the skin, combining, in fact, the mercurial fume with the ordinary vapour-bath. I have made a number of experiments on this combination, and found it succeed in a variety of cases, where ordinary mercurial fumigation, or the vapour-bath, employed separately, had failed." (p. 220.) We apprehend that the aqueous vapour acts chiefly by promoting perspiration, and thus favouring the absorption of the mercury. About two centuries ago it was the custom to employ the vapour of spirit of wine for this purpose, and to aid its action by the internal administration of large quantities of decoctions of the woods. The method advised by Mr. Parker we should consider much preferable.

Our space does not permit the further opportunity of extract or comment upon this valuable work, which we have no hesitation in saying is equal to any, and superior to most, on the subject of syphilitic diseases.

A Glance at Hahnemann and Homœopathy. By Ernest Von Brunnow. Translated from the German by J. Morton, M.D. London: Simpkin, Marshall, and Co., 1845, pp. 39.

A very respectable compendium of certain very equivocal doctrines. The original is perhaps as good as it well could be upon such a subject, and the translation does much credit, at least to the literature, of Dr. Morton. To enter into a criticism of the text, just now, would be to do injustice to ourselves and to it; we are getting ready for a broadside at the whole affair, but as our weapons of warfare are tolerably numerous, and some of them rather heavy, they occupy some time in marshalling into order. In the meantime we invite the homœopathists to come out as best they can; they shall have a fair hearing before we give them our final answer.

Miscellaneous Contributions to Pathology and Therapeutics, &c. &c. By James Richard Smyth, M.D. London. 1844.

Much of the contents of the present volume has already been submitted to the profession through the medium of the medical periodicals. Although the subjects treated by the author (generally with ability) are amongst the most important that can come before the attention of the practitioner, we yet question the policy of reintroducing them to us in their present form. At any rate, the contributions might have been compressed at least into half the space they now occupy, and with advantage. Though we have found it necessary to differ from the author on more questions than one, still there is not a chapter in his book that may not be read with more or less profit, and we can recommend it accordingly. The contributions are upon Rickets, Chronic Hydrocephalus, Cerebral Auscultation, Impotence and Sterility, Pulmonary Apoplexy and Hæmoptysis, Rheumatic Pericarditis, and False Aneurism.

1. *Of Rickets.*—Dr. Smyth lays down the proposition that scrofula and rickets are diseases identical in their nature and causes, and that they demand for their cure similar remedies and modes of treatment. As regards part of this statement, we entirely disagree. No one will deny, of course, that the same conditions which favour the scrofulous diathesis may often incline to the rachitic development, such as damp and impure air, innutritious diet, or such disorders of the stomach and bowels as habitually impair the digestion and assimilation of food, and hence a common cause may be often thus assigned. But inasmuch as exposure to such states far more readily induces the former than it does the latter—inasmuch as we are constantly observing strumous constitutions exhibit all forms and phases of scrofulous disease in great intensity, without any affection of the osseous system save that which commences in its articulating cartilages—and inasmuch as we also constantly observe ricketty patients free from what we have been hitherto accustomed to call scrofula—we are at liberty to doubt the complete truth of all our author's conclusions. We know that the *general* or *systemic* exemplification of scrofula never exists without the deposition of *tubercle*, however often *local* forms may be present with a tendency only to its deposit; and that in rickets (which certainly must be regarded as a general systemic disorder), no tubercle is, as a rule, deposited in *bone*. In "Kerst's Observations," &c., two cases are given which exemplify the occurrence of tuberculous matter in the vertebræ; but they are noticed as of most uncommon occurrence, and until then such an instance was unknown to the author. Tilanus, one of the most eminent pathologists of Holland, does not allude to such a form of disorder, although scrofula in all its forms is very commonly met with in Holland. Dr. Lebert, a late writer, remarks, "tubercles of the bones are by no means so frequent as supposed, concrete pus being taken for them." That a low form of vital energy, especially showing itself in plastic formations, either of original tissues or additions to them, occurs in both the rachitic and strumous diathesis, is no doubt true, that in constitutions primitively marked by one of them, intercurrent forms of the other may very frequently occur, or be seen as consecutive phenomena. We admit, as also, that many kinds of regimen to which a child may be subjected, will induce either general affection. But that these are sufficient to support the identity, as laid down by Dr. Smyth, we entirely object to, as well as to his looseness and inconsistency in the use of terms. Rheumatism may be induced by the external operation of cold and moisture; so may diarrhœa, and a delicate constitution be more liable to succumb to the exciting cause; but are we to call them the same affections for these reasons, or to affirm that in their cure similar remedies and modes of treatment are to be always adopted because flannel next the skin, or a warm bath, may be of use in both? It may be asked, is the simple co-existence of scrofula and rickets sufficient to establish their unity, as advocated so strongly by Dr. Smyth? Not any more, in our opinion, than the coexistence of bronchitis with hooping-cough can maintain theirs. We would remark, also, that emetics are useful in both.

With respect, then, to the views of Dr. Smyth, we must be at issue, that any form of true rachitis, is *identical* with scrofula, whose essence is the deposit of tubercle wherever a *general* exemplification of the malady throughout an almost entire system of tissue is observed to take place. The next point to which special attention is directed by the author, is the prominent position which abnormal states of the liver hold in the pathology of ricketty affections. That they possess a very important one is true, and we think here Dr. Smyth has done good service in directing marked attention to the point; but surely he overleaps his mark a little in endeavouring to enforce the almost constant primary existence of hepatic disorder. Although we cannot believe all of the following statement, we believe much of it:—

"At all events, I am firmly of opinion that the practitioner who will view the infantile affection now under consideration as one simply of hepatic disease, with more or less aggravated derangement of all the digestive functions, and so apply his remedies judiciously in accordance, will be he who is most likely to benefit, and in all respects improve, the condition of his patient."

That the liver does not play the important primary part in scrofula that Dr. Smyth endeavours to prove it does in rickets, is evident to us, and we lately had opportunity, in company with a well-known medical gentleman, to examine a body which offered full proof to us, that the whole system may be saturated, as it were, with scrofula, and the deposit of tubercle, and yet the liver be apparently quite healthy as regards structural lesion The case to which we allude was one of the most interesting it has fallen to our lot to witness, the spleen exhibiting tubercular deposit in the most remarkable degree.

2. *Chronic Hydrocephalus.*—Our author states in his preface, that next, to the subject of rickets, he treats of hydrocephalus, as he considers the two maladies, and also that of scrofula, as manifestations of the same morbid diathesis. Unfortunately in the body of the work, no attempt is made to elucidate the connection between the brain affection and scrofula, the chapters being taken up with a detailed account of a case in which tapping was performed, and observations on cerebral auscultation. That there is a very important relationship between certain forms of hydrocephalus and scrofula, no one, who sees much of the disorders of children, can doubt. Not only are decided marks of scrofulous action to be met with in almost all organs of the body in many of these cases, but the indications of the same morbid influence, the actual deposition of tubercular matter, are to be observed on the brain and its membranes. In fact, as has been remarked by Dr. Bennett, that if we trace the literary history of the disease during the last thirty years down to the present time, we find the subjects of tubercular action and of urinary deposition, a more and more prominent part in all disquisitions on its pathology. As we intend, at some future period, to refer to the subject of cerebral auscultation, we shall have an opportunity of again alluding to Dr. Smyth's remarks, which we think are deserving both of our thanks and attention. At present we shall merely place before our readers the following conditions, in which, according to Dr. Whitney, of Massachusetts, a murmur or bellows sound is present in the head, and audible with some variation of distinctness on auscultation being performed at different points o the cranium.

1. In simple congestion of the brain.
2. In acute inflammation of the brain, either with or without effusion.
3. In chronic hydrocephalus.
4. In local compression of the brain, as for example, in compression of it by a fractured and depressed portion of the cranium.
5. In ossification of the arteries of the brain.
6. In induration or scirrhous transformation of the substance of the cerebellum.
7. In certain hydrocephaloid diseases, and in

states of excessive anæmia and exhaustion of the system, as for instance, in cases of severe chlorosis and amenorrhœa.

3. *Impotence and Sterility.*—In considering these questions, a medical writer, no doubt, becomes involved more or less in the *morale*, as well as in the *physique* of the matter, and he requires the utmost discrimination and delicacy in handling, to ensure not only an attentive perusal, but even a hearing from the profession. The subject is one of very high and serious import, often involving not only the happiness of the individual, but that of families, and one which is more productive of silent misery and untold grief, than any other with which we are acquainted. Amongst British writers, a reluctance has been felt to enter upon this topic at all, and some of its points and relationships they have left almost untouched. Professional neglect of, and dislike to, this point is one of the grand causes, why quackery and knavery in their most disgusting forms are so flourishing, and therefore, the sooner we begin to turn our attention in the proper channel, the better it will be, both for the advancement of science, the cause of suffering humanity, and the sick man's pocket. But in doing so, and more particularly in making known the result of such experience, much care and circumspection are necessary, nothing being so offensive as professional quackery. We are strictly of opinion, that no information on this subject made known to the profession by its members, should be dressed in more popular garments than is allowable when treating any other question. To write upon this department of pathology with desire to gain the public eye will overthrow everything, and to dip our pencil in florid colours will be mistaking not only the nature, but the dignity of our science. Further than this, any attempt to dwell upon vice in some of its more disgusting phases, as simply affording illustrative stories, if we may so call them, of the subject we are speaking of, will stamp an unprofessioual character and intention upon the work at once, to which all right thinking men will turn a deaf ear, for "this overdone, though it make the unskilful laugh, cannot but make the judicious grieve."

We believe Dr. Smyth to have fallen into error on this point unadvisedly, and in a mode which bears somewhat immediately upon this subject. We do not, for a moment, accuse our author, either of wrong *intention* or *exaggeration*, but simply of *misapplication*, and we are sure, had he thought a little more before going to press, he would have changed his plan somewhat. With all deference to Dr. Smyth, then, we submit that cases in a professional book written by a physician, have no right to be detailed in the peculiarly piquant mode adopted by Dr. Smyth.

Cases detailed by patients themselves in letters to their medical advisers, when placed before the public, savour somewhat of the Goss and Co. We doubt not, that Dr. Smyth possesses many strange and particular letters—we do—but still, that is no reason, why they should be made use of as a *sauce piquante* in a book. The very same facts may be told in general terms, but should not fill up pages in the shape of the actual letters.

Functional anaphrodisia dependent upon excessive, premature, and perverted indulgence, as alone considered by Dr. Smyth, and amongst the inhabitants of great towns and luxurious communities, is that portion of pathology which most frequently demands attention. Perversion of the functions of sexual connection by bad habits, even from a very early age, is well known to be frequent in both sexes, and in the male sex is decidedly productive of much evil to the system at large.

To check the continuance and remedy the consequences of such habits, is often a very difficult matter, inasmuch as they involve therapeutical regimen which it is next to impossible the medical attendant can depend upon being put in force. We feel bound to state, that Dr. Smyth has, with regard to the treatment, afforded us nothing new or sufficiently important to dilate upon; yet his chapters are good ones, but chiefly interesting in the connection of sexual incompetency with mental disorder, and we recommend them upon this point accordingly. His views on Plummer's pill, as an alterative, are worthy of attention. We shall finish our remarks on this subject by the following quotation from our author.

"In a great many cases of suicide, it is certainly difficult, and in some, indeed, it is impossible to arrive at a knowledge of the *vera causa* of the sad act, but I have no doubt, that the sexual disorders in question sometimes lead to its commission in both sexes, and no human being is ever aware of the dark truth, but the unfortunate victims."

TO CORRESPONDENTS.

Dr. J. B.—*The insurance office question appears to us exceedingly simple. Let medical men withhold their certificates until an understanding be arrived at that the* usual *honorarium shall be forthcoming. Our correspondent was quite right not to allow any attempt to compromise the matter.*

A Sub-Editor *shall receive attention.*

A Mechanic *shall be noticed next week.*

Dr. Hilbers's *second letter arrived too late for insertion this week. It shall appear in our next.*

We have received a report of a case of extra uterine fœtation from the Leicester Mercury. *It is against our rule to notice reports on professional subjects inserted in the daily or weekly non-professional journals.*

Dr. Young.—*The current volume of the* Medical Times *commenced on the 27th of September of the present year, and will extend to the commencement of April,* 1846, *when an index will appear. Our correspondent will, therefore, see that some difficulty must arise in his obtaining a separate index to the numbers published previously to Christmas. The journal has always been published in half-yearly volumes, each commencing with the corresponding session in the London medical schools, and to the end of each volume a full index has always been added. Respecting the circular enclosed, we think it rather late to take such a work for* 1845, *as we presume a new edition will be shortly published* corrected *for* 1846. *Probably the circular was misdirected.*

Mr. A. Stobo, Tortola, West Indies, *is thanked.*

The remainder of Dr. Daunt's *paper on* Physic and Physicians in Brazil *will appear next week. We beg to thank the author for his communication.*

Alpha *will find in the* Student's Number *of the* Medical Times, *published on the 27th of September last, a full account of the examination required at the University of St. Andrews. From a member of the College of Surgeons or licentiate of the Apothecaries' Hall no classical examination is required.*

Dr. Clay *on the* Remedial Effect of Ox-gall *shall be continued next week.*

A vast number of communications have been received. If not noticed as accepted, or inserted within a fortnight, the writers will be good enough to consider their favours declined. This rule obviates for us the necessity of publishing names to declined contributions.

THE MEDICAL TIMES.

SATURDAY, NOVEMBER 29, 1845.

RESIGNATION OF THE COUNCILLORS OF THE COLLEGE OF SURGEONS.

The College people in Lincoln's Inn Fields have just published an advertisement, fixing a time for holding the examinations of such candidates as there yet may be for the *honour*—the *secure* and *dignified* honour—of the Fellowship. On the other hand, there is authoritative assurance for the fact, that the Council, publishing this advertisement, have privately determined to give away their Fellowships without examination to every Member of fifteen years' standing. Let us look these two facts in the face, and see to what credit for fair dealing they entitle the worthy Council.

The Fellowship, by one circumstance or another, has been fancied to convey a distinction on its possessor. The public, ever misled by name, and ever glorifying in a title, have, in many cases, been so little acquainted with the tactics of the College, as to take its assurances not at their worth, but at something very antipodeal to it—their nominal value. A Royal Charter has spoken of "Fellows" as persons of superior consequence: the title has been paraded as if the Charter contained no error; and the body or clique being limited, the world got the false impression that was sought. The public has no leisure—perhaps no skill—to penetrate beyond the surface of things; and here the surface was made ingeniously and attractively deceptive.

As the public thinks of medical honours, so must the Profession shape itself. Scientific distinction is the earnest of public esteem; public esteem of patients' confidence; and that, of all the Medical Practitioner must most prize in life, professional reputation and social elevation. The Charter was thus a magnificent move for elevating the Councillors socially and professionally as "Fellows," and for flooding their corporate coffers with new and copious streams of Pactolean affluence. The Fellowship, by one adroit artifice or another, was thus made to a third or a moiety of British Surgeons—a necessity of their position. It was a fatal sacrifice to be made to escape worse. Many, in their love of justice and hatred of corporate wrong, resisted the obnoxious necessity; but too many were tempted to yield. Fresh time was given to studies of no actual consequence for their practice; time was stolen from hours that should have been devoted to sleep, relaxation, or family enjoyment; anxieties and expences were incurred; a fresh diploma fee was got ready,—when, lo! out come the Councillors: "Have the goodness to pay your money; submit to our degrading and insulting second examination—that second ordeal we have never passed ourselves—and you shall have a diploma which to-morrow shall be given to thousands of your colleagues of a less standing, without any studies, toils, anxieties, examination, or diploma fees!"

Our opinion about the necessity, not only of abrogating the Charter entirely, but of putting the College on a footing suited to the scientific exigencies of the day, have been too frequently expressed to require any further development. But, however strongly we may denounce the impolicy and injustice of the Charter-made-Fellowships, we cannot yet deny that the Fellows themselves are now to receive from the College Council wrongs only second to those inflicted on the Members. The Council, after pillaging their numerous constituents of the only thing in the College they valued—their equal memberships—have now turned round on the Fellows and threaten them with a taste of similar treatment. In one word, they are so ill-directed that one mutation of wrong is followed necessarily by another as its cure. Nothing, indeed, can get right or satisfactory till they perform the duty their absurd misconduct absolutely enforces on them—RESIGN. Under present circumstances to ask by *advertisement* candidates to submit to studies, pay fees, and undergo an examination as a means of getting a fellowship is, in fact, but to raise money under false pretences. If the justice is to be done to the Members of restoring them to what is substantially their old place—equal Memberships (or, as at present worded, Fellowships)—let, at least, no more poor practitioners be cajoled to pay, as for a distinction, for that which is to be given to nearly everybody as a right. Enough has been done in the way of annoying, and extracting money, from the aspiring victims of this foolish Charter. Already too many will have toiled and paid to get an honour which they now find is to be given to everybody for

nothing. Let us, at least, have the homage to public decency paid, of allowing the trickery to go no further. In any case let the Profession know publicly that there is no *need* of more studies or examinations for fellowships. The man who, despite such a notice, will still seek the pleasure of meeting the Council at their examining board, and paying them for nothing, will then only have himself to blame.

"But facts are chiels that winna ding
And downa be disputed."—BURNS.
"Is this him Cæsar? Yes!
Then let him be whipped!"—BEN JONSON.

WE have no love for personalities, be they those of praise or censure. The former are apt to savour of cant, the latter of cruelty; and we hold affected kindness and deliberate injustice to be twin-brothers in abomination. We eschew them both, for we are fond of fair dealing, please or pain whom it may. All men have their *désagrémens*, and as editors come within that ample range denominated humanity—for though they live chiefly in idea and hearsay, they are still human, and have hearts and heads like other people—they necessarily have their vexations also. One of these, and by no means the least of them, is the compulsion of occasional personality. Fate often thrusts it upon us, like the crown upon Richard, and then there is no possibility of avoiding it. Cases in point are, when *individuals* interfere with the wise working of *institutions*, by doing them any dishonour or impairing their efficiency. Whenever we meet with circumstances of this kind—unhappily too often—we apply the lash without hesitation, and forget the *person* in a single endeavour to serve the *profession*. We labour, as becomes us, for the many, and if we now and then offend the few, they must look to themselves, and not to us, as the authors of the unpleasantness. We would willingly avoid these things, but we fear it would be impossible to do so, in a faithful discharge of our peculiar *duty*—and of all negligences, we hope this is the last we shall be found guilty of. So much for our preface—contrary to prefaces in general, it is a necessary introduction of the subject.

In the number of the MEDICAL TIMES for August 23rd, pp. 416 and 417, is a letter on "the University of Edinburgh as a Medical School in 1845," from our esteemed correspondent, Dr. Lewins, of Tiverton. In that letter is an able and impartial *exposé* of the manner in which Mr. Syme possessed himself of the Chair of Clinical Surgery in the Edinburgh University. Dr. Lewins says, "the late Mr. Russell, who had filled the Chair of Clinical Surgery for thirty years, was allowed to dispose of it! He made it a matter of 'attorney-ship,' and after much wretched intriguing, on his part at least, Mr. Syme paid the price demanded! report said, an exorbitant one. Such was the inglorious manner he got possession of his chair. The transaction referred to was, doubtless, a very; disreputable one, and discreditable to all concerned but especially to the late professor, and to those who dispensed the crown patronage in Scotland at the period to which I allude (1833). The plain and unvarnished state of the case is this: a rich old man (an octogenarian, or nearly so), in whom the maxims of philosophy did not moderate an insatiable desire of additional wealth, was permitted, if not coaxed, to make merchandise of a medical chair in the gift of the crown. He virtually 'put it up' for sale, and 'knocked it down' to the highest bidder. And to that disgraceful transaction, those who were delegated with the honourable trust of filling the *regius* chairs in the Scotch universities were parties." * * * "There is, however, good reason to suppose that it will be long ere such chicanery be again practised in the disposal of a professorship at Edinburgh, or elsewhere in the Queen of England's dominions." We made no editorial comments upon this, or any other of the excellent letters of Dr. Lewins, for we conceived them to be written in a fair spirit, and notwithstanding their enthusiasm, to be the enunciations of general truths. Nor should we now take up the subject, except that in the *Gazette* of last week, is a letter from Mr. Syme adverting to it, and attempting to controvert Dr. Lewins; but, as we think, convicting himself. Had Mr. Syme addressed himself to us, he should have been afforded every opportunity of explaining the "disgraceful transaction" alluded to, and our judgment should have been impartially pronounced upon it in very few words. As matters stand, however, we are compelled, we confess unwillingly, to drag him again before the public, and make him sit for his portrait. To him, to our correspondent, and to ourselves, it is due that we perform this unenviable task. In explanation of the *bargain* for the Chair of Clinical Surgery, Mr Syme says, quoting from some pamphlet or newspaper, he does not tell us which—"The former professor, Mr. Russell, has stated, that towards the end of the year 1831, an offer was made to him on the part of Mr. Liston of £300 a-year, on condition of resigning in his favour, and that he afterwards had several meetings with him (Mr. Liston), when they talked over the proposal, and the mode of carrying it into execution." The professor then communicated the proposal to his professional adviser, who informed him "that no *private* agreement of the kind could be made, as there was an act of Parliament voiding any appointment made on a resignation of office, if the terms on which the resignation was made were not specially set forth in the new commission. All idea of a *private agreement* was, therefore, abandoned. Thereafter (in October 1832) the professor gave in a petition to Government, praying to be allowed to resign, his successor being bound to pay him £300 a-year during his life, in consideration of his having established the class, having taught it for forty-six years, and his being then in the eightieth year of his age. As soon as he had done this, he showed Mr. Liston a copy of the petition, and acquainted some other gentlemen who might be supposed to have views to the chair, with the vacancy that was likely to take place, and the terms on which, in that event, it would be supplied.

"Having been thus fully informed as to the state of the affair, Mr. Liston forwarded an application to Lord Melbourne, and addressed a letter to the Lord Advocate in recommendation of his claims. His Lordship, in reply, to prevent the possibility of any misapprehension on the subject, explained that there would not be a vacancy 'unless the present incumbent is allowed to retain a share of the emoluments, not, of course, by any private arrangement with the successor, but by open stipulation in the appointment.' This letter was dated in November, 1832; the appointment did not take place until March, 1833, and Mr. Liston (although in full knowledge of the terms on which alone the office could be obtained) did not withdraw his application to Lord Melbourne until the commission of the new professor arrived in Edinburgh. So much for the alleged purchase of the Chair of Clinical Surgery"—(*Medical Gazette*, November 21, pp. 1308—9). *So much for it!*—and is this *all* Mr. Syme has to *give* in explanation of *how he got the chair!* Such *excuse* for the purchase of that chair is much less costly than the original outlay. But what does all this rigmarole in the form of self-justification amount to? We gather from it thus much, and if anybody else, by analysing it, can gather any more, we shall rejoice in the fact, if it be only for Mr. Syme's sake:—first, we opine that of all the diplomatic old stock-jobbers we have ever heard or read of, not one could claim the mastery of Professor Russell! Modest, generous, old gentleman!—because he *made a chair* for himself, and occupied it for forty-six years to the tune of something more than a common fortune, he was willing, clandestinely and covertly, to consign it to any man, no matter whom, for the trifling annuity of £300 a-year! He actually wanted paying for having already made his own fortune! Had he loved his country as well as himself, what an ambassador he would have made! It having been ordained, however, that the seat could not be disposed of without, at least, a *seeming* of openness and fair play, he next petitioned the Government to let him do publicly what he had privately endeavoured to cajole Liston into aiding him to accomplish. Only that the Government might not thwart him, he threatened that, old and useless as he was to the chair, he would sit in it until death disputed its possession if he were not paid £300 a-year to come out of it; not that he *needed* the money, but that it suited his covetous caprice to demand it. Lord Melbourne—it might be that

"A fellow-feeling made him wondrous kind"—

granted the modest prayer of the petitioner, and the chair was conditionally put up. Here we take leave of Professor Russell.

Now for his successor! Liston, Syme, and, we believe, sundry others, were candidates for the chair on the terms proposed, and *because* Liston sent his application to Lord Melbourne, and did not withdraw it "until the commission for the new professor arrived in Edinburgh;" *ergo*, says Mr. Syme, the appointment of himself was all right and fair, and the situation was not one of purchase! To us, such logic is only worth laughing at. Was Liston likely to withdraw his application until he found that his chance for the office was gone? He wished for the chair, and asked for it on the terms stipulated, and honourably waited to see with what justice his claims would be weighed. And we could readily fancy himself would be as much surprised as all the world was (except Lords Melbourne and Jeffrey, Mr. Russell, and Mr. Syme) when it was announced that so great a man had been vanquished by one so little. But was the victory a fair one?—"that is the question." Did Mr. Syme stand *simply* upon *public candidateship like his competitors?* Was there no further fee-trap in the business than the *promised* £300 a-year? Was there no *bona fide* sum given to Mr. Russell and others for their influence with the Lord Advocate, and was his ear not whispered into, and did he not tell the Prime Minister whom to appoint? We know a good deal about the affair, but would rather hear Mr. Syme make *his* statement, than ourselves say anything further. "We pause for his reply." He tells us of the chairs which, since his own was supplied, have been filled conditionally upon a pension to the ex-professors; but does he mean to say that the terms of *pension merely*, by which Allen Thomson succeeded Alison, and Alison Home, are precisely those on which he was allowed to sit in Russell's chair? We ask, did he not by purchase-money, or by gift, obtain his success over Liston and his other compeers? We shall be delighted to hear him answer that he did no such thing.

As regards the other part of Mr. Syme's letter, affecting to explain the compulsory attendance

upon his lectures, it simply amounts to this, that having got himself appointed to the Chair of Clinical Surgery, he next succeeded in persuading the senatus to compel pupils to pay him. This heavy injunction upon the students has been constantly complained against, but of course without avail. It was the occasion of the following versification, which was unceremoniously chaunted by the *alumni* :—

We do not like you, *Mister* Syme,
We'll tell you why some other time,
At present trust the simple rhyme—
We do not like you, Mister Syme.

We are not intending to dispute Mr. Syme's claims to the character of a good or a bad surgeon. We don't intend him ever to operate upon us, and, therefore, care little about his merits. But we cannot help saying that we have always regarded the compulsory attendance upon his chair as a gross imposition upon the students—we are not aware that, since he has held the appointment, the Edinburgh University has turned out better surgeons than aforetime—and very certain we are that, if the fees to him were *voluntary*, they would be considerably less than at present he has the good luck to find them.

A THIRD LECTURE TO MEDICAL STUDENTS

By Surgeon Snipe.

It was our intention, gentlemen, to have remained silent for a time, in order that you might ponder deeply on our former lucubrations; but, really, we cannot refrain giving you another short lecture on the propriety of altogether eschewing one very necessary and useful branch of the medical art, viz., PHARMACY—not only because it is denounced as an ungentlemanly occupation, but because it is much preferable, according to the dicta of some, to commit the lives of your patients into the hands of the druggist, or into those of his raw and fearless apprentice. The man who is so proud, so nice, and so very refined in his notions as to think it a vile occupation to mix pill, mixture, draught, or bolus, for his unfortunate patients, ought, undoubtedly, to turn "*gentleman*" at once, and leave all such manipulations to "vulgar souls," who never allow refinement to interfere with duty.

For a gentleman of this stamp to be seen mixing a pill, or seizing a *dirty six ounce* by the neck, is not only extremely degrading, but the whole process of dispensing is very laborious, inasmuch as the bottle requires washing, carefully filling, corking, wiping, labelling, wrapping up, directing, sealing, and delivering;—we say, to see a refined gentleman do all this is a downright burning shame, and, sooner than his refinement will submit to it, we find that he will readily deliver up the conscientious discharge of his duty, and transfer his patients to the tender mercies of some disinterested druggist.

Let such men as these, by all means, turn "real gentlemen" at once, so that there may be no mistake! If they will not turn gentlemen of their own accord, we opine that the world will very soon confer the distinction, if "having nothing to do" be the criterion! Seriously, it afflicts us much to read the refined nonsense which keeps stealing out by scraps. Where is the use, we would ask, of a man entering a profession at all, if he be too much of a gentleman to perform the whole of its duties vigorously and conscientiously? We have a very poor opinion of that refinement which demurs at the compounding of medicine, as it is neither more nor less than a shuffle—a picking and choosing—a sneaking and a turning up of one's nose at a positive and necessary duty! Out upon such miserable ideas! Pharmacy has never yet proved a source of degradation, except to minds of little calibre, and of refinement too sublime for ordinary duty; and the profession and the public will lose nothing by recommending such scrupulous and anti-*dram*-atical old ladies as these to tuck up and retire. What a pity it is that patients cannot be cured *without physic!* what a pity it is that the overwhelming sight of a "real gentlemen" is not sufficient for all emergencies!

It is not the compounding of medicines which is degrading—it is not the practice of pharmacy which is disreputable, but the way in which it is done. If a professional man ape the druggist and open an *an abortion of a shop*, and deal out pen'orths of drugs, then, indeed, is he deserving of severe reprehension, and such a proceeding is beneath contempt: but for a professional man to compound his medicines in a private room on his own premises, is not only very convenient both for patient and practitioner, but highly necessary, highly useful, and not to be despised.

This is a practice which has been carried out by all provincial surgeons, with few exceptions, for an indefinite period; and among them we might mention names which would fairly put into the shade those nice and delicate gentlemen who are desirous of forgetting in *toto* both the appearance and smell of physic. Well, well, we will not quarrel with these "niceties;" we have been accustomed to handle matters ten thousand times more disagreeable, but proportionally instructive; notwithstanding, we have learnt to place pharmacy in its true position, and we have long ago ceased to turn up our nose at anything which is necessary and useful, though neither ornamental nor refined.

Now, gentlemen, be not led away by the senseless vagaries which are constantly being produced to disturb your peace. A thorough knowledge of pharmacy is absolutely necessary in any man who would practise medicine aright, and its operations cannot be too frequently repeated. In the Medical Times of November 15th, page 153, we find the following paragraph, and surely, if continued practice be necessary in any art or science, there is justice in the observations here recorded.

"By not himself dispensing, the physician loses all dexterity, all practice, in the manipulation necessary for the combination of substances which severally react, and in certain cases decompose one another. He gradually loses his experience in this art, until he, at last, cannot give a minute and consistent prescription at all, and writes prescriptions which involve contradictions, and make the druggist merry at his expense. In this practice the physician must conform with the best grace he can; and the doctor and his patients must be content to receive his medicine as the druggist and his assistant (a mere apprentice) please to make it."

The whole article is worthy of perusal, and contains some potent truths.

It seems to us, then, a very anomalous proceeding to find fault with a medical practitioner for compounding medicines; it seems like calling a cobbler "a foolish man" for using "*wax*," or a printer "*ink*," or a painter "*paint*;" nobody can use these things so efficiently as the individuals in question, and there would be just as much sense in finding fault with their necessary manipulations. There seems to us to be nothing derogatory from the dignity of the medical practitioner to make and administer any medicine that may be required; on the contrary, we not only admire, but commend, that care and attention which render it imperative on him, as a judicious and conscientious man, to superintend, at the least, the compounding and dispensing of his medicines.

If *we* were *very ill*, we should infinitely prefer that any medicine which might be deemed requisite should be prepared by the individual in whom we placed our confidence as medical attendant, rather than a prescription should be handed over to an indifferent person, even though he had been nursed and brought up by the *Pharmaceutical Society!*

Again, if the editor of the *Times* were *very ill*, we, as an individual, and his medical attendant, should infinitely prefer preparing *his* medicine with our own fingers, or seeing it done with our own eyes, no matter to what trouble or inconvenience it might put us, rather than leave it to anybody else; and, we dare say, the editor of the *Times* would, on his recovery, feel duly grateful for our care and attention, though he would not allow us to hope for a Fellowship because we were *too particular*, and took *too much care of him*, and because he thought we had been *trading in physic*.

To prescribe a quantity of medicine in order that it *alone* may form the foundation for all charges, is what we should hope no medical man at the present day does; his consideration, we trust, is confined solely to the necessity before him, and he prescribes neither more nor less than is absolutely requisite for the fulfilment of his purpose. This cannot be called "*trading in physic*," especially if the charges be regulated on the principle that the medical attendant be remunerated for his skill in the treatment of disease, and not in accordance with the quantity of medicine he may furnish.

There are many things in this world to excite both our grief and wonder, and one is to notice what adepts some perverse and morbidly sensitive people are in making a handle of that end which was never intended to be handled at all, and prettily they get begrimed for their pains! There are many things besides, which, if closely and seriously examined, amount to "*tweedle-dum-dee!*"

Give every medical man a sound and extensive education to begin with—give him, or obtain for him a

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from whom he may seek his diploma to practise—give him summary protection against all illegal practitioners of every grade, and far too numerous for us to mention—and he, in return, will give the editor of the *Times* and the public the best of medical advice, the best of medicines that money can procure, and, what is more, he will have no objection to be so *very indiscreet* as to compound them, if need be, himself! Is this "*tweedle dum dee?*" It is such "*tweedle dum dee*" as we would almost give our ears to witness!

If ever there was a case in which the following saying could be truly applicable, it surely is in the compounding of medicines :—"*Whatever you wish to be well and accurately done, do it yourself.*" We have had considerable experience, both publicly and privately, in the compounding and dispensing of medicines, and we solemnly affirm that it is a very responsible office, requiring great care, knowledge, nicety, and circumspection.

If every man were in the receipt of £150 per annum, then might we discourse a little, not injudiciously, on the propriety of regular fees for medical advice; but until that be the case, medical practitioners must be content to charge in accordance with the limited means of their patients: neither microscopes nor anything else will convert sixpence into half-a-crown; still there is no necessity for them to become low and vulgar "*traders in physic.*" In London, people seem to be enabled to do much as they *please;* but, in the country, we must all do as we *can*. Besides, it is hardly necessary, we presume, for us to say that all honest people cut their coats in accordance with the quantity of cloth they possess! So in spending money;—if a man have an abundance, he can afford both to fee his doctor, and pay the druggist for his medicines; but if he have only twelve or fourteen shillings a-week, and a wife and family to keep out of this sum, it is the height of absurdity to suppose that he can afford to fee both. The smallness of his earnings, and the demands upon them by his family, are the very cogent reasons why he risks the advice of a druggist or quack, instead of consulting a properly educated medical practitioner, though it would not require much argument to prove that the best medical advice, whether to rich or poor, is always the cheapest in the long run. The poor save nothing by dabbling with druggists and miserable quacks.

This, then, is our answer to those who talk so glibly about fees—to fee this man, and fee that man, may be very pleasant, both in theory and practice, but *hard cash is requisite to complete the bargain.* We should like these advocates of an utter impossibility to develope first a means of obtaining the "rhino," and it will be time enough then to give up dispensing and commence squabbling about fees!

Again, the editor of the *Times* has only to spend ten minutes in running over the "*splendidly-remunerative tariff*" of the Poor-Law Commissioners, and he will then see in what profound estimation medical men are held by these just and liberal gentlemen! We only wish that all three could be unscated for a week, and each obliged to bestride the Rosinante of one of *their surgeons* to one of *their unions.*

Such an equestrian trial as this would result in conferring immense benefit on the profession, and the administrators of the poor-law would then be disposed to take a more just and *humane* view of this branch of legislation. We sincerely hope that the editor of the *Times* will use his powerful influence in endeavouring to enlighten these gentlemen, and in advancing the true interests of the profession; thus will he continue to increase the depth of that gratitude which is already due.

"A fellow-feeling makes us wondrous kind."

We have now, gentlemen, only to apologise for our intrusion on your valuable time, and, in taking our leave for the present, wish you every success, whilst we fervently indulge a hope that, ere long, our profession will be reformed indeed!

Halifax, November, 1845.

PROFESSOR LIEBIG ON DISEASED POTATOES.

To the Editor of the Medical Times.

Sir,—A great cry has prevailed for some time concerning the "potato disease," and, after all, no proper antidote discovered to allay its progress, which might have been anticipated, on account of no really scientific research appearing for the guidance of the farmer. Some abecedarians in science recommended the application of lime, while others, more advanced, stated that heat would prevent the spreading of the contagion, but, withal, the disease advanced, nay even generated itself, seizing hold of, and quickly destroying, those potatoes which had remained intact. Professor Liebig, however, whose knowledge on vegetable physiology stands unrivalled, at last properly sifted the subject, and found, on examining the diseased potatoes, that they contained in their sap a considerable proportion of *vegetable caseine*, perceptible by acids. This constituent the Professor had not observed in any of his previous researches, and he attributes its presence to atmospheric causes, converting a portion of the *vegetable albumen* into vegetable caseine, which undergoes with very great facility the putrefactive process. The diseased potatoes are not in the least degree injurious to health, as they do not contain any *solanine*, a prevalent ingredient in potatoes grown out of the influence of the solar rays. The hurtful effects of unripe potatoes are owing to this alkaloid, which is a strong narcotic poison, possessing the following formula:

$$C^{48}\ H^{73}\ O^{28}\ N.$$

The diseased potatoes according to the Professor, may easily and at a small expense be preserved, by cutting them into slices of about half an inch in thickness, and steeping them in water slightly acidulated with sulphuric acid. After twenty-four hours the supernatant liquor is to be removed, and the last traces of it washed away by applying successively portions of clean water. The potatoes are easily dried after this treatment, and, being white and very light, can be ground to powder, mixed with wheat flour, and baked into bread. Dr. Liebig is still engaged upon this subject, and the public may shortly expect more interesting details upon the malady which has created such a *furore* in Europe, and elsewhere. Before long the growing of potatoes will be given up by many farmers, as it will be found that they do not pay near so well as other crops, and, besides, contain very little substantial nourishment, as the subsequent analysis will show. Their principal constituents act only as respiratory food, keeping up the animal heat, and, therefore, a a person could not subsist on potatoes alone for any length of time.

Analysis of Potatoes.

Water	75·00
Organic matter	24·05
Inorganic salts	00·95
	100·00

The inorganic portion consists of the following compounds:—

Phosphites of potash and soda ...	17·99
Phosphites of lime and magnesia	9·79
Sulphate of potash	16·40
Carbonate of potash	55·82
	100·00

These are the substances employed in forming brain and nervous matter, and for contributing to the supply of the earthy part of bones. Hoping you will give this letter a place in your valuable journal,

I am, Sir, yours truly,
SHERIDAN MUSPRATT, PH. D.

Chemical Laboratory,
Newton-le-Willows, Lancashire.
Nov. 20th, 1845.

RISE AND PROGRESS OF HOMŒOPATHY.

By Dr. HILBERS.

Two of the principal causes assigned by the opponents of homœopathy, for the success which in many instances has undeniably attended the exhibition of the homœopathic remedies, are, first, the influence which the imagination exerts on disease, and secondly, the beneficial results likely to follow from the rigorous system of diet, to which the patients treated according to the new plan are *said* to be subjected. Though it would be foreign to my purpose to enter largely on these topics, yet if we relied on chronic diseases alone to show the value of our treatment, it would be necessary duly to consider them. Hysterical and hypochondriacal patients may, no doubt, in some instances, be greatly benefited by acting on their imagination; and dyspepsia or other forms of gastric derangement, are often relieved by a well-regulated system of diet; but I presume that no one would contentedly trust to the former to cut short peritonitis or pneumonia, or resort to the latter for the cure of pleurisy or hemoptysis. Besides, it is possible that examination might show, that in reality the prohibitions of the homœopath are not more numerous than the injunctions of the allopath, and that, while the former contents himself by forbidding his patients certain substances, which, from their well known medicinal properties, might interfere with the action of his medicines, as coffee, spirituous liquors, spices, &c., the latter as often orders wine, porter, or other things to act as auxiliaries to his treatment.

To what, then, are we to attribute the extraordinary success which, for the last ten years, has attended the practice of Dr. Fleischmann, in the Homœopathic Hospital in Vienna, remembering that, for the most part, the cases consist not of chronic but of acute diseases? Must it not depend on one of two things? either that the medicines as there administered do possess some curative properties, or that to the *vis medicatrix naturæ*, and to that alone, the credit is due. If we allow the former, is it not to admit the truth of the homœopathic doctrines and practice? and does not the adoption of the latter involve all but an absolute scepticism as to the use and value of medicines generally?

It is into this state of scepticism, more or less complete, that many of the most distinguished members of the Vienna School of Medicine have been driven. That the average mortality is far less in one hospital than in the other, every succeeding annual report clearly testifies. There must be some cause for this. The small number of the patients admitted—the better nursing received from the inestimable women who devote themselves to this philanthropic employment—the greater attention paid to the diet, besides other minutiæ, might, one or all, be brought forward as reasons why, if the treatment were similar, the balance should be slightly in favour of the one hospital over the other. But when year after year shows that to one patient who dies in the homœopathic, two or even three die in the allopathic hospital, the reflective mind is compelled to look deeper for the cause. Prejudice stands as an insuperable barrier to the entrance of the conviction, that this favourable result is due to the different medical treatment pursued; many, therefore, find it far more easy to believe that the efforts of nature have in all these cases worked spontaneous cures, than to imagine that the infinitesimal doses possess any healing virtues. The practical operation of these opinions is utterly to destroy all confidence in medicine, and to induce those who entertain them to leave their patients almost entirely to nature.

The visitor, on entering some of the general wards of the allopathic hospital, would at once perceive the truth of this assertion. He might there see patients labouring under various forms of disease, both acute and chronic; the only difference in whose treatment would be, that some might be taking "decoction of grass" or "common decoction," whereas, others would have "decoction of liquorice" or "simple emulsion." He would be horrified at seeing some poor wretch in the last stage of pneumonia, or typhus, consumption, or pleurisy, roused from his death throes to receive from the nurse his accustomed dose of one or other of these medicines. On examining the board suspended over the bed head, or which the prescriptions are written, he would in vain look for the proofs, that some active treatment, as bleeding, blistering, tartar emetic, or purgatives, had been employed; nothing of the kind would he be able to discover. If he descended into the dead-house, and observed the long row of corpses there daily exposed to view, in all probability in by far the greater number, no evidences of active treatment would be visible. He might witness body after body examined by Rokitansky, or his assistants, and see abundant evidence of the rapid course which some acute inflammation had run unchecked by any of the depletory or revulsive treatment which he has been accustomed to consider necessary. The disease had been left to nature, and this is the issue.

Scenes like these I daily witnessed, I confess, with mingled feelings of horror and disgust. On one occasion I noted down the medicines prescribed for the patients, in two wards of the hospital, in each of which were twenty-six beds. In the first, five patients were under what may be called treatment, inasmuch as two were taking tartar emetic, one digitalis, one decoction of sarsaparilla, and one decoction of sarsaparilla and infusion of ipecacuanha; in the second ward, one was taking tartar emetic, one decoction of taraxacum and infusion of ipecacuanha, and one decoction of sarsaparilla; all the rest were taking one or other of the before mentioned decoctions; in one or two instances, a few drops of laudanum or tincture of squills being added. Each physician has his own ward, and it is but justice to say, that I was informed that the rate of mortality in the wards where this plan of treatment prevails is certainly not greater than in others where the physicians still continue to pursue the old and beaten track.

It must not be considered that carelessness or ignorance is the cause of this unbelief in the powers of medicine. It may be traced to the paralysing effects of the statistics of the homœopathic hospital on the one hand, and to the dislike of innovation and love for old notions on the other. The cleverest and most scientific are the chief supporters of these views. Skoda, the first of stethoscopists, openly asserts that, from the results of numerous experiments, he is convinced that pneumonia is more likely to terminate favourably when left to nature, than when treated according to any of the usual allopathic methods. In the former case he says that he has found the mortality to be but one in nine, whereas the best results he has been able to obtain from any one of the numerous plans of treatment as recommended by the first authorities, involves the loss of one patient in seven. Compare this with Dr. Fleischmann's treatment at the homœopathic hospital, where out of ninety-five cases of pneumonia, admitted during the last two years, but three terminated fatally.

Few things present a more striking contrast than the skill displayed by the Vienna physician in diagnosis, or the power of detecting disease, and in the feebleness they evince in therapeutics, or the art of curing disease. Reaction must, however, soon follow this stage of depression. Already the first dawn of improvement has appeared. A strenuous effort has been made in the Medical Society of Vienna to pursue a reform in this branch of medical science. Though discussed totally independent of homœopathy, the first movement has been made in a right direction. Hahnemann's two original propositions have been adopted. It has been decided, first, that to insure their proper operation, all medicines must be given singly; and secondly, that before they can be advantageously administered to the sick, their effects on the healthy organism must be ascertained. Steps have been taken to further this latter resolution, and all who feel anxious fo

the advancement of true medical knowledge, must be deeply interested in the result. Probably it may end in nothing, as too many of the Austrian attempts at reform do, but still it is possible that it may but be the commencement of a brighter era in the history of medicine; and that, from the deservedly renowned University of Vienna the first grand move may be made which will introduce a radical reform in the whole system of therapeutics.

To the Editor of the Medical Times.

Sir,—Since writing the foregoing I have read Mr. Bainbridge's second letter, on which I shall make but one or two observations. The believers in homœopathy have been long accustomed to see ridicule, contempt, insinuations of mercenary motives, &c., plentifully, though harmlessly, showered down upon them. The experience of half a century has shown that they have no need to fear that these will act as "antidotes" to the *facts* which they are able to adduce in support of their opinions. Experiment must be opposed to experiment, apparent proofs of the efficacy of their plan of treatment must be neutralised by equally strong counter-proofs, before we shall see our system of medicine discarded as utterly valueless. I shall therefore, confine my observations to the one or two *facts* contained in Mr. Bainbridge's letter. As to the information which he obtained from the homœopath, "of his having cured a most decided case of inflammation of the brain in five minutes," I have nothing more to say than that I am satisfied that none of the homœopathic practitioners, either in England or on the Continent, with whom I am acquainted, would make such an assertion. I leave it to your readers to decide how far the insinuation of incorrectness thereby attempted to be cast on the statistical reports of the Vienna Hospital is worthy of attention. In my last communication I endeavoured to explain how these were obtained, and the means used to insure accuracy. I quoted from the work of an allopathic physician to show that the cases which he there saw treated equalled in severity those usually seen in hospital practice. The institution is freely open to visitors from foreign countries, and a book, which is kept for the purpose of entering their names, shows that a large number of physicians, &c., from various parts of the world, have availed themselves of the permission to witness the treatment. At the time that I was attending the hospital, in addition to three other English medical men, all of whom had been in practice on the old system in England, there was an Italian physician sent by the Grand Duke of Lucca expressly to watch the cases; there was an American student from the other hospital, and just before I left an American physician began to attend; there were also several German and Hungarian physicians, one or two of whom were "practicants," or junior physicians, to the other hospital. Among these I have often heard the diagnosis in doubtful cases discussed, and the efficiency of the treatment canvassed, but I never once heard an insinuation made of fraud or collusion.

The statement respecting Mr. Bainbridge's own homœopathic experiments is the next *fact* which it will be necessary for me to notice. Had he favoured us with any circumstantial account of these—had he stated, never mind how concisely, the numbers, the disease, the medicines employed, and how long in each case he generally continued to employ them—this would have been evidence well worthy of consideration; but when we remember that even the practised homœopath often finds much difficulty in the proper selection of the medicines, and that no means are afforded us of judging whether, in these cases, they were rightly chosen, I think I need hardly fear that the vague assertion "that Mr. Bainbridge had treated some members of his own family, besides numerous patients, in the most approved homœopathic style without success," will operate as a *very* powerful "antidote" to Dr. Wilde's account of the cholera cases homœopathically treated, or even to the doubtful report of the commission of allopathic practitioners appointed by the Austrian government to investigate the subject.

As I have been more than once applied to for information on this subject, I shall avail myself of this opportunity briefly to relate the method I myself adopted when I first began the experiments which ultimately ended in my conversion. I do this with the hope that some assistance may be thereby afforded to any of my medical brethren who may feel disposed to put our pretensions to the proof of experiment. It is unnecessary for me to notice the causes which first induced me to turn my attention to homœopathy; suffice it to say, that when I commenced I was as sceptical as Mr. Bainbridge himself. Still I had seen cases of disease cured which I could not rationally explain otherwise than by attributing some curative effects to the medicines employed. I therefore set to work, firmly resolved not to stop until I could assure *myself* that the treatment was valueless. This, at the time, I thought would be a very easy task; but experience soon entirely altered my views. I purchased Curie's Domestic Medicine, and the second volume of Yahr's Manual, also a supply of the most frequently used homœopathic preparations, all in tinctures of the 6th dilution. Thus prepared, I resolved to try the treatment for twenty-four hours in all cases of disease, both acute and chronic, provided always that no injury to the patient was likely to arise from the delay. If, at the end of that time, I saw no evidence of improvement, I invariably resorted to my old weapons. At first I met with but little encouragement, no doubt in consequence of my want of skill in the use of the medicines; but every now and then a case would occur which astonished me, and induced me to continue. As I got more accustomed to the use of the medicines these cases became of more frequent occurrence, and at last I found that there were some diseases which I could treat with most perfect confidence. The most remarkable of these was a form of inflammatory fever which appeared almost as an epidemic in my neighbourhood. The most prominent symptoms were great heat of skin, severe headache, intolerance of light and sound, constipated bowels, thirst, high-coloured and scanty urine, &c. Under the influence of aconite and ipecacuanha I rarely met with a case which was not either cured or materially relieved in a few hours. I had also one or two most striking cases of the efficacy of the treatment in hooping-cough, acute rheumatism, and in several other forms of disease, both acute and chronic. In this way I went on for about twelve months, in which time I fancied that I had seen the treatment eminently successful in about sixty cases. Still I could scarcely believe in its entire sufficiency as a system of medicine; I therefore determined, before I adopted it, to go to Vienna, where I was informed that I should find a large field for observation. I then disposed of my practice, and left England, resolved not to return until I had become satisfied on every point. It is now more than two years and a-half since I first began my homœopathic experiments, and I can conscientiously say that every day's experience only tends to impress more deeply on my mind the inestimable value of homœopathy as a system of medicine.

Before concluding this subject I have much pleasure in announcing an act of liberality on the part of Mr. Headland, the homœopathic chemist of Princes-street, Hanover-square, who has authorised me to say that he will willingly furnish *gratuitously* the necessary medicines to any medical gentleman who is desirous of proving the system.

I see nothing more in Mr. Bainbridge's letter which requires notice. It would be quite foreign to my purpose were I to involve myself in a discussion as to whether the action of snow on frozen bodies is an exemplification of the law of *similia similibus curantur*. Such a discussion might be prolonged *ad infinitum*; and even if I could prove it in the affirmative, I do not see that it would at all strengthen my original proposition, which, it must be remembered, only is, *that homœopathy is well worthy of the careful investigation and experiment of the British medical public.* The objection is plausible and ingenious, and was, I believe, first advanced by Dr. Holmes, of Boston, U.S., in a published lecture on "Homœopathy and its kindred delusions." Those of your readers who are interested in the subject may see it ably discussed in the 6th No. of the *British Journal of Homœopathy.*

In conclusion, I shall venture to express a hope that Dr. Lewins will find it convenient to give us his ideas on homœopathy. However much they might be opposed to my own (judging from his late letter on the subject), I have no doubt that they would be both *rational and liberal.* "We all strive," said Hahnemann, "with one common happy aim, but it is not easily to be attained. Only hand in hand, only by brotherly zeal, only by means of reciprocal exchange, and common dispassionate working with our united knowledge, views, discoveries, and observations, can our high aim—viz., the perfection of the healing art—be obtained. German physicians, be brothers—be just—be reasonable."

I am, sir, your obedient servant,

GEO. HILBERS.

Crescent, Norwich, Nov. 17, 1845.

DISLOCATION OF THE WRIST.

(To the Editor of the Medical Times.)

Sir,—Having noticed in the 316th number of your excellent print, under the head of Progress of Medical Science in France, that Professor Velpeau laid particular stress upon his assertion as to the rarity of dislocation of the wrist, and as some surgeons, amongst whom the great name of Dupuytren flourishes, believe it to be impossible, I take the liberty of stating that a case of the kind presented itself to me when employed in the naval service on the Lakes of Canada. The subject of the accident was a young officer, then a mate, now Lieut. Dyett, R.N. He was out riding in the neighbourhood of Kingston, Lake Ontario, when his horse stumbling threw him, his whole weight bearing upon his right hand, which he held forward to break the fall. He was picked up by a passing cariole, and brought to the Naval Hospital at the Dock-yard. I visited him in company with Mr. Macleroy, surgeon, R.N., and a dislocation of the carpal bones *backwards* was plainly diagnosed; there was no appearance of fracture of the radius, and little or no extravasation of blood. Extension and counter-extension in the axis of the limb soon restored the bones to their natural position, and anterior and posterior broad splints applied loosely, and cold applications to its vicinity, the splints were laid aside in fourteen days after, and in five weeks from the date of the injury he was reported fit for duty—a partial stiffness, with thickening around the joint, remaining. From a reference to my list of cases, I find he was placed on the sick-list on the 10th August, 1841, and discharged on the 15th September. If you think the foregoing worthy of publication, you will oblige me by inserting it.

I have the honour to remain, Sir,

Your obliged servant,

LAWRENCE MARTIN, M.D.,

Late Assistant-Surgeon R.N.

Dundalk, November 8th, 1845.

EXTRAORDINARY PROCEEDING AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The Royal Medical and Chirurgical Society was on Tuesday the scene of an extraordinary and somewhat unexampled occurrence. The ballot was taken early in the evening for a gentlemen of acknowledged professional skill, when to the surprise of by far the larger portion of the fellows present, he was declared to be black-balled. Mr. Davis, of Hampstead, instantly arose, and urged that the ballot had been closed at a period much anterior to the usual time, and that many gentlemen, like himself, had been too much engaged in attending to the papers which were being read to avail themselves of the opportunity of recording their votes. He was totally unacquainted with the gentleman who had been thus rejected, but he thought that another opportunity ought to be offered the fellows of making known their real feelings respecting him. Mr. Lloyd and Dr. Gregory followed on the same side, and Dr. Quain suggested that in future a single ball should be given by the proper authority to each person when about to vote, as, under the present system, any one might take two or more balls, and record

them in favour of, or against a, candidate. Sir. G. Lefevre considered this a very important suggestion, and mentioned that the very proceeding alluded to by Dr. Quain had occurred at a club of which he was a member. Mr. Streeter spoke in favour of the reopening of the ballot, on the ground of its having been closed before the usual time, and expressed his deep regret at the act of injustice that had been committed. Mr. Arnott and Mr. Macilwain were both against the reopening of the ballot, as establishing an injurious precedent, and Mr. Arnott suggested that, if the candidate's friends thought proper, a fresh certificate might be prepared, and another opportunity thus be offered to the fellows of recording their votes in favour of the candidate if they pleased. It was finally determined not to reopen the ballot, the laws of the society having been previously referred to by the secretary, from which it appeared that the regulations had been fully complied with. The number of votes in favour of the gentleman who had been black-balled was eight, and six against him. The laws require four-fifths of the votes to be in favour of a candidate, or else he is considered not elected.

GOSSIP OF THE WEEK.

Her Majesty has been graciously pleased to command the College of Chemists to assume the title of the Royal College of Chemistry. His Royal Highness Prince Albert has accepted the office of president of that institution, and presented it with the donation of £100.

Obituary.—Nov. 15, at Wellington, Richard Kidgell, Esq., surgeon, aged 57 years. On Wednesday, the 19th inst., at Brighton, James Williamson Esq., M.D., of Stretton-hall, Cheshire, aged 48, At Copenhagen, aged 61, Charles Frederick Reinhardt, professor of zoology at the Royal University. We regret also to announce the decease of Dr. Charles Wake, of Warwick.

Appointments.—John F. Charlton, M.D., to the Alecto Steam-vessel. Assistant-surgeons: Archibald Sibbald M.D. and James Wade, M.D., to the Grampus, 50 guns; Alexander Mitchell, M.D., to the Alecto Steam-vessel; A. Mitchell, M.D., to the Bittern.

Cure of Hydrophobia.—The legislature of the state of New York, in 1806, gave two thousand dollars for the following absurd recipe for the cure of hydrophobia. Recipe for the cure of hydrophobia:—1. Take one ounce of the jaw bone of a dog burned, and pulverised or pounded to fine dust. 2. Take the false tongue of a new foaled colt; let that also be dried and pulverised. 3. Take one scruple of the verdigris which is raised on the surface of old copper by lying in moist earth; the coppers of George I. or II. are the purest and best. Mix these ingredients together, and if the patient be an adult, or full grown, take one common teaspoonful a-day, and so in proportion for a child according to its age. In one hour after, the filings of one half a copper of the above kind, if to be had: if not, then a small increased quantity of any baser metal of the kind; this is to be taken in a small quantity of water. The next morning fasting (or before eating) repeat the same as before. This if complied with after the biting of the dog, and before symptoms of madness, will effectually prevent any appearance of disorder; but if after the symptoms shall appear, a physician must be applied to, to administer the following, viz., three drachms of the verdigris of the kind before mentioned, mixed with half an ounce of calomel, to be taken at one dose. This quantity the physician need not fear to administer, as the reaction of the venom then diffused through the whole system of the patient neutralises considerably the powerful quality of the medicine. Secondly, if, in four hours thereafter, the patient is not completely restored, administer four grains of pure opium, or one hundred and twenty drops of liquid laudanum.—N.B. The patient must be careful to avoid the use of milk for several days after taking any of the foregoing medicine.—John M. Crous. It seems almost too good a joke to be a true statement.

Strangulated Scrotal Hernia.—A case of strangulated scrotal hernia is reported in the *Provincial Medical and Surgical Journal*, from the practice of Mr. Greenhow, at the Newcastle Infirmary, in which opium, in rather large doses, was exhibited, but failed to effect the reduction of the hernia. The operation was subsequently performed, and proved successful.

A SELECT PRACTICAL FORMULARY.

Translated from the French of M. Foy, Principal Pharmacien to the Hospital Saint Louis, at Paris.

Sulphate of Quinine.—All the world knows the use and properties of the sulphate of quinine, and every practitioner is delighted at its discovery. It is principally employed as an admirable febrifuge and antiperiodic. Mode of exhibition: The sulphate of quinine is administered internally and externally. Internally, its doses are extremely variable; some give it in very small doses—from two to four grains—and others in enormous doses—from thirty to sixty grains—mixed in a little *eau sucrée*, or in bolus or pills, or else in a potion or julep. The ordinary dose is from twelve to twenty-four grains.[1] When the sulphate of quinine is exhibited in any fluid, the precaution of adding a few drops of sulphuric acid must be adopted, in order to render it completely soluble (one to two drops of the acid), without which it would be partially precipitated. It is also sometimes of advantage to combine the sulphate of quinine with opium, to prevent the diarrhœa which may result from its use. Externally, the sulphate of quinine is applied on the skin, previously deprived of its epidermis, in the dose of from six to twelve grains. It also succeeds in frictions, combined with lard (one drachm of the salt to two drachms of the lard), on the gums, in the arm-pits, and on the internal surface of the lips.

Sulphate of Soda.—One to two ounces in a quart of veal-broth or herb-soup; one to three drachms, combined with manna, senna, &c. A very gentle purgative, suited for cases of febrile affection, jaundice, diseases of the skin, &c. Given in small doses—from twenty to sixty grains—it acts as a diuretic.

Sulphate of Strychnia.—Powder, one grain, combined with an inert powder, made into twenty pills, of which one, then two, four, and eight, progressively, are to be administered, or else in solution, in potions, juleps, or mixtures. See Strychnia.

Sulphate of Veratrine.—See Veratrine.

Sulphate of Zinc.—Internally, as an astringent in leucorrhœa, chronic catarrh, &c., from two to six grains, two or three times a-day, in bolus or pills. As an emetic in certain cases of poisoning, ten to twenty grains in a little warm water. Externally, from two to six grains in an ounce of water. *** Of all the tonic astringents, the sulphate of zinc is the one which is the most frequently employed externally in lotions, injections, &c., in cases of catarrhal ophthalmia, chronic blenorrhagia, scrophulous ulcerations, &c.

Sulphuret of Antimony.—Powder, ten, twenty, and sixty grains, in bolus or pills, in the treatment of scrofulous swellings and cutaneous diseases. Rarely used, except in the ptisan of Feltz.

Sulphuret of Lime.—Powder, four to twelve grains, in bolus or pills. Rarely used, notwithstanding its cheapness. See Sulphurets of Potash and Soda.

Sulphuret of Tin.—Used, in cases of tinæa, in the dose of from two to four drachms, mixed with honey.

Sulphuret, Black, of Mercury.—The black sulphuret of mercury recommended by Hufeland in the treatment of scrofula, has been employed at the Hôpital des Enfants by Dr. Baudelocque. This physician gives it in combination with conium and magnesia; in Germany the conium is replaced by rhubarb. See Anti-scrophulous Pills.

Sulphuret, red, of Mercury.—See Cinnabar.

Sulphuret of Potash—(*A Mixture of the Trisulphuret of Potassium and the Sulphate of Potash.*)—Internally, six to eighteen grains in bolus or pills; syrup half an ounce to an ounce in an appropriate menstruum. *** Each ounce of the syrup contains about twelve grains of the sulphuret. Externally, half an ounce to an ounce in a pint of water. (See Barèges Baths, Sulphurous Lotions, and Injections.) The liver of sulphur is an energetic stimulant, which is employed internally in very small doses in cases of chronic cough, long-continued hooping-cough, inveterate dartrous eruptions, gout, chronic rheumatism, &c.; and externally in herpetic, psoric, scrofulous, and rheumatic affections. It forms the basis of the artificial *bains de Barèges*, &c.

Sulphuret of Potash, liquid (Codex.)—An aqueous solution containing one-third of its weight of the poly-sulphuret of potassium.

Sulphuret of Soda possesses the same properties as the sulphuret of potash, but is less active, and is but rarely used.

Sumach, powder or extract, two to ten grains in the form of bolus or pills; in decoction, one to two drachms to a quart of water. An astringent very rich in tannin, and employed in the preparation of lotions and fomentations, which are very useful in the treatment of certain superficial inflammations of the skin, in bleeding, atonic ulcers, &c.

Sumach, Poisonous.—See Rhus toxicodendron, &c.

Supposrtory, Anthelmintic (Swediaur).—Four drachms of powdered aloes, three drachms of the hydrochlorate of soda, two drachms of flour, mixed together, and made into a paste with a sufficient quantity of honey, which is modelled into the form of a cone.

Sur-antimoniate of Potash.—See Antimony

[1] English practitioners would be loath to give so large a dose as the ordinary one indicated by M. Foy. There is such a thing as quininism producible by its toxic action.—Trans.

MORTALITY TABLE,

For the week ending November 22, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	909	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	204	201	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	79	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	141	155	159
Diseases of the Lungs, and of the other Organs of Respiration	294	323	292
Diseases of the Heart and Blood-vessels . . .	31	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	60	68	71
Diseases of the Kidneys, &c.	8	6	6
Childbirth, Diseases of the Uterus, &c.	6	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	6	6
Diseases of the Skin, Cellular Tissues, &c.	2	1	1
Old Age	48	74	70
Violence, Privation, Cold, and Intemperance . .	25	27	26

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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hopitaux, Membre de la Société des Medicins Etrangers, &c., &c.

EXTERNAL INCISION.

Notwithstanding the undoubted advantage of rapid dilatation, there are cases in which other methods should be used; as, for instance, when the stricture is at the meatus urinarius, it cannot be dilated without producing acute pain and extreme sensibility. Cauterisation is of no use, but, on the contrary, only increases the extent of induration. It is simpler and more rapid to make an incision in the direction of the frenum. The end of a large sound should be passed into the aperture once or twice during the day, to prevent the immediate reunion of the parts. If contraction exists a few lines from the meatus, a straight bistoury may be used for the same purpose. Incision of the meatus may be required for very different canses; in some cases the affection is congenital, and there is either complete obliteration or only considerable narrowing of the canal. Sometimes it is caused by the cicatrisation of venereal ulcers, or by repeated attacks of inflammation, particularly of a blenorrhagic nature. In cases of this kind the morbid action indurates the tissues, which become thickened, and sometimes assume a fibro-cartilaginous consistence.

Case.—*Obliteration of the Meatus; Rupture of the Canal; several Fistulæ; Refusal of all Treatment; Death.*

Laury, a soldier of the 6th regiment, contracted blenorrhagia in the year 1822, which was only imperfectly cured, and had frequent attacks of the same disorder afterwards, accompanied with a difficulty in the emission of urine. Five years afterwards a catheter was introduced into the urethra, which occasioned acute pain and urinary abscess in the perineum, although the catheter was not allowed to remain. In the beginning of the year 1833 an inflammatory swelling of the penis came on; the abscess of the perineum, which had been cicatrised, re-opened. These symptoms again abated, but came on with still greater severity in January, 1834. The penis was the seat of violent inflammation, which was induced by infiltration of urine. The integuments of the organ and a part of the corpus cavernosum were in a short time destroyed by gangrene. At my visit, on the 24th January, the patient was taciturn, morose, and a prey to the deepest grief; the skin was of a yellow straw colour; the penis was reduced to an irregular stump, from which a gangrenous ichor was secreted. A thin cicatrix closed the anterior extremity of the canal. At the left iliac region fistulous openings existed, through which urine flowed when the surrounding parts were pressed on. This unfortunate man refused all attempts for his recovery, even the removal of the slight obstacle which closed the orifice of the urethra. On the following day he would not even allow the penis to be examined, fearful that he should be operated on by surprise. Finally, being reduced to a skeleton, he died on the 26th of February, 1834. At the post-mortem I found that the meatus urinarius was only obstructed by a sort of pellicle, which was pierced with small holes. There was a rupture of the urethra in its membranous portion; the orifices of the ejaculatory canals were so dilated that an ordinary catheter might be easily introduced. The mucous membrane of the bladder was red, and of a violet colour; its parietes had acquired four times the natural size; the urine it contained was purulent; the ureters admitted the little finger, and the lining membrane of those canals was of a deep red; the left kidney was healthy, but the mucous membrane of the infundibulum was much injected. The right kidney contained a number of purulent cysts.

The obstacle to the expulsion of urine had caused a tear in the membranous portion of the urethra; this must have been at first only a simple abrasion, which afterwards became the means of successive extravasations of urine. This fluid ascended along the ramus of the ischium, and the descending ramus of the pubis; it then passed under the integuments of the penis, and produced gangrene of that part. The hypertrophy of the bladder was the result of the continual efforts to expel its contents. The extraordinary dilatation of the ejaculatory canals proves the extent of the constant seminal discharge, and it was to the debilitating influence of this that we must attribute the moroseness and the incredible pusillanimity which made him refuse the slightest operation; the pellicle which obstructed the orifice of the urethra was very thin, and could be divided with a lancet. There were no strictures in the canal.

External incision may also be performed on some small tumours which are occasionally formed in the corpus spongiosum, the result of circumscribed inflammation, or the prolonged action of instruments.

Case.—*Stricture projecting externally; Abuse of Cauterisation; Dilatation unsuccessful; Incision; Cure.*

S., thirty-eight years of age, came to the hospital in December, 1831, with a stricture projecting externally, which was situated about the middle of the urethra, and had been present for years. This patient had suffered from several venereal affections, and the stricture came on after blenorrhagia, which continued for six months, and had been entirely neglected. Soon afterwards the urine could only be passed guttatim. After suffering two years in this state, he entered a hospital, where he was treated by baths and bichloride of mercury; at the same time the canal was cauterised thirty times, always with much pain. He enjoyed but a short respite, for his symptoms became exasperated, the emission of urine more difficult, and, finally, within six weeks, its expulsion was most distressing. On his coming to Montpellier, I ascertained, about the middle of the lower part of the penis, a circular tumour about the size of a nut, which projected externally. I decided on cutting down on the tumour; inflammation and suppuration succeeded, and a rapid subsidence of the swelling ensued. In about fifteen days the wound was nearly closed, and there only remained a small indurated spot, which did not interfere with the functions of the canal. The use of bougies was still continued to complete absorption.

Case.—*Violent Blenorrhagia; Rupture of the Urethra; Consecutive Stricture; Catheterism impossible; Urethrotomia; Cure.*

Beau (Joseph), thirty-six years of age, had several attacks of blenorrhagia, the last being the most violent, and to repress the severity of the chordee he struck the penis a violent blow. Profuse hemorrhage came on, with excruciating pain when the urine was voided. Soon afterwards great difficulty occurred in the emission of urine, which daily increased. One month afterwards he was sounded, and a considerable obstacle was met with at the ruptured point, but, though violent efforts were made, it was impossible to pass the instrument into the bladder. All the attempts that were made afterwards could not induce the patient to be again examined, and his sufferings became so much exasperated that he applied at the hospital of Saint Eloi. On the 2nd February, 1836, he presented the following symptoms:—Dorsal decubitus; small pulse; insomnia; pallor of countenance; general prostration; transpiration exhaling an urinary odour; irritation of the perineum and rectum; acute pain in the urethra, and about an inch and a half from the meatus. I could easily feel a small tumour about the size of a nut, which completely obstructed the corresponding portion of the canal. There was a dilatation behind this obstacle; the urine was discharged drop by drop.

22.—After having made several useless attempts at catheterism, I decided on cutting down on the part. It had an almost cartilaginous consistence, and the diameter of the canal was so narrow that it would not allow the introduction of the smallest bougie. The stricture was, however, opened in its whole extent, even into the interior of the urethra. After the operation a *sonde à demeure* was fixed in the canal, and the edges of the wound were brought together by means of sutures; on the third day the threads were cut, and I found that the incision had nearly cicatrised. On the sixth day cicatrisation was complete.

April 5.—Better; can make urine with ease, and without a catheter. He left the hospital.

This case is interesting in several points of view: the general symptoms, which were so severe as to threaten the life of the patient, yielded in almost an incredibly short space of time (sixteen days) although I penetrated into the interior of the canal.[1]

[1] We should some times have recourse to the external incision of strictures, even when there is no appreciable projection to the touch. I append the following case from my own practice.

Case.—*Urethritis caused by the Nitrate of Potash; refractory Stricture for more than Twenty Years; Incision; Cure.*

An Irish gentleman, who was anxious to take some aperient medicine, sent to a chemist for Epsom salts; and, by mistake, nitrate of potash was given him; this he took, dissolved in a large quantity of water. Violent inflammation of the urinary passages came on, accompanied with a discharge similar to blenorrhagia; a swelling appeared about the middle of the urethra, and, when the acute stage had passed over, there remained in this spot a circumscribed induration, which obstructed the flow of urine. Twenty years afterwards, the patient suf-

I have frequent recourse to the external incision in cases where there is no appreciable projection under the skin; and, in one patient, the induration was so difficult, the tissues had acquired such a cartilaginous consistence, and sensibility of the canal was so great, that the presence of a bougie was insupportable. An incision was made even into the interior of the canal, and the cure was complete. In another case the stricture formed such an elastic ring, that it contracted like a piece of india-rubber as soon as the instrument was withdrawn, whatever might have been its size. After considerable time had been lost, I cut into the whole length of this fibro-cartilaginous stricture, which was more depressed than projecting, and a cure was rapidly effected. In all cases of retention of urine which are produced by an obstacle that is accessible to a cutting instrument, it is much better to have recourse to incision, than to forcible catheterism, or to puncture of the bladder. Using a large sound, introduced as far as the stricture, as a guide, it should be opened to its full extent, above and below, so that the operation will not be required a second time. The first incision should be large enough to allow us to see what we are about to do, and it prevents the possibility of infiltration of urine; besides, the cicatrisation of the skin always takes place rapidly. We should then divide the portion of the canal before the stricture, so as to be sure of its opening, or, at least, to be sure that an instrument can pass through it. We should then divide all the indurated parts; the lips of the wound are then to be brought together, and a catheter should be worn until cicatrisation has taken place.

STRICTURES FROM CICATRISATION.

By this term we mean an obstacle to the passage of urine, which has been preceded by a solution of continuity of the canal. In all cases of this kind a cicatrix exists, the retractile disposition of which is always in proportion to the loss of substance which has preceded it. Frequently there is, moreover, a diffused induration of the surrounding parts.

Causes.—They are either external or internal.

External Causes.—They comprise all injuries done to the canal from without. These injuries generally are done to the perineal region.

CASE.—*Violent Contusion of the Perineum; Consecutive Stricture; Cure.*

Richard Grau came to the hospital of Saint Eloi on the 5th January, 1839, with traumatic stricture, which came on after a fall on the perineum he had received in a boat. Some few moments afterwards there was considerable swelling of the perineum and scrotum, with retention of urine. All attempts at catheterism were useless, and although he underwent a most rigorous treatment in the hospital of Cette, the urine was only passed by drops, and his situation grew daily worse.

6.—I introduced a silver catheter (No. 2) into the bladder; it produced no inconvenience. I successively increased the dilating medium, and on the 11th he wore the largest size from night until morning. He left the hospital on the 29th.

The peculiar structure of the spongy tissue, of the sub-mucous cellular tissue, and of the urethral mucous membrane itself, predisposes these tissues to break under the slightest cause. This tear is known by more or less hemorrhage, acute pain in the canal, which is increased by the passage of urine, in a fixed and circumscribed point of the canal, generally corresponding to the contused part, by more or less of ecchymosis, caused by an infiltration of blood into the tissues between the skin and mucous membrane.

CASE.—*Violent blow on the Perineum; Habitual Hemorrhage from the Canal during six months; Consecutive Stricture.*

Bonafos, a farmer, twenty-nine years of age, came to Saint Eloi, 10th of February, 1839. He was pale, thin, and appeared to suffer much. About ten years ago he received a blow on the perineum, which gave great pain, and was followed by profuse hemorrhage from the canal, which was more or less continuous for six months. Some time afterwards, a swelling suddenly appeared in the perineum and scrotum, with almost complete retention of urine; the patient endured this state for two days, although in the greatest suffering. A catheter was passed, after several attempts, into the bladder, but induced considerable hemorrhage. He was daily examined by an instrument for twelve months, and, at the expiration of that time, he could pass his urine without the assistance of the catheter; but he still complained of great difficulty and pain during the emission of urine. Within seven years, seven fistulæ were formed in the perineum, and the urine passed through these unnatural openings.

He came to Saint Eloi on the 18th of February. I easily passed a catheter into the bladder, but the patient could not bear it; I gradually continued the dilatation, and, after some few months, he left the hospital perfectly cured.

Loss of Substance.—A very violent traumatic lesion may cause gangrene; but this is generally the result of an urinary infiltration in the injured parts; and is more generally caused by the contact of the urine, than by the direct effects of contusion.

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fered from the stricture; no other cause had contributed to its formation, for he never had blenorrhagia, nor had he ever received any contusion of the affected part. I tried dilatation; but, after having used the sound No. 3, it produced a violent attack of irritation; it was withdrawn, and, whenever I attempted the renewal of the treatment, a similar occurrence took place.

The obstacle was not very narrow, but it was extremely sensitive, and as I was induced to consider these disturbances resulted from nervous irritability, which was brought on by the contact of the instrument, I tried local sedatives, belladonna in injection, &c.; but their use only increased the patient's suffering; the urine was discharged only by drops, with excruciating pain, and I dreaded an attack of complete retention. I immediately decided on cutting down on the strictured part, where the sound was arrested. The skin, the cellular tissue, a part of the spongy tissue, were divided for about the extent of an inch, and I could not ascertain with the finger the presence of any nodosity that corresponded with the hard projection which could be felt internally with the sound; however, I decided on extending the incision into the canal, and completely laid open the obstructed portion. I could then easily pass on the sound, but was fearful of leaving it in the passage, in consequence of the fearful symptoms which its presence induced. On the same evening his fever had much abated, and the urine was discharged in a full stream through the meatus urinarius, without passing through the external wound, although no catheter was worn. This we must attribute to the turgid inflammation of the lips of the wound; for, on about the seventh or eighth day, some drops of urine came away from this part; but, on the fifteenth day, there was only the smallest possible fistulous opening left, which was scarcely perceptible.

This case is remarkable from the cause which produced the induration of the canal; it only proves what I have always considered, that urethritis can produce, particularly when the inflammation extends beyond the mucous membrane. The want of success in all that had been tried in this case, induced me to have recourse to incision (which operation I had frequently seen performed whilst in Paris).

Cauterisation would only have increased the irritability of the parts, without diminishing its tendency to constriction. The severe symptoms, which were invariably brought on by the presence of the sounds, prevented my leaving one in the passage after the operation; and we have seen how favourably the cicatrisation of the wound progressed without its use.—Note by Dr. Waters.

EMPLOYMENT OF THE YEAST OF BEER IN BURNS, BY DR. SZERLECKI.—M. Szerlecki, in consequence of observations made in his private practice, points out the employment of yeast of beer as the most simple and efficacious method possessed by medicine to counteract the effect of burns. He spreads a layer of yeast upon cloth, and with it he covers the burnt surfaces, and causes the applications to be renewed as soon as they become dry. According to him, the action of this medicament is much more efficacious if resorted to immediately after the occurrence of the burning.—*Chemist.*

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education.

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

VI.

MANIA OF DISPOSITION (CARACTERE)—REASONING MANIA.

I believe we may give the name of mania of disposition to that slight perversion of the instincts and affections which makes an individual a "bore" to every one, without, notwithstanding, his being deranged. Such persons are turbulent, indocile, given to anger, and ready to commit blameable actions, and to justify them. They are a continual source of anxiety and chagrin to their families, neighbours, and friends; they give way to evil through having nothing to do, through love of mischief, wickedness, or from being incapable of application or labour; they delight in breaking, pulling down, and tearing. The following case will show the peculiar characteristics of this perversion.

An only son, brought up under the eyes of a weak and indulgent mother, fell into the habit of giving way to all the caprices of an ill-regulated, ungovernable disposition. The impetuosity of his passions kept pace with his growth, and the pocket-money lavished on him tended to remove every obstacle to his supreme will. Audacious in his aggressions, he was exasperated by the slightest show of resistance, and seemed to know no law but that of force. If an animal, dog, sheep, or horse, offended him, he put it to death, and whenever he was at a party or festivity he quarrelled, fought, and returned home covered with blood and bruises; but, on the other hand, when grown up to man's estate, and become the possessor of a large fortune, he administered his affairs with justice, and fulfilled the duties of a member of society. Being one day worked up into a passion by a woman who was abusing him he threw her into a well.

It is not uncommon to meet with individuals so constituted in the world, who are only excited in their actions, and who nevertheless are quite able to keep within the limits of violence, and thus avoid the consequences of their words and gestures. They present a perversion, so to speak, inborn, of the propensities, but in a degree which does not require seclusion. Their moments of furious exaltation are but short—are directed to everybody and everything, and when over they fall back into their naturally malignant and unsocial disposition. It is on this account that I so denominate this infirmity of the brain, as it does not constitute alienation, in the ordinary acceptation of the word, and does not extend over the whole mode of being.

This mania may form a complication with a general delirium, or a monomania. Under such circumstances the patient is the most insupportable being that can be imagined, and sows dissension and discord amongst even the most peaceable of the patients around him. Such patients are extremely dangerous, either in public or private establishments; they are continually writing to the authorities the most abominable calumnies, supporting them with all the appearance of proof and reason; they excite distrust between servants and masters, sour the minds of the patients against the medical men, cause the relapse of convalescents, and pass their whole time in scheming means of exciting disturbance, quarrels, jealousy, and hatred.

A lady, aged twenty-three, four years married, of a nervous sanguine temperament, and extremely sensitive, had experienced some slight annoyances; her head became disturbed; she was irritable, choleric; neglected her husband; cared nothing for her child; found everything dirty; set the whole house in confusion on the pretence of establishing good management; spoke against her husband to anyone she met, accusing him of a thousand imaginary wrongs, and revealed things which wives usually keep secret. If her parents or her husband attempted

to remonstrate, she flew into a rage, and said she was calumniated. She was sent to Esquirol's establishment, and at first she seemed quite calm and rational, complaining that her family persisted in thinking her deranged; but as soon as the first impression of her isolation was worn away, and she made acquaintance with her new habitation and her table companions, her usual disposition and morbid activity revived; she put everything in disorder in her room; she was dissatisfied with everything, and complained of everything; tattled with this one and that, inventing calumnies without number, and making every effort to sow confusion and misunderstanding, till it seemed as if the demon of evil inspired the words and actions of this lady. When in company with rational people she observed herself with so much care that the most prejudiced could not help judging her to be in perfect health. She took a part in the conversation, knew how to flatter, and say civil things; she promised to be no more guilty of disorderly conduct, yet next day she fell again into her old courses with renewed intensity. A severe reprimand, repeated each time that her acts or words were too wicked to be passed over, for a few months, at last calmed her, or, to speak more correctly, corrected that mania of disposition which in her had reached the degree of maniacal exaltation.

These two cases will suffice to show the symptoms peculiar to this infirmity, which Pinel has named reasoning mania, and Pritchard moral insanity, and Esquirol monomania. Persons labouring under this perversion of disposition, when partial and slight, commit acts of singularity and absurdity, with the full consciousness of what they say and do, entirely out of unceasing instinct of wickedness, and of determined, calculating malice. In this mania, there is no lesion of the intellect; the patient justifies himself in the most connected manner, and with extraordinary clearness of idea and expression; in such a case, the perversion is merely instinctive—a general exaltation of the propensities to evil, but in a degree that is but rarely insane.

It is a malady that deserves to be studied with so much the more care, as the individuals who labour under it are able to deceive the most skilful medical men, and as they are exceedingly clever in dissembling their state in the presence of those whose mission it is to institute a judicial inquiry, and before commissions who have to examine their capacity to manage their affairs, and, in fine, as they are often the subject of medico-legal questions of great delicacy and difficulty.

Further, we have to refer to the perversion of the instincts, that mania of theft with which certain persons are afflicted, whose education and station in life place them above want, and who are driven to steal and conceal from an instinct of perversity they are unable to overcome. A thousand other oddities of tastes and passions might be noticed here, were we not limited to pointing out such as ought to be classed amongst real infirmities.

All these perversions of the instincts may often be attributable to a particular state of the brain, to the abnormal development of certain parts of it, which we propose to examine carefully when we come to speak of the predisposing causes to certain cerebral infirmities.

ON STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By LEROY D'ETIOLLES, M.D., Member of the Academies of Brussels, Madrid, St. Petersburgh, &c.; of the Imperial Society of Physicians at Vienna; of the Royal Medical Society of Edinburgh; of the Medico-Chirurgical Society of Berlin; of the Society of Medical Sciences at Lisbon; of the Royal Society of Arts and Sciences at Nancy; of the Medical Societies of Antwerp, Bruges, Ghent, Guadalaxara, Lyons, Malines, Munich, Nancy, Willebrock, and Paris; and of the Council of Health at Brussels.

Edited by JOHN FOOTE., Esq., M.R.C.S.L.; Honorary Secretary of the Royal Medico-Botanical Society; Corresponding Member of the Sociedade Pharmaceutica Lusitana; of the Société Industrielle at Angers, &c.

SPASMODIC STRICTURE.

I now come to a question which has been much discussed for the last twenty years, that of *spasmodic stricture*. I must confess that my ideas on this point of pathology are not fully decided, and, nevertheless, I think I have studied it as much as any of those who speak with more assurance. It appears to me clear that under the denomination of spasmodic strictures, have been comprised divers affections resulting from very different causes, and that authors are far from understanding the real meaning of the word.

We will first speak of the phenomena and symptoms which have been designated by the name of spasmodic stricture. The description which MM. Bégin and Lallamand have given, appears to me to be the best, although they have not sufficiently specified the differences caused by the different nature of the tissues of the parts in which the strictures occur. These skilful surgeons thus express themselves:—"In irritable subjects, in the habit of masturbation, or of venereal excesses, it is not uncommon to find the urethra spasmodically contracted, rendering difficult the emission of the urine. Although the muscular portion of this canal is most frequently the seat of strictures of this kind, nevertheless there are cases in which the corpus spongiosum is so irritable, that it contracts forcibly on the bougie, seizes it as it were, prevents its further advance, and even expels it as soon as the surgeon ceases to hold it in its place. Persons affected with this variety of disease sometimes pass water drop by drop, sometimes in a small, and at other times in a full stream. If catheterism be practised, the instrument will sometimes pass with astonishing facility, while at others it is arrested at the commencement of the muscular portion, in a manner which it seems impossible to overcome; solid bougies pass into the bladder with less facility than those which are hollow, and are furnished with a stylet, because, finding the muscular portion contracted and raised towards the symphysis, their extremity is readily arrested in the *cul de sac* of the bulb."

We see here three very different kinds of symptoms confounded together in the same *cadre*, and under the same denomination. How can that irritability, that erethism of the whole extent of the corpus spongiosum which resists the introduction of bougies, and expels them when they are no longer held by the hand of the surgeon, be termed a stricture? The constriction which certain limited portions of the corpus spongiosum exerts on catheters and bougies belongs to another order of symptoms; it is caused by an organic stricture, rendered turgescent and erectile by the spongy tissue which surrounds it, and sometimes enters into its texture.

Finally, a third order of symptoms is constituted by the difficulty experienced in passing bougies and catheters through certain portions of the membranous region, contracted by the spasmodic action of the surrounding muscles, although there is neither thickening nor any alteration of the tissues.

This third order of symptoms is, with many writers, that which alone constitutes the real spasmodic stricture, or rather spasm of the urethra, for under these circumstances the correctness of the word "stricture" may be doubted.

Let us now examine the explanations that have been offered respecting the production of this phenomenon. Mr. Stafford refers it to the influence of diet, and the irritating quality of the urine. Sir Everard Home, who admits the existence of a sub-mucous muscular coat, has conducted a serious investigation to endeavour to ascertain whether this species of stricture was owing to the contraction of the circular or of the longitudinal fibres acting on the internal coat; but before we can admit his explanation, the existence of this proper muscular coat must first be proved; we have already shewn that in the spongy portion it is not met with, even in the larger animals, such as the horse. Sir B. C. Brodie considers spasmodic stricture as the result of the contraction of Wilson's muscle; this opinion seems to be the most plausible, but in order to prove that it is not correct, it is sufficient to shew that these transient obstacles are most frequently met with at the commencement of the membranous portion, and not at the part of the canal embraced by that muscle. Mr. Mayo has made the same remark, for he says spasmodic strictures constantly occur at that part where the urethra traverses Camper's ligament (Outlines of Human Pathology, p. 549).

I shall now hazard an explanation of this phenomenon myself. The sphincter ani and the transversi perinei are inserted behind the bulb on the origin of the membranous portion of the urethra; by their contraction they tend to draw it downwards, backwards, and laterally, whilst the bulbo-cavernous muscles, the more external fibres of which embrace the origin of the membranous portion much in the same way as Wilson's muscle envelopes its termination, draw it upwards and forwards, and compress laterally the orifice of the muscular region. From these tractions in different directions, caused by muscles either spasmodically contracted or affected with rheumatism, there must necessarily result a deformation or flattening of this orifice.

These accessory muscles of the urethra are not the only ones which cause the impediment which is met with at this part, which might be called the second meatus urinarius. The muscular apparatus, which, in the observations on the anatomy of this region, we have described as proceeding from the bladder to form a sheath to the prostate, and envelope the membranous portion, in terminating by a fibrous ring, which amalgamates with the insertions of the before-named muscles, plays an important part in the production of the state of constriction, of deformation (change of figure), which is called spasmodic stricture. In fact, I have almost constantly observed that spasm of the urethra coincides with commencing hypertrophy of the prostate, or else with a rheumatic or neuralgic state of that gland, and of the neck of the bladder, whence there must result tension and contraction of those muscular fibres which extend from the neck of the bladder as far as the orifice of the membranous portion, which they drag upon and deform.

This deformation of the second meatus urinarius does not always take place in the same direction. If the contraction of the eccentric fibres of the bulbo-cavernous muscles be the stronger, a lateral flattening is the result; if, on the contrary, it is the proper membranous muscular apparatus and the external sphincter which are in a state of tension, the orifice of the membranous portion is then drawn downwards, and a transverse fold is formed on the upper part. This last-named condition, it appears to me, is of the most frequent occurrence. I have already, when speaking of valvular stricture, mentioned the manner in which this fold may become permanent, increase in size, and offer an impediment to the passage of the urine.

If the surgeons who have an opportunity of observing this kind of impediment analyse the sensations they experience when passing catheters and bougies, I am persuaded they will generally find them explained by the muscular, persistent, and perverted contractions which I have just mentioned.

In strictures of this kind, if the surgeon is desirous to take an impression by Arnott's or Ducamp's plan, he will rarely be successful; the instrument returns with a swelling at its lower end something in the form of a cross; if a metallic catheter be introduced, it seems to struggle against a resistant plane as against a septum or partition stretched across. The catheter inclines laterally, and turns round in the hands of the operator, when he endeavours to depress the handle. In order to pass through the stricture, the point of the catheter must be applied against the orifice of the membranous portion, and then the surgeon must wait until it yields to this gentle, but sustained pressure. If the resistance continue unabated after the lapse of two or three minutes, the manœuvre must be changed; the handle must be brought back against the abdomen, the point carried in more deeply, and then the handle slowly depressed to afford time for the curve and fold, which I have said is owing to the muscular tension, to become effaced. The obstacle may also be avoided by the *tour de maitre*; the point pivoting on the fundus of the bulb is carried under the fold during the movement of rotation by which the handle is turned upwards, and then penetrates without difficulty; at other times, the operation is effected successfully by a balancing of the hand which holds the catheter from above downwards—a movement by which the point of the instrument, slightly drawn back into the spongy region, taps gently at the door which refuses to open, and seeks to gain admission by surprise—this is not a figure of speech intended merely to round the period; it is a correct account of what takes place. Under some circumstances, pressure

exercised with the finger below the bulb to raise the point of the catheter, and pass it into the contracted opening, or a change of the curve of the stylet, are among the manœuvres by which the difficulty in passing an instrument through the orifice of the membranous portion caused by muscular contraction, is surmounted. A large metallic catheter will often pass where a smaller one will fail; this is readily understood, since it effaces the fold, and removes the curve. For a contrary reason, very flexible conical gum catheters also generally pass, because they follow the sudden inflection of the canal and its flattening, without difficulty. Gum catheters, curved without a stylet, which are so serviceable in catheterism in cases of enlargement of the prostate, are generally less successful in muscular stricture; in fact, their point runs along the upper paries, upon which is seated the fold formed by the transverse tension, which renders the passage of the instrument difficult. Sometimes, when these catheters or bougies pass after a few moments' pressure, the sudden escape of the fold is felt, as if a septum had been torn. In general, in order to pass through this part, a steel stylet should be inserted in the catheter in order to give it firmness, and the point should be kept pressed against the orifice of the muscular portion; *the surgeon must then wait until the orifice dilates*, after which, when the point has entered to the extent of two or three lines, the stylet may be withdrawn, and the catheter will then traverse the remainder of the canal without difficulty.

The kind of obstacle, the practical characters of which I have just described, exists in very variable degrees; it sometimes stops the catheter only for a moment; at other times it will not allow any instrument to pass in, whether large or small, stiff or flexible, and the best thing then to be done is to desist from any further attempts at that time. I have often been obliged to adjourn a *séance* of lithotripsy because the contraction of the orifice of the muscular portion prevented the passage of the lithotribe. Fortunately *this muscular constriction does not cause retention of urine*, and consequently we may, in the greater number of cases, wait until it has ceased; but sometimes other causes of retention, either at the neck of the bladder or in the organ itself, imperiously require catheterism to be practised, and render it necessary to overcome the impediment.

When retention of urine exists at the same time with spasm of the urethra, the cause is not in the part where the impediment to the passage of the catheter is met with, but at the neck of the bladder, and the proof is, that if the surgeon succeed in overcoming the obstacle, and cause the instrument to pass as far as into the prostatic portion, still the urine does not flow, nor can it until the catheter has passed through the neck of the bladder and into that viscus.

Muscular contraction of the origin of the membranous portion of the urethra does not prevent the co-existence of an organic stricture; in such a case the catheter or bougie may be arrested after it has passed the impediment; but when there is not an organic stricture the instrument passes freely, and the surgeon is astonished, seeing its easy action, at the difficulty he experienced in one part of the canal.

There is nothing determinate, as may be readily imagined, in the duration of this constriction of the canal; it sometimes ceases in a few moments, and sometimes continues for several days, ceases, and then returns. In order to remove it almost instantaneously, it is often sufficient to pass through the obstacle with a small bougie; a few minutes afterwards those instruments which previously could not be passed, will be found capable of traversing the canal.

I have several times seen this kind of obstacle connected with an irritation of the bladder produced by divers causes, especially by stone, and disappear after the extraction of the calculus. It more frequently accompanies enlargement of the prostate; the elongation of the urethra backwards, and the greater elevation of the neck of the bladder probably render the compress or muscle, or Wilson's muscle, more tense, and cause it to be habitually rigid, against which the transverse muscles of the perineum and the sphincter ani react, as we have already stated. The swelling and phlogosed condition of the prostate have an immediate influence in inducing a dragging and contraction of the muscular fibres which extend from the bladder to the orifice of the membranous portion. Whatever may be the correctness of the explanation, the coincidence is not the less certain, and may be easily ascertained by introducing a finger into the rectum and touching the prostate. If the history of the case be inquired into, we find the prior existence of gonorrhœa, followed several years afterwards by a colourless limpid discharge, or else the patient has suffered from wandering rheumatic pains, which have ultimately settled in the perineum, groins, or hypogastrium, accompanied by a frequent desire to micturate, and pain in passing water; that is to say, all the phenomena which are comprised under the name of neuralgia of the bladder, and which, in my opinion, are the indices or ordinary accompaniment of the commencement of a slow or chronic prostatitis. In this case has the rheumatic principle primarily affected the gland, and is the muscular contraction a secondary affection, as we have just said, or are the muscles of the perineum attacked in the first instance, and have their rigidity and inflammatory tension gradually induced the enlargement of the prostate by the permanent or frequently repeated impediment they offer to the discharge of the urine? This question I cannot answer, but I have reason to believe that both the gland and the muscles may be primitively the seat of rheumatism.

There is another phenomenon which has been regarded as produced by a spasmodic stricture—I mean the impossibility that some persons labour under of micturating before witnesses; this transitory retention may perhaps be caused by spasm of the neck of the bladder, but not by stricture. In fact, in many persons I have been able to pass very large catheters or bougies without difficulty at the instant when the spontaneous emission of the urine was impossible. It is the same thing with momentary retentions of urine caused by fright, or any other moral impression.

These strictures are also called spasmodic which seem to contract, instead of dilating, on the catheters and bougies—which appear to close on contact with those instruments when they do not pass through at once, but it is very evident that this phenomenon depends on the sudden afflux of blood in the tissue which forms the projection in the canal, or else into the tissues surrounding the contracted part.

The influence of cold is regarded as one of the most powerful causes of the production of spasm of the urethra; this remark is not novel, as is shown by the following quotation from Marianus Sanctus:—"Multoties etiam ex frigiditate adeo constringunt musculi, ut non solum urinam retinent, sed etiam syringam non admittunt, et dolores ex retentâ urinâ adeo increscunt, ut hominum interficiant." (*De Lapide renum et vesicæ*, p. 281, 1543). Cold can certainly cause a difficulty of micturition, and sometimes even retention; but this suspension does not generally resist the return of warmth; it only continues where there is an organic constriction, or some other material obstacle, to the action of which the influence of cold has been superadded.

There is not, then, in reality, any *spasmodic stricture*, or, at least, that name is not rigorously appropriate to any of the impediments to which it has been applied; for, in one case, there is muscular contraction, or even, if you will, spasm, but no stricture;—*no obstacle to micturition in the place where the catheter encounters opposition;* and, in the other case, where there really is a stricture, the sudden variations in diameter result from an accidental inflammatory swelling, from a transitory turgescence, from a muscular constriction, which would be unable to cause retention of urine, if they were not superadded to an organic alteration.

There cannot be a doubt but that the classification of strictures possesses a certain importance in the applications of therapeia; there cannot be a parity of treatment between a fibrous or inodular stricture of the meatus urinarius, and a band or fungous stricture of the membranous portion. To this we shall allude further on; but we must acknowledge, in the mean time, that, as regards practical results, another division might be adopted, namely, into those that are curable, and those that are not.

ON PHYSIC AND PHYSICIANS IN BRAZIL.

By RICHARD DE GUMBLETON DAUNT, M.D. (Edin.) and late Hon. Secretary to the Parisian Medical Society, &c.

Of climate Brazil presents every variety, from the snows of Rio Grande do Sul to the tropic heats and rains of Grand Para. The changes from heat to cold are rapid, and the dews are heavy. The connection between the moon and the weather *appears* here very evident, and agricultural labours are much guided by the almanac. A belief in the influence of the moon on human health is here universal, whether well or ill founded I am not prepared at present to say. The land winds which occasionally blow are productive of acutely unpleasant sensations in nervous persons. Of the geology of Brazil little is known. In the districts I have visited it is of tertiary and alluvial formation, but in the diamond and gold provinces it doubtless shows the older rocks. In its physical geography it is happy—a rich perennial vegetation, much mountain scenery, large rivers, and, above all, a line of coast, in many places of extreme beauty, and though the sea has been reproached with a wearisome sameness by the banished poet—"Una est injusti cærula forma maris"—still nothing can be more heavenly than the united and mutually blending effect of sea and land, as seen in the numerous bays and indentations of the Brazilian coast. The water generally placid; often the bay studded with picturesque islets in their natural wildness, sometimes the residence of a peasant or two, half fisherman, half cultivator; the mainland a strip of plain, with its village or town so tranquil in the midday heat as to have the appearance of a deserted spot, with its one or two sequestered convents, and in the back-ground hills quickly becoming mountains of various sizes and figures. Then, again, in the interior, the moonlight scenery of the glens and mountain passes exceeds all imagination. It is extraordinary, that to live amid such a landscape should not have produced on the Brazilian mind those effects which are ascribed to the province of the external world to produce on the mere eating and sleeping man. We have here an illustration of a couplet of Faber's—

> "For men may dwell by mountain streams, and all the summer round
> Have music lingering in their ears till they forget the sound."

Of the political and moral circumstances of the country which influence the public health, perhaps the existence of prædial and domestic slavery, and the continued importation of Africans, are those alone worthy of mention. The latter keeps alive the contagions of small-pox, measles, scarlet fever, the African ophthalmia, and yaws; the former, while it injures the white race by favouring the uncontrolled development of various passions, as anger, pride, imperiousness, &c., which re-act on the physique during illness, is yet very beneficial to the slave, who, not only from being of value to his owner, but also from the kindly feelings universally entertained towards the people on their estates by the proprietors, is treated during sickness with a care, and experiences a sympathy, which the English poor have long ceased to feel or to care for. My own opinion, formed after travelling a good deal in the country, is that slavery diminishes the average of mortality in Brazil; and I am confident that could a statistical inquiry be entered on, it would appear that the poor free population here is far more victimised by disease than the slave; and I will add that I am certain, were he possessed of all the facts, the Brazilian slave would not exchange his condition with the English peasant or operative, and on my own countrymen he would look with contempt as a race of inferior beings. I have often seen a master or mistress sit up all or half a night to attend to a sick black. The notions held in Britain on the treatment of their slaves by the Portuguese race are wholly opposite to the truth, as I would show were this a fitting place.

On the native materia medica I am not prepared to enter, but shall do so at a future period, if not anticipated by those more qualified for the task. Seeing how rich a harvest would reward the intelligent and patient investigator, I cannot but regret that neither Brazil nor the Spanish American colonies have yet been visited by the Radcliffe travelling fellows of Oxford, who, by such a tour, would far more honourably fulfil the objects of the foundation

than by spending their time and their salaries in the different European capitals. I trust, however, that the institution by the French Government and Academy of the "Medécins Voyageurs" will be the means of unfolding to Europe our store of vegetable wealth. A medical man of colour, Dr. Da Silva, of Rio, has devoted much attention to the native materia medica, but as yet nothing is published of much importance. A cinchona, or quina-quina, abounds in our forests, but its richness or poverty in quinine has not yet been tested. The Pao Pareira is a powerfully bitter wood, which appears to rival the cinchona in its antiperiodic powers. The Cainca, already known in Europe, and worthy of attention, is a native remedy in pica, and is given to the cattle when attacked by the malignant pustule. The Pareira brava has long been used in urinary disorders, and the ipecacuan is still the domestic remedy in diarrhœa and dysentery. There are several indigenous roots and plants, which yield miraculous effects on persons bitten by snakes, even when already frightfully swollen, and pouring out blood from every mucous surface.

Beyond the generalisation of some infection, or an occasional influenza, epidemics are unknown in Brazil. Here the "luctus et pavor et plurima mortis imago," which attend the typhus, the cholera, the yellow fever, have never yet visited the people.

From endemic disease Brazil is by no means so free as represented in the medical report of the English navy issued by authority about three years ago, and though I believe we are free from localities which may compete with the happy settlement of Eden celebrated by Martin Chuzzlewit in his North American travels, yet in many places remittent fevers of a bad type, hepatitis, intermittents, leprosy, and goitre, are unhappily frequent. The remittent fevers are often complicated by the presence of severe inflammations of the liver, sometimes of the spleen. Under the old Portuguese practitioners the mortality from these fevers was frightful; their principal remedy was a quack compound of wine, bark, and spices, called "Agoa d'Inglaterra;" why it should have had England for its sponsor I cannot discover. Now, since a cool regimen has been used, with free venesection and quinine at the decline of the local symptoms, the mortality is in skilful hands but trifling. I am, however, inclined to think that, from the predominance of Broussaisism, quinine is often too long withheld. It would be unjust to an Irish practitioner of merit, the Chevalier M'Cormick, Knight of the Order of Christ, were I not to mention him as the person to whom the large and wealthy district of the Ilha Grande owes its liberation from Brunonism twenty years ago.

In hepatitis, and in all serous and parenchymatous inflammations, and also in congestions of the lungs and liver, to which the negro race is more liable than to actively developed disease, I have, with the most unalloyed success, employed the potassio-tartrate of antimony in contra-stimulant doses, giving half a grain every thirty minutes, premising venesection, and sometimes a full dose of calomel, which, I think, often materially promotes its tolerance. Most frequently there is but one act of vomiting; occasionally not even one, and in the majority of cases, in twenty-four hours, if the disease has been treated early, the patient is free from symptoms. In intermittents I have often observed a ten grain dose of calomel render much more speedy the effect of the disulphate of quinine. Goitre prevails chiefly in the province of St. Paul, and presents nothing peculiar. The yaws, or anthracia rubulus, is generally treated by quacks, and in their hands is very intractable. Drastic purges, calomel, and vegetable alteratives, seem to be the chief remedies used by them. I have seen not a few cases which yielded readily to the iodide of potassium or of mercury, and a good diet. Leprosy is met with throughout Brazil, and is doubtless, in part, to be ascribed to the frequent use of pork. From the partial researches of Dr. Faivre it would appear that a certain alteration of the cerebral structure accompanies this disease, and it is an undoubted fact that a characteristic expression of countenance long precedes the dermal development of leprosy, and I have seen a physician dissuade a client from the purchase of an apparently healthy young black solely from finding in him a certain disposition of features. Curative medicine is here as powerless in this disease as it ever has been.

Dysentery is the result of so many pathological states that I can here only say that in Brazil it takes chiefly the hepatic form, and that verminous complications are frequent. I generally commence by giving a full dose of oil of turpentine, with oleum ricini, and afterwards calomel in ten or fifteen grain doses twice a-day, with leeches on the course of the colon, if indicated; and at a later period, if ataxic symptoms are marked, I apply internally chlorine, with the cusparia bark. In the course of one very bad case, which finally recovered, the patient swallowed by mistake thirty-six grains of camphor dissolved in mercurial ointment, and retained it for one hour. On arriving I procured full vomiting with sulphate of zinc, and applied leeches to the stomach, and continued for some hours the use of emollient drinks. The incipient gastritis was thus checked, and the headache and narcotism fortunately soon disappeared. When dysenteric symptoms appear, after exposure to cold and wet, or the use of fruits or of jellies, in whose preparation the precipitation of the malic and oxalic acids of the fruit has been neglected, in a robust person, the intestinal mucous membrane is chiefly affected, and bleeding, with an ipecacuan vomit and demulcents, soon effects a cure. Tetanus, in its idiopathic form, is rare; not so the traumatic. From this last form many infants perish, inflammation of the umbilical vessels being the exciting cause. Hypo-æmia prevails to a great extent among the poor, and is called "oppilation;" when iron, with wine, and a generous diet, are applied early, the patient speedily recovers. In too many cases, however, from neglect or want of resources, the morbid state of the circulating fluid continues to increase. Palpitations of the heart and large vessels, with the bruit de soufflet, excitability of the system, loss of appetite or pica, a dry furfuraceous skin, the deposition of tubercle in various organs, the development of disease of the liver, and depraved secretions, with carelessness as to recovery, mark the confirmed cachexia Africana. Before irreparable mischief has occurred the cainca is of service, with all the appliances of a tonic treatment. Of the preparations of iron I am decidedly of opinion that the citrate is that which produces fewest inconveniences, and is often tolerated when no other would be; and it is a curious fact that the farmers of Brazil have long been in the habit of using as a domestic remedy, where steel was indicated, a citrate of iron, coarsely prepared with iron, a weak wine, and lemons. Dropsy generally appears at an early period in this disease.

Phthisis is not rare here. This might be expected from the sudden changes of the weather, but a powerful cause is the faulty domestic architecture in use. No fire-places are used in the sitting apartments, though the temperature is often very low, and ceilings are little known, so that currents of air and humidity prevail in the houses, which, were they especially intended for the production of bronchitis, rheumatism, and phthisis, could not have been better adapted to their end. Wounds, whether the result of operation or accident, heal readily, and without supervening complications.

The process of labour, though everywhere subject to the sentence "in dolore paries filios," is, among all classes of Brazilian women, remarkably easy. The slave women, after delivery, are almost universally allowed a month of comparative exemption from work. How different from the fate of the Irish peasant women! Few white women suckle their own children. Among infants, indigestions, produced by the ignorant kindness of parents and nurses, are frequent and fatal. They suffer much from worms. The anthelmintic I have used with most effect, and with perfect safety, which can be ascribed to few of this class of remedies, is the helmintocorton, or Corsican moss.

On the subject of domestic medicine I may note that the Brazilians have a love of purgatives, which perhaps the zeal of the late Dr. Hamilton did not enable him to equal, and their own practitioners in the country rarely prescribe a mixture into which some purgative does not enter. This rage for purges must have existed in France when Fernel entered his protest against it, saying that "non est reposita artis nostræ dignitas in perpetuâ cacatione." They are credulous as to the powers of medicine, as we find Byron remarking in a letter given by Moore. They are tolerably careful to avoid, during illness and convalescence, noxious articles of food or exposure, and, to their praise, they do not neglect the bath.

I have noticed the removal of one cemetery out of Rio; the government anxiously desire to abolish the disgusting practice of interring in towns; but unhappily receive opposition from the clergy, who think their interests involved in the question, and so improvement is for the moment paralysed. At present the corpse is covered with lime on interment, and when the family is in easy circumstances it is the custom, at the expiration of a year, to revisit the vault, taking away the remains, which, if any soft matters remain, are boiled, and then enclosed in a box or vase, sometimes of elegant fabric, and, in most instances, the vase is preserved in the sleeping-room of the nearest relative; the bones may, however, be left in the church. They are cleaned from time to time. For some time I was incredulous as to the existence of a custom so abhorrent to the feelings and (perhaps morbid) delicacy of most Europeans, but the inquiries I made, and what I have myself seen, satisfy me that I have stated merely the truth.

I now close for the present my medical account of Brazil, to be resumed whenever extended observation or other circumstances may justify me in doing so.

PSS.—It may excite surprise that the subject of Brazilian medical or scientific literature has not been entered on; the reason is simply this, it does not yet exist. The text-books, even, used in the medical schools are either miserable compilations or translations from the French, or the French originals are themselves used, and these seldom the best of their class. All Brazilian scientific periodical literature is alike unworthy of notice.

I add a prescription, written during the year 1844 by a practitioner—a remnant of the class in whose hands was alone placed the life of the Brazilian before the arrival of the Portuguese court, which may suffice to give an idea of their own attainments, and the amount of public intelligence, at a time when the patient would tolerate such remedies. I translate it from the Portuguese original in my possession; it is intended, I believe, as a pectoral:—

℞. Vini hispanici,
Mellis despumati, } āā ℥ ij.
Urinæ pueris,

M. ferve in ignem lenem per aliquot temporis et mitte.

Perhaps in England there were practitioners previous to 1815 who would not be distanced by the author of the above formula.

The above memoir refers specially to the province of Rio de Janeiro, and is not applicable, without qualifying explanations, to the whole empire. I shall probably treat afterwards of the province of Sao Paulo and its medical relations.

At the moment of writing the above, the work of Dr. Sigaud on the Climate and Diseases of Brazil had not been seen by me. I intend on an early occasion to examine critically the above-mentioned work, which contains much which is commendable.

OBSERVATIONS ON THE NATURE AND PROPERTIES OF OX-GALL AS A REMEDIAL AGENT.

By Dr. Clay, Piccadilly, Manchester.

(Continued from page 169.)

Case 4 was one of dyspepsia, of eight years' standing, with constant pain in the stomach and constipated bowels. The case had bid defiance to the best plans of treatment usually adopted, but gave way, and was ultimately cured with about about four grains of ox-gall night and morning.

Case 5 was a case of obstinate constipation, from being connected with the mixing of white-lead for painter's use; ten, twelve, and often fourteen days, passed without an evacuation; purgatives had a very unpleasant effect, producing the most violent pain, without effecting the object for which they mere given. With twenty-four grains of the inspissated gall in the day, the most decided effect was produced, a motion was procured, without pain or

uncasiness, in six hours after the first dose, and by persevering in its use the bowels became perfectly regular. Eight months after, the remedy was only used occasionally, the bowels not having been confined for some time.

Case 6 was that of a painter's wife, also with constipated bowels, averaging one motion in about seven days. Case 5, as well as this, was distinctly characterised by whitish motions. She commenced with twenty-four grains of inspissated ox-gall in the day, and the day after had a copious motion. After taking this preparation for a fortnight, her bowels became quite regular; no pain or uneasiness was ever felt from its use, and the motions lost their white colour.

Case 7 was a journeyman painter, who had been constantly working in white-lead for fifteen years, and was severely constipated during the whole period; he had been often subject to the painter's colic—his motions were chalky, his countenance was sallow, his appetite bad, and he was gradually losing flesh; all medicines tried upon him produced such unpleasant effects that he dreaded taking any. He commenced with thirty grains of inspissated ox-gall during the day; a motion followed the second dose; after using it a fortnight, his bowels became quite regular, motions natural in colour, and his countenance more healthy; he gained in weight considerably. I saw this case some time after last report, and found him enjoying very good health.

Case 8.—A case of dry asthma with constant troublesome cough; the Pil. Scillæ co. always gave him relief, as well as other formulæ in which opium and squills formed a part; but the constipation attendant on these remedies was such, that he frequently had to sacrifice his rest and comfort, and appeal to strong purgatives. The inspissated ox-gall, in doses of eight grains, was taken just before his old medicines; from this time the bowels became regular, the ox-gall having completely *counteracted the effects of opium without in the least injuring its other powers.*

Case 9.—A case of long standing scirrhous affection of the liver, with considerable enlargement; motions chalky and much constipated; little or nothing could be done for this case, and the constipation was only made worse by the medicines used for relief in other respects, until the inspissated ox-gall was given, when the bowels assumed quite a regular state, enabling some relief to be obtained from the other means used; and thus, her sufferings were in a considerable degree mitigated.

Case 10.—A case of chronic affection of the liver, with its common consequence—obstinate constipation, and chalky motions—which the ox-gall effectually removed. This case was the first in which I had noticed any effect on the urinary organs; the secretion of urine was decidedly increased. Some other cases of constipation during pregnancy were also alluded to in my former paper, of which the above is a brief outline. I shall now notice some cases that have been communicated with others that have since occurred to me; but first I shall briefly notice the cases of Dr. Allnatt, so kindly undertaken, in order to test the views I previously promulgated. I shall continue the numbers in these cases.

Case 11. (Dr. Allnatt.)—"A case of obstinate constipation of a fortnight's standing; she had been treated previously with drastic purgatives, which produced violent pain and vomiting without the desired effect. The ox-gall, as an enema, gave immediate relief by dissolving the impacted scybala."

Case 12.—A similar case to case 11, treated with the inspissated ox-gall with the same result.

Case 13.—A case in which the patient, after the use of mercury and opium became severely constipated. Constant nausea was present with frequent vomiting, and loss of appetite; strong purgatives only aggravated the nausea and vomiting; fifteen gr. of the ox-gall were given daily in three pills. On the second day the bowels were cleared out without the slightest pain or unpleasant feeling. "Herein," says Dr. Allnatt, "consists the peculiar value of the ox-gall as a remedy. It is impossible to conceive one more harmless in its nature, or one that more comports with our intention in its exhibition; it supplies the natural stimulus to the intestines, and by a simultaneous mechanical action, it breaks down the barrier by an easy process of solution, which often opposes itself to our best directed efforts." In my own opinion, I believe the action on the impacted scybala to be rather chemical than mechanical, and the stimulus to the mucous membrane to be of a very slight character.

Case 14.—A lady, nearly eighty years of age, sinking, apparently, from unrelieved constipation; excrementitious vomiting, physical powers prostrated, intussusception doubtful, evidences of accumulated scybala in the colon and below it. Enema of ox-gall ordered in warm gruel. In less than half an hour a mass of scybala was expelled, with all the lower portions softened by the gall: other portions speedily followed. Convalescence ensued in this extreme case.

Dr. Allnatt then remarks, "In such cases as the last two recorded, if we would apply, *secundum artem*, the pabulum which nature has denied, and which has been proved to be of such essential service in the economy of her operations, we should be fulfilling the most direct indication, and the most rational method of treatment. At any rate, in the absence of efficient means afforded by our present store of materials, I regard it as a valuable resource worthy of a patient and an extended trial." In my former paper on this subject I alluded to some experiments on fœcal matter. Dr. A. says, "Habitual constipation, in persons of sedentary habits, generally arises from a deficiency of bile, and the food, in consequence, passes through the tract of the alimentary canal slowly, the peristaltic action not being sufficiently aroused by the natural stimulus to enable the bowels to expel their contents with regularity. The motions are clay-coloured, the more fluid parts become absorbed, and scybala are impacted in the lower intestines, forming a mechanical barrier to the transit of their contents. If the portions of this scybalous mass removed from the body be subjected to the action of ox-gall, they become immediately broken down and dissolved, and, however clayey and indurated they may have been, are, in a few minutes, reduced to a healthy pulpy motion, of natural colour and consistence. The same effect follows if diluted ox-gall be injected into the intestines."

In many cases of obstinate constipation during pregnancy, and immediately after confinement, I have witnessed the most beneficial effects from ox-gall. I shall select one or two cases as illustrations from the many that have occurred to me.

Case 15.—Anne ——, Lees-street, during pregnancy was much confined in her bowels, not averaging more than one motion in five or six days; large doses of castor-oil and strong purgatives produced most unpleasant symptoms, accompanied with prolapsus ani, and invariably left her in a worse condition than before. I ordered ten grains of inspissated ox-gall night and morning for a few days; in a week after taking it her bowels resumed their regular action, and, though she discontinued the gall, they remained quite regular.

Case 16.—Mrs. T., Charlton-upon-Midlock, always had her bowels very much confined after labour, but particularly so if any opiates had been exhibited. I was called to her, supposing her in labour; but I found the os uteri closed, and the pains not of the true character. I ordered rest, and two grains and a-half of solid opium, and, as she dreaded its use from former experience, I combined it with ten grains of inspissated ox-gall; the effect was, as I expected, the pains immediately subsided, and the day after came on in their true character. Labour terminated easily; she had a motion three or four hours antecedent to labour, and a comfortable motion in the evening after labour.

Case 17.—The same case at a subsequent labour, treated in the same way, and with the same result. Were it not for prolixity, I could adduce a large number of cases similar in character to the two last. We cannot have a more valuable remedy in such cases, and it is fortunate so excellent a substitute is offered in lieu of the baneful strong purgatives so often resorted to.

Case 18.—A medical gentleman in Belfast, long troubled with dyspepsia, was induced to try the inspissated gall at the suggestion of an eminent physician of that place, and, after a fair trial, he wrote to me:—"I have found the greatest benefit from the use of the ox-gall."

Cases 18 to 36. In the eighteen cases which I have been engaged in for the extirpation of ovarian and other tumours by the large abdominal incision; an operation which I had the honour first to introduce into this kingdom, which has been so determinedly opposed by the Profession, but which is now daily, and hourly, advancing to that position in surgery which it is certain ultimately to attain, and of which the frequent success, now almost daily reported, will soon convince those *over wise*, who have gone on the erroneous ground of statistics, to support their summary condemnations, that ere long they will be called upon to make different statements. This they will be bound in honour to do, although some reluctance may be manifested. But, it may be asked, what has this subject to do with ox-gall; simply this: in all operations of the abdominal cavity, especially where the incision has to be large, it is of immense importance, not only to have the bowels well emptied, but free from flatus, so as not to interfere with the operator: now, it is a singular fact that, in all the operations of the abdominal cavity I have been concerned in, in consequence of the timely exhibition of the gall, the bowels have, in every case, been entirely free from fœcal matter, *and as free from flatus.* But this is not all: purgatives cannot be given previously to such operations without causing more or less irritation of the mucous, and it may be the serous, membranes; and thus endangering the patient subsequently; but the contrary is the result of the gall, not the slightest degree of irritation has ever been discovered from its use; and I attribute no small portion of the success of my ovarian operations to that cause. D. H. Walne, Esq., of London, in the reports of his operations, also confirms my views respecting this remedy, although his application of it was much more limited than my own. I may add, also, that I have seen abdominal operations for similar purposes where *no* ox-gall had previously been given, and the intestines caused no little trouble and inconvenience, although the bowels had previously been freely acted upon by cathartics; and I am not sure if the tedious process made by this case towards ultimate recovery might not, in some degree, be attributed to the irritation that existed at the time of the operation from the use of powerful purgatives. I would not, however, confine the use of the gall to operations on the abdominal cavity; in my opinion, in all operations it is very desirable to have the system previously in as good a condition as possible; one of the principal points of which is to have the alimentary canal cleared out, and, if two modes present themselves, one of which is accompanied invariably with more or less irritation, the other *with not the slightest indication of it*, I leave for the profession to say which should be preferred. It remains for me to prove that the use of the ox-gall is not confined to the solution of fœcal matter merely, facilitating its removal by natural efforts, and dispelling flatus; but that, where the *materiel* of the alimentary canal is mixed up with vitiated secretions, causing diarrhea of the most troublesome character, it will be found quite as valuable from its power of checking obstinate affections of this kind.

Case 37.—Mrs. G.'s boy, five years old, had suffered from an obstinate diarrhœa for some months; his appetite failed him; motions very light-coloured; countenance pale; and the whole system, with the exception of the abdomen, which was tumefied, much attenuated; in fact, marasmus in its worst form was approaching. I had no doubt the mesenteric glands were considerably affected. I gave to this child two grains of the insp. ox-gall in a pill night and morning, and with this alone a manifest improvement immediately became visible; the urine was excreted in larger quantities, the tumefaction of the abdomen subsided, his colour became natural, his motions were passed at less intervals, and of darker colour; in weight he gained in the first fortnight two pounds, and in six weeks he was strong and vigorous.

Case 38.—John Lowe, an old man, nearly eighty years of age, had an attack of hæmoptysis, recovering from which he had an obstinate diarrhœa, accompanied with severe pain, which the usual means checked but very temporarily. Not wishing to lose more time, I ordered five grains of inspissated gall every four hours; before the fourth dose he ex-

pressed himself very much relieved, his motions were less frequent, and tinged of a browner shade. With the use of this alone he regained his usual health in about five days.

Presuming, on the authority of Boerhaave, that gall has a direct effect on the urinary secretion, a fact I have observed more than once, but more particularly in children, as in case 37, I was desirous of testing its powers on that score when the following case occurred:—

Case 39.—Mrs. ——, of Oldham, aged forty-six, much debilitated, with the whole cellular tissue in a dropsical state; low, feeble pulse; loss of appetite; confined bowels, and motions light-coloured. I ordered her ten grains of inspissated ox-gall night and morning, with a little simple infusum gentianæ as a day mixture. She called upon me a fortnight after, and certainly I did not know her. The swelling had left her, the sallow look had vanished, her appetite was improved. Before she took the ox-gall she was always ready to drop into a sleep; now she was lively and cheerful; but it had not occurred to her that she had passed her urine oftener or in larger quantity. I only saw her three times, but heard afterwards that she continued to enjoy good health. Now, in this case the profession will agree with me that the great benefit derived could not for a moment be attributed to the infus. gentian.; and with respect to the gall, it might not act as a diuretic in this case, but simply by assimilating the natural secretions, the alimentary canal had been put into a healthier condition, and so contributed to the cure.

Case 40.—A young girl with the dropsical affection following an attack of scarlatina, was, by the use of four grains of inspissated ox-gall, entirely cured in a few days. In this case there was a decided increase of urinary secretion.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, November 29th, 1845.

Academy of Sciences; Meeting of November the 24th.—M. Elie de Beaumont in the chair.

The Potato Disease.—A commission, named by the Institute to inquire into the potato disease, and composed of MM. Payen, Boussingault, and Gaudichaud, presented at this meeting the first part of their report on the subject. The extent of this report did not permit M. Gaudichaud to read more than its first part. It contained an historical account of the discovery and importation of the tuber into Europe, and a botanical sketch of the plant. The second part will be read on Monday next, and we will forward to the readers of the *Medical Times* a full statement of the opinions of the commission concerning the potato disease.

New Form of Degenerescence of the Nervous Tissue; by Professor Serres.—Some twelve years since, Professor Serres presented to the Institute one of the most remarkable forms of alteration which can affect the nervous system in the human subject. The change consisted in a ganglionic transformation of almost all the nervous branches of organic and animal life. This new and quite unexpected morbid formation, observed in two cases, attracted, at the time, considerable attention, and the interest of the observation was doubled by the fact that both patients had died from the same disorder—typhoid fever. A similar instance has very recently been observed at Brest, by Professor Maher and M. E. Payen, a surgeon of the navy; it is this new case which M. Serres brings before the Academy. This patient also died of typhoid fever. On post-mortem examination, all the nervous rami of animal and organic life present an immense number of unusual tumefactions of the same structure as nervous ganglions, and in such abundance, that *more than one thousand* were counted on the branches of the sciatic nerve alone. Neither the brain nor the spinal chord participated, in any way, in the alteration, neither did the spinal nerves at their origin; they were perfectly unchanged from their natural condition as far as the intervertebral ganglions, and the cerebral nerves were found also in a healthy state within the skull; but presented a great number of these ganglionic bodies after having abandoned the cephalic cavity. All these circumstances were noticed in the two cases which fell under Professor Serres' observation. The learned professor declined offering any remarks on this extraordinary anatomical change; but merely brought forward the facts, in order to call the attention of pathologists to the investigation of the subject.

Interferences of Luminous Rays; by Fizeau and Foucault.—When luminous rays, emanating from a common focus, and reflected by two mirrors, again meet in space, they produce an image, composed of alternately dark and luminous bands, the latter formed by beams, giving by the combination of their undulations a light of greater intensity than that which each beam could separately afford; the dark bands, on the contrary, corresponding to the spots where the *interference* of radii of different refrangibility has neutralised their power. The image thus obtained never shews more than ten or twelve bands. Now, in one single band, by the use of a very simple instrument, MM. Fizeau and Foucault have succeeded in distinguishing thousands of luminous and dark bands, by which the original band is composed. Their plan consists in receiving the entire image on an opaque surface, through a *slit* of which one of the luminous rays is allowed to pass; it is afterwards refracted through a prism, which separates the rays of different power from each other.

Comparative Anatomy. Discovery of an Important Organ of Circulation in the Skate.—Dr. N. Guillot, professor-agrége of the School of Medicine of Paris, and physician to the Hospital of La Salpêtrière, whose interesting and learned researches on the development of the cerebral organs in all classes of animals, have already given him a high rank amongst anatomists, communicates to the Institute, through our distinguished countryman, Mr. Milne Edwards, the discovery of an organ of circulation in the skate, which has hitherto escaped the attention of naturalists. It consists in a vast reservoir, situated between the vertebral column and the digestive canal, and placed under the peritoneum; when in a state of distension, this sac occupies about one-third of the abdominal cavity in the adult fish. Its walls are invested with the peritoneum by which it is suspended to the vertebral column, and may be considered to be formed of two cavities, communicating with each other on the mesial line, one part in front of the liver, below the œsophagus, the other placed behind the stomach. On either side this reservoir communicates with the vena cava by an extremely small aperture, and terminates posteriorly near the cœcal dilatation of the intestine. Laterally it is in contact with the ovaries or testes, and, when distended, with the extremity of the lobes of the liver, the spleen, the pancreas, and intestines. Its interior is divided into several cells, the most anterior of which are also the most regular, and the most extensive. It is amongst these numerous lacunæ that the blood poured in from the ovarian, the spermatic, the renal, the capsular, and the hepatic veins, circulates; in fact, all the blood flowing from the abdominal venous circulation passes through this sac before it can be conveyed to the heart, which it reaches only through the vena cava, these vessels receiving it from the two small orifices already mentioned. Now, when it is recollected that the water of the sea has free ingress into the peritoneum by the apertures placed on each side of the anus in the skate, the importance of the abdominal reservoir as an organ of circulation, and as a complement of the respiratory apparatus, becomes evident, and it becomes also a matter of surprise that such a remarkable anatomical fact should have remained hitherto unnoticed.

Academy of Medicine; Annual Meeting, November 25th, 1845.—M. Caventou in the chair.

M. Dubois, of Amiens, read a sketch of the life and writings of Chervin, after which the president distributed the following prizes:—

1. Prize given by the Academy. History of Pulmonary Emphysema, its analogies and differences from asthma; value of the prize £60. Not conferred.

2. Prize founded by Baron Portal. Analogies and Differences between Tubercular and Scrofulous Disease, value £50. Not conferred. An "encouragement" of £12 granted to Drs. Raciborski and Lartigue, the authors of Memoir No 4. This prize will again be competed for in 1847.

3. Prize founded by Madame B. de Civrieux, value £50. Subject, Hysteria. The prize divided between Dr. Landouzy, of Rheims, and M. Brachet, of Lyons. The Academy makes honourable mention of M. E. Marchant, and M. S. de Renzi, of Naples.

4. Prize of Argenteuil, value £420. The number of memoirs presented for this prize being very considerable, they have not yet been all examined. The prize will be given in the course of 1845.

Subjects of prizes for the year 1847.

1. Prize of the Academy, £80. Comparative Influence of Animal and Vegetable Diet on the Physical and Moral Constitution of Man.

2. Prize founded by Baron Portal, £70. Analogies and Differences between Tubercular and Scrofulous Disease.

3. Prize founded by Madame Civrieux, £40. Asthma.

The memoirs for these prizes must be written in French or Latin, and deposited before March 1st, 1847.

4. Prize founded by Dr. Itard for the best work on Practice of Medicine, £120. This prize is to be awarded in 1846.

5. Prize founded by the Marquis d'Argenteuil for the most important Improvement in the Treatment of Strictures of the Urethra, value £300, at least.

The following are the subjects of prizes to be awarded in 1846:—

1. Academical Prize on Bile, its constitution and morbid changes, the symptoms to which they give rise, and their treatment, £60.

2. Prize founded by Baron Portal. Alterations of the Lymphatic System in Cancer, £60.

3. Prize founded by M. de Civrieux. Suicide, £50.

M. Jolly then read a paper on "Imitation," as connected with philosophy, morality, and medicine.

M. Pariset read the Eulogium of Larrey. The following is an extract:—"When I had the honour of pronouncing before this Academy the eulogium of Desgenettes, I observed that an eloquent writer might have given to the history of his life the interest and brilliancy of an epic poem. I now say that in the mouth of a Bossuet or a Fléchier, the panegyric of Larrey would of itself rise to the sacred dignity of a funeral oration. Medicine, like religion, has its glories and its martyrs. Reflect for a moment, gentlemen, on the noble qualities requisite to form the military surgeon—gentleness and courage—patience and firmness; the most tender pity combined with the most inflexible severity, indefatigable vigilance, constant forgetfulness of self, and entire devotion to the unfortunate; and when suffering must be allayed, when the ruins of a shattered organisation are to be repaired, and when life on the point of departing is to be recalled, must he not possess an inventive genius, furnishing by its sudden inspirations, unhoped-for resources, and methods in which enterprising boldness is tempered by coolness and prudence? Now, gentlemen, embrace at one glance the various parts of this picture, and completing it in your thoughts, say, which of those virtues of the soul, which of those gifts of the mind, were wanting in John Dominick Larrey, this late illustrious member of your Academy? In 1792 Larrey was attached as chief surgeon to the army of the Rhine; from the first steps, that is, from the first victories of that valorous army, Larrey was struck with the imperfection of the surgical service. Assistance could be obtained only at three miles from the field of battle, and 24, 30, and 36 hours must elapse before the wounded could receive relief—a cruel neglect, often more murderous than the enemy's shot. Seized with pity, Larrey conceived the design of an 'ambulance,' as light, as moveable, as rapid, as flying artillery." After enumerating the many services rendered by Larrey not only to the army confided to his care, but to science, during the wars of Egypt, the orator reflects upon Larrey's solicitude for the welfare of the soldier during the disastrous campaign of Russia, and the attachment of the army for its great surgeon. He thus describes the passage of the Bérésina:—"From Moscow forwards all discipline had ceased. The army consists no longer of men, but of trembling, ghastly shadows, badly covered with tattered garments. On all sides

devouring hunger and burning thirst, exhaustion, nakedness, and despair, supported only by the dread of cruel pursuing revenge. The cannon roars—the enemy is at hand—a river appears—death on all sides—two bridges are hastily thrown across—the armed bodies pass—the crowd rushes onwards—importunate fugitives from Moscow, women, children, luggage, soldiers, horses, guns. Afar, in the advancing waves, Larrey is perceived. A thousand cries rend the air—'let us save him who saved us; let him come!' The crowd separates, and Larrey is passed in the arms of the soldiers, from hand to hand, over the tottering bridge; he is saved! Almost at that moment the overloaded bridge bends and breaks, and men, women, children, horses, cars, guns, are all dashed into the river—all are swallowed up and crushed for ever. Glory! Proud and sanguinary idol! can the heart of man bend before your altars? What becomes of your abominable illusions, when compared to the tenderness of that young mother who, plunged in the frozen waters of that river, raises over her head her feeble child to implore the mercy of the soldier, and dies happy when she feels him snatched from her hands! According to the statement of the Russians, the severity of that winter was unequalled; the thermometer of Reaumur descended to 28°. Of a division of twelve thousand men, 360 only returned home. During some nights numbers of men were left in a completely frozen condition. In *one* night as many as 10,000 perished. If we open the numerous volumes which Larrey dedicates to posterity, we find them replete with descriptions of diseases remarkable by their singularity—some of them foreign to our climes, others endemic in this country, but interesting and extraordinary in their details and symptoms. You will meet there the plague, elephantiasis, and the Egyptian ophthalmia, the Madrid colic, and a complete history of plica-polonica. The plague Larrey considers contagious, and looks upon the contrary opinion as one of those calamities of the mind more fearful than the plague itself, for that erroneous idea increases and multiplies the disease. He thinks the disorder originates in Lower Egypt and Syria. It is now a known fact that Syria receives, but does not produce, the plague. Lower Egypt, the Delta, such is now the only permanent focus of the malady. For nine years, Constantinople, which was accused of producing the infection, has been free from it. Quarantines have delivered that city from it, as well as Smyrna and the island of Candia; and those quarantines, so much blamed and so salutary, have been unable to preserve Egypt. In Europe, love of money is struggling against the quarantines. The love of money might be better employed. Let it be applied to the destruction of the plague, for the dread disease is not like heat and damp, the work of nature, but of man, and man has the power of annihilating it. Let Egypt be changed. Posterity will chiefly praise Larrey for the creation of his *ambulances*—for having settled, beyond discussion, the all-important question of immediate amputation after severe gunshot wounds—for having recalled from oblivion the immoveable dressings in fractures—and for having taught, by the application of the actual cautery, that the *summum* of art would be to displace at will the principles of disease, and to open to them externally an issue by which its elements may be eliminated. On his return from the inspection of the hospitals of Africa, in 1842, Larrey was attacked by his last illness; pneumonia set in, and on the 25th of July he expired. It would be superfluous here to recal all Larrey's titles, but there is one which I cannot pass unnoticed—it is the title of 'honest, virtuous man,' by which he is honoured in Napoleon's will. Another expression of the Emperor I must also repeat: 'If ever the army erects a monument to gratitude, that monument should be consecrated to Larrey.' The monument is almost completed, and will appear under the auspices of the army and of France. It will be worthy of Larrey. It is due to the chisel, to the genius of David."

Society of Surgery; Meeting of October, 1845.—M. Monod in the chair.

Ligature of the Carotid and Axillary Arteries; by Dr. Malgaigne.—A man, arrived at the middle period of life, much addicted to intemperance, perceived, two years since, a small swelling in his neck, in the course of the carotid artery. The tumour having gradually increased, the patient applied to a surgeon, who instituted, but without success, Valsalva's treatment; he then entered the Hospital Saint Antoine, where he was placed under Dr. Malgaigne's care. This surgeon, finding it impossible to throw a ligature between the tumour and the heart, resolved upon attempting the method of Brasd'or, which consists in tying the artery on the distal side of the aneurism. An incision was performed on a level with the larynx, but the artery could not be detected in its usual seat. It was lying, not under the *in*ternal, but beneath the *ex*ternal margin of the sterno-mastoid muscle, where it had been gradually removed by the increase of the tumour. This displacement of arteries affected with aneurism, is a most important point of the anatomical history of the disease, and may cause very serious embarrassment to the surgeon during operation. The artery was, however, found, and a ligature placed round it. The pulsation persisted in the tumour and re-appeared in the artery shortly after cicatrisation, which was readily obtained. As to the aneurism itself, the only change produced in it was a change of shape—its long diameter from horizontal became vertical. Four months after this ligature, the patient was again placed under Dr. Malgaigne's care at Hospital Saint Louis. The tumour had increased in size, having displaced the clavicle downwards, and protruded about the size of a hen's egg over the summit of the sternum. Rupture appeared imminent in several points of its surface, where the integuments seemed to have become much thinner. Dr. Malgaigne, under these unfavourable circumstances, resolved upon placing a ligature around the axillary artery. An incision was performed in a line parallel with the superior margin of the pectoralis minor. The subclavian vein was not found lying, as usual, in front of the artery; it was necessary to divide the coraco-clavicular ligament, before the vessel could be taken up and tied. The patient has been since doing well; the arm has been the seat of some formication, but its heat has been preserved, and pulsation seems to have diminished considerably within the tumour. On the 12th day after operation, the ligature was removed without any traction, by merely pressing on the lips of the wound.

Uterine Polypus.—Dr. Monod relates the following case, which is rendered interesting by the difficulties of diagnosis. Dr. M. was called to a young lady suffering from uterine hemorrhage. The symptoms of the patient led him to suspect the existence of polypus of the womb—a fact of which the presence of the hymen did not permit him to acquire the certainty. M. Marjolin having also examined the patient, agreed that the hemorrhage was, in all probability, due to a polypus; a small division of the hymen having been made, to permit the introduction of the finger, all doubt was removed, a polypus of the size of a hen's egg, attached, by a narrow pedicle, to the anterior lips of the os tincæ, was plainly discerned, and removed by excision. The patient is doing perfectly well. Within the tumour existed a cavity, the surface of which resembled closely the placental tissue.

Dangers of Operations on the Neck; by M. Lenoir. Dr. Lenoir removed, on the 26th of October, a tumour from the neck of a man, aged forty-five—the exact nature and seat of which were not very positively known before operation. The tumour was raised by the arterial pulsations, but, on auscultation, no abnormal sound cold be detected within it; the patient could swallow only liquid food, and M. Lenoir resolved on removing the disease, because suffocation had become imminent. The operation was performed with success, and its close was attended with a remarkable circumstance: the tumour had been separated on all sides from the healthy parts with a spatula, in order to avoid wounding the numerous vessels placed in the vicinity, and it still was attached to the neck by a pedicle placed at the basis of the cervical region. A ligature was, fortunately, passed round this pedicle before it was divided; and, after section, it was found to consist of the internal jugular vein. M. Lenoir remarks, that the operation might have terminated by the sudden death of the patient, from introduction of air into the vein, had not the precaution of tying the pedicle been prudently resorted to.

HÔTEL DIEU.

HYDRO-PNEUMOTHORAX (Clinical Lecture). By Professor CHOMEL.

Case.—A woman, aged twenty-three, is now lying in the wards with the signs of an effusion of air and liquid in the thoracic cavity. This person menstruated at sixteen, and became a mother three years since, without being married; a circumstance which has ever since preyed upon her mind. About four or five months before her admission into hospital, the menstrual functions ceased to be accomplished with regularity, and the stomach being disturbed, nausea and vomiting frequently occurred. She grew thin, and palpitations appeared, together with oppression on the slightest exercise. The patient was gradually losing strength, and suffered from habitual thirst, when, on the 10th of November, she was suddenly seized with a violent, acute pain in the right side of the chest; from that moment respiration became more and more embarrassed, the cough was continual, and followed by the expectoration of a frothy, mucous liquid. The dyspnœa increasing gradually, the patient entered hospital on November 13th. At the time of her admission, she presented some of the symptoms which are still manifest. The right side of the chest was larger than the left; the intercostal spaces had completely disappeared, the soft parts of the thoracic *wall being bulged* out by the gases and liquids which filled the pleura. The percussion of the right side of the chest gave rise to a sound which resembled that *produced by percussion of the stomach.* In the inferior third of the right side, posteriorly, there was absolute dulness; the respiratory murmur was absent in the summit of the chest; a little lower, it was replaced *by amphoric souffle;* and, in the inferior region, no vesicular expansion could be heard in the vicinity of the vertebral column; however, the vesicular murmur, owing, perhaps, to adhesions, could be distinguished. When the patient moved suddenly, a sound was produced from the simultaneous presence of air and liquid in the chest, a mode of exploration which bears the name of *hyppocratic succussion.* The *metallic tinckling* was evident. The voice was *cavernous* except in the lower part of the chest, where it was œgophonous.

The pulse was at 120, the oppression considerable; the treatment consisted in the application of a few leeches, the exhibition of opium, and strict diet. The patient is now very much better, and it would be impossible to suspect, on approaching her, that she has been affected with such a very serious disease, the symptoms of which are, in general, so severe and so painful.

We may first remark, that the sudden and acute pain which occurred on the 10th of November, coincided, very probably, with the pulmonary perforation. The perforation of a serous membrane is usually attended with pain of an extremely acute character; thus, in perforations of the peritoneum, the pain is excessive, and attended with a sudden and striking change in the expression of the physiognomy; it is also the case in the perforation of the pleura, the patients suddenly fall into so alarming a condition that medical aid is at once sought for.

To what primary lesion are we, in the present case, to attribute the perforations of the lung and pleura? A great many causes may give rise to the disorder; but, amongst those causes, some are so extremely rare that they need hardly be taken into account. Cases of emphysema, for instance, have been met with, in which the dilatation of the air-cells of the lung was carried to that degree, that one or more of these cells burst and caused pneumothorax; but these cases are very uncommon; I know few instance only of pulmonary perforation which may be attributed to that cause.

Traumatic perforations are also occasionally met with, accompanied or not by divisions of the integuments. Cancer of the lung is looked upon as capable of occasioning the same disease; and pneumothorax has also been attributed to hydatids, developed under the pleura; but all these possible causes of pneumothorax must be looked upon as exceptions, and we must never forget in the diagnosis of any disease, the famous precept—"Rara

non sunt artis; rara sunt scientiæ." It is enough, that a circumstance is extremely uncommon to induce us to set it aside altogether in the etiological study of a disease. Two affections which are every day met with in practice, are really by far the most frequent causes of pneumothorax—purulent pleurisy and pulmonary consumption. Sometimes, also, superficial gangrene of the lung brings on the accident.

It has been supposed that the pleura may secrete gases, and thus pneumothorax be produced without perforation of the lung. It is proved that the mucous membranes may engender gas, but no one well-authenticated fact has hitherto demonstrated the possibility of such an occurrence, as spontaneous gaseous secretion in a serous cavity.

We do not altogether deny that a variety of pneumothorax may be produced by decompositions of the liquid effused in the pleural cavity; but here, again, we are not in possession of any well demonstrated facts. I must, however, relate in a few words, a case I observed some two or three years since, which has some connection with the subject under consideration. The case was that of a woman affected with ovarian dropsy; after several punctures, I was surprised one day to find that the tumour was the seat of a more unusual degree of sonorousness on percussion, which led me to suspect that a communication had been established between the intestine and the tumour. The patient died; I found, on post-mortem examination, the cyst half-filled with a pus of remarkable fetidity. If such an occurrence is possible in a cyst, it is clearly possible also in a serous cavity; but as hitherto perforation of the lung has always been detected in cases of pneumothorax, and as it must be granted, that perforation may be so small as to escape discovery, it follows that in every instance of effusion of air into the pleura, we must admit that perforation of the lung does really exist, even if it should escape investigation.

DAN M'CARTHY, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D., Physician to the German Hospital.

On the Nutritive Power of Mushrooms; By Dr. T. Schlossberger, Professor of Chemistry at the University of Tübingen.—A considerable quantity of azote and nutritive matter is generally ascribed to the edible mushrooms, but this view has not yet been supported by direct experiments. The author analysed, therefore, among others, agaricus deliciosus, arvensis, russula Scop., cantharellus L., and found that the mushrooms contain in a fresh state more water than any other vegetable serving as food (accounting for their sudden appearance after rain, and their rapid putrefaction), but at the same time a great quantity of *substances containing protein* are, as may be shown by the great quantity of azote, and the absence of any alkaloid or analogous azotised body. The composition of the mushroom fibres is *non-azotised*, similar to that of cellular plants (formerly a peculiar azotised substance, fungine, was supposed to exist in them). The dry substance of the mushrooms exceeds, in abundance of proteinic bodies, most vegetable nutriments, and those fungi in which the author found the smallest quantity of nitrogen approach the most azotised vegetable elements (peas and beans). Thus they must be highly nutritive. They are also of importance, as serving for respiration, inasmuch as they abound in mucus, gum, and sugar. Many fungi contain the latter in such abundance, that they spontaneously pass into spirituous effervescence, as soon as they are heaped together in a warm temperature, and in large quantities. Amylum is very sparingly contained in them. The incineration, which is performed with some difficulty, shows most fungi to possess a considerable quantity of the phosphates. Phosphoric acid seems to be mostly combined with alkalies; for the whole ashes sometimes dissolve in water. Considerable quantities of potash and soda are also directly discovered. Boussingault discovered from his experiments, that the most azotised of the vegetable substances possess also the greatest quantity of phosphates, so that the latter appear as an important, and perhaps necessary, addition to the proteinic substances.

On the Chemical and Dietetic Relations of Tea.—Two Arabs, who travelled in Eastern Asia in the ninth century, even thus early, spoke of tea; in Europe it did not become known before the seventeenth century. Dutch travellers brought it from China in the year 1600. In 1666 Lord Arlington brought the first pound of tea into England (having bought it at Holland for £3). In 1763 Linné obtained, after seventeen unsuccessful attempts, a *living* tea-plant from China, which blossomed at Upsala in the year 1765. The tea-shrub is very closely related to the camellia. Left to itself, it attains a height of ten or twelve feet; in a cultivated state it is kept as low as five or six feet, in order to facilitate the growth of the branches, and the tea gathering. Linné distinguished two species, the *green tea* (thea viridis), which is stronger and higher, grows in China as far as the 40° to 45° n. lat.; and *bohea tea* (thea bohea), which is smaller, and only cultivated as far as the 27° to 28° n. lat. In china the tea prospers best at the south side of hills near small rivers; in Japan it is cultivated on the borders of fields. The tea is sown; the shrub furnishes three good annual harvests for a term of three to seven years: the first, gathered in February or March, only yields fine shoots, which are little developed; this is the best sort, and is called *imperial tea.* The leaves and shoots collected in April are less esteemed. In the third harvest in May or June, the coarsest leaves are cut off and sorted. After this the leaves are left on the shrub. For the purpose of drying, the leaves are laid on iron pans and exposed to a moderate heat in little stoves; they discharge a caustic yellowish green juice. When dried, they are rolled with the hands; sometimes they are laid on a fine sieve, and exposed to hot watery vapours till they are moistened, and then they are dried as before. This tea, obtained by the *dry* method, is said to be the *black tea*, that obtained by the moist method, the *green tea.* Others maintain the reverse of this to be the case. Others again assert, that both sorts are dried in the sun, only that the green is exposed for a shorter time than the black. Some teas are made odoriferous by the admixture of different species of camellias. In England, the Chinese tea is adulterated with ash, oak, and other leaves. *Chemical Constituents of tea.*—Volatile oil, tannic acid, and theine; the other constituents are those commonly found in the leaves of vegetables. The tea owes its smell and part of its effects to its volatile oil. The tannic acid blackens the salts of iron, as the tannic acid of oak. The theine is the most remarkable constituent. Peligot has lately discovered in tea a larger quantity of theine, besides some caseine, both of which are azotised substances. *Preparation of the infusion of tea.*—The use of carbonate of soda is advantageous here, as it is in the preparation of coffee, it increases the power of drawing the extract out of the leaves, makes the infusion stronger, and gives it a better taste. In the ashes of tea the author found oxide of iron and argilla, and draws from this circumstance the conclusion, that the tea-shrub grows and thrives on ferrugineous and argillaceous soils, which are also in other respects favourable to the formation of ammonia, and of the azotised caseine and theine.

Use of Tea.—Most tea-drinkers only consume those parts which are to be extracted by water, particularly the ethereal oil, the tannate of theine, gum, and most of the soluble salts; but the tea is not exhausted by a single infusion in boiling water; at least one-third of the soluble constituents remain in the leaves, with the greatest part of the caseine. Carbonate of soda dissolves the caseine, and, therefore, materially increases the strength of the beverage. The theine is composed of eight atoms of carbon, four atoms of nitrogen, ten atoms of hydrogen, and two atoms of oxygen. In those countries where tea is very generally taken (as England and Holland), diseases of relaxation and emollition prevail; particularly obstinate blenorrhages in the female sex. Tea considerably increases the sensibility of the whole nervous system, and relaxes the digestive canal; but it certainly possesses some nutritive power, in consequence of containing two azotised substances: theine and caseine. The increased secretion of urea and bile, subsequent to its use, shows its medicinal effect. The Chinese use the tea-Buu-leaves as an emetic. Fresh tea acts, according to Percival, like opium and henbane on the nerves, and like foxglove on the function of the heart and arteries. Those men who are engaged in unpacking tea, are very liable to become paralytic; the exhalations of tea produce headache, giddiness, &c. Vessels of porcelain are the best for extracting the constituents of the tea. For keeping the tea leaden boxes are injurious, tin ones should be always used. —*Dr. Bleischt in Oesterr Tahrbuchern.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

REMOVAL OF THE CICATRICES FROM BURNS.—Mr. Parker, surgeon to the Bridgewater Infirmary, describes, in the *Provincial Medical Journal*, a case in which he operated successfully for the removal of the cicatrices resulting from burns. The patient was a child five years of age. The head was drawn down by contracted cicatrices, so far that the cheek was within three-fourths of an inch of resting on the right shoulder; the mouth was permanently open, the lower lip everted, and drawn so much to to the right side that the saliva could be only partly retained. The contracted cicatrix consisted of firm bands of skin, extending from behind the right ear to the shoulder, and from the lower lip and chin to the sternum. The operation was performed in the following manner:—Mr. Parker commenced by passing a slightly curved needle and double ligature beneath the central portion of the contracted skin; this ligature he held in his left hand during the subsequent steps of the operation; then, with a long narrow doubled-edged scalpel, he transfixed as extensive a portion as he could, commencing in the sound skin on the scapular side, and cutting out upwards at the angle of the jaw, and downwards to the right clavicle, so as to remove the portion included in the ligature. The bands extending from the sternum to the centre of the lower jaw were simply divided with the scalpel, and the head then restored to its proper position. A flap of skin was next dissected from the front of the upper arm, of a sufficient length, allowing for its subsequent contraction, a small connecting portion being left just at the point of the shoulder; the flap was then twisted round, laid on the neck, and secured to the sound skin on the scapular side by three sutures, the space being thus filled in a perpendicular direction, though only half covered in its transverse diameter. Water-dressing was then applied over all; not much blood was lost during this tedious operation; and, considering the age of the child, it was borne very well. A collar made with a piece of shoe-sole leather, and covered with chamois-skin, was put over the neck, and worn in the manner of a gentleman's stock. The case did well. It is now a twelvemonth since the operation, and its success is so far complete that the position of the head is natural, and its motions perfect, with the exception of the power of turning it quite so far towards the left shoulder as the right; the only remaining deformity is the lip being still somewhat everted, though scarcely worth mentioning. The little patient still continues to wear the collar before mentioned, and, as it is so easily concealed, she will continue to do so for a considerable time. In another case, that of a boy, thirteen years of age, in which the contracted cicatrices on the inside of the fingers had drawn them so firmly into the palm of the hand that it was rendered useless, Mr. Parker also operated; the complete removal of the contracted skin, treating it afterwards by water-dressing, and during the healing of the sores keeping the fingers permanently extended on a flat board, restored all the uses of the hand and fingers. In a third case, the contraction of the cicatrix had flexed the fore-arm so much on the arm as to render the limb nearly useless. The operation, with the after treatment, as in the preceding case, was perfectly successful.

CASES OF THORACIC DISEASE, OF DIFFICULT DIAGNOSIS.—Under this title Dr. Swett, physician to the New York Hospital, has described several

cases of thoracic disease, in which the diagnosis was attended with unusual difficulties. The first case recorded by him is hardly entitled to be classed among them, inasmuch as it is a case of hepatic abscess, simulating pleurisy and empyema. The patient, an English sailor, twenty-six years of age, was admitted into the New York Hospital, with symptoms apparently of pleurisy, on the right side, which were followed by indications of effusion into the pleural cavity, and ultimately of empyema. The latter symptoms came on about two months after his admission into the hospital. The constant progression of the symptoms, the hectic fever, the anorexia with vomiting, and the marked evidences of the accumulation of purulent matter, as indicated also by the physical signs, induced Dr. Swett to attempt to assist the powers of nature by making an external opening. A deep incision was made laterally between the seventh and eight ribs, which appeared to be the chief point of dilatation; the dissection was continued until he had penetrated below the posterior surface of the rib. Finding no matter, he passed in an exploring needle to the depth of about two inches: it passed evidently into a solid substance. The wound was then closed and the patient kept quiet. The patient after this had confirmed diarrhœa, and the abdomen became slightly tender and tympanitic. Eleven days afterwards the report states that the right side had been examined from time to time since the preceding operation; a feeling of fluctuation between the tenth and eleventh ribs, and in a line with the axilla, was so distinct the preceding day, that, with the consent of Dr. Checsman, who saw the patient with him, Dr. Swett was induced to make a new attempt to evacuate the matter. This time he was successful. A trocar, passed in between the tenth and eleventh ribs, in a line with the axilla, evacuated at least two quarts of pus. The purulent fluid was not of a healthy appearance; it was offensive, partly tinged brown from admixture of blood, and stringy. As the matter flowed it was noticed that no air entered the canula during inspiration. The patient was much relieved by the discharge of matter. The edge of liver, which before the operation descended two inches below the ribs, could afterwards be felt just at their margin. Two days after the operation, on examining the wound, the canula was found to have slipped out, but the dressings were drenched with a thin, greenish-black, offensive fluid, instead of the tolerably healthy pus that had escaped the previous day. The lips of the incision also looked blackish and flabby. On passing in a probe the rib was found bare. The opening into the abscess was enlarged a little from before backwards, and about a tablespoonful of florid blood flowed from the wound. A compress and bandage were applied, and stimulants continued. In the evening the patient was found to be fast sinking—he was very restless. The dressings were slightly tinged with blood: there was no escape of matter. He died the same night. The examination of the body was made sixteen hours after death. On exposing the cavities of the chest by sawing through the ribs, the right lobe of the liver was found to be enlarged upwards, extending as high as the lower edge of the fourth rib at its junction with the cartilage, and diminishing the cavity of this side of the chest at least one-half—which contained, moreover, two and a half pints of coloured serum, but without flocculi of lymph. The right lung was much compressed and reduced in size, especially the middle and lower lobes. It was carried forwards and inwards, and adhered to the diaphragm and to the anterior wall of the chest by tolerably firm adhesions. The upper lobe, reduced to about one-half its usual size, still crepitated freely; its apex presented the first stage of pneumonia; its base adhered to the diaphragm by adhesions as firm as those of the lower lobes; its upper portion was united to the anterior and superior walls of the chest by more recent adhesions. The left lung contained at its summit an old cheesy tubercle, encysted; a trifling quantity of bloody serum was noticed in the cavity of the left pleura. The bronchial mucous membrane was pale, but rather opaque and thickened. The heart was healthy and pushed a little to the left. The enlargement of the liver was confined to the right lobe and to the superior portion; the free edge, thin and pale, projecting only an inch below the ribs. The peritoneum covering the upper and right two-thirds of this lobe adhered to the diaphragm by false membranes of the same firmness as those which united the right lung to this partition. An immense abscess occupied the superior and right portion of this lobe. It contained, first, about a pint of dark grumous clotted blood: second, a considerable quantity of the stringy pus that had passed through the canula two days before; it adhered firmly to the walls of the abscess, which were formed by a thick and firm false membrane. The substance of the liver immediately around the abscess was of a dark bluish tint, the natural granular texture being lost, but it was neither injected or softened. In one portion, however, and in the immediate neighbourhood of the abscess, the liver was of a dark red colour, moist and friable to the depth of about an inch. The rest of the organ was pale and rather soft; its granular structure was preserved. The gall-bladder contained a small quantity of watery transparent yellowish fluid. The ninth rib was bare, and the tenth equally so, and also carious. The parts adjacent to the seat of the operation, both internally and externally, were in a state of gangrene. The spleen was enlarged; and the mucous membrane of the cœcum studded with ulcers. The mesenteric glands were enlarged, the veins congested. There was a considerable effusion of serum into the cavity of the peritoneum. Throughout the case there were not any indications of biliary derangement. The second case is one of carcinoma of the posterior mediastinum, simulating empyema. The patient was a gentleman, forty-five years of age, who had been subject to a trifling cough, with dyspnœa, and wandering pains in the chest for some time, without the general health being much affected, when, during a slight exertion, he felt something snap in the anterior part of the left side of the chest, attended with acute pain and partial syncope. When seen by Dr. Du Bois, a short time after the accident, the respiration was hurried, and the countenance anxious, and he complained of intense pain in the left-side, about the third rib in front. A distinct crepitation could be felt at that part to the extent of several inches, indicating an effusion of air into the subcutaneous cellular tissue. Leeches and warm fomentations gave him decided relief. In a day or two's time, he was seen by Dr. Swett. The effused air was then nearly or quite absorbed, and he complained but little of pain in the chest; there was, however, considerable oppression of the respiration. On examination of the chest, the left side was found evidently dilated, intercostal spaces as well as ribs, and generally dull on percussion, with feeble respiration; the opinion was formed that effusion of fluid existed in the left pleural cavity. The pulse was slow, only 65 in a minute, and there was no fever; the patient was rather pale and feeble; he complained principally of the dyspnœa. At this time, it was supposed that a chronic pleurisy had been slowly developed, and that tubercles very likely existed with it. It was thought not unlikely that the subcutaneous effusion of air was connected with the rupture of a tubercle, the lung having previously become adherent to the walls of the chest in its superior and anterior portion. The idea of an effusion of fluid into the chest being the sole cause of the physical signs was confirmed by watching the progress of the case. After a time œgophony was distinctly detected about the lower angle of the scapula, and extending in front to the nipple, and the heart was observed to be pushed over to the right side. A change in the position of the patient made no difference in the dulness on percussion. Some slight improvement ensued under the use of blisters and diuretics, and attention to diet, after which Dr Swett lost sight of his patient until a few days before his decease. He was then labouring under aphthæ, and presented other signs of a broken constitution. A careful examination of the chest was made, and the following phenomena were noticed. The respiration was chiefly diaphragmatic; the ribs moving but little, especially those on the left side. The whole left side was much dilated, especially laterally, and anteriorly about the third rib; the intercostal spaces were also dilated. For two or three weeks the intercostal space between the second and third ribs had been observed to bulge during expiration; percussion of the left side was universally very dull, especially laterally, and anteriorly about and above the nipple. The respiratory murmur could be heard at the summit of the lung, under the clavicle and above the spine of the scapula; posteriorly at the root of the lung and for a considerable space the respiration was strongly bronchial; over the rest of the lung no respiration whatever was heard, but at the base a distinct creaking sound, like that produced by the friction of false membranes, was heard during inspiration and expiration. There was no rattle or rhonchus in any portion of the lung; an imperfect œgophony was noticed in the lateral portion where the percussion was most dull, and the respiratory murmur entirely absent. On the right side the heart was felt beating far to the right of the sternum, and a slight crepitating rattle existed about the mamma extending under the arm; in other respects this lung appeared perfectly healthy. Dr. Swett was of opinion that the evidence of effusion into the chest was so decided, that he examined the dilated intercostal spaces carefully, in search of a fluctuating point; but did not succeed in finding one. The patient died next night. The examination of the body was made twelve hours after death. After removing the sternum and cartilages with a portion of the ribs on the left side, the whole left cavity of the thorax, the mediastinal spaces, and at least one quarter of the right cavity of the chest, were found occupied by a tumour. Its shape was irregular; on the left side it corresponded somewhat with the walls of the thorax with which it was in contact, while on the right side it projected by its lower and anterior portion, so as to form a distinct process resembling in size and shape an adult kidney. The attachments of the tumour to the walls of the chest were quite limited. At the anterior and superior portion of the left side they were very firm and ancient over a space as large as the palm of the hand; along the spine also, and the posterior portion of the diaphragm, there were a few adhesions, but in the other portions the hand could be passed freely round the tumour between its investing membrane and the costal pleura. The left pleural cavity contained about a half pint of reddish serum; its serous membrane was opaque and thickened, but without any trace of inflammatory action, except the few old adhesions already mentioned. The left lung, reduced by compression and atrophy to at least one-tenth of its natural size, lay upon the upper and posterior portion of the tumour, its apex but little compressed, embracing the top of the tumour and extending forward upon it. With the exception of this small portion at the summit, the lung was much atrophied and reduced to a thin lamina of otherwise healthy tissue, and presented numerous large bronchial tubes of the natural size still freely admitting air, so that the lung, when divided, seemed made up in a great measure of these tubes. The right lung adhered generally to the chest by old adhesions; it was diminished in size to a perceptible extent by the pressure of the tumour, and in its middle lobe presented the first stage of pneumonia. The heart, small and flabby, was pushed far into the right cavity of the chest by the kidney-like process of the tumour, which had singularly indented the blunt edge of the left ventricle. The tumour, when carefully examined, appeared to grow from the cellular tissue at the root of the left lung. In its growth it seemed to have pushed the pleura of the lung before it, appropriating this membrane as its own proper capsule, while it stripped it off from the atrophied lung—thus the tumour, with respect to the pleura, took the place of the lung. This capsule of pleura, like that lining the ribs, was opaque and thickened, but smooth and shining. The tumour weighed eleven and half pounds; it measured vertically twelve inches and transversely eight inches; its circumference in each direction was two feet. On being divided, two or more layers of condensed cellular tissue were found under the pleural capsule of the tumour, and the mass was seen to be composed of at least five distinct tumours of different sizes, each invested by its capsule of condensed cellular tissue. The composition of these tumours was not identical. The two largest, composing two-thirds of the whole mass, were of a pale yellowish-white colour, marbled with spots of a deeper yellow

or reddish tint, firm to the touch, creaking under the scalpel, giving out on being scraped a little viscid and yellowish apple-juice fluid. Its structure under the microscope, appeared areolar and without fibres, and presented the orifices of large vessels; it also contained considerable fatty matter (*Scirrhus*). Two of the remaining tumours were much smaller, but of a much brighter yellow colour, soft and flabby, areolar with large cells, lobulated, presenting numerous red points, and in some portions minute whitish granules and yielding by scraping, a more viscid yellow fluid: they contained no fat (*jelly-like degeneration*). The fifth and remaining portion of the mass, resembling in shape and size an adult kidney, was composed, in fact, of three masses, more or less distinctly separated from each other; it was much firmer and drier than the other portions. It was distinctly fibrous and in portions bony; in other portions the jelly-like matter appeared to be infiltrated among the fibres (fibrous tumour). The liver was small; the left lobe being reduced, as if from compression, to a thin, tongue-like process, but healthy in its structure; the spleen was also very small, but healthy; stomach was natural; no disease of the lymphatic system was noticed. In some remarks on this case, Dr. Swett notices the difficulty of diagnosis between solid tumours developed in the chest, and effusion in the pleural or pericardiac cavity, by the ordinary methods. By ordinary percussion the dulness is the same, whether the lung is driven from its natural position, and compressed by a solid or a liquid mass; an absence of the respiratory murmur is certain to accompany either condition. It is also equally certain that the displacement of the neighbouring organs, especially of the heart, the dilatation of the chest and even the bulging and fluctuation of the intercostal spaces, may occur under both conditions if ether the solid or liquid accumulation be considerable. The method of resolving this uncertanty, will be found by resorting to auscultatory percussion, first used in medical diagnosis by Drs. Cammann and Clark, an account of which was published in the "New York Journal of Medicine and Surgery" for July, 1840. This valuable addition to medical diagnosis consists in the use of a solid stethoscope, which is to be applied over that portion of the chest where dulness by ordinary percussion is found to exist. Then, by applying the ear to the opposite extremity and percussing gently in the neighbourhood of the instrument, if the compressing mass is solid, a smart shock will be communicated to the ear; if it be fluid, little or no shock will be communicated. In the next case recorded by Dr. Swett, carcinoma in the mediastinum involving the great vessels simulated valvular disease of the heart. The patient was an Englishman, forty years of age, of intemperate habits. He was admitted into the New York Hospital, with general dropsy and anasarca, and symptoms of effusion into the cavity of the chest. After he had been in the hospital a short time, a loud rasping sound was heard accompanying the impulse of the heart, and having its maximum of intensity over the aortic valves, gradually diminishing towards the apex to the heart; along the aorta it gradually changed to a bellows murmur. The pulse was irregular. Two days afterwards the rasping sound was changed to a sawing sound, which was not heard over the body of the heart, and but faintly along the aorta. He died a fortnight after his admission into the hospital. On opening the chest, the cavity of the left pleura was found to contain about three quarts of bloody serum mixed with a few flocculi of coagulable lymph. The pleura was much thickened, opaque and thinly coated with lymph. The lung pressed upward, occupied about one-third of the cavity of the pleura, and adhered to the walls of the chest both anteriorly and posteriorly with great firmness. A mass of carcinoma, partly scirrhous, partly encephaloid, granular, of a dirty white colour with yellowish specks of irregular shape scattered through it, exhibiting here and there the rudiments of vessels and yielding, when gently scraped, a viscid yellowish-white fluid, occupied the anterior mediastinum from the origin of the great vessels to the top of the sternum, and involving these vessels in its mass. It also penetrated into the posterior mediastinum, involving the trachea and the œsophagus. Masses of the same cancerous deposit of considerable size occupied also the substance of the lung. Some of the large pulmonary veins were filled and obliterated by it, and in those portions of the lung least affected, numerous small whitish tubercles were discovered, which appeared to be the cancerous matter in its earliest stage. The substance of the lung itself, in the neighbourhood of the cancerous masses, appeared quite healthy, although somewhat compressed by the effusion in the pleural cavity, and by the thick and almost cartilaginous false membranes that covered it. The right lung was quite healthy, except a few spots of pulmonary apoplexy near the free edge of the lower lobe. The bronchi appeared somewhat inflamed; the bronchial glands were much enlarged and some of them quite changed into carcinoma. The pericardium contained about twelve ounces of bloody serum; its surfaces were not adherent, but covered in every part by rough false membranes which were most abundant near the origin of the great vessels and near the apex. The heart itself appeared slightly enlarged, but its cavities as well as those of the great vessels, including the valves, were perfectly healthy. The calibre of the aorta and pulmonary artery, and the cavity of the left auricle, appeared much compressed and diminished by the pressure of the cancerous masses around them. Cancerous deposits were found in the pancreas, and also in the tubular portion of one of the kidneys. Dr. Swett explains the presence of symptoms indicative of valvular disease of the aorta in this case, by assuming that the external physical obstruction caused by the pressure of a firm and irregular tumour upon the origin of the aorta and pulmonary artery must have operated in precisely the same way upon the functions of the heart, and induced the same physical signs as if the obstruction had been within these vessels, and caused either by tumefaction of the valves, or by ossific deposits. The same tumour pressing also upon the great veins must have added very much to the disturbance of the circulation. The last case in Dr. Swett's paper is one of aneurism of the ascending aorta, simulating an abscess. The disease appeared to commence with seven neuralgia of the right shoulder, neck, and side of the head, which was followed by some oppression at the chest, and cough, with abnormal pulsation in the chest. About eight months after the first attack of neuralgia, a pulsating tumour was noticed in the omo-clavicular space, which, in a few days, shifted its position, and was found in the hollow just above the sternum. In the course of four or five weeks, the expectoration became suddenly abundant and purulent in its character, more or less tinged with blood, and offensive, the tumour diminishing in size, and scarcely pulsating, while the oppression at the chest was also relieved. In the course of a few weeks more, the pain in the shoulder returned, and the tumour reappeared under the clavicle, and at the top of the sternum. Copious expectoration of purulent matter again supervened, but this time with only partial relief. The patient was not seen by Dr. Swett until the disease had existed nearly twelve months. At that time he was confined to his room, but able to sit up most of the time, in good spirits, disposed to conversation, which he could enjoy for hours together, not only without fatigue, but rather with relief. His aspect was pale with some emaciation, but bright and cheerful. On exposing the chest, a tumour, egg-shaped, with its larger extremity towards the right shoulder, seven inches in length by three in breadth, extended from the middle of the clavicle on the right side to the inner edge of the middle of the sterno-cleido-mastoid muscle on the left side. The right clavicle, dislocated at its sternal extremity and elevated, passed over the middle of the tumour like a bridge; the upper bone of the sternum was also pushed forwards, but in a less degree, by the pressure of the tumour. The sterno-cleido-mastoid muscle of the right side passed over the tumour and was lost in it, and a line of pulsation along the course of the common carotid on the right side rendered it probable that this vessel also was pushed forward by the tumour. The trachea was also pushed somewhat to the left side. The tumour was extremely elastic to the touch and strongly pulsating in every part, but most so immediately over the sternum; its right portion was more firm to the touch, and here the pulsation was less distinct. There was no thrill or bellows murmur any where. The surface of the tumour was shining, with a faint blush on its more prominent parts; it it was also slightly œdematous, but without heat or marked tenderness. The whole superior portion of the right side was enlarged, including the parts between the clavicle and the spine of the scapula, and perhaps even lower, while anteriorly the enlargement ceased abruptly with the tumour about the level of the second rib. This enlargement of the parts, in the neighbourhood of the tumour, was probably owing, in part at least, to an effusion of serum into the cellular tissue, as the right arm, until very recently, had been much swollen with œdema. It possessed very limited motion in the shoulder joint, and was incapable of being raised to more than one half the usual distance, from stiffness rather than pain or paralysis. Percussion over the chest was good; but the respiration was bronchial at the summit of both lungs, especially the right, while it was rough and wheezing in other parts, but without marked mucous rattle. The voice was hoarse, the respiration wheezing, the cough frequent and croupy, and attended with a considerable mucous expectoration, semi-opaque, partly tinged with blood. It was much relieved by talking and by any mental diversion. The action of the heart was natural and regular, but feeble; the pulse 108, feeble, equal in both wrists and in both temporal arteries. The appetite was moderate, the sleep pretty good, there were no hectic symptoms. Light and warm emollient applications to the part when the pain was most severe gave decided relief. Great doubt being entertained whether the disease were aneurism or an abcess, an exploratory puncture was decided on, the proceeding being sanctioned by Dr. Mott. The groove of the needle contained blood only. The expectoration had been previously examined, and was found not to contain true pus. The patient died about a fortnight after Dr. Swett's first visit. The post-mortem examination was made the following day. Emaciation moderate; both upper extremities œdematous; varicose veins running over the anterior part of the chest in the neighbourhood of the tumour, which was quite flaccid. The tumour proved to be a false aneurism of the aorta arising from the ascending portion and the arch, commencing just below the origin of the innominata, so that this vessel as well as the right subclavian artery opened into the sac. The mouth of the sac was about the size of an American quarter of a dollar, and had smooth and even edges. The cavity of the sac was about half filled with soft coagula. The right clavicle and upper bone of the sternum were carious, and portions of dead bone adhered to the walls of the sac. The heart was healthy. The lungs were generally adherent to the walls of the chest by old adhesions. They were not disorganised by the pressure of the tumour, or much compressed, but a good deal congested with bloody and frothy serum. The lower lobes in both lungs presented the evidences of pneumonia in the second stage. The bronchi in both upper lobes were considerably dilated, and their mucous membrane, in parts, exhibited the traces of moderate inflammation; in other parts it was quite pale. No ulcers were noticed. The abdominal organs and the brain were not examined. Dr. Swett remarks that, in reviewing this singular and interesting case, it seems difficult to understand the cause of the peculiar development and progress of the symptoms. 1st. The development of a superficial neuralgia as the earliest and for a time the only symptom. 2nd. The existence of an aneurismal tumour for a long period without pulsation or oppression of the respiration, even on violent exercise, such as going up a hill. 3rd. The singular, and to him unique point where the aneurism of the arch of the aorta presented itself externally, at the top of the shoulder, and its subsequent gradual migration to the top of the sternum. 4th. The absence of thrill or even bellows murmur, a sign by no means constant in aneurisms, but certainly to be expected in an aneurism so near the heart, so little filled with clots, and especially when communicating with the artery by so circumscribed an aperture.

TRANSFUSION.—Mr. Brown, of Preston, narrates in the *Northern Journal of Medicine*, a case of ex-

cessive prostration, succeeding instrumental labour, in treating which he practised transfusion with the greatest success.

Cephalhœmatoma.—Dr. Henderson, in a short paper, published in the *Northern Journal of Medicine*, states that he treats cases of cephalhœmatoma, where the bloody tumour is formed under the perieranium, by pushing a lancet into it on the fifth day, and squeezing out the contents. Tepid bathing of the parts night and morning for a few days afterwards is all that is required. The practice adopted by Dr. Henderson we cannot commend; *la chirurgie expectante* would be a more advisable plan of proceeding. Dr. Henderson concludes by remarking that the variety of cephalhœmatoma, inducing meningeal apoplexy, is a frequent consequence of the head remaining too long impacted in the pelvic cavity; and thus destroying life.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Suspected Glanders.

William Lambert, aged seventeen, a house-painter, was admitted into the Middlesex Hospital on November 4th, under the care of Dr. Crawford. For the last six days he had been labouring under vomiting and continuous diarrhea, and was stated by his friends to have been delirious during two nights prior to his admission. He was also reported not to have been able to swallow for two days. He presented the appearances indicative of ptyalism: the tongue was coated with black sordes; pulse frequent, and of moderate strength. Applic. hirud., vj infra mentum, et postea cataplasma lini; gargarisma sp. vini gallici; tinct. opii. gtt. xx., enema amyli, ℥ij. statum.

5.—Slept well; pulse ninety-six; bowels confined; had some bread and butter last night, which he managed to swallow; there are enlarged, tender glands on each side of the cheeks.

To have pieces of ice to dissolve in the mouth.

6.—Deglutition easier; but the glands of the throat are very painful. Hirud. vj, gutturi, et postea cataplasma lini.

7.—Inflammatory action extending along the Eustachian tubes. Pharyngeal symptoms much improved; bowels confined. To have iced jelly; Olei Ricini, ℥ ss.

10.—There is an effusion of fluid in the synovial membrane of the left knee and elbow. Is not in any pain; tongue red and dry; pulse full, 86; skin hot and dry; bowels opened freely yesterday. There has been a purulent discharge from the right ear for the last three days, and he has not slept for two nights. Hirud. x., infra. aur., dextr.; haust. effervcs. quartis. horis. sumend. Hyd. chlor., gr. iij., h. s. s.

13.—Has been delirious all night; the swellings in the throat increased in size; copious discharge from the nose; the upper lip excoriated; pulse rapid and small; respiration accelerated; no rhonchus; skin hot and dry, free from exanthem; the purulent discharge from the right ear continues; the upper lip swollen and œdematous. Potassæ chlorat., ℈j; ex decoct. hordei ter die sumend.

The patient died on the 17th.

Autopsy.—The pharynx presented throughout a deep red appearance, and on the upper part behind the larynx, were several small, shallow ulcers. The solitary glands throughout the whole intestines from the duodenum to the rectum were enlarged; Peyer's glands also were enlarged, and were found in numerous elongated patches. The valvulæ conniventes were abraded here and there. The lungs were healthy; the spleen soft and friable. The brain healthy, with the exception that the veins were somewhat congested, and there was some serum effused in the ventricles.

University of London.—So much of the regulations as related to the examinations for honours for the degree of Doctor of Medicine has been rescinded, and the following has been substituted in lieu thereof:—"If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most at the examination for the degree of M.D. shall receive a Gold Medal of the value of Twenty Pounds.

REVIEWS.

The Nature and Treatment of Gout. By William Henry Robertson, M.D., Physician to the Buxton Bath Charity. London: John Churchill. 1845. pp. 372.

Manifold are the motives which prompt to authorship. Some men write because they like it—Dr. Johnson was one of this class; others because they cannot help it, as was the case with Byron and Sidney Smith; others, as happened to Goldsmith, because their "poverty, but not their will, consents;" some write for the sake of a name; some for the sake of *bonâ fide* money; some for preferment; and some—alas! how few—to impart wisdom, or to improve their fellow-creatures. If "poverty makes strange acquaintances," so does reviewership; for we literary analysts are constantly falling in with candidates for company who are of every dimension of merit, and of every diversity of motive. Some day or other we think of giving a few lessons from the life of a medical reviewer; for we are not without a hope that we can say a few things in that line worth receiving. For the present, however, we must adhere to duty as it may fall in our way.

Whatever might be the motive of Dr. Robertson to write the book before us, we cannot help thinking that he has given himself a great deal more trouble than there was any necessity for. To take up *three hundred and seventy-two* large octavo pages in talking about the causes, symptoms, and consequences of gout, with (mercy upon us!) *one hundred and sixty-three pages* all about its treatment, is too heavy work, except for a man who has directly or indirectly to get his living at it. We presume this is the case with our author, and therefore pardon his profusion on the score of its individual propriety. We are of opinion that Dr. Robertson has not done himself justice by writing a book of this amplitude upon an isolated subject; for we find, in wading through the volume, that it is really the production of a man well knowing what he is writing about, and who could as easily have condensed his matter-of-fact into half the compass, as swell, or rather dilute it, into the dimensions of the tome before us. Should it have, as we hope, a demand for a second edition, we feel assured that its author will see the desirableness of condensing it into something like one-half or one-third the size, and of retaining his own valuable practical matter, to the exclusion of suggestions, speculations, surmises, and so forth. "On the Nature of Gout" is the chapter of the most importance and interest of the whole. It displays considerable ingenuity, and more than an average amount of pathological knowledge, though there are certain assumptions and modes of reasoning in it which are somewhat alien to our own views. Our author says, "although it must be admitted that we do not know what is the proximate cause of gout, the condition with which the disease is intimately connected, and upon which its phenomena seem to be chiefly dependent, is well known. It consists in the deposition of lithic (uric) acid, and its compounds with alkalies, and principally with soda, in the fibrous tissues. It is this which serves to distinguish gout from other diseases, which is the principal feature of its morbid anatomy, and which guides its treatment and influences its results."—(p. 69). There seems a little looseness in this detail. The remote cause of gout is difficult to pronounce upon with even an approach to probability; but we think Dr. Robertson will find the proximate cause pretty considerably connected with digestive and assimilative derangements. As for the *genesis*, in undue quantity, of lithic acid, and its deposition in the fibrous tissue of the joints, that is one of the *consequences* of the gouty action, and not a *cause* of it. Not always indeed do we meet with it in gouty subjects. Some men will suffer from gout through the greater part of their lives, and without any deposition of lithic acid or its salts in the joints; others, on the contrary, with little local inflammation, have their joints studded with concretions. We have repeatedly observed that gouty subjects, whose articulations are free from deposit, are liable to gravel, and renal or vesical calculi, and the converse.

The following passage (p. 85) strikes us as being at considerable variance with established pathological facts. "On the whole it does not seem improbable, that the deposition of lithic acid in the capillary vessels of the fibrous tissues precedes, and is the immediate cause of, gouty inflammation; and that this deposition is induced and favoured by plethora—the vessels being surcharged with blood, the blood itself containing an undue proportion of nutritious particles, and the blood in these vessels being consequently less rapidly acted upon, and undergoing less completely the chemical changes which take place in the capillaries that are necessary to its healthiness."

In the treatment of gout, Dr. Robertson seems pretty much at home, though, as we have said, he is rather too diffuse. In recommending alkalies, he expresses no choice between potash and soda (p. 226), or would negatively seem to prefer the latter. This is contrary to our own opinion, and the results of our experience. As an antacid merely, potash is quite as available as soda, and in the lithic acid diathesis, from the great solubility of lithate of potash, compared with that of soda, we think it infinitely preferable. Of the *modus operandi* of colchicum, our author says—"Besides its action as an evacuant, and its action as a narcotic, colchicum has a direct influence on the fibrous tissues; among the rest, as is well known, on those of the heart. Its action on the heart, if the drug is given in a strong form, and in full doses, is generally very considerable. It lowers the tone of the heart's action, and diminishes the power of its impulses. This effect is not usually so positive in its degree, when the pulse is felt at the wrist, as when the action of the heart itself is examined by the ear or the stethoscope; but it is generally sufficiently obvious. To attempt to convey the full meaning that is implied, colchicum seems to make the impulses of the heart less sharp, rather than (at least when the effects are less considerable) less strong. This peculiar, and it may be called specific, effect of colchicum upon the fibrous tissues, to which its virtues as a gout medicine are unquestionably owing, bears no necessary proportion to its effect as an evacuant; and it cannot, therefore, be ascribed to its evacuating properties; nor does it necessarily involve any degree of nausea, so that it cannot be classed with antimony or ipecacuanha; nor does it seem even to involve any necessary depression of the system. The specific effect of colchicum on the fibrous tissues is not to be regarded, then, as a consequence of its evacuating, nor of its narcotic, powers, nor as resulting from their combination; but is, in its degree, quite independent of those powers and their effects, and in its influence on the system, is quite *sui generis*, and not to be imitated by any other known drug"—(pp. 242—3). This doctrine we are disposed to receive *cum grano salis*. The march of modern pathology and therapeutics is to the effect of banishing *specificism* from our categories, and to bring within a few generalities the many scattered facts which have hitherto been supposed to be unrelated to one another. To talk of the specific action of colchicum over gout, strikes us as being very much like talking of the specific influence of the lancet over pneumonia. As for its affecting *peculiarly fibrous tissues*, and, *therefore*, controlling the action of the heart, does Dr. Robertson mean to say that colchicum acts specifically upon the *pericardium*, and so modifies the heart's action? We gather thus much from him, and are really as astonished at the *anatomy* as at the *physiology* of his sentence. Dr. Robertson ought to know that organs are affected by medicines only through the nervous system, either *directly* or *secondarily*, by previous absorption into the blood. Colchicum acts in this way, and we can readily understand that its *sedative* effect upon the nervous system is, through this, manifested upon the *muscular* structure of the heart, limiting both the force and frequency of its action; but how its impression, *sui generis*, upon *fibrous* tissue is to produce a like result, passes our comprehension. In the purely practical part of his work, Dr. Robertson gets on very well; but in the depths of pathology and philosophical reasoning he flounders. These things he must eschew as unsuited to his capacity and tone of mind. In other respects he is deserving of commendation.

The Cause and Treatment of Stricture, and Disease of the Prostate Gland. By JOHN GUY, M.R.C.S., &c. Bailliere. 1845.

Fortunately for the honour of the profession it is but rarely that a work so utterly worthless as that now lying before us, is published with the legitimate medical honours attached to the author's name. It is a mass of the most unmitigated trash and absurdity that ever issued from the press. We cannot waste time and space with an analytical notice of the "crudis indigestaque moles" that John Guy has put forth, but will, nevertheless, give one or two specimens as forcible justifications of the utter condemnation we feel ourselves called upon imperatively to pronounce upon this essay on "The Cause and Treatment of Stricture." At page 144 we find the following *morcean* of chemistry "after Liebig:"—

"I now find the same views confirmed by Liebig, who has directly proved that the bile is a compound of soda, which is returned from the intestinal canal into the organism, having the organic matters in combination with it, and by combining with the venous blood previous to its entering the heart, serves for respiration and the production of animal heat."

That Liebig, notwithstanding his acknowledged eminence as a chemist, is also regarded as a propounder of certain extraordinary theories, we were well aware, but we were certainly unprepared to learn that he asserted that the bile, *that compound of soda*, combined with the venous blood, and thus *served for respiration, and the production of animal heat!* His views, singular as they are, support John Guy's opinions only partially, nor can his explanation of the process, by which, according to his (Liebig's) theory, the bile previously decomposed is rendered subservient to the production of animal heat, be used in any way, as supporting Guy's statement, "*that the bile is returned from the intestinal canal into the organism, having the organic matters* (the fæces) *in combination with it*, and by combining with the venous blood previous to its entering the heart, serving for respiration and the production of animal heat." Like many other persons whose intellect is not sufficient to enable them to comprehend fully the gigantic theories of the Giessen chemist, John Guy has sought to appropriate some portion thereof, and has perverted it to suit his own purposes.

But enough of such a theory; wild and ill-arranged in the first instance, and strangely curtailed and interpolated on the second hand, it is unworthy serious examination; proceed we to give another instance of the sublime talent, extraordinary surgical skill, and thorough acquaintance with grammar and the English language possessed by John Guy.

At page 184 we find a case of gleet described in such an extraordinary style, that we should be doing the professional world a gross injustice were we to withhold it from them. It evinces all these qualities we have above particularised.

John Guy *loquitur*.

"Mr. T. B., aged twenty-six, came to consult me in consequence of his being troubled with a slight but continued discharge from the urethra, with which he had been troubled (!!) for nearly a year and a half, or, he thought, much longer than that, though, until latterly, he had not greatly noticed it. On close inquiry I did not discover any sufficient reason for the existence of such a malady, but upon examining the urethra (!) I saw immediately that the orifice of the urethra (!!) was smaller *than was consistent with the diameter of his urethra* (!!!) *further in*, which, on the instant, disclosed to me the nature and cause of the continued discharge and gleet. I assured him it mattered little *whether the lips of the urethra had been the consequence of an ill-conducted gonorrhœa*, or that it (?) was congenital, the same condition would be the result, and that he would even continue to have the gleet, if that contraction (?) of the urethral orifice was permitted to exist, as it was quite in the nature of a stricture, although it was situated on the outside; and from this I explained the source of the discharge, which is mentioned in the body of the work, and represented that unless the orifice was (? were) enlarged, the gleet would not only continue, but that in all probability there would be strictures in other parts of the urethral passage. I immediately divided the orifice to its natural (?) extent, and to stop the mouths of the bleeding vessels, *from which, however, little could escape*, I applied the lunar caustic which had the effect of impeding the hemorrhage, but which very soon after required the application of the potassa fusa, to give a *permanent disposition in the part to a distensible property*, in opposition to the effect of the lunar caustic, which is that of contractility, the application of which would have contracted *the orifice* to a smaller *aperture* than before. The application of the potassa fusa, however, aided by the constant introduction, and the almost continued use of the soft bougie, which was cut in short lengths to be easily worn, *soon effected the removal of the strictural orifice* (!!!) and the gleet was of course radically cured!"

The italics and notes of admiration and interrogation in the preceding case are our own, and we can assure our readers that the two extracts we have made, were the first articles that met our eye on glancing rapidly over the pages of John Guy's work. Is there any one of them, after these samples, would seek to extend his inquiries further into its merits?

We cannot trust ourselves to comment on this case; a healthy orifice of the urethra slit up unnecessarily, to cure a disease it certainly did not cause —nitrate of silver applied to arrest hemorrhage which did not exist—potassa fusa afterwards used to prevent the evil consequences which would result from the employment of the nitrate of silver—and finally, according to John Guy's own statement, couched in a most un-English style, and devoid of all attention to the ordinary rules of composition—the removal of the strictured orifice—and all for what? to cure a gleet with which the supposed diseased, but really normal, condition of the orifice, had no more to do than had the man in the moon.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. LATHAM, M.D., Fellow of the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. In 2 vols. London: Longman and Co. 1845.

(Continued from page 432.)

The subject of the fourth lecture is a "General Estimate of the uses of Auscultation applied to the Heart." Dr. Latham sets out with the following lucid explanation of the applicability and advantages of auscultation:—

"To decipher the auscultatory language of diseases of the heart easily and accurately is an affair requiring labour and use and docility. If you find it a hard task, you must not excuse yourselves upon the plea that this, that, and the other man knew nothing about it, and yet they were esteemed wise in their time; or that many men, who now pass for wise, deride it, or that many, who profess to understand it, make mistakes about it or apply it to no good end.

"Yet, as the ability to read does not make a man literary or learned, but only furnishes him the means, the indispensable means however, of becoming so, so neither does the skill to decipher the ascultatory language of the heart make him all at once a great pathologist or a good practitioner in respect of its diseases; but, being constantly, soberly, and diligently applied, it furnishes him with much help towards a surer knowledge and a better treatment of them."

Dr. Latham next proceeds to draw a comparison between morbid anatomy and auscultation as a means of acquiring information.

"So far as morbid anatomy contemplates the late or last results of disease which are fixed and irremediable and unalterable, its value is very small. But so far as morbid anatomy contemplates *disease in progress*, and scrutinises and explains its organic processes, its value is very great.

"Now the objects of morbid anatomy are the same with which auscultation is peculiarly conversant in the organs to which it reaches. And auscultation must have its value estimated in proportion to these objects, be it less or be it more. When during life it announces, even with infallible certainty, the late or latest results of disease, now become fixed, irremediable, and unalterable, auscultation is at its lowest estimation. When during life it declares with equal certainty the existence of disease while it is yet active, progressive, and remediable, auscultation is at its highest value."

A knowledge of the structural diseases of the heart, and the power of recognising them with the aid of the stethoscope, is of service principally with respect to the diagnosis. Unfortunately they are useless for practical purposes, inasmuch as these diseases are essentially incurable.

"Of the diseases of the heart which affect its structure, and are equally the objects of morbid anatomy and of auscultation, the great majority are tardy and secret in their growth, and by the time they are so far developed as to disclose themselves to our clinical research, they have already passed beyond the reach of our remedies. They are no sooner known to exist than they are known to be incurable. Already they bear the character of results, not of operations. Atrophy and hypertrophy of its muscular substance, and dilatation of its cavities, cartilaginous thickening and ossification of its valves —these are the forms of disease or disorganisation of the heart which crowd upon us in hospitals, and are submitted to us in private to say what they are, and how to cure them.

"And indeed by help of auscultation we *can* say what they are, but cure them we cannot. While they reveal themselves almost infallibly to the ear, they are absolutely beyond the reach of any restorative power which either belongs to the body spontaneously, or is capable of being called into exercise by art. Their clinical diagnosis is indeed wonderfully complete and beautiful; and the ability of forming it which proceeds from a well instructed ear would, upon each occasion of its success, deserve to claim a sort of triumph, if success were not very common."

The only advantage then derivable from auscultation, with respect to these diseases, is, that it has taught us a more sure and more exact acquaintance with many diseases, which still we cannot cure. The physician had become wiser but the patient profited little. Meanwhile the more sober minded and more reflective members of the profession regarded this acquirement as merely the stepping stone to higher and far more useful knowledge. They held their new acquirement not as a boast, but as an encouragement, believing that there was a sealed up treasure of usefulness within it, which they should one day penetrate and disclose.

"Yet time went on; and still auscultation only told us of mischief when it was done, not of mischief while it was adoing. Still it found a place only for the remedy which could render what *must* be borne more tolerable, not for the remedy which could come in aid of counteraction and reparation and restoration to health. Then, looking upon the purely mechanical nature of the abnormal sounds of the heart, and at the mechanical way in which they are formed, one might be pardoned for beginning to doubt whether they would ever gain a high value among the signs of diseases whose phenomena are pre-eminently vital; of diseases, which have pain and fever and nervous irritation for their prominent ingredients; and whether they would ever help us better to understand and better to manage those diseases, which to know early is alone to know profitably, and to treat early is alone to treat successfully; whether, in short, they would ever be available for diagnosis and practice in the acute inflammations of the heart.

"Again, one might be pardoned for suspecting from their very nature, that the structural injury of the heart capable of producing auscultatory signs must be always of large amount, and the growth of long time, and that thus those signs would be found in the end to annex themselves solely to its chronic diseases.

"Time still went on; and those who held the keys of knowledge in this great experiment, the physicians of hospitals, and who had the fit objects and opportunities ever at hand for proving and applying this new discovery in the art of clinical observation, were still continually aiming it and pointing it at the same mark, viz., at the attainment of a greater practical benefit. And at length the mark has been hit, and the prize has been won. For now there is no truth experimentally more certain than this, that auscultatory signs above all others,

and oftentimes before all others, and oftentimes in the place of all others, may be safely trusted to declare the beginning and the augment, the decline and the cessation of acute inflammation in those structures of the heart, which are especially, if not solely, obnoxious to it; and that the same signs may be confidently appealed to as guides, by which to choose the remedy, and apportion its quantity and regulate its force; and continue or discontinue its application.

"A great amount of structural mischief (it appears) is not needed to produce in the heart an unwonted sound. As with the more delicate pieces of machinery the least injury will produce a jar, so with the heart; and as with them this jar is often the *first* notice of something wrong, so with the heart; and as in them the ear will often at once detect whether the fault be of a wheel, of a screw, or a spring, so in the heart it will at once tell whether the disease be of the membrane which invests it without or the membrane which lines it within."

The disorders and diseases of the heart, are therefore equally recognisable with the aid of the stethoscope. The former includes those which are perceptibly progressive from day to day, and in which we contemplate a present moving energy and operation. The latter comprises those which are stationary, and in which we contemplate a fixed and permanent result.

"Now it is upon the first class of affections of the heart that I shall principally dwell; because they are those of which there is a less familiar knowledge in the world, and therefore more need of information, and because from the newness of their matter they have a greater interest; but above all, because they are really and practically the most important. For the danger to life with which they are charged is great, and great, too, is the danger of permanent injury to the organ if life be saved; so that all the extreme vigilance of time and opportunity which we ean bestow, and many of the most powerful remedies which medicine can furnish, are needed to save life and to save the organ. Besides, these are the affections of the heart which more than others seem to belong to it as its own by a strict and peculiar, though not quite exclusive, appropriation. For in them, except where it is occasionally shared by the lungs, the whole force of morbid action is expended upon the heart. In them, except where the mischief occasionally reaches the lungs also, life is perilled or destroyed by the magnitude of the injury done to the heart; and in them, except where some part of it is occasionally called for by the lungs, the entire strength of the remedy is brought to bear directly upon the heart; well therefore may they demand the most careful inquiry which we can give them."

A mere commentary is all that is required, in Dr. Latham's opinion, on those diseases which are secret and chronic in their growth, and unalterable and irremediable in their nature, for, after all that can be learned respecting them by auscultation has been acquired, nothing more can be done. No treatment follows; the injury that has been done, cannot be undone. All that the physician in such cases can boast of, is the having made a correct diagnosis.

The succeeding lectures consequently will embrace the consideration of that class of diseases which are amenable to treatment. The fifth and sixth are devoted to the subject of endocarditis, and will be considered in our next notice of this important work.

Diseases on the Coast of Africa.—A letter from Antwerp of the 26th has the following:—"In the course of the last month the Kniphausen Einigheydt arrived in our port, after having lost half her crew in the voyage from the western coast of Africa. The vessel, crew, and the portion of the cargo supposed to be susceptible of contagion, were sent into quarantine, and subjected for a fortnight to numerous fumigations. No new case of illness having manifested itself during that period, free pratique was granted, and the Belgian Government has ordered all the sanitary officers to subject all vessels from the western coast of Africa to a quarantine until further orders."

TO CORRESPONDENTS.

A Fellow of the Royal Medical and Chirurgical Society *inquires why Mr. W. O'Connor, whose name is suspended in the rooms of the society as a defaulter to the funds, was permitted to vote at the recent election? He informs us that rumour assigns to Mr. W. O'Connor the honour of leading the batch of voters who black-balled a gentleman last Tuesday week. We believe that, according to the rules of this and every other society, an irregular proceeding, such as that above alluded to, is quite sufficient to nullify the results of the election.*

A Mechanic, Truro, *writes us, animadverting in strong terms on the imperfect investigation at a late coroner's inquest in Cornwall. It appears that the inquest was held on the body of a man whose death, as it was strongly suspected, was caused by the remote effects of arsenic. Two or three weeks elapsed, according to our correspondent's account, between the commencement of the man's illness and the period of his decease. At the post-mortem examination* "the contents of the stomach, the stomach itself, and a small quantity of blood taken from the heart" *were removed and forwarded to an operative chemist for analysis. It seems that examination of the general tissues of the body, of the liver, the spleen, and even of the intestinal canal, was entirely neglected. Our correspondent has made some forcible remarks on this, to us almost incredible, neglect, in which we fully concur. We should be happy to receive a full account of the proceedings from any of our numerous* medical *friends in the neighbourhood.*

W. H., M.R.C.S.E.—*A member of the College of Surgeons can charge and recover for medicines and appliances in purely surgical cases.*

A Member of King's College Medical Society.—*We are happy to oblige this society by inserting abstracts of their proceedings when any paper of general interest has been read; but when reports do not reach us before Wednesday or Thursday morning we cannot promise them a place in our columns. Our correspondent is a stranger to the onerous duties which crowd on an editor during the day or two previous to publication, and on this account we forgive his impatience. The papers should not reach us later than Monday morning.*

A. B. *is thanked. We have not forgotten him, but his former paper has been mislaid.*

One of the Old School, *sheltering himself behind an anonymous title, addresses us on the subject of the canvass now going forward for the assistant-surgeoncy to the London Hospital. Our correspondent evidently seeks to disparage the claims of a senior gentleman, whose merit is proved by the satisfactory discharge of his present duties. We take this opportunity emphatically to state that we will not lend ourselves to any of these attacks, which we are compelled to designate mean and cowardly. All letters respecting hospital proceedings must contain the writer's name and address, or we shall pass them by without notice.*

A Liverpool Student.—*Candidates for the Matriculation Examination shall be examined in the following subjects:—arithmetic and algebra, geometry, mechanics, hydrostatics, hydraulics and pneumatics, acoustics, optics, chemistry, and the Greek and Latin languages. Further particulars may be obtained by addressing the secretary to the university at* Somerset-house.

A Country Surgeon *shall be answered next week.*

One who was present at the Medical and Chirurgical Society *sends us a graphic account of the late extraordinary proceedings. From the information given by our correspondent it appears that an unworthy conspiracy was formed by certain parties in order to reject a candidate for the fellowship of this society. If the gentleman so rejected would condescend again to submit to the ordeal, we feel convinced that he would be returned by an overwhelming majority. The professional gentlemen of London would, we are sure, rejoice at an opportunity of expressing their disapprobation and resentment of the indignity offered to a worthy member of their body.*

If Mr. Morris *would write his articles with some slight attention to brevity we should be happy to give them insertion. The recent article on homœopathy shall appear if we may be allowed to condense it considerably. In its present condition it would fill too much space we fear for the crowded state of our pages.*

A Subscriber's *first duty to himself, and, we should say, to his master too, is certainly to learn spelling.*

Erratum.—*The name of Dr. Moore should be substituted for that of Mr. Macilwain in the report of the extraordinary proceeding of the Royal Medical and Chirurgical Society, contained in the last number of the* Medical Times.

THE MEDICAL TIMES.

Saturday, December 6, 1845.

"Chemicæ tamen hoc certe debetur, quod vere comparari possit agricolæ apud Æsopum, qui, e vita exiturus, dixit filiis, *Se illis vim magnem auri in vinea, nec satis meminisse quo loco, defossam reliquisse;* qui cum vineam diligenter ligonibus ubique invertissent, aurum quidem repererunt nullum, sed tamen vindemiam insequentis anni, propter fossionem circa radices vitium, tulerunt longe uberrimam. Sic strenui illi chemistarum labores et molimina circa aurum conficiendum, haud paucis nobilibus inventis et experimentis, tum ad rescrendam naturam, tum ad usus vitæ apprime idoneis, quasi facem accenderunt." Bacon.

"I pray you look to this chemistry; there is much in it. It hath treasures incalculable of its own, and it discovereth to you others that are of exceeding richness. Give it your attention." De Vernay.

In our last discourse to students, we gave them some friendly advice about the study of anatomy. Having said all that we think it necessary to say upon that subject, we now turn to another, scarcely less important, viz., chemistry.

The time was, when chemistry was considered an *occult* science, only approachable by a very favoured few. The absurdities of the alchemists invested it with this mysterious character, and threatened to consecrate it an enigma for ever. Happily, the light of reason has exhibited to us its real nature, and, amidst the general diffusion of knowledge, it splendid truths gain an utterance, and find a home, everywhere. It has acquired a position, and a consequence, the most elevated amongst the relative sciences, and in all its bearings it brings the simple evidence of practical usefulness. It is the handmaid of all the arts, and accompanies them in their several appliances to the luxuries and necessities of our existence. Medicine is greatly its debtor, and the history of every day adds to the accumulating obligation. We owe to it our present invaluable Materia Medica. By its aid, the properties of natural bodies have been revealed to us; heterogeneous substances have been made to yield up the secret of their activity, and give us its source in its concentrated singleness; new combinations have been formed, new powers elicited, and all to place within our reach more easy or more certain means of curing or controlling disease. As it stands related to our profession, therefore, chemistry deserves to command our most faithful attention and confidence. For this reason we commend its study, in all earnestness, to those whose pursuits render them needy of it.

Not only are the actual truths of chemistry of the greatest importance to the medical practitioner, but the process of obtaining them is most fertilising to his mind. The issue of the study is a golden harvest, both in the fruits which it brings, and in the solid mental culture with which such things are connected. It is an act of intellectual training which gives a precision, a vigour, and a readiness of thought, only to be acquired by such system of exercise. The perceptive faculties are sharpened and rendered keener, and the judgment obtains a solidity and strength, at the same time that the memory becomes stored with most useful facts. Herein consists the superiority of chemistry over anatomy, as a mere *process* of study, whilst the one not only

informs the mind, but improves also its higher faculties, the other mainly consists in supplying materials for remembrance, and imparting manual dexterity and steadiness.

The truths which chemistry teaches are utterly indispensable to the medical practitioner; without them he must necessarily be ever unskilled in the theory and practice of pharmacy; and to fail in this is to fall short of one of the chief intentions of the healing art. Diagnosis is the first business of the physician, but, however excellent it may be, its purposes will be unfulfilled if the treatment which it suggests be not efficiently executed. To prescribe well, it is not only necessary that the practitioner be intimately acquainted with the nature and properties of drugs, but that he should also know how their powers are increased or diminished by *combination*. Without this knowledge, it is likely that he will bring together substances which, by their union, will either neutralise one another, or give rise to a resulting compound whose properties would be poisonous. For example, sulphate of soda and muriate of lime are excellent medicines in their way, and differ much in the amount and the nature of the effects they produce in the animal economy. The former may be given to the extent of an ounce or more, in which dose it proves a useful purgative; the latter, as a tonic and alterative, can only be administered in much smaller quantities, for it is a medicine of great activity. Now, supposing that a man had a patient, who, for glandular swellings, was taking the muriate of lime, and, a daily aperient being needed, the sulphate of soda was added to his mixture, a double decomposition would be the result—the active muriate of lime would be supplanted by the inert, almost insoluble, sulphate; and a corresponding amount of sulphate of soda would be exchanged for common salt. So that a practitioner ignorant of chemistry might put together two such substances, and administer them to all eternity, without giving any benefit except what would result from purgative action. Again, suppose a patient were ordered a quinine mixture, with an excess of sulphuric acid, and, whilst taking this, it became necessary to exhibit some mercurial, say calomel, If the prescriber, unknowing of the composition and the chemical relations of this drug, were to add it to the quinine mixture, the chances would be considerable that the patient would be poisoned. It has often happened that an error in prescribing has proved fatal to the reputation of a practitioner. We knew a physician, more remarkable for his elegant exterior than for his accuracy, who was called in to see a lady suffering from slight diarrhœa. This lady was a poetess, whose effusions occasionally found their way into the periodicals; and, like many of her class, she was somewhat vain of her authorship. The physician, intending to be witty and complimentary, joked her upon a habit she had of sucking her pen, alleging that in her hands, at least, ink was too valuable a commodity to be swallowed. The lady laughed, and said she liked it. He prescribed for her a decoction of bistort root, with tincture of the muriate of iron. Of course the mixture was perfectly black. The fair authoress, on receiving it, naturally enough conjectured that it was a bottle of ink sent out of ridicule. A woman rarely brooks an insult which hurts her vanity, and long before the time arrived for Dr. ——'s next visit, a polite note informed him that his further services were not required. The coincidence was singular, and the misadventure perfectly accidental; but the sufferer had to thank his bad chemistry for the consequences. In our days of pupilage we remember an amiable and not unlearned physician losing entirely the confidence of a wealthy old bachelor, an epicure, by a most unfortunate suggestion in a matter of diet. The invalid had been ordered bark and port wine; but not particularly relishing it, asked Dr. —— how he could cover or modify the unpleasant taste of the draught? He was told to mix it up with a jelly, which would be sure to answer the desired intention. The mixture, as a natural consequence, became as tough and as stringy as stewed parchment. The appetite of the fastidous valetudinarian could not withstand the offence against its delicacy, and Dr. —— was disposed of *for his bad cookery!* So trifling are the circumstances which make or mar the fortune of a medical man! We were once summoned to a patient who was said to have taken poison. On arriving at his house, which was, as usual, beset by crowds of the officiously curious, we found that he had, by mistake, swallowed a mouthful of *linimentum ammoniæ*. A surgeon had been called in before us, and he conjectured, very properly, that some mucilaginous drink would be the most available remedy. He, therefore, called for some linseed, and, at the moment of our arrival, he was stirring it with his finger *in a basin of cold water!* Luckily, the patient and bystanders were ignorant of the absurdity of the act, or it might have formed an uncomfortable joke against him for ever. A case, much more painful and unfortunate, once occurred, to our knowledge, in the person of a man who had swallowed a large dose of oxalic acid. The individual who was summoned to his relief, on finding that he had taken this acid, and thinking that it merely wanted neutralising, no matter how, administered, as an antidote, a proportionate quantity of carbonate of potash. The poor patient did not vomit, and, of course, died. The inquest elicited the unhappy fact, that the medical adviser did not know the oxalate of potash was poisonous, and that chalk, as it would have formed an *insoluble oxalate of lime*, would have been the preferable remedy. The cross-examination ruined his local reputation, and he was shortly obliged to retire to a distant part of the country. We were once very near witnessing an equally unfortunate case, that promised to be, in the instance of a lad that had swallowed a halfpenny. The man who was called in to see him, dreading the consequences of the obstruction to which the coin might give rise, thought the safest plan would be to effect its solution. He accordingly proceeded to administer divers potions of water pretty strongly impregnated with sulphuric acid. The draughts themselves were sufficient to upset the equilibrium of anybody's stomach; but coming, as they did in this case, into contact with the copper, the resulting sulphate operated with much violence, and the poor little fellow was well nigh poisoned. Luckily, however, in the midst of the excessive evacuations that happend, the coin was discharged, much to the joy of the patient, as well as of the practitioner, who had the good sense to hide his astonishment in a knowing shrug, which conveyed the idea that he was not at all astonished at the issue.

Such are a few of the instances, out of many that we could mention, of the serious consequences which are apt to follow a want of chemical knowledge on the part of a medical man. Occurring, as these have done, to our own personal observation, they have impressed us most earnestly with a sense of the supreme value of chemistry to the members of our profession. Under the impulse of this feeling it is, that we emphatically address ourselves to students, and advise them to make this science the subject of their anxious care. Like anatomy, it should be learnt during the days of pupilage; for there is no saying how soon the want of it may be shown in the serious responsibilities of practice. And, as we have said, such a manifestation may possibly occur in the loss of a fellow-creature's life, and in the utter and deserved ruin of his injudicious adviser. But there is a further reason for the careful study of chemistry in the present day, viz., for the assistance which it affords us in a reviving humoral pathology to diagnosticate and to treat disease. This we shall discourse upon in another article.

THE BERNARD TESTIMONIAL.

Public opinion, ever ready to do homage to the successful, has, within the last few weeks, determined to honour a speculator of talent and energy—one whose exertions have received their own reward. We do not quarrel with this determination; in our opinion, every man, provided always he do not interfere with the public good, has a right to do what he can for his own worldly advancement; and when his exertions tend to confer a national benefit, we see no impropriety in a demonstration of public feeling in his favour. But, on the other hand, we see frequent instances of noble self-denial and undaunted courage pass unrewarded by public notice; and it must be remembered that these instances of merit bring little reward, save that arising from the *mens conscia recti*. No adequate return is made to the man who sacrifices health, often even life, to succour his perishing fellow-men. He stakes all we are accustomed to hold dear; and, if successful, what is his prize? At most a paltry pittance, barely sufficient to maintain him in the station to which by birth and education he is fairly entitled. And, is less talent, less unwearied energy, required of the man who, when ordinary mortals shrink as from sure destruction, nobly volunteers to brave the dangers of a fell disease—than is necessary to constitute a successful speculator?

We allude to the recent lamentable malady on board the *Eclair*, and the heroic conduct of the victim Sidney Bernard, and others of our professional brethren, who after his untimely death, entered the living grave to bring healing aid and comfort to the unhappy sufferers that remained. These gentlemen well knew that once on board there would be no retreat, they would be isolated from all human assistance. When Sidney Bernard first offered his services, he was aware that a long voyage was before him, and that, even on reaching his native land he would compelled, by the laws established for his country's protection, to remain for a considerable period, before he would be permitted to hold communication with the shore. Shall the memory, then, of this man not be considered worthy of a place in the heart of each of his countrymen? And shall his bereaved family not receive some token of England's gratitude? We rejoice to see that there is hope of a manifestation in their favour. We rejoice, for the sake of England's fair name, that men who can subscribe their guineas to a Hudson testimonial do not refuse some acknowledgment of the noblest act of disinterested humanity that has, perhaps, ever been chronicled.

We extract the following from the *Times*:—

Not many weeks since the Eclair steamer anchored in Funchal roads.

The dread yellow flag drooped from her masthead. A strange and deadly sickness had swept off two-thirds of her officers and men. Her captain and

both her surgeons had perished. The wan, worn survivors sought relief fron the inhabitants of Madeira.

The governor of the island deemed it his painful duty to forbid any intercourse between the plague-ship and the shore. He sternly commanded them to weigh their anchor and depart.

The scanty crew of the steamer, already insufficient to carry on the duty of the vessel, was daily becoming scantier under the attacks of the fever. The equinox was at hand. In this pitiable plight, without medical aid, they were on the point of being compelled to put to sea, and cross the Bay of Biscay.

There chanced, however, to be at Madeira, Sidney Bernard, an English surgeon. This man and seven seamen, volunteers from English merchantmen, came forward and offered their services in taking the Eclair home.

It is needless to waste words in praising their noble conduct. A more signal act of cool disinterested heroism is not on record.

The Eclair reached the Motherbank. The fever still raged between her decks. Many had died on the passage from Madeira, the pilot who boarded her in the Channel died, and the heroic Sidney Bernard having accomplished the humane task he had assigned himself, died also.

A merchant at York speculated boldly and successfully in railroads. He bought in as low as he could, he sold out as high as he could; and when he made a permanent investment, he took the best care he could that the concern in which he had placed his capital should be well managed.

He was a clear-headed, energetic man. His gains were enormous. He is now an M.P., a large landed proprietor, and, as for his possessions in railway shares, he and the income tax Commissioners can alone guess at their amount. His name is George Hudson.

Many people have closely watched his operations in the share-market, and have imitated them. Many people have sought his advice and followed it; and many people, by so doing, have made much money, and hope to make more by the same means.

So, in order to evince their gratitude for past and future favours, the British public have got up a subscription for a testimonial to the most successful speculator of the day. In the list are to be seen the names of the noblest, the wisest, the fairest in the land. Nearly £20,000 has already been collected for the Hudson Testimonial, and money still pours in.

Alas for Sidney Bernard and the gallant volunteers of the Eclair; alas for their widows and orphans!

No testimonial is propossd to record their daring humanity; no subscription is raised to provide for the families of the dead, and to reward the unselfish courage of the survivors.

Our nobility and gentry crowd forward in hundreds to do homage in purse and person to the Railway King, but not a single individual has appeared desirous of rewarding, or even noticing, the high deserts and melancholy fate of Sidney Bernard and his companions in danger and in death.

The writer of the above has received applications from many individuals who are anxious that a subscription should be set on foot for a "Bernard Testimonial."

Messrs. Coutts and Co., Strand; Messrs. Robarts, Curtis, and Co., Lombard-street; and Messrs. Smith, Payne, and Smith, Mansion-house; have kindly consented to receive subscriptions for this purpose; and any other London or country bankers, who feel disposed to do the same, are requested to signify their intention to M. S. Higgins, 105, Piccadilly, London.

When a sufficient sum shall have been collected, a committee of the principal subscribers will be formed to decide upon the most appropriate shape for the "Bernard Testimonial to assume."

We need scarcely add, that our best exertions shall not be wanting to render this testimonial worthy of its occasion.

THE WESTMINSTER HOSPITAL PROCEEDINGS.

We have received various communications from Correspondents, relating to circumstances that have recently transpired at this institution; but we have uniformly refrained from publishing them. We do not object, however, to express our conviction, that too good an understanding cannot prevail between the medical functionaries of a public charity. If no cordiality exist between colleagues, there cannot be that community of counsel, and close and friendly co-operation of measures, which are necessary to the successful treatment of complicated cases. The inferior position which this hospital has unhappily held for the last thirty years, is to be attributed solely to the ceaseless dissensions of the medical staff. We would willingly discredit the rumour, which ascribes to a respectable official, the design of intriguing against the character, of a coadjutor, and of taking advantage of a casualty, which has often occurred to the ablest, in order to make the event subservient to personal views. If such motives exist, and are to be sanctioned in our professional code of morals, we shall despair of ever seeing the faculty rise to its proper rank in the estimation of mankind.

For ourselves we shall not hold out the slightest encouragement to such proceedings.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 25th, 1845.

DR. BABINGTON, Vice-President, in the chair.

A Case of Triplets, in which One Child was Born Alive, with Two Fœtuses, which had lost Vitality for Three preceding Months, with some Remarks on the probable Cause of Death. By WILLIAM PRETTY, Esq. [Communicated by SAMUEL MERRIMAN, M.D., &c.[1]]

The subject of this case was a healthy young woman, aged twenty-six. She had been married twelve months, and it was computed had completed the seventh month of pregnancy. From the first she had much abdominal tenderness, and during the last two months there had been a dark coloured watery discharge *per vaginam*.

On the 26th of April, without evident exciting cause, she was prematurely taken in labour; there was more sanguineous discharge than usual before delivery, and much tenderness over the uterus. Examination *per vaginam* detected a portion of placenta lying within a dilated os uteri, and by its side some semi-solid moveable substances, covered with thin membrane, which, on being removed, proved to be two small fœtuses. Presently the head of a third child presented, and was born soon afterwards, but only lived three hours. The after-birth was in the vagina, and, on being removed, was found to consist of two placentæ, a single and a double one, with three membranous sacs. The patient had a good recovery. The two smaller fœtuses, in colour, and the absence of all fetor, resembled those which have been preserved in spirit, and were very much flattened from back to front. One little exceeded in size a crown-piece, the other was somewhat larger. Their weights respectively were, four ounces and seven ounces; the double placenta weighed eight and a-half ounces; the child born alive, three pounds and eight ounces, and measured in length fifteen inches: they were all males. The placenta retained very little of its soft, spongy texture; it was firm, lobulated, and mixed up with much fatty matter.

The author alludes to the opinion of Dr Merriman, who considers that the death of the fœtuses was the result of compression; and also to that of Dr. Murphy, who attributes it in this case to disease of the placenta, viz., inflammation and subsequent disorganisation of its structure; the author himself is led to believe that it may sometimes arise from the former cause, at other times, and perhaps most frequently, from the latter.

Dr. Gregory observed that he was desirous to learn the opinion of the members of the society with respect to the statistics of poly-fœtation, that is to say, as to the proportion borne by cases of triplets and twins to those of single births. The returns of the Dublin Lying-in Hospital gave one case in sixty of twins, one in five thousand triplets, and one in a hundred and fifty thousand quadruplet births. As this institution is one of the largest in these countries, and probably even in Europe, he thought it very probable that these returns would prove to be correct, but at the same time he was anxious to learn whether this proportion was, or was not, the same in other countries, and also whether it differed in different races of mankind, or in different classes of society. He (Dr. Gregory) put the question, whether poly-fœtation was more common among savage than civilised females, and also in hot than in cold countries. Another question he was desirous to have answered respected the permanence of the disposition of the uterus to poly-fœtation when it had once occurred. He wished to inquire whether that was a general law. He (Dr. Gregory) had collected a few notes of several cases in illustration of the permanence of that disposition, which he read. A Dutch lady, at the Cape of Good Hope, had seven children at three births; twice twins and once triplets. A lady, of Hingham, Norfolk, had five children in eleven months; a lady, residing in Suffolk, had twins three times. She had six children in three years, all of whom lived and did well. A near relation of Dr. Gregory's, residing at Chevening, Kent, had four children in twelve months. One set of twins were born in April, the other in the March of the following year. Dr. Gregory then proceeded to inquire whether the disposition to multi-fœtation might be regarded as hereditary, of which he had heard of one example, and he also inquired as to the frequency of its occurrence in the upper circles. He himself was acquainted with only two instances in which triplets had occurred among the upper classes, one in the person of a lady, the wife of a medical man at Norwich, and the other a lady nearly connected with an important personage at the coronation of our sovereign. The last named lady had three girls in July, 1836, all of whom were born living and did well; one, he believed, had since died.

Mr. Davis, of Hampstead, mentioned a case in which, as he believed, the death of one of the fœtuses had decidedly been occasioned by pressure. After the birth of one of the children had taken place, the membranes were carefully examined, and in them was found a flattened fœtus of four months,

[1] Dr. Loomis has narrated, in the *Buffalo Medical Journal*, cases of twins, which bear somewhat upon the case narrated by Mr. Pretty. On the 13th of April, 1839, he attended Mrs. H. in her third confinement; she was delivered of a full-sized healthy female child, after a labour of six hours' continuance. The after-birth was expelled in a few minutes after the birth of the child, and with it came away a male fœtus, measuring 4 1-8 inches in length, in a perfect state of preservation. It was flattened to about one-third of an inch in thickness, with the limbs flexed, and fairly imbedded in the sides of the body. When discovered in the vagina, and removed (which was just before the placenta came away), it was apparently free from any connection with the placenta. Some traces of a greatly attenuated cord were, however, visible on inspection. Dr. Loomis conceives the case was primarily a twin conception, and that the immature fœtus either died at a period corresponding to its development, or, from some cause, its vitality was reduced to so low a grade as barely to continue, without being sufficient for its farther development.

In connection with the above, he also mentions the case of Mrs. T., whom he attended 1st Oct., 1841. It was her first pregnancy, and after a labour of twelve hours she was delivered of two dead boys. One presented the appearances of a fœtus at the fifth month, with the surface pale, and somewhat shrivelled, but in a state of perfect soundness; the other, corresponding in all respects with the date of her pregnancy, which she supposed to have approached to near the eighth month. The last was fat, of rather large size, and had evidently died quite recently. Blood was extravasated the entire length of the cord, and over a considerable portion of the abdomen surrounding the navel, otherwise the surface was natural.

which was attached by the funis to the edge of the placenta, and had there been crushed.

Mr. Streeter regretted the absence of a distinguished accoucheur and fellow of the society, Dr. Robert Lee, by whom he had been shown a nearly similar case about five years ago. The placenta had been sent from the country, and was that of a triplet conception, to which two fœtuses, of about four months' size, were still attached by their umbilical cords, while the third had been born alive at the full term. Paul Portal had also figured, about one hundred and sixty years ago, a case almost exactly similar to the one before the society. The two blighted fœtuses were there represented with an united placenta, while that which reached the full term had a separate one. Similar cases of triplet conception were certainly rare, but those of twins where one fœtus died early and was retained in the uterus till the other had completed the full term, were by no means uncommon. Three such cases would be found in Dr. Collins's Practical Midwifery. One had happened in Mr. Streeter's own practice, the particulars of which were published in his Essay on Abortion. Another occurred in the practice of a neighbouring surgeon, the blighted fœtus of which was now in Mr. Streeter's possession. It weighed rather less than three ounces. The other child was born alive.

With reference to the interesting obstetrical questions proposed to the society, he was happy to hear them put forth by a member of *that college*, which, but a few years ago, had declared midwifery an undignified pursuit. He made that remark, not so much for the purpose of casting reproach on the past, as to hail the hope of a better future. Dr. Gregory would find additional materials in the works of Lachapelle and in the Records of the Brownlow-street Lying-in Hospital. The proportion of twin to single births would seem to be in some degree dependent upon *race*. In Ireland it had been found to be one in sixty; in England one in ninety; in America one in seventy-five; in France also the proportion was different. In a statistical return of the parochial cases of St. Giles, published by Dr. Reid, it was curious to find the number was one in sixty-four and a fraction.

As regarded the cause of death in the blighted fœtuses, he greatly doubted the correctness of the explanations offered in the paper, viz., pressure and degeneration] of the placenta. He considered the degeneration as much more likely to have taken place *after* the death of the fœtuses than *before*, and that it would be found to be the result of changes in the maternal portion of that organ after the cessation of its proper functions for so many months. He would add, while speaking on the influence of placental disease on the vitality of the child, that, notwithstanding the high authority of Wagner, his own inquiries on abortive ova had led him to conclude that Wagner's opinion of effusion of blood being the usual cause of the death of the fœtus was incorrect, and that the effusions found in such ova were really the result of the continued growth of the maternal portion of the placenta, the vessels of which gave way, when not supported by the corresponding expansion and growth of those of the fœtus.

As to super-fœtation, he observed, the size of a fœtus was no conclusive evidence of its age. In a case of prematurely expelled twins, attended by himself, both were born alive, and yet one was double the weight of the other. Their enclosure in a common chorion proved their simultaneous conception. The case had been published by Dr. Guy.

History of a Case of Ligature of the Left Subclavian Artery between the Scaleni Muscles, attended with some peculiar circumstances. By J. C. WARREN, M.D., Professor of Anatomy and Surgery, in Boston, U.S., Honorary Fellow of the Royal Medical and Chirurgical Society, &c.

The author remarks that the history of an operation for the ligature of the subclavian artery, would seem scarcely worthy the attention of the society. This operation has been done many times in various parts of the world, and the annals of this distinguished body contain no less than twelve cases. The case which he has the honour to lay before them possesses peculiarities, and will, he hopes, afford some practical inferences.

James Avery, aged about thirty, on the evening of December 23rd, 1843, while in a state of intoxication, slipped on the ice, fell, and struck his left shoulder against the curb-stone of the side-walk. Surgical aid was called, and violent efforts were made to reduce the dislocation, but in what manner the patient could not tell, excepting that he thought one person placed his foot with a boot on, in the axilla. He was sent to the hospital, and on the next day was seen by the author, who found the left arm and shoulder much swollen. Leeches and cold applications were employed, and on the following day the swelling was so much reduced as to enable him to decide that no dislocation existed. During the night of the third day following, December 28th, the patient was seized with a violent fit of coughing, during which he felt something give way in his shoulder. The next morning the shoulder and arm were very much discoloured and enlarged, the arm was painful, and the patient much prostrated. On the 30th it was discovered that the man had no pulse in his left wrist, or in any part of the arm, and he had also lost both feeling and motion in the extremity. The swelling increased until it became enormous, the arm turning black in the axilla. A vesication was noticed on the back of the fore-arm. January 27th, 1844, an abscess was found to be forming in the axilla. In seven days it pointed, but did not open till February 4th, when it discharged a coagulum, and about a pint of fluid dark-coloured blood. Three days subsequently, at six o'clock in the morning, a sudden gush took place from the wound, by which the bed was inundated, the mattresses soaked, and blood poured upon the floor. Exhausted and almost lifeless, he sunk into a state of syncope, and the hemorrhage ceased. As he was too low to undergo any operation, it was agreed that if he lived to the next day, the subclavian should, if possible, be tied. By the next morning, he had much revived. At ten o'clock he took eighty drops of the tincture of opium, and at eleven was carried into the operating theatre.

A great difficulty presented itself in the outset of the operation, the swelling of the shoulder, the tumour in the axilla, and the natural shortness of the neck almost obliterating the space between the shoulder and lower jaw. The author, after minutely detailing the steps of the operation, states that the aneurism-needle was passed under the first dorsal nerve, which was mistaken for the artery. The wound was too deep, too narrow, and consequently too dark, to permit the artery to be visible. The anterior scalenus was partially visible, and, passing the forefinger of the hand to the edge of this, a good portion of the muscle was divided by the probe-pointed bistoury, introduced upon the finger. The subclavian artery then became quite sensible to the touch, and slightly distinguishable by the eye. A long aneurism-needle was passed under the artery, and at this moment a slight whistling was heard, and the author was satisfied that some air had entered the thorax. The ligature was tied, and the wound closed.

The patient improved after the operation. On February 22nd, the thirteenth day, the ligature was removed. On the 29th, a stream of blood was seen to issue from the unclosed part of the wound; the blood lost amounted to about a pint, did not issue per saltum, and was of a venous colour. The hemorrhage was arrested by pressure. At the commencement of March, he had an attack of pneumonia, confined to the lower lobe of the left lung, and also a second attack about the 1st of May. By the 1st of October, the swelling had disappeared from the arm, and motion had returned in the shoulder-joint. The large excavation in the axilla was reduced to a fistulous tube. On February 4th, three hundred and sixty-one days after the operation, the author was able for the first time to detect a distinct pulsation in the radial artery, and subsequently one of an indistinct character in the ulnar and brachial. The patient, June 15th, had nearly recovered. There were still fistulous openings in the neck and axilla. Sensation and motion were slowly improving.

The author remarks, that the cause of the rupture of the subclavian artery in this case is involved in some obscurity. The probability seems to be, that great violence was employed in the attempt to reduce the bone, and that the arteries and nerves were contused by strong pressure of the operator's boot, combined with the forcible extension of the arm. The vessel did not rupture immediately, because its coats were contused, and not torn asunder, but a separation of the contused parts took place, in consequence of the violent efforts of coughing on the fifth day after the accident. The author, after noticing the occurrence of secondary hemorrhage twenty days after the operation, makes some extended observations on adhesion of the coats of the vessel within the ligature, on the formation of a plug of coagulum on the cardiac side of the ligature, and on the effusion of lymph external to the artery.

Various circumstances in this case led to the examination of other cases of the same operation. These are arranged in a tabular form, and notice is taken of one striking and important result, viz., that the operation of ligature of the subclavian is the least successful of any on the great arteries, the deaths being about two-fifths of the whole number of cases contained in the table.

Here follows a table of fifty cases, showing the name of the operator, the date of the operation, the side, seat of the ligature, the period afterwards at which the pulse returned, the period at which secondary hemorrhage occurred, the date of the separation of the ligature, and the result of the case.

Mr. Tamplin inquired, if any reason had been given why the artery was not immediately tied after the occurrence of the secondary hemorrhage. He thought it very extraordinary that so much time should have been permitted to elapse afterwards, to the manifest risk of the patient's life.

The secretary read some extracts from Dr. Warren's paper, in answer to Mr. Tamplin's question, from which it appeared, that Mr. Tamplin had misunderstood the particulars of the case.

Mr. Arnott observed that the question had been put, why no attempt had been made to prevent the secondary, or rather the primary hemorrhage, for in truth it could not be called secondary. Before replying to that question, he would remark, that Dr. Warren was a very skilful surgeon, and one well-known to English practitioners; he had been educated in England, and it was not likely that he would overlook any circumstance or point of any importance. The case was one of great difficulty. The humerus was first dislocated, and in effecting its reduction the heel of the boot was forced into the axilla. A few days afterwards, something gave way during a fit of coughing, and a large effusion formed in the armpit. Suppuration next took place, and the matter was discharged; then the coagulum being loosened, copious hemorrhage occurred, which was supposed to have resulted from a rupture of the axillary artery. Now, had Dr. Warren known the exact seat of the injury, he would undoubtedly have followed the ordinary rule of practice, and cut down upon and ligatured the the vessel where it was lacerated. But this he could not know for a certainty, and he accordingly did the next best thing; he cut down upon, and tied the artery above the seat of injury. There would have been great difficulty in tying the vessel where it was injured, as there was a great swelling and effusion of blood, the artery probably lying very deep, and there was not any external wound.

Dr. Warren, in the remarks which he had made respecting the case, had advanced several facts as if they were altogether new. Among these, for instance, was the fact of an artery uniting under a ligature without the prior formation of an internal coagulum in the vessel. This had long been known to English surgeons, and is taught in all lectures on surgery. The formation of the coagulum internally is certainly the usual occurrence, but a firm union may take place, even close to a collateral branch, without it. Dr. Warren had also spoken of adhesion taking place under the ligature, if he (Mr. Arnott) had understood him correctly. No adhesion could under any circumstances take place under the ligature, because the part included in it was killed by it, and sloughed away. The adhesion took place between the divided portions of the vessel. The next point to which he would refer was the effusion of lymph external to the artery, by which the divided ends of the vessel were united, and the internal coagulum supported. In this there is nothing new; it has long been known and taught in the schools.

Lymph was always effused externally, whether there existed an internal coagulum or not. He (Mr. Arnott) had made these remarks, as he was unwilling that it should go forth that there was any thing novel in the observations offered by Dr. Warren on his case; whereas, those doctrines only were advanced in it which were already well-known in this country.

Mr. Quain said, there were two or three points in Dr. Warren's case, to which he wished to draw the attention of the society. Mr. Arnott had stated that the rule of practice in case of hemorrhage from an artery was to cut down and tie it at the spot whence the bleeding proceeded; but he (Mr. Quain) thought that that rule was only applicable to recent wounds of an artery. It could not be followed in cases in which there had been inflammation, extensive tumefaction, and suppuration, where the parts must necessarily be in a considerably altered state. The next point to which he should refer, was the application of the ligature beneath the scalenus muscle. This he thought would be a good rule to adopt, when the ligature could not be applied on the artery, when it is passing over the first rib. The artery in some cases lies higher in that part, and is consequently more accessible, the clavicle being raised at the time; cases in which it would be requisite to apply a ligature beneath the scalenus are not rare. Dupuytren, in his first operation for tying the subclavian artery, placed the ligature round the vessel beneath the scalenus muscle; the case did well, and was published by him. In another case, which occurred to him soon afterwards, he cut down upon it as it passes over the first rib, but the ligature was placed round the nerve; the artery being transfixed by the needle, and consequently only half of it being secured in the ligature. The patient died in a few days of secondary hemorrhage. This case, Mr. Quain believed, was not published by Dupuytren, but an account of it, furnished by Dr. Rutherford, appeared in the *Edinburgh Medical and Surgical Journal.* The case in which Sir Astley Cooper had also failed in throwing a ligature round the subclavian on the first rib was also mentioned; and Mr. Quain added, that he believed a similar accident had occurred to Mr. Liston. These cases Mr. Quain thought went to prove the operation of ligaturing the subclavian artery beneath the scalenus muscle, would afford more favourable results than the proceeding of placing the ligature round the vessel, as it passes over the first rib.

With respect to the case, in which the ligature had been successfully applied by Dr. Warren, on the common femoral artery, in consequence of secondary hemorrhage after amputation, he (Mr. Quain) did not regard that operation as being the one which should be adopted under such circumstances. He had in one case seen that operation performed; it was followed by secondary hemorrhage, requiring the ligature of the external iliac. He himself would never perform it. Such operations were generally followed by unfavourable results, as was shewn in a paper by his friend Mr. Hadoen, which he had had the honour of laying before the society a few years since. Much greater success generally attended operations on the external iliac.

Mr. Fergusson stated his reluctance to detain the meeting at that late hour, yet he was unwilling to permit this paper to pass from under notice, on the present occasion, without making some observations upon it. He entirely coincided with the remarks made by Mr. Arnott regarding secondary hemorrhage, and thought that the author had placed more importance on tying the artery at a distance from the principal branches, than there was any occasion for. There was nothing new in such a recommendation, for, as has been stated by Mr. Arnott, every elementary work on surgery, every teacher of the day, inculcated such practice, and it had been quite familiar to all practitioners in Britain since the time of Jones. He himself was inclined to place less importance on the internal clot than was usually done, and, at all events, there was ample proof to show that a vessel might close after the application of a ligature near a large branch; for Mr. Porter, of Dublin, had successfully tied the right carotid artery, within an eighth part of an inch of the innominata, and the success following ligature of the internal iliac, as well as other instances, might be cited to show that arteries might close by adhesive inflammation, even though immediately contiguous to such a stream of blood as passed through the innominata. He had a high respect for Dr. Warren, and he now spoke of that gentleman with the greatest deference, yet he could not but state his impression that more had been made of this case than was requisite for the purpose for which it had been read. He had listened to the paper with great interest, as coming from such an authority; yet it differed in no material respect from many others with which surgeons were quite familiar, and he could not perceive any practical deduction, which was not already known to all practical men in this country. There had been, doubtless, many interesting circumstances in the case; and any one in the habit of thinking or speaking about such matters could dwell perhaps for an hour on each; but he was of opinion that it would be unfair to that society to occupy time on matters which all teachers were in the habit of alluding to in their ordinary lectures. There were two points, however, to which he would refer, which struck him as worthy of special notice. First, Dr. Warren had stated his conviction that the pleura had been wounded, yet it did not appear to him that the symptoms detailed were such as to make this a matter beyond doubt. Dr. Warren had alluded to this accident as if it were by no means uncommon; yet he did not think it happened often, and the only case of the kind that came to his memory at the time, was that which occurred to Mr. Colles; but in that, the subclavian was tied on the right side, between the trachea and scaleni muscles: whereas, in Dr. Warren's, the vessel had been secured over the first rib, and he was not of opinion that the pleura was in much risk in such an instance, even when the anterior scalenus requires division, as it had in the case in question. Mr. Curling, however, who held the statistics of the operation as drawn up by Dr. Warren, could correct him if he was in error regarding the frequency of wound of the pleura. The other circumstance to which he wished to allude, was the remarkable sound or noise attributed by the author to the heart. He would appeal to the physicians present, as to parties of more experience than himself, as to whether this was a common occurrence, but at the same time, he must state his conviction, that such a knocking or thumping noise as that described by the author was totally unknown to practical surgeons in this country.

ETHNOLOGICAL SOCIETY.

Nov. 26th, 1845.

Admiral Sir C. MALCOLM, President, in the chair.

Sir John Croft, Bart., Dr. Scott, John Morison, Esq., and Henry Jackson, Esq., were elected fellows, and the donations to the society's library were numerous.

The papers read were:

1. Report of the Proceedings of the Ethnological Section of the Cambridge Meeting of the British Association for the advancement of Science, by Dr. King.

2. Notes on the Inhabitants of St. Vincent's, one of the Cape de Verd Islands, by R. W. Wilkins. [Communicated by Dr. Hodgkin.]

3. On the Bushmen of South Africa, by Mr. Ruxton.

The inhabitants of St. Vincent's are described as of good stature, the complexion copper-colour, the hair dark and straight. A coarse woven material, of peculiar manufacture, is used as a dress. Their food consists of bananas, oranges, several kinds of vegetables, besides Indian corn, which they raise in small quantities. Their huts are formed of pieces of iron-stone, roofed with bamboo, and thatched with grass. The population is about six hundred, and the language spoken is said to be Portuguese. The donkey is in use for draught, and the domestic fowl for food. A governor sent from Portugal rules over them, and, to assist him, a deputy, under whose command are *two soldiers*.

The Bushmen inhabit the almost inaccessible vallies of the Snewberg and Neuweldt, and the desolate tracts of *Karoo*, or desert, extending from the northern boundary of the Cape Colony northward nearly to the tropic. Of the human race, the condition of these poor outcasts is perhaps the most desolate and forlorn. The appearance of locusts and other insects, by mankind in general considered a plague, is by them considered to be the greatest blessing, and the larvæ are generally sought for as a luxury. Even a slight intercourse is favourable to the morals of this people; and that their habits are warlike, is proved by the fact that in the year 1510, Francisco Almeida, the first Portuguese governor of India, was defeated and killed by them on the Salt river, the site of the present Cape Town. In 1652, when the Dutch took possession of the Cape, the bushmen were very numerous, and in possession of large herds of cattle, which gradually diminished as their intercourse with the *whites* increased. Indeed, as the colony became settled, barter for cattle was dispensed with for forcible possession; a system of persecution which drove them from desert to desert, "their hand raised against every man, every man's hand against them." Although inferior in stature to the Hottentots, for they rarely exceed five feet, their limbs are symmetry itself. Spare in form, the figure in youth is light and elegant, the chest round and capacious, and the foot and hand perfect. The excessive inward curvature of the spine, and the extraordinary development of the hip, is common to the Bushman and Hottentot, but it is more strongly marked in the former. They differ in feature, moreover, from the Hottentot. The complexion is of a yellowish-olive, or the colour of a faded beach leaf. The hair grows in small detached patches or lines of tufts, and is sparingly distributed over the head. In texture it resembles singed wool. It is not cut, but, on reaching a certain length, frizzles at the ends into a little ball, which drops off. The eye resembles that of the Chinese, while the facial angle is that of the Australian. The Bushman is a cheerful and exceedingly active person, and his power of endurance considerable. A simple windbreak forms the only shelter from the weather. Their clothing consists of a *karop*, or skin, thrown over their shoulders, and a smaller one twisted around their loins. Their weapons are a short, heavy club, a bow and poisoned arrows, and the assagai or dart, which they hurl with great dexterity and precision. Their mechanical skill is very respectable, as shown in their mats, fishing-nets, and implements of war. Two Bushmen children, a boy fifteen years, and a girl of eight years, attended the meeting as living illustrations to the paper, and the meeting-room was enriched with drawings and implements illustrative of the manners and customs of their race. These rare visitants to our shores are to be seen for a short time at the Egyptian Hall.

SURGICAL SOCIETY OF IRELAND.

(FROM OUR OWN CORRESPONDENT.)

Dublin, November 25, 1845.

The first sessional meeting of the Surgical Society was held on Saturday evening, November 15. The chair was taken by R. Carmichael, Esq., president of the college, who delivered the introductory address. He alluded, in brief terms, to the original formation of the society, shortly after the establishment of the college in 1784, when the institution occupied its first very unpretending position adjoining Mercer's Hospital, of which, he observed, it seemed to constitute only a mean appendage, but which proved to be the nursery of men who have largely contributed to the advancement and consequent rank and respectability of our profession. The learned president, amongst other allusions, expressed his conviction of the many advantages arising from societies like this; his late respected friends, Abraham Colles, Richard Davies, Gabriel Whistler, Charles Todd, and many others who subsequently attained distinguished eminence, having been amongst its earliest members; and to the extensive reading and accurate research necessary for an active participation in the discussions arising on those occasions, the chairman attributed, he said, in great measure, any success he had himself experienced in after life.

Medical societies, he observes, are not only useful for the communication of facts, but the submission of the general inductions arising therefrom to the judgment of the members of the society to which

the narrator belongs, particularly if he purposes to promulgate them.

A paper was next read by Dr. Hulpin on the subject of extirpation of the lachrymal gland, an operation which he had lately performed. Dr. Hulpin took a review of the statistics of the operation, from which it appears, that previous to his own case, there are but five instances of its performance on record, viz., by Mr. Todd, Mr. Travers, Mr. Lawrence, Dr. O'Beirne, of this city, and M. Guerin, it being at the same time very doubtful whether it had ever been done by the latter surgeons; a somewhat extraordinary and difficult to be accounted for circumstance, too, is the fact of Mr. Lawrence, in his works, when alluding to the performance of the operation by Dr. O'Beirne and Mr. Todd, having dated the case of the former gentleman as having occurred in the year 1830, and that of the latter in 1831, instead of their respective dates, 1820 and 1821.

Mr. Lawrence had in this way represented his own operation, first performed in 1826, as having occurred long prior, instead of many years subsequent, to those of the above-named gentlemen.

Dr. Hulpin proceeded to contrast the different methods of operating that had heretofore been pursued, and dwelt upon the disadvantages arising from carrying the preliminary incisions through the diseased eyelid, which, from the lurid, varicose, and attenuated conditions of it, so well described by Dr. O'Beirne, in his case, published in the third volume of the *Dublin Hospital Reports*, offers serious objections to its division. Dr. Hulpin made his incision through the eyebrow a little below its middle, from over the internal angular process outwards, and then downwards a good deal below, and outside the external canthus, to facilitate the subsequent discharge of matter from the wound.

Dr. O'Beirne then addressed the meeting, and observed that the subject, though one of much importance, had not received the attention it merited from experienced men.

He alluded to the characteristic appearances of the lid as laid down by him, and expressed the pleasure he derived from the general concurrence of Dr. Hulpin's views with his own, as well as those of Mr. Travers, in whose coloured plates there is, fortunately, represented the same discoloured state of the lid described by himself. He was prepared positively to assert that there exists no trace of Guerin's ever having performed the operation under consideration, for he had searched unavailingly for any account of it in Richards's *Nosographia Chirurgicale*, as well as Guerin's own work *Sur les Maladies des yeux*. In the Surgical Dictionary, however, Mr. Cooper details the operation as performed by M. Guerin, giving him credit for great dexterity in having avoided wounding the external rectus musele; a circumstance which Dr. O'Beirne could see nothing remarkable in; on the contrary, he did not think any operator, possessing even very trifling anatomical knowledge, could wound that muscle at all, for while it lies, even in its natural position, far below the lachrymal gland, the latter upon being enlarged pushes down the edges, and with it the external rectus, thus placing it still further out of reach of the knife.

Dr. Jacob considered that the great point for discussion was the diagnosis between the malignant diseases of the eye-ball and of the orbit, and the diseases which simulate or resemble those malignant affections, and for this purpose a strict examination of the eye-ball itself, he felt assured, offered the best chance of success. Though the observations of Dr. O'Beirne were undoubtedly correct and valuable as regards the lids—looking at a protruded eye, says Dr. Jacob, will enable us to say whether there be disease of the organ itself or not, and if the latter be the case, the protrusion must at once be attributed to the presence of orbital tumour; in the early stage of which, at least, the natural sphericity of the eye-ball and its cornea remains perfect, notwithstanding the displacement; but in protrusion from disease of the globe of the eye itself, the size, form, and curves of surfaces are altered. Hydrophthalmia, though a rare affection, declares itself by the general and uniform enlargements of the eye-ball, spread cornea, &c.

In extreme cases of staphyloma of the choroid from chronic inflammation, now usually called choroiditis, he admits that the irregularly troubled condition of the eyes, with blue tumours and large black veins, might be, and have been, mistaken for fungus hæmatodes by inexperienced men, but the diffused lucid blue mixed with other colours, and the union of the prominences into one mass, constitutes a sufficiently obvious distinction between it and the defined blue or black staphyloma of the choroid caused by chronic inflammation; puncturing would, however, at once remove all doubts on the subject—a practice which, notwithstanding the severe pain and inflammation sometimes consequent on it, affords the only means by which such tumours can be reduced in size without entire destruction of the eye-ball.

A disease of the eye which he had known more than once to be considered malignant, is the true acute scrofulous inflammation of it, particularly manifest in the iris; a yellow deposit, like that in syphilitic iritis, takes place sometimes to such an amount as to protrude through the cornea and sclerotica, accompanied also with intense vascularity. The history of such a case, however, if not the appearance of it, reveals its true nature.

After some further observations from different members of no immediate practical importance, the society adjourned.

HOMŒOPATHY.

(To the Editor of the Medical Times.)

SIR,—Since I sent the former observations on Mr. Bainbridge's letter, I have made inquiries as to the correctness of Mr. B's account of the introduction of homœopathy into England. The whole story of the "London merchant," &c., was entirely new to me. I thought it strange that I had never heard a word about it, but still I did not wish to contradict him, or even to express a doubt, on a matter so circumstantially related. I therefore abstained entirely from alluding to it, more especially as I did not consider, that, whether correct or not, it had much to do with the subject in question. I am not even now certain that it is worth while noticing it, but, as I have received a letter from a gentleman thoroughly acquainted with the whole subject, I feel disposed to beg the favour of your inserting the following extract:—

"In the summer of 1835, the "Homœopathic doctor," procured by the London merchant ("more famed for wealth than wisdom"), mentioned by Mr. Bainbridge as the introducer of homœopathy into England, first came to London. For many years previous, homœopathy had engaged the attention of several British practitioners. The "London merchant" and his whole family were attended by Dr. Quin, in the years 1833, 1834, and to November 1835, two years *previous to*, and six months *after*, the arrival of the "Homœopathic doctor." The "imaginary consumption" of the London merchant cured by Hahnemann exists only in Mr. B's brain, seeing that Hahnemann did not leave "Cöthen for Paris till 1835; and we have shown that the patient alluded to, with his whole family, were under Dr. Quin's care in 1833. Hahnemann arrived in Paris on the 25th of June 1835, and the "homœopathic doctor" recommended to the merchant by Hahnemann, had already *arrived in London in May*. The probability is that he was personally unknown to Hahnemann at that time, he having left Paris before Hahnemann's arrival there. So much for the exactness of Mr. Bainbridge, as to the epoch of the introduction of homœopathy into England, and the person who so introduced it."

I am, Sir, your obedient servant,

GEO. HILBERS.

Norwich, Nov. 26, 1845.

UNIVERSITY OF LONDON.

The following is a list of candidates who passed this examination, as Doctors of Medicine, 1845:—

First Division: John Hall Davis, University College; James Ellison, St. Bartholomew's Hospital; William Edward Humble, University College; Thomas Leonard, University College; Robert Hutchinson Powell, Apothecaries' Hall of Ireland; Charles Henry Felix Routh, University College; Henry Savage, University College; Joseph Griffiths Swayne, Bristol Medical School; Godwin Williams Timms, University College; Thomas Williams,* Guy's Hospital.

EXAMINATION FOR HONOURS.—BACHELOR OF MEDICINE.

Physiology and Comparative Anatomy.—Matthew Baines (Schol. and Gold Medal), King's College; Fred. James Brown (Gold Medal), University College; Charles Bland Radcliffe, Leeds School of Medicine; Ewing Whittle, Royal College of Surgeons in Ireland; Charles Matthew Wayte, Guy's Hospital; Frederick John Hensley, King's College.

Surgery.—F. James Brown (Schol. and Gold Medal), University College; Charles Bland Radcliffe (Gold Medal) Leeds School of Medicine; Ewing Whittle, Royal College of Surgeons in Ireland; Frederick John Hensley, King's College; Thomas Palmer, Apothecaries' Hall of Ireland; Mathew Charles Wayte, Guy's Hospital; Samuel Hopkins Steel, King's College.

Medicine.—C. Matthew Wayte (Gold Medal), Guy's Hospital; C. Bland Radcliffe (Gold Medal), Leeds School of Medicine; Frederick James Brown, University College; Thomas Palmer, Apothecaries' Hall of Ireland; Ewing Whittle, Royal College of Surgeons in Ireland; Frederick John Hensley, King's College.

Midwifery.—Frederick James Brown, (Gold Medal) University College; Frederick John Hensley, King's College.

Structural and Physiological Botany.—Ewing Whittle (Gold Medal), Royal College of Surgeons in Ireland.

UNIVERSITY OF ST. ANDREWS AND DR. LEWINS.

(To the Editor of the Medical Times.)

SIR,—In an article in your journal for 25th October, by Dr. Lewins, it is stated, "that the senatus academicus of St. Andrews confers such medical honours as it can give, on a much lower qualification, and that the examinations there are of an infinitely less searching kind, than those at Edinburgh."

I trust that a sense of justice will induce you to insert the following statement in defence of the oldest university in Scotland, and on behalf of her alumni.

1. The University of St. Andrews possesses undoubted privileges, confirmed by repeated charters, to confer degrees in medicine on those studying that profession, either there or elsewhere. The power of that university to grant degrees in medicine is as good as that of any other university in the kingdom.

2. The qualifications required from the candidates for the degree of M.D. by the University of St. Andrews, are the same as those required by the Royal College of Surgeons of Edinburgh, and differ from those of the Edinburgh University chiefly in not requiring residence at the university. This is the true and only reason why so many graduates resort to St. Andrews. Residence at the seat of a university, and attendance on classes there, can confer no advantage on the pupils which they may not procure at any other respectable medical school.

3. With regard to the examinations, a pretty familiar acquaintance with the students of the Edinburgh University, and with the attainments of those who have graduated there for some years past, and also with the nature of the St. Andrews examinations, enables me to state with the utmost confidence, that the examination at St. Andrews is fully as extensive and as searching as those at Edinburgh. Dr. Lewins has not produced a particle of evidence as to the truth of his assertion; with regard to this point, I will adduce in proof of mine—

1. The well-known professional characters of the examinators—Dr. Reid and Mr. Connell of St. Andrews, Dr. Hannay of Glasgow, and Drs. Robertson and Skae of Edinburgh—gentlemen whose names are a sufficient guarantee to the profession and the public, as to the nature and extent of the examination—names which do honour to the science of medicine, and to the university and

* To Dr. Williams was awarded a Gold Medal for a commentary on a case of medicine.

schools of medicine with which they are connected.

2. The following report regarding the graduations at St. Andrews during the past year, still further corroborates my statement—

"During the last twelve months 129 candidates have presented themselves; and of these, 23, or or about 1 out of every 5½ rejected. If to those rejected, we add other 3 candidates, who withdrew their names after making a long journey to St. Andrews, with the view of being examined, it would render the rejections as 1 out of 5. Of 129 candidates, 93 were already in possession of diplomas from licensing medical boards in this country, and 36 had no diplomas, but had all the preliminary qualifications required by the University in their printed regulations. Of these 93, there were 8 rejected, and of the 36, there were 15 rejected. Of the 93 possessing diplomas, 78 were members of the Royal Colleges of Surgeons of London, Dublin, or Edinburgh. Four candidates were rejected for the second time, and one for the third time. We believe that no other board in Scotland can show so large an average number of rejections."—*Northern Journal of Medicine, Sept.*, 1845.

I am, Sir, Your most obedient servant,

A GRADUATE OF ST. ANDREWS.

Edinburgh, 23d Nov., 1845.

SHORT COMINGS OF MR. WAKLEY'S LAST ASSOCIATION.

To the Editor of the Medical Times.

SIR,—I beg to forward you the annexed attorney's letter lately received by me, as a *finale* to the affairs of the Medical Protection Assembly, and an exposition of the beneficial effects of Mr. Wakley's personal superintendence and fostering care of that once flourishing association.

I have no doubt that the Committee of the National Association will at once open their doors to him on the perusal of the accompanying document.

Will you endeavour to obtain an account of the disposal of the funds of the Association, as no such account has ever been made public?

I consider I may thank Mr. Wakley for the approaching suit in *law* or *equity*.

I am, Sir, your obedient servant,

ONCE, ALAS! A MEMBER OF THE COMMITTEE OF THE MEDICAL PROTECTION ASSEMBLY.

Sir,—We beg to inform you that, unless the balance of £45 4s. 0d., due for the use of rooms at Exeter Hall by the Medical Protection Assembly, is settled by eleven oclock on Monday next, with 6s. 8d. for expences, you must expect legal proceedings against yourself, individually, to enforce payment.

We are, Sir, your obedient servants,

GRANE AND SON.

23, Bedford-row, December 1, 1845.

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GOSSIP OF THE WEEK.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, November 28th, 1845:—C. E. Joseph, F. Howard, J. H. Williams, W. Cadge, A. Burleigh, D. Minshall, D. Trotter, G. D. Nelson.

APOTHECARIES' HALL.—Gentlemen admitted Licentiates on November 27th, 1845:—Alfred Roberts, Marshall Hall Higginbottom.

OBITUARY.—On the 27th inst., in Brianston-street, Edward Tegart, Esq., Inspector-general of Army Hospitals, aged 74. On the 30th of September, at Larkanah, in Scinde, G. K. Dickinson, assistant-surgeon, Bombay Army. Nov. 23th, Mr. Collins, surgeon, of Wimborne. On Monday, the 24th inst., in Lower Bedford-place, Robert Williams, Esq., M.D., Fellow of the Royal College of Physicians, and Senior Physician of St. Thomas's Hospital. On the 25th ult., Wellington-square, Clerkenwell, John Martin, Esq., surgeon, aged 38. November 25th, at Ashbourne, aged 58, John Nicholson, Esq., surgeon.

PROMOTIONS.—Surgeons: J. W. Reid, from the Agincourt, to be deputy medical inspector of the hospital on board the Minden, vice Wilson, M.D. Assistant-surgeon: D. P. Whipple, to the rank of surgeon.

APPOINTMENS.—Surgeons: D. P. Whipple, to the Agincourt; W. T. Rogers, to the Star; G. D. M'Laren, to the Joseph Somes convict ship; James Osborne (A), to the Baretto Junior convict ship.

CÆSARIAN OPERATION.—It is stated in the *Provincial Medical and Surgical Journal*, that on Thursday morning, November 20th, Dr. Radford, of Manchester, and Mr. Goodman, of Salford, had the satisfaction of extracting a living child by the Cæsarian section. It was premature (seven months and a half), and is likely to do well. The case was a favourable one for the operation, and as far as can be anticipated, we hope will prove successful. The obstacle to delivery was distortion of the pelvis from mollities ossium.

MORTALITY TABLE,

For the week ending November 29, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	963	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	204	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	83	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	141	155	159
Diseases of the Lungs, and of the other Organs of Respiration	331	323	292
Diseases of the Heart and Blood-vessels . . .	35	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	52	68	71
Diseases of the Kidneys, &c.	12	6	6
Childbirth, Diseases of the Uterus, &c.	13	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	8	6	6
Diseases of the Skin, Cellular Tissues, &c.	5	1	1
Old Age	47	74	70
Violence, Privation, Cold, and Intemperance . .	24	27	26

No. 325. **SUMMARY.** Dec. 13.

CLINICAL LECTURES ON SURGERY. By M. F. LALLEMAND—
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CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hopitaux, Membre de la Société des Medicins Etrangers, &c., &c.

As occurs in all other tissues, the spongy tissue of the urethra loses its characteristic properties, and undergoes different transformations, in consequence of inflammation. Accordingly, its erectile property disappears, and it no longer corresponds with the turgescence of the corpus cavernosum during sexual excitement. When patients die of other diseases, having, at the same time, an inflammation of the kind I now speak of, we find, when it is in the first stage, that the spongy tissue of the urethra is converted into a tissue analogous to that of the liver, and, in a more advanced stage, into a tissue resembling that of the spleen, and, at a still later period, the inflamed parts are infiltrated with pus, and mixed with blood in variable proportions. Sometimes even pus may be met with in a cyst; and, in some cases, it may be discharged either by the canal or by abscess through the integuments. When the period of inflammation has passed by we meet with nodosities, with tumours, which are more or less large or thickened, and more or less indurated, according to the extent, the severity, or the length of standing of the disease. At the commencement of the inflammation this tumified, spongy tissue appears to be harder to the touch—to be more consistent than in the normal state, when it is supple and elastic, even during erection. But this increase of density, of consistence, together with the effects of the morbid action, induces a loss of cohesion and elasticity. We may term this first state "*the softening of the tissues*"—a term which, at the first sight, when we take into consideration the degree of firmness which the soft parts sometimes acquire, may appear to be misapplied. This consistence is occasioned by the cellular tissue being gorged with secretions, which are retained in the inflamed part. If we apply these facts to the state of the spongy tissue of the urethra when it is inflamed, we can easily understand why it does not participate with the other parts of the erectile tissue when in a state of distension; finally, we can also understand how easily this inflamed tissue may be lacerated or torn, even though it is possessed of greater hardness and consistence than in the normal state. In consequence of this laceration a hemorrhage occurs from the canal, when the mucous membrane alone is injured; but when only the external membrane of the spongy tissue is affected, infiltration of blood takes place into the cellular tissue surrounding the penis and scrotum. When the fibrous and mucous membranes have been injured the blood is effused in both ways. Patients generally feel each time that they make water a lancinating pain at the injured point. The pain sometimes produces swelling, or a species of orgasm of these parts, so that the urine cannot pass for some short time, and the bladder can never completely be emptied.[1]

The passage of the urine on the surface of the wound sometimes prevents the progress of cicatrisation, and transforms it into a species of ulcer, for which cauterisation is the most efficacious remedy, as the contact of instruments is almost intolerable. In all these cases the rupture of the canal is followed, after a longer or shorter period, by the formation of a cicatrix, which offers the same indications as in cases of traumatic stricture. However, even in these cases, symptoms are not generally so severe as in cases where injuries to the perineum are received; extravasation of urine does not so often happen, and consequently such profuse suppuration and extensive gangrene are not likely to occur.

Internal causes.—When false passages are made in the substance of the urethra by violent catheterism, the introduction into the canal of irregular foreign bodies, fragments of calculi coming from bladder after the operation of lithotrity, &c., the accidents are at first purely local, but the disorder soon extends to the surrounding parts, and may lead to severe symptoms, as in cases of external traumatic injuries. I append a case.

CASE.—*Large Vesical Calculus; Two Sittings for Lithotrity; the Fragment of Stone arrested in the Urethra; Cystotomia; Obliteration of the Urethra at the part torn by the fragment; Urethrotomy and Urethoplastic operation.*

Auguste Carle, twenty-six years of age, a tailor by trade, came to the hospital of Saint Eloi on the 2nd of March, 1839, to undergo the operation of lithotomy; he was of relaxed habit, and was terrified at the slightest idea of pain. He was sounded about a year ago, but the presence of the stone was not then ascertained. His brother was operated on when two years of age for stone.

March 3.—Lithotrity was performed. A large stone was seized by the instrument, and easily broken down: the lithotrite was withdrawn four times at this sitting: the patient complained much during the operation.

4th and 5th.—The patient is free from fever, and the bladder is relieved. The urine was at first bloody, and brought away a large quantity of detritus.

6.—Several small pieces of stone came away through the urethra.

7th and 8th.—Large fragments have been passed. He complains of pain in the canal, and particularly in the navicular fossa. Two fragments were removed with the forceps of M. Leroy D'Etiolles.

9.—Another sitting; several fragments were seized and crushed.

The four following days the patient passed several fragments of stone; some were withdrawn with the forceps. Relief: sleep.

14.—A large fragment of stone was arrested at the curve of the urethra, and appeared to be fixed in this point; the following days it could not be displaced, and it afterwards passed back into the bladder; it could not be seized, as it appeared to be fixed to the walls of the bladder. The foreign body being thus arrested, prevented the discharge of the other fragments which were accumulated behind it, and obstructed the discharge of urine, and rendered the introduction of the instrument impracticable. I immediately decided on performing lithotomy: it was performed in the usual way, and I withdrew several fragments of calculus, and with great difficulty I brought away the portion which had induced me to operate; it was situated very high up behind the pubes. The bladder was then washed out, when I observed that the wound bled profusely, to arrest which I made use of the actual cautery.[2]

17.—Pulse quick; intense thirst; heat in the bladder. Some sedative remedies were used.

18.—Patient better; pulse calmer; thirst less urgent; slept well; the bladder and abdomen not painful.

From the 19th to the 30th of March Carle improved; the perineal wound rapidly healed, and, on 16th of April, it was reduced to a very small fistulous opening: he wore a catheter, on withdrawing which the urine was entirely passed through the fistulous opening, and the patient objected to the introduction of another catheter.

April 30.—The patient has become anxious at not seeing the urine pass by the natural outlet; he allowed me to sound him. I then ascertained the existence of a considerable stricture of the urethra, at the point where the fragment of calculus was fixed. The smallest sound could not be passed.

May 1st and 3rd.—Catheterism was again tried, but unsuccessfully. On the 4th I decided on "incision," and to perform the operation of urethroplasty. The patient being placed as for the operation of lithotomy, I made an incision at the commencement of the curve of the urethra, in the direction of a hard line which indicated the stricture, and soon ascertained that the canal was completely obliterated. The fibrous tissue was cut through, and the canal laid open; a gum-elastic catheter was passed into the bladder, and left there, and the wound was brought together by eight points of suture.

On the following days there was slight fever; the penis was tumefied, but these accidents gradually yielded.

8.—Tumefaction had subsided; the patient is better, and he is allowed a better diet.

From the 9th to the 28th of May cicatrisation progressed rapidly; the catheter was occasionally changed.

29.—There is only the slightest aperture, from which a little matter flows, of healthy appearance. This case furnishes us with some idea of the danger which may result from the debris of a calculus getting impacted in the urethra, and the only re-

---

[1] I attended a short time ago an officer who had suffered from severe blenorrhagia, and who, when suffering from a paroxysm of pain, struck the penis. Hemorrhage immediately took place from the canal, and the pain which the contact of urine produced brought on such a violent congestion of the injured portion of the penis that the passage of urine was momentarily obliterated. A desire of voiding urine soon afterwards came on, and, its emission being again arrested, the bladder became filled, notwithstanding the frequency of these incomplete evacuations. I used cauterisations, which shortly made these distressing symptoms disappear, and brought about cicatrisation of the part that had been deprived of its mucous membrane.—Note by Dr. Waters.

[2] We think this must be an error in the original.—Ed. Med. Times.

source we have in such cases is to proceed hastily to the only means left for extracting the fragment.

CASE.—*Masturbation; Stricture; the end of a Catheter broken in the Canal; Suppuration; Incision; Consecutive Stricture.*

A patient, thirty years of age, had a stricture which he attributed to excess of masturbation. Being once treated by the process of dilatation, he passed urine easily for a short time. A gum elastic catheter broke in the canal, and was withdrawn by means of an incision in the perineum; several shreds of membrane were also discharged; a large catheter was kept in the urethra during the process of cicatrisation; however, when it was withdrawn, the jet of urine gradually became smaller and more filiform. The patient suffered considerable inconvenience, and went to the hospital at Bourdeaux, where I first saw him. Eight cauterisations were performed without effecting the slightest change in the emission of urine. I again tried dilatation, and I gradually introduced a large catheter into the bladder, but whenever the patient withdrew the catheter he was threatened with an attack of retention of urine. I advised him to continue wearing the instrument, but I could easily feel a hard and elongated tumour through the perineum; *this was the cicatrix of the canal.*

I shall not offer any comment on the first cause of stricture in the patient; the shreds of membrane that were discharged when he was operated on for the removal of the end of the catheter, clearly show that there was loss of substance in a part of the circumference of the urethra, and that cicatrisation was only effected by the formation of a new tissue. This explains the rapidity with which these parts contracted when the sound was withdrawn. The rupture of the canal, as the consequence of retention of urine, and the formidable disorders which result from urinary infiltration, produce a loss of substance similar to the case I have just related.

These lacerations of the canal, as the result of complete retention of urine, and the disorders produced by the pressure of the urine, easily explain the tendency of these cicatrices to close up in proportion to the destruction which has taken place. Cases of this kind are very common.

Ulceration of the canal may be enumerated as forming an obstacle to the passage of urine by causing a cicatrix, and thus comes under the head of cases of loss of substance. We have already said, that there are discharges (not general it is true) furnished by ulcerations of the mucus membrane of the canal, discharges which are accompanied, preceded, or followed by syphilitic symptoms. These patients, I have already said, feel a circumscribed pain, which is always complained of in the same point of the canal, whether the finger be passed over the part, or an instrument be introduced, or during the emission of urine; the pain is characteristic in this last case, for there is a feeling of heat or of a peculiar pinching which is owing to the action of the urinary salts on the denuded part. The urine generally contain small vermiform filaments, which appear to be given off from the ulcerated surface, or there are streaks of blood or coagula, sometimes even pure blood comes from the part.

These ulcers are not in all cases syphilitic. When they are left to themselves, they may heal; sometimes the edges of the ulcer become closer to each other, and occasion the production of a kind of valve in the interior of the canal; sometimes the two ulcerated surfaces become united; in both cases, stricture is the inevitable result, as there has been a solution of continuity which has been followed by cicatrisation. Sometimes there is a kind of diaphragm, which is placed laterally in the canal; on other occasions there is only a thin thread that obstructs the passage, or the canal may be divided by a kind of partition, which is occasioned by the union of two corresponding ulcers.

STRANGULATED HERNIA.—Mr. Burton narrates a case of femoral hernia, in which strangulation had existed for sixty hours. He returned a portion of intestine, but some omentum remained strangulated. To relieve this he operated, the patient dying five days afterwards. The examination of the body showed that the intestine which had been strangulated was gangrenous.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

ACADEMY OF SCIENCES.

Meeting of December 1st, 1845. M. ELIE DE BEAUMONT in the chair.

Nerves of Serous Membranes; by Papenheim.—In a recent memoir read before the Institute (see *Medical Times*, vol. xii. page 483), M. Bourgery claims the credit of having discovered the presence of nerves in serous membranes, and goes so far as to state that they are to be found in greater abundance in the serous than in any other textures. The object of M. Papenheim's communication to the Academy, is, first, to establish that the discovery is not a new one, inasmuch as he published, in 1840, a paper on the nerves of the peritoneum; and further, M. Remak, of Berlin, has detailed nervous rami in the structure of the pleuræ, and also, as striæ of evidently nervous nature have been found in the arachnoid of the calf, by M. Volkman, in the arachnoid of man, and the same membrane in the ox, by M. Papenheim himself. M. P. proceeds to say that, far from being so numerous as M. Bourgery asserts, the nerves of serous membranes are in extremely small number; and attributes the error committed on this subject by M. B., to the plan pursued by that anatomist, viz., steeping the membranes in diluted nitric acid. M. P. has employed the same method, and has acquired the certainty that the fibres, revealed by diluted nitric acid in serous membranes, are *not nerves*, but merely formed of cellular tissue. Diluted acetic acid, M. P. considers far preferable for these investigations to nitric acid. Acetic acid distinctly shows the few real nerves which exist on the external surface of the peritoneum in man.

Hippuric Acid; by M. Dessaignes.—A young chemist, M. Dessaignes, communicates to the Institute his researches on the composition of hippuric acid. Liebig had already shown that substance to contain a large quantity of benzoic acid. The analysis is now complete; and M. D.'s inquiries clearly demonstrate that hippuric acid is formed, 1st, of benzoic acid; 2nd, of a substance identical with the sugar of gelatine discovered by Braconnot. Muriatic acid changes 100 parts of hippuric acid in 67 of benzoic acid, and 79 parts of muriate of sugar. Nitric acid, after twenty minutes' ebullition, also decomposes hippuric acid into benzoic acid and nitrate of sugar, or nitro-saccharic acid; oxalic acid acts on hippuric acid, in precisely the same manner. Potash and soda change hippuric acid into sugar, and an alkaline benzoate. Therefore, hippuric acid may be, in its reactions, compared with "amide" acids, inasmuch as, by ebullition with acids or alkalies, it recovers the elements of water, and is decomposed into an acid and an azotised base, which in this case replaces ammonia.

Researches on the Gases which Sea-Water contains in a soluble state; by M. B. Lewy.—M. Morrin had already shown that those gases are much more oxygenated in the day time, and under the influence of isolation, than at night, or at times when the sky is clouded. The differences which M. Morrin has noticed in the composition of these gases are very considerable. Thus, in four litres of sea-water, he has found a quantity of oxygen varying between 29 and 93 centilitres; when cloudy, between 20 and 76 centilitres. M. Morrin's researches were made in the months of March, April, and May. M. Lewy, on the contrary, has studied the composition of the dissolved gases during July and August. He finds also that the quantity of oxygen is always greater during the day than at night, and that the contrary occurs for the dissolved carbonic acid; he further has ascertained, that the water always contains a notable proportion of hydrosulphate of ammonia. This last named gas is particularly found in the water of lakes, when it seems to be engendered under the double influence of decomposition of animal and vegetable matter, and of the action of animal matter on the sulphates pre-existing in the water. These researches have been made on the coast of the department of Calvados. It is a singular fact that, although, the air on that coast is constantly impregnated with the vapours of hydrosulphuric acid, yet the average of human life in that part of France is forty-five years, which is an average higher than that observed in any other part of the kingdom.

ACADEMY OF MEDICINE.

Meeting of December 2nd, 1845. M. CAVENTOU in the chair.

M. Béclard, a son of the celebrated professor of that name, read a paper entitled—"On the Method to be followed in Physiological Inquiries." After a long philosophical disquisition on the most general points of physiology, the author came to the practical part of his essay, and stated that, under the influence of a varying degree of heat, on the development of the ovum, one organic system may be made at will to predominate over another. Thus, under the action of exaggerated heat, the nervous system acquires a development more considerable than any other; whereas, it is the heat, and the central organs of circulation, which are morbidly developed under the influence of cold.

M. Leuret, physician of Bicêtre (asylum for insanity), read a paper on the moral treatment of mental derangement.

M. Lemaitre (de Rabodange) read a paper which he had already presented to the Institute, and which we gave an account of in our communication of November 8, 1845. (See *Medical Times*, vol. xiii, p. 147.)

PARISIAN MEDICAL SOCIETY.

Opening Meeting of the Winter Session; December 3rd, 1845. DR. M'CARTHY in the chair.

The opening meeting of the winter session of the Parisian Medical Society was extremely well-attended. Upwards of a hundred persons were present, amongst whom we were happy to notice Sir G. Ballingall. After a short address from the president, Dr. Ricord made an interesting communication, of which the following is an abstract:—

Dr. Ricord began by stating that he was tempted to believe that syphilis had existed *before* the creation of man, at least gonorrhœa; and inflammatory diseases of the genital organs may have existed in the animals, which were, as the Bible tells us, first created; and on the other hand, Vanhelmont's opinion, that syphilis has originated with animals, in the shape of *farcy*, is one which Dr. R. himself was very much inclined to adopt, and which, if true, would amply justify his first assertion. Dr. R.'s chief object was to lay before the society the history of some cases of syphilis of the deep-seated organs; but he thought it necessary for the intelligence of the subject, to enter into some details concerning the leading points of his own doctrines. Dr. R. divides into two distinct orders the numerous morbid phenomena which are the result of sexual intercourse:—1. *Non-virulent* diseases, the prototype of which is gonorrhœa; 2. *Virulent* affections, recognising as a proximate cause the action of a specific morbid poison; chancre is this first manifestation. Passing over the non-virulent affections, Dr. Ricord proceeded to say that he admits the existence of only *one* syphilitic virus. This virus does not require heat, or the excitement of coitus, to produce chancre. Introduced under the epidermis with a lancet, its action is constant; against the primary infection no man enjoys any immunity. Whenever persons have exposed themselves to direct contagion, without suffering by it, it is not to any peculiarity in their constitution that they are indebted for their escape; but to the integrity of a strong epithelium. Dr. R. divides syphilitic symptoms into three classes: the primary or inoculable symptoms, viz., chancre and bubo; the secondary symptoms, that is, accidents arising from the penetration of the morbid poison into the system, and seated on the skin or mucous membranes; and lastly, the tertiary symptoms, those which Hunter called confirmed syphilis, and occupying the bony, fibrous, or cellular structures of the human body. A few words on each of these periods of the disease, said Dr. R., will explain to you my notion of the connection of all these morbid manifestations with each other. We admit the existence of several kinds of chancre; but they all have the common character, that, when their secretion is introduced under the epidermis, a new chancre is constantly reproduced. What cause

produces the several varieties of primary sore? It is not certainly a cause depending upon the original source of infection; but entirely upon the predisposition of the patient, and it is that predisposition which it would be important to recognise in time. In consequence of the condition of the system at the period of infection, the primary disease assumes the phagedenic, indurated, diphtheritic, or gangrenous form. The indurated chancre alone is followed by secondary disorders, and it is a singular result of my observation, that the predisposition which produces induration of the chancre and general infection exists only once in the course of the patient's life. I have never yet, during sixteen years' patient investigation, met with a *single* case in which indurated chancre had *twice* occurred in the same subject. I insist particularly upon this point, gentlemen, because it establishes an interesting, and I believe a new, analogy between syphilis and those other diseases in which the action of a morbid virus is well demonstrated, variola for instance, the aptitude for which exists only once during life, for most men at least. The enlarged glands which follow indurated chancre, never suppurate, or, at least, never secrete inoculable matter. *One year* never elapses after the cicatrisation of the indurated sore without secondary symptoms making their appearance, provided that a mercurial treatment has not been instituted. In most instances the period which separates chancre from the first constitutional symptoms is much shorter, and varies from six weeks to three months after infection. The first accidents which appear are superficial exanthemata: but the seat of the symptoms is deeper and deeper as the first infection becomes farther removed from the secondary manifestation. The chain of symptoms is so perfectly regular, when mercury injudiciously exhibited does not interfere with the progress of the disease, that any secondary eruption being shewn, the period of the primary affection can be guessed at with very great accuracy. These secondary diseases cannot be communicated by *contagion*; but may be transmitted in hereditary descent, if conception take place while the patient is under their influence. The tertiary symptoms occupy a deeper seat than the former, and are of course observed a much longer time after infection. The bones, the cellular, the fibrous tissues, the muscles, all the organs of the human frame, may be affected by them; I have lately observed a case of tertiary disease of the heart (see *Medical Times*, vol. xii, p. 427). In the lungs I have several times observed those affections of the cellular tissue which belong to the tertiary order; and in that organ they simulate tubercular consumption so perfectly, that it requires the double evidence of a well-connected chain of syphilitic symptoms, and of the satisfactory conclusion of the case under the administration of hydriodate of potash, or the post-mortem examination of the thoracic organs, if the malady prove fatal, in order to acquire a perfect knowledge of its nature. My division has the double advantage of assisting powerfully the diagnosis of syphilitic disorders, and of corresponding to three distinct lines of treatment, according to the stage at which the patient comes under observation; for all primary sores, not indurated, I am satisfied with *local* treatment; for these mercurials are unnecessary, and even injurious. In the hard callous chancre, and in secondary symptoms, I combine mercurial treatment with the exhibition of iron. I have been led to administer iron by the knowledge derived from chemical analysis, that the blood of all persons affected with this order of syphilitic diseases is *always* deficient in its globular elements; and that such patients are consequently in a more or less marked chlorotic condition. More than 150 cases of this kind were observed by Dr. M'Carthy in my wards, when he was my interne; and he will bear me out when I say that most of them presented a bruit de soufflet, coinciding with the first sound of the heart, and often a carotidian murmur. In tertiary symptoms, I exhibit the hydriodate of potash, and I find this medicine the most efficient remedial agent that can possibly be used in this stage. After relating some cases of syphilitic disease of the internal viscera, and exhibiting to the society some beautiful plates in illustration, Dr. Ricord closed his communication, which was listened to with the greatest attention, and was several times interrupted by universal applause. After a short discussion, the meeting adjourned at 10 p.m.

ANATOMICAL SOCIETY.

Meeting of December 5th, 1845. Professor CRUVEILHIER in the chair.

Melanotic Cancer.—M. Lafaurie, interne at the Hôtel Dieu, presented two melanotic tumours which had been in the morning extracted from the neck of a patient by Professor Roux. The case was that of a peasant woman, aged sixty, who had all her life resided in the country. Her constitution was strong, and she did not present any other disease but two tumours, one of them of almost the size of the head of a fœtus, lying behind the angle of the maxilla on the left side, the second, smaller, and placed on the same side, but under the cranial insertion of the sterno-mastoid muscle. The two tumours were connected with each other, but offered no adhesions with the skin, and had existed for ten months before the admission of the patient into the hospital. They did not interfere with phonation, nor with deglutition; but impeded to a considerable degree the movements of the neck. The operation lasted nearly one hour, and was attended with abundant venous hemorrhage It was unnecessary, however to place a ligature round the carotid. On examination the tumours proved to be true melanotic cancer, presenting to the microscope true pigmentum cells, and offering very accurately the aspect of the disease.

Destruction of the Body of a Dorsal Vertebra—Paralysis.—M. Erard, interne of Hôpital la Charité, related the following case, and presented to the society the anatomical specimen connected with it:—A girl, aged nineteen, having suffered about two years ago considerable pain in the dorsal region, followed by lancinating pains in the lower extremities, fell about a twelvemonth before her admission in Professor Cruveilher's wards, and lost the power of moving the lower extremities, at the same time that she became subject to incontinence of urine and fæcal matter. It is now four months since she entered the hospital; incurvation of the spine has taken place in the dorsal region, and complete paralysis of movement, but incomplete loss of sensation, were observed, with inability to retain urine or fæces. The application of cautery to the dorsal region was followed by visible, but temporary, improvement. Gangrenous patches formed on the sacrum, and she died in consequence of the gradual progress of the disease. On post-mortem examination, crude tubercles were found occupying the summit of the lungs; when the respiratory organs were removed, the aorta was seen lying on a large abscess placed in front of the dorsal vertebræ. The artery was perfectly healthy, and, on opening the abscess, a large quantity of serous pus escaped from it. The body of the sixth dorsal vertebra, and the lower part of the body of the fifth, were absent, and the incurvation corresponded exactly to the destroyed part. The spinal chord was in a perfectly healthy condition; but its incurvation at an obtuse angle of 145° accounted fully for the symptoms.

Concours for the Chair of Anatomy, vacant by the Death of Professor Breschet.—This concours was opened on the 3rd of December. The following are the names of the candidates:—Drs. Beclard, Bourgery, Chassaignac, Denonvilliers, Dumeril jun., Despretz, Giraldis, Gossalin, and Sanson (Alph). The subject of the written question is, "The Anatomy of the Skin."

The Gorged Leeches.—Considerable excitement has of late prevailed amongst the professional and unprofessional public, by the discovery of the fact that, for the last seven or eight years, the immense majority of leeches employed in France have been previously gorged with the blood of animals, in order to increase their weight and their price. M. Chevalier, Professor of the School of Pharmacy, and Member of the Academy of Medicine, has published on this subject an interesting pamphlet, from which we extract the following passages:—The ponds which formerly furnished, in France, an abundant supply of leeches, have now been for some time completely exhausted by the avidity of the persons engaged in the traffic, who sold the youngest leeches, and thus left no chance of reproduction. France has been, for the last eighteen years, obliged to obtain from foreign countries what her own fens might have given her; and it is from Egypt, Turkey, Valachia, and more particularly Hungary, and Russia, that she imports leeches. The extent of the trade may be judged of by the statement of the fact that, from the year 1827 to 1844, no less than 500 millions of leeches have been imported into France; and, at the same time, the price of leeches has increased from fifteen to forty centimes a-piece. Wholesale dealers purchase these by the weight, and, in order to increase their own profits, gorge the leeches with the blood of mammiferous animals, the sheep—the calf, the ox, for instance—so that a thousand middle-sized leeches, weight two pounds and a half, value seventy-five francs, are changed, by the addition of two pounds of blood, into large leeches, weighing four pounds and a half, and sold at 180 or 200 francs. It is not by any means difficult to discover the imposition: the virgin leech is long and flat, its external aspect is soft and velvet-like; in water, its movements are rapid, and its elasticity is considerable; compression of the body does not succeed in extracting any blood from it, and, even if a few drops escape, they are of a dark greenish colour. The gorged leech is less active than the former when placed in water; the aspect of the skin is less soft; the elasticity of the body is gone, and suction does not elongate it; if pressed from the mouth to the anus an accumulation gradually forms in the body, and blood is expelled from the anus, *red* blood, which cannot in any way be confounded with the dark greenish fluid above noticed. M. Magendie, Prof. Royer-Collard, Dr. Louis Barth, and many other distinguished members of the French Faculty, have investigated also the subject, and fully concur with M. Chevalier in deprecating the fraud, in stating that the origin of the blood contained in the bodies of gorged leeches being unknown, may become the source of contagious diseases transmitted from animals to man, and in warning the public against an imposition alike injurious to commerce and to health.

DAN. M'CARTHY, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D., Physician to the German Hospital.

On the Mode of prescribing and preparing Pills composed of the Sulphate of Iron and Carbonate of Potass.—This is a correction of the author's former treatise on these useful antichlorotic pills. Formerly the quantity of extract and powdered liquorice was left to the chemist. The following is the new prescription:—R. Ferri sulph., Potass. carb., Extr. glycyrrhiz., Pulv. glycyrrhiz., āā ℥ij; M. f. massa in pil. equal. gr. ij dividend. Thus the pills contain pure carbonate of protoxide and peroxide of iron, and sulphate of potass, and they remain dry for a long time in the box without undergoing any change. The chemist must pulverise separately pure sulphate of protoxide of iron, and the carbonate of potass in porcelain mortars, mix the salts, add extract of liquorice (not too liquid), and beat. This almost solid mass should be partly freed of the six atoms of water of crystallisation present in the sulphate of iron. To effect this the mass must be put in a warm place, when it will become thin from the disengagement of the water of crystallisation. Then the mass should be stirred for a few minutes whilst in this state, that part of the water may evaporate, and it should then be made of proper consistence for pills by adding the above quantity of liquorice powder. The carbonic acid of the potass, combines with the protoxide of iron by the admission of atmospheric air, and forms carbonate of protoxide, or peroxide of iron, which acts as a powerful tonic. These excellent pills are useful in all diseases which require carbonates of iron.—*Dr. Popper, of Winterberg, in Austerr. Wochenschr.*

A few Observations on Arsenic used in Remedial and Poisonous Doses.—Orfila's mode of treating cases of poisoning by arsenic, is to administer large quantities of diuretics in the second stage, in order

to remove by the urine that part of the poison which had been absorbed into the system. This plan is indicated by nature, for, according to the author's experiments on animals, whenever arsenic has been absorbed by the blood, *a copious uriuary discharge takes place spontaneously.* But the author considers that hydrate of oxide of iron ought to be given for some time, even after purging and vomiting has been produced, because, white arsenic is very difficult of solution, and often several days after the poison had been taken, particles of it have been found in the body. To these observations the author adds a few cases of epilepsy which he cured or relieved by the administration of arsenical solution, also a case of chronic catarrhal fever, and a very obstinate tertian intermittent, where the same remedy produced excellent effects.

Strange Effect of a Clyster of Opium.—A man, aged thirty, who had suffered from costiveness and piles, with habitual headache, was attacked, in consequence of excess of diet, with violent colic and very profuse diarrhœa; the abdomen was tense, but not painful on pressure, the tongue clean, the head of normal temperature, and pulse rather irritable. The author ordered cold applications to the head, and a clyster of starch with one grain of opium. Half an hour afterwards he was hastily summoned to the patient, who was in a complete state of intoxication. He was very loquacious, talked incoherently, threw about his arms and legs, and complained of violent headache, though the temperature was not increased; his face was reddened, his eyes staring; he had a desire to sleep, but no sleep could be obtained. A cup of strong coffee without milk diminished the symptoms; but after a quarter of an hour they reappeared, and continued for several hours, till sleep ensued, from which the patient awoke well, with the exception of a sense of fatigue.

Case of Congenital Cyanosis in a Man Twenty Years of Age.—The author reports the following case to show the incorrectness of the assertion, "that individuals with congenital cyanosis do not outlive the seventeenth year." The man grew up under the author's observation; he is now about four feet three inches in height, his arms are one foot ten inches and a half long, his legs two feet three inches, the breadth of his chest from one shoulder to the other, is nine inches, from one crista ilii to the other, ten inches; a ribbon round the upper part of the thorax measures two feet, round the loins two feet one inch and a quarter. Besides the symptoms of cyanosis which are very perfect, the development of the mental faculties is much retarded, and no sexual feelings exist.—*Froriep's Notizen.*

Reflections on the Hooping Cough.—The author classes hooping-cough among those diseases in which a certain change of the blood (produced by an unknown atmospheric influence) appears combined with nervous symptoms. The quality of the morbid products shows the state of the blood produced by the atmospheric change. The small quantity of fibrine contained in the blood seems also to be altered into morbid products. The diseases belonging to this class are: angina gangrænosa and membranacea, pneumonia, bronchitis maligna, tussis convulsiva (similar to the asthma humidum), in all of which the blood displays the same character, by the exudation of albuminous membranous layers or liquid masses, with an excited state of the nervous system. The inflammatory phenomena display a peculiar character, designated by Schonlein as neuro-phlogosis, and by Autenrieth as neuro-paralysis. According to the author of this memoir, only one mode of treatment can be of use, viz., that which influences the state of the blood. In consequence of some happy results obtained in pneumonia notha, and asthma humidum, the author administered sublimate of mercury (from 1-12th, 1-10th, 1-8th of a grain, to a solution of four ounces, within twenty-four hours), as recommended by Heine in pneumonia notha after the previous use of antiphlogistics. The expectorations were afterwards discharged more easily; the spasms of the glottis became shorter and less severe, and in a short time simple catarrhal cough only was e sent. The author, therefore, directs the attention of his colleagues to this remedy.—*Dr. Schupp of Landau in Haeser's Archiv.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to our readers in three numbers of the *Medical Gazette.*]

Melanosis of the Eye.—A clinical lecture by Mr Lawrence is devoted to the consideration of two cases of melanosis affecting the eye. The first case is that of a female, from twenty to twenty-three years of age, a patient in the venereal wards of St. Bartholomew's Hospital. At the time of her admission there was blindness of the left eye, which had existed six months; it came on without any known cause, and was unattended by any inconvenience until after the lapse of three months, when it became the seat of severe lancinating pains. The conjunctival vessels, and those of the sclerotica, were slightly injected; the cornea transparent; the iris dark-coloured, dull, and motionless; the pupils widely dilated; the crystalline lens of a dull dingy hue; both iris and lens were in contact with the cornea. Three small staphylomatous projections, one above and two below the middle of the globe, occupied the outer part of the selerotica, close to the edge of the cornea. Large tortuous vessels of venous character ran over the two lower. Vision was totally lost; there was constant pain, which was occasionally very severe. In order to confirm his diagnosis of the case, Mr. Lawrence punctured one of the staphylomatous projections; no fluid escaping, he became convinced that the eye was melanotic, and accordingly practised the operation of extirpation. After it was removed, the eye was examined. The globe, not unnaturally soft, was divided through the centre. There was no trace of vitreous humour; a dark and blackish mass, of soft consistence, occupied nearly the whole interior of the globe, pressing the retina, which was healthy, and formed a flattened mass, towards its inner side, and the crystalline lens, which was semi-transparent, against the posterior surface of the cornea. During the examination, the diseased mass dropped out from one half of the section, leaving the inner surface of the sclerotica smooth, but slightly darkened in colour. In that part of the globe which was occupied by the diseased mass there was no trace of choroid membrane, and the growth therefore filled the space between the sclerotica and the retina, which was folded into a small compass. That portion of the sclerotica towards which the retina was pressed was lined by healthy choroid. The optic nerve was healthy. The patient recovered from the effects of the operation, and was discharged six weeks afterwards. During the treatment she suffered twice from erysipelas. She continued well for three years afterwards, when she again became a patient at the hospital with melanotic tumours in the abdomen, and also in the integuments. The disease continued to make progress; symptoms of head affection manifested themselves; and after being six months in the hospital, she sank under it. The autopsy disclosed an extraordinary amount of melanotic disease. There were two or three small black tumours in the scalp; the skull-cap, thicker and heavier than natural, contained in the diploë, similar deposits, each about the size of a large pea. Black matter was found about the optic foramen, in the lesser ala of the sphenoid bone, and along the inferior margin of the left orbit. The bony substance was not swelled, nor apparently altered in structure, in the situation of these deposits. The brain was healthy. There was a small black spot lying upon the surface of the anterior cerebral lobes under the pia mater. The left optic nerve, from the orbit up to the commissure, was shrunk into a slender membranous chord, without trace of nervous matter; this state of atrophy was continued in a slighter degree along the right, or opposite optic tract, into the optic thalamus. There were five dark-coloured spherical tumours, about the size of nuts, visible through the integuments of the chest, situated chiefly about the right mamma. Three similar tumours were noticed under the integuments of the abdomen; they were loose and seated in the cellular tissue; some were firm and black, others of a brownish hue, consisting of thick fluid contained in a cyst. Black matter was deposited in the cancellous texture of some of the left ribs; a mass of black matter the size of a musket-bullet was lodged upon the anterior surface of the dorsal vertebræ. The lungs were healthy. There were numerous black tumours upon the outer and inner surface, and in the muscular substance of the heart; two of considerable size projected into the cavity of the left ventricle. The liver, enormously enlarged, 17½lb. in weight, occupied the greater part of the abdominal cavity; although much of the surface presented the natural colour, consistence, and organisation of the hepatic substance, the enlarged gland consisted principally of a morbid deposit, in larger or smaller masses, which occupied the entire thickness of the organ, and projected from the surface in rounded tubercles of various magnitude, and generally of a black colour. In the interior the colour varied from a deep black to a light yellowish brown. The consistence varied; it was generally softish, so as to break down under the pressure of the finger. When passed over paper, linen, or the skin, a black or brownish colouring matter was left behind; the morbid substance was contained in a kind of cyst, from which it could be turned out. The larger masses presented a kind of slight lobular arrangement on section. The gall bladder was healthy, and contained bile. Upon the mucous membrane of the jejunum were seen several small black patches; larger patches were found in the fold of the mesentery, and on the peritoneal covering of the pancreas. The pancreas was filled with numerous deep black deposits of irregular form, some as large as a musket-bullet. Smaller deposits were found in the kidneys; two cysts, resembling in size and shape the human testicle, each containing a mass of black matter, were attached to the right kidney. The uterus was healthy. The ovaries were greatly enlarged and converted into irregular lobulated masses, about eight inches in length, which retained no trace of natural structure; each of these masses consisted of a thin but dense cyst, filled with melanotic structure of soft consistence, and of the deepest black colour. The ovaries with the uterus are preserved in the Museum of the Royal College of Surgeons of England. Some minute black spots were seen upon the mucous membrane of the vagina, near the os tincæ. The blood-vessels were healthy. Under the microscope this morbid deposit was found to be composed of irregularly shaped cells, of larger size than in common medullary disease, and containing dark granules, varying in quantity according to the colour of the part. In those parts which were soft, and brownish in colour, the cells had given way, and allowed the granules to escape. The granules had every where a kind of molecular movement. In the second case, that of a woman, forty-three years of age, the disease also first commenced in the eye. It appeared to have succeeded an attack of inflammation, by which the sight was destroyed. On her admission into the hospital, part of the melanotic fungus had ulcerated, and bled freely when touched. Extirpation of the eye was practised, and the patient apparently recovered; but the disease continued to make progress. The patient died six months afterwards, at Stowmarket, after a few days' illness. The brain exhibited melanotic tumours in its structure. The thorax and abdomen were not examined. In some remarks on these cases, Mr. Lawrence observes, that the primary seat of the affection is between the sclerotica and the retina, which suffer at first merely from the pressure of the morbid growth. Where the melanotic substance is deposited, the choroid cannot be traced; but it is seen, of natural appearance, lining the sclerotica in the part free from the disease. Although no trace of melanotic degeneration had been observed in the retina, in either of these cases, the optic nerve was discoloured in the second; and the dark tumour within the cranium was probably connected with the continuation of the optic nerve. In a case, which he examined after death many years ago, where the contents of the orbit were converted into an uniform mass of sooty blackness, the same structure was continued through the foramen opticum, and connected with a large deposit of similar colour, at the basis of the brain. With respect to the extirpation of the eye, it offers a somewhat more favourable result than does the same operation when practised for fungus hæmatodes, but in this disease, there is a great risk of the formation of

secondary melanosis in other parts of the body, and a long period must elapse before a patient can be pronounced completely cured. The operation is most likely to be successful, if practised at a very early period of the disease, before the morbid growth has made its way through the coats of the eye.

Aneurism.—Mr. Harrison, surgeon to the Bristol Infirmary, has published three cases of aneurism. In the first, a case of popliteal aneurism compression with the presse-artere was practised for a considerable length of time, but was unsuccessful in curing the disease, for which the femoral artery was ultimately tied, and with success. The second case was one of aneurism at the bend of the arm, following venesection, and was cured by compression. The third case terminated fatally. It was a case of aneurism of the femoral artery in the groin, which extended nearly half way down the thigh. The man's health had suffered much from the severe pain he endured. The external iliac artery was tied, the patient dying of tetanus seven days afterwards. The examination of the parts after death shewed that the aneurism was a very large one, and consisted of a double sac.

Digestion of Vegetable Albumen, Fat, and Starch.—From a series of experiments on this subject, conducted by Dr. R. D. Thomson, he is led to the following conclusions:—1. That vegetable albuminous matter and fat when digested can be detected in the blood. 2. That if any free hydrochloric acid exist in the stomach of animals during the digestion of starch, the quantity must be so minute as to be scarcely appreciable. 3. That an acid exists in the stomach of animals fed on starch, which corresponds more nearly with lactic acid than with any other known acid. 4. That dextrin and soluble starch exist in the stomachs of animals which have been fed on farinaceous diet, during and for some time after digestion. 5. That sugar exists in the blood of animals which have been fed on starch.

Penetrating Wound of the Thigh.—Mr. Cock, assistant-surgeon to Guy's Hospital, records a case of penetrating wound of the thigh, on the inner side, near the junction of the middle and lower third. Severe hemorrhage instantly ensued, which was arrested by means of the tourniquet. Mr. Cock judged from the situation of the wound that the femoral artery was injured below the giving off the profunda. He determined to cut down and tie it. Upon attempting to do this, however, he found that the knife had penetrated downwards into the popliteal space, and he thought it probable therefore, that both artery and vein (for there were both venous and arterial hemorrhage) were cut as they emerged from the lower opening of the canal of the adductor magnus. He accordingly plugged the wound with sponge, and tied the femoral artery in the usual place for the operation for popliteal aneurism. The hemorrhage was thus commanded, and the man perfectly, but slowly, recovered. He was for some time after the accident subject to spamodic muscular action, a portion of the divided sartorius projecting beyond the level of the skin. The slightest touch applied to the wound, or to the exposed surface of the sartorius, threw that muscle into a state of violent contraction, which was participated in to a minor degree by the other muscles of the thigh. The wound only cicatrised ultimately, after an alterative and tonic course of decoction of bark and bichloride of mercury.

Delirium Tremens.—Dr. C. J. B. Williams states that, in addition to the nervous exhaustion attending this disease as the result of drunkenness, there is a degree of exhaustion as a consequence of inanition, habitual drunkards having no appetite and no powers of digestion. The indications of treatment are threefold. First, to compose that undue excitement of the nervous system which prevails, and which is exhausting the other powers. This is done by opium and other narcotics. Secondly, to support those functions which are failing, and which have been already so much exhausted that life may be in jeopardy. Although sleep is needed, yet strength is required to support life, and although sleep be obtained, perhaps the excito-motory function may be exhausted so low, that it may prove the sleep of death—it may be a reduction to a state of sinking. Under such circumstances—and they often occur in extreme cases of exhaustion in connection with delirium tremens—it becomes a leading indication to support the system by stimulants, and food if possible. But there is a third indication which should never be lost sight of in the treatment of delirium tremens; that is, to purify the system from the poison that is in it. If it be a case of recent debauch, there is an alcoholic stimulant in the system, and the longer it remains there the more mischief it will do. And in these cases there are other poisons besides the alcoholic stimulant. The body is a source of poison to itself, and if the vital powers are greatly reduced in their energy, the process of self-purification will not go on; the excretory functions are imperfectly performed; the urine is no longer freely secreted; urea, which is a poison in itself, accumulates; the bile probably accumulates in like manner, and the result of this in an extreme degree is to cause a poisoning of the system. It may not operate in such a violent manner as to lead us to say that the system is overwhelmed by the poison, but it contributes to its influence. It is, therefore, a leading object to purify the system by means of an increase of the secretions, and this is generally done practically by means of purgative and diuretic remedies. This is the systematic treatment of delirium tremens explained in its principles.

The Effects of Food on the Blood.—Dr. Buchanan, in a paper read before the Glasgow Philosophical Society, draws the following conclusions on the state of the blood after taking food:—1. The serum of the blood of a healthy man fasting, is perfectly transparent, and of a yellowish or slightly greenish tint. 2. A heterogeneous meal, such as that usually set on the tables of the rich, renders the serum white. 3. The whiteness may commence as early as half-an-hour after eating, and may continue ten or twelve, and sometimes as long as eighteen hours, according to the kind and quality of the food, and the state of the functions of primary and secondary digestion. 4. Starch, and sugar, probably all vegetable substances destitute of oil, give no whiteness to the serum of the blood. 5. Fibrin, albumen, and casein, and probably protein-compounds in all their forms, if destitute of oil, give no whiteness. 6. Oils combined, whether naturally or artificially, with protein-compounds or with starch, render the serum of the blood white; probably, therefore, oils produce that effect in whatever way taken. 7. Gelatin seems to render the serum of the blood white; this, however, cannot be considered as certainly established, as there may have been some fat in the beef-tea which was taken along with the calfs-foot jelly in both experiments on which the above conclusion rests. 8. The coagulum of the blood very frequently exhibits, after taking food, a crust of pellucid fibrin, or of pellucid fibrin dotted with more opaque particles, and with little of the contraction technically named "cupping." 9. The appearances of the coagulum just mentioned are much more common after azotised than after non-azotised food. The chemical properties of the blood, under the same conditions, are as follows:—1. The substance defined above under the name of pabulin,[1] is most abundant in the blood a few hours after taking food, sooner or later, according to the rapidity of digestion. 2. It is less abundant, as the time when the food has been taken is more remote, and is small in quantity after a fast of twenty-four hours. 3. It is much more abundant after azotised than after non-azotised food. 4. It varies in quality, floating or subsiding, according to the kind of food taken. 5. It is probably analogous in nature to the white substance which gives colour to the serum of the blood. 6. The difference between these two forms of this substance probably is, that it is sometimes combined with an alkaline, or earthy salt (chloride of sodium, sulphate of soda, &c.), and sometimes with an oily body (stearate of glycerine, &c.). In the former case it seems to dissolve completely in the blood, while in the latter it is only partially dissolved, and renders the serum opaque. 7. The azotised principles of the food are probably made to combine, in the digestive tube, with the alkaline, earthy, and oily salts mentioned above; and thus become capable of being absorbed into the blood. 8. The alkaline and earthy compounds are probably absorbed directly by the blood-vessels, while it seems to be well ascertained that the oily compounds are absorbed through the lacteals.

[1] A white substance obtained by precipitation either from limpid or opaque serum or dissolving in it common salt to saturation. Neither phosphate of soda nor bicarbonate of soda threw down this body from serum.

Partial Aneurism of the left Ventricle of the Heart.—Dr. Percira reports a case of this disease from the London Hospital. The patient, a girl, fifteen years of age, was under Mr. Luke's care for a wound of the neck. The disease had come on after an attack of rheumatism about three years previously, during which the chest was much affected. Attention was first directed to the condition of the heart and great vessels, by the dresser's accidentally hearing a loud anomalous murmur behind the sternum, after which the chest was carefully examined. The most remarkable sign was, a very loud systolic, apparently superficial murmur, under the sternum, and on both sides of it. In character it was between the bellows and saw sounds. The extent of space over which it was audible was considerable; and it was not very easy to determine the locality of its maximum intensity. Indeed, at two spots, about an inch and a half asunder, the sound appeared of nearly equal intensity; and it was, therefore, supposed to consist of at least two simultaneous murmurs. It was very loud under the sternum towards the left side, and opposite to the space between the cartilages of the third and fourth ribs; or, as was presumed, over the semilunar valves. It was also very loud under the sternum, rather to its right edge and opposite to the cartilage of the fifth rib. Moreover, between these spots the sound was also strong; but scarcely so intense as at the points just mentioned. The murmur was very loud over the whole of the right side of the heart. On the right side of the chest, between the cartilages of the third and fourth ribs, near to the sternum, or, as was presumed, over the right auricle, it was very audible. Higher up the chest it was less loud. It was very distinct over the arteria innominata, and was perceptible in the carotid arteries. On the left side of the chest there was not any distinct murmur above the second rib. Posteriorly, the murmur was heard, though feebly, on the third dorsal vertebra, and also somewhat below this. Another very marked symptom was a strong purring tremor, most perceptible on the right side, in the space between the cartilages of the third and fourth ribs near to the sternum, or, as was presumed, over the right auricle. Especial attention was paid to the condition of the venous system; but no evidence of venous congestion was observed. There was neither a purple nor livid tint of countenance, nor fulness nor pulsation of the jugular veins: on the contrary, the patient's colour was florid, and that of a person well supplied with properly arterialised blood. The pulse was slightly quickened, regular, soft, and rather full, and not jerking. No difference could be detected between the pulse of the two wrists. Hemorrhage occurred from the wound on several occasions, and was followed by fever, which terminated fatally on the sixteenth day after her admission into the hospital, the eleventh day after the commencement of the febrile symptoms. The examination of the body showed a congested brain, purulent deposits in a coagulated and softened spleen, numerous small abscesses in the kidneys, a small quantity of pus in the peritoneum, and in the chamber of the eye. The wound in the neck was a deep one, and contained some pus. A sinus, connecting the anterior jugular and thyroid veins, having a large vein proceeding from it directly into the left vena innominata, was also penetrated by the wound, and had, in all probability, furnished the hemorrhage. The pericardium presented traces of prior inflammation. The muscular structure of the heart was healthy, and the ventricles and auricles were of the natural size and thickness. The foramen ovale was patent, but the aperture was oblique and valvular, and probably had not caused any inconvenience. An aneurismal communication existed between the left and right sides of the heart. The mouth of the aneurism was situated immediately beneath the right aortic valve and the angle between this and the posterior one. It was bounded above by the right aortic valve and by the junction of this and the posterior valve; and below by the wall of the left ventricle.

It was large enough to admit the tip of the little finger. It was crescent-shaped; the convexity of the crescent being downwards and towards the posterior valve, the concavity upwards and away from this valve. The aperture was bounded at its lower part by the muscular structure of the septum, covered by a firm membrane, on which were some old deposits of lymph which rendered it rough. The sac or cavity of the aneurism was about the size of a small hazel-nut; it was lined by a thin smooth membrane continuous with the internal membrane of the ventricle. At the bottom of it were four pouches (one of which had burst) protruding into the right cavities of the heart. One of these pouches projected into that portion of the right ventricle from which the pulmonary artery springs, and to which some anatomists apply the name of infundibulum or infundibuliform cavity. The pouch was connected with the anterior or larger fold of the tricuspid valve; being adherent to the surface of the fold which faces the pulmonary artery. A second pouch formed a very slight bulging into the right auriculo-ventricular opening at the tendinous margin or ring. The third pouch was situated a little below the second one, and involved the base of the anterior or larger fold of the tricuspid valve. The fourth pouch, that which had burst, had made its way through this fold, which was the only part of the tricuspid valve that was diseased. Nearly the whole of its auricular surface was covered with firm lymph, and a portion of the fold, about the size of a sixpence, was pouched or dilated, and protruded like a truncated cone. In the centre of the pouch or truncated portion was the aneurismal aperture, the diameter of which was about equal to that of a large quill. Part of the fold (viz., the portion immediately around the pouch, as well as a portion of the free or floating margin) was adherent to the wall of the ventricle; so that a part only of the fold could act as a valve during the systole of the ventricle. It is obvious, then, says Dr. Pereira, that, during the diastole of the ventricles, when, be it remembered, no blood would be passing through the aneurismal sac from the left ventricle to the right side of the heart, the aperture would be in the right ventricle; and it is also clear, that had the valve contracted no adhesion to the wall of the right ventricle, the aperture of the aneurism would, during the systole of the heart (at which period blood would be passing through the aneurismal sac from the left to the right side of the heart), have been in the floor of the right auricle,—that is, in the auricular surface of the valve, which, at that period of the heart's action, would constitute a portion of the floor of the auricle. But, owing to partial adhesion, this fold of the valve could not be entirely or completely raised during the ventricular contraction. It appeared, however, to him, that the blood which would escape from the left ventricle of the heart through the aneurism, would be projected into the right auricle, owing partly to the direction of the terminal aperture during the systole of the heart, partly to the projection from the surface of the valve of the pouch in which the aperture was placed, and partly to the reflux current of blood, which, owing to the imperfect closure of the auriculo-ventricular orifice, would sweep over the aneurismal aperture in passing from the right ventricle to the right auricle at this period. The aortic valves were not healthy. On all three of them were slight deposits of lymph. The right valve was larger than the others, and, towards its upper or free edge, was partially cribriform or reticulated, having eight or nine small meshes in it. The pocket of the valve hung down and partially covered the mouth of the aneurismal sac. The corpus Arantii of this valve was larger than natural. On the upper part of the ventricular or aortic face of the right (or superior and anterior) lamina of the mitral valve was a large oval patch of firm lymph. Its position was such that during the diastole of the heart, when this lamina would be guarding the mouth of the aorta, the patch would be directly opposed to the mouth of the aneurismal sac. The size of the patch corresponded to that of the aneurismal mouth. Small patches of lymph were observed at the commencement of the aorta.

Fracture of the Neck of the Radius.—Mr. Moore, in reporting a case from Queen's Hospital, Birmingham, describes the appearance of the forearm of a female, in which the neck of the radius had been broken three years previously, and the injury not known to have occurred, the surgeon's attention having been directed solely to a compound dislocation of the wrist. The appearances presented by the arm were as follows:—just below the elbow-joint, on the radial side of its anterior aspect, the integument was raised into a sharp projection, the position of which was altered by the different movements of the forearm; upon manual examination the protuberance was found to be formed by a long process, which could be traced inwards and slightly upwards for about an inch and a quarter, and terminated in a rounded expansion in the natural situation of the head of the radius. Upon tracing the radius from the wrist upwards, it was discovered to be united, nearly at a right angle, with the inner portion of the transverse process above described, and by keeping the finger upon the point of junction, and rotating the forearm, both were perceived to move simultaneously. The motions of the forearm could all be readily effected, but perfect flexion and extension of the fore upon the upper arm were both productive of pain.

Treatment of Disease by Moist Air.—In a paper, read before the Medical Society of London, on the treatment of disease by moist air, Dr. Golding Bird recommends the following plan for keeping the air of the sick-room in a moist state. Selecting, if the choice be permitted, a bed-room as small and as free from draughts as possible, the windows are carefully closed, and if the casements do not fit accurately, strips of paper should be pasted over the junctures. A stout sheet or blanket should then be fastened with a nail or two to the lintel of the door outside, so as to hang down and prevent currents of cold air entering the room during the ingress or egress of the attendants, a large fire being lighted in the grate, which should never be allowed to go out during the treatment. A thermometer should be suspended over the patient's bed, so as to be about two or three feet from its centre, and carefully watched: the indications of this instrument should be the sole guide for raising or depressing the fire, and a temperature of from 70^0 to 78^0 should be constantly maintained. A large kettle of water is to be placed on the hob, and kept boiling, so that a current of steam may be constantly poured into the room from its spout, which, for this purpose, must be elongated by the addition of a few feet of gas-pipe; and until this be procured, with a tube of stiff paper, or thin mill-board. By these precautions, the room may, without the slightest difficulty, be kept at a nearly constant temperature for the requisite time. Indeed, it is remarkable how little variation is observed in the thermometric indications, when the most ordinary care is taken to prevent the entrance of long-continued draughts of air. The effects of this mode of treatment are illustrated by Dr. G. Bird by a supposititious case o bronchitis or pneumonia in a child. Let us suppose, he says, that a child, the subject of capillary bronchitis or pneumonia, be exposed to the influence o a bedroom arranged with these precautions, placed in bed, and supplied freely with diluents, as tea, toast-water, or common water, for which the little patients generally crave, and inquire what are the probable results of this treatment, independently of any other. The first thing observed, generally, is a slight diminution in the rapidity of the respirations, which, for the most part, soon assume a less panting character; this may be accounted for by the more soothing effect of a genial temperature on the surface of the body, and by the warmer air inspired proving less stimulant to the lungs; and, contemporaneously with this, the cough, if present, diminishes in frequency and violence. In a short time afterwards, the surface of the body, especially the extremities, if previously cold, as in suffocative pneumonia and bronchitis, become warmer: but if previously pungent (?) and hot, they become moist, and in both cases a free perspiration bursts out, and continues in most cases for days. Should this not occur so soon as is wished, enveloping the chest in a large and thick hot linseed-meal poultice will generally turn the scale in favour of diaphoresis. It is here, indeed, that we find the advantage of rendering the air of the room moist by the evaporation of water. If mere dry air, of the temperature of 75^0, were allowed to exert its influence on the parched skin of acute pneumonia, it seldom, if ever, excites perspiration; the orifices of the spiral sweat-ducts seem closed against the escape of perspired fluid—nay, it is not uncommon to thus meet with a sort of false miliary rash, really being sudamina, each formed by a drop of sweat imprisoned by the cuticle.

Encysted Tumour of the Breast.—Mr. J. Russell, jun., at a meeting of the Birmingham Pathological Society, exhibited a cyst containing an anomalous fluid connected with the mammary gland, which had been removed by operation. On carefully dissecting the tumour it was found to consist of a cyst of condensed cellular tissue, as proved by the microscope, of no great thickness; the size of the cyst was about half a hen's egg. It contained about an ounce and a half of fluid of a sanious colour, but nearly limpid; on the surface of the fluid was a pellicle of oil. This fluid was unaffected by heat, by nitric, and by strong acetic acid, and by liquor potassæ; it was neutral. Examined by the microscope, it only contained some globules—apparently oil-globules. The cyst was almost entirely enclosed in a prolongation of the mammary gland; the thickness of this covering at one part was half an inch, it thence became thinner gradually, until at last it degenerated into cellular tissue, and became identified with the cyst, to which by constricting it gave a heart shape. The glandular covering was adherent to the cyst by loose cellular tissue, but could be easily removed from it. The interior of the cyst was quite smooth, and without any deposit. The patient's mother, and one sister, died of scirrhous breast, and another sister, two years older than Mr. J. Russell's patient, was labouring under ulcerated scirrhus of the breast at the time of the operation.

Lithotomy in the Female.—Dr. Baker, jun., of Norwich, Chenango County, New York, has published, in the Transactions of the New York Medical Society, the particulars of a case in which he operated successfully for calculus in the bladder in the female. The mode of operating was as follows:—The patient was placed on the table and secured in the common way. A straight grooved staff was introduced through the urethra, and the stone felt with the beak of the instrument. The incision was then commenced by dividing the urethra half an inch posterior to the meatus urinarius with a sharp pointed bistoury, in the groove of the staff. The beak or probe-point of the lithotome knife was introduced through the opening thus made in the urethra into the groove of the staff and pushed forward along the groove, in a direction obliquely, outward and downward, until it penetrated the bladder, and the incision continued until of sufficient size to admit the forceps. The knife was then withdrawn, and the forceps introduced. A stone about the size of a nutmeg was grasped and drawn out. The search was resumed, and another stone secured and removed, and so on to the number of ten, varying very little in size. No more stones being found, the bladder was washed out with warm milk and water, and the patient put to bed. She bore the operation well, and expressed herself freer from pain than she had been for six months. She could lie on her back, or in any other position that was proper. The walls of the neck of the bladder were very much thickened; this was probably the result of the long continued irritation from the friction of the calculi. The success of the operation is referred, by Dr. Baker, to leaving the meatus and anterior portion of the urethra undivided—a mode of proceeding we recommended to a medical man some years since, when about to operate in a similar case.

Gastrotomy.—An interesting case in which the operation of gastrotomy was performed was recently communicated to the Tennessee Medical Society by Dr. J. E. Manlove, and afterwards published in the *Boston Medical Journal*, where it may be found. The circumstances were briefly as follows:—The patient, a coloured boy, after costiveness for twelve or fifteen days, was taken with general uneasiness in the abdomen, and febrile excitement; copious blood-letting, and cathartics of various kinds, introduction of flexible tubes, &c., failed in producing a fœcal evacuation; great tympanitis took place, with vomiting, difficult breathing, full and quick pulse,

and in short, the indications of speedy dissolution. This was on the fourth day after Dr. Manlove was called. It was then decided to perform gastrotomy; an incision was made in the median line, commencing about two inches below the umbilicus, and extending down towards the pubis, four or five inches. The peritoneum and bowel, along the lower half of the incision, had formed a most intimate adhesion, and in cutting through the former, an opening of about one-fourth of an inch in extent was made in the latter. From the opening there proceeded large quantities of flatus aud liquid fæces, as well as the oil and turpentine which had been taken. On further examination it was discovered that the intestines were united to the peritoneum by extensive adhesions at various points within the reach of the finger and probe. The wound was closed by sutures and adhesive straps, except the opening into the intestine. The amendment in all the symptoms in one hour was astonishing. On the next day his appetite was good, and he continued to improve and to discharge the contents of the bowels through the artificial anus until the seventeenth day after the operation, when the bowels acted naturally, the opening being nearly closed.

Excision of the Parotid Gland.—In the *New Orleans Medical Journal*, it is stated that this operation has been twice performed successfully by Dr. C. A. Luzenberg, the first about eight years ago; the patient is still living in that vicinity; the second was performed in April last, upon a negro woman, about thirty-five years of age, for scirrhus. The gland was enlarged to nearly the size of the fist, very much indurated, and immoveable. The operation was performed in the presence of some dozen physicians. As a preliminary step, dictated by prudence, a ligature was cast around the common carotid artery, to be tightened if necessary. Dr. Luzenberg then made an incision through the integuments around the whole base of the tumour. The dissection was then rapidly progressed with, but the hemorrhage soon became so profuse that the ligature on the carotid had to be tightened. This being done, the diseased gland was quickly, and, in the opinion of all present, completely removed. A large and deep chasm was left in its place, which was filled with lint, covered with a compress, and the patient put to bed. The operation was well and rapidly performed, and the time occupied was about thirty minutes. The patient bore the painful operation with extraordinary firmness; having uttered but one or two groans during the time. No unfavourable symptom has followed, and the wound at the date of the report had almost entirely healed.

Spontaneous Gangrene of Mexico.—Dr. Binaghi, a graduate of the University of Pavia, has published a paper in the *New Orleans Medical Journal*, on the spontaneous gangrene of Mexico, which, according to his account, is the cause of as many amputations in that city as all other internal causes of disease united. Mexico, once the Venice of America, is situated in the interior of the country, about eighty leagues from the Gulf of Mexico, and about fifty leagues from the Pacific Ocean. It is built upon a plain at an elevation of more than seven thousand feet above the level of the sea, at the nineteenth degree of north latitude. The temperature is constantly at about 50 to 60 degrees Fahrenheit; the soil is sterile, abounding in salts of soda (*terrens tequesquetoso*), and at the depth of two feet a brackish water is met with, whilst at about one league distance a thermal sulphurous spring, called le Ponol exists. This city offers a vast field for the observing physician, on account of the variety of diseases of the circulating system which prevails; such as affections of the heart and its annexes, aneurisms, congestions, abscesses by congestion, membranous irritations, and inflammations, &c. The first case alluded to by Dr. Binaghi, is that of a man who had both his lower extremities amputated at different periods, and, as Dr. Binaghi believes, also the upper extremities. He died in the hospital some months afterwards. The account of the autopsy only states the condition of the aorta and iliac artery. On laying open longitudinally these arteries, the following peculiarities were presented:—On the free surface of the internal tunics of the said arteries, at unequal distances, were found a number of superficial ulcers, either round or oval, with smooth borders, from one to four lines in diameter, more numerous near the bifurgators; some were of a white, others of a pale yellow, colour, others resembling aphthæ, others grey and mammillonated; others again covered with flocculi, which were easily detached, and resembling fibrine in structure. The capillary system of the internal coats of these arteries presented no other changes, or any degree of injection. In the second case amputation was not performed. On examination after death, the principal arterial trunks of the diseased limb were found completely obstructed; in fact, their calibres were obliterated. The corresponding iliacs presented the same morbid alterations as in the first case. In the third case amputation was successful for a time; but Dr. Binaghi seems to be of opinion that the disease would return. The fourth is an example of the beneficial effects of medication. General bleeding, mercurial inunction, drastic and saline cathartics, and the free use of diluents; full, warm, and prolonged baths of two and three hours; hot fomentations to the diseased limb, and low diet, were had recourse to with manifest benefit. The objective symptoms gradually disappeared, and the patient was able to resume business. He was advised, as precautionary measures, to confine himself to a low and exclusively vegetable diet; to use repeated warm baths, and from time to time to resort to some of the purgative medicines first administered; an issue was also opened below the internal condyle of the femur, on the upper and posterior part of the tibia, which he was directed to keep discharging, and he was further advised to wear gum-elastic stockings. Dr. Binaghi believes that the essence of this disease consists in an abnormal nutrition of the internal tunic of the arteries, produced by a dyscrasia, which proceeds from an imperfection of the functions of the skin, or from any other cause capable of altering the chemico-organic conditions of the fluids; abnormal nutrition, which ends in the complete obliteration of the arteries, and consequently gangrene, is the result. The primitive cause is, in his opinion, the high elevation of the city above the level of the ocean, the consequent great rarefaction of the air, and the imperfect oxygenation of the blood. He regards the tendency to aneurism among the inhabitants of the city, as connected with the same cause. One case is mentioned in which there were six distinct aneurisms. Of course it was not deemed advisable to operate.

SHOULD MEDICINES BE ADMINISTERED IN SIMPLES?

By WILLIAM HIND, Esq., Summer-place, Birmingham.

Either from a self-deceiving love of novelty, or from some chance notion, which has started into existence and been fostered without due inquiry into its relations and base, every now and then the established rules of medical science have been subjected to serious innovations. Can it be from one of these causes that the opinion now entertained in various quarters[1] has arisen, that the present method of administering medicines in combination is founded in error?

The practice of combining together certain simple medicinal agents, either with the view of producing a single effect, such as the promotion, for example, of a single secretion, or for the purpose of effecting different and essentially *distinct* objects, has been followed from the time when medicine rose to the character of a science.

Do we possess sufficient information on the certainly obscure subject of the therapeutic operation of remedies to warrant us in the conviction that the practice is founded on a rational basis? I think we do. And, first, it may be mentioned that neither Pereira, Thompson, nor any one else, as far as I know, who has made therapeutics a special object of study, has advanced anything at variance with the practice.

Of course I am not to be understood to advocate an indiscriminate admixture of drugs in a prescription, any more than I would advocate a want of discrimination in any other department of medicine. In the first place, every medical man, and indeed every druggist, well knows that it is absurd to combine together substances which will suffer chemical decomposition, unless, indeed, the newly-formed substance is the agent to be depended on. Moreover, in some instances, the effects of a single agent are the most we wish for; as, for example, tartar-emetic in the first stage of pneumonia. But these are isolated instances, and, in most cases, our object is only to be obtained by a judicious *combination*. We will take the first position, that, namely, in which we wish to produce a single effect. For this purpose we may take the class of diuretics. In anasarca it is often impossible, as is well known, to excite the kidneys sufficiently to produce any effect upon the œdema; but does not the experience of most physicians teach that, after making an adequate trial of one or two diuretic agents in vain, the necessary effect may be produced by a *combination* of them? If sugar acts as a diuretic in diabetes, would it be possible to advance still further the excitement of the kidneys, and increase their secretion, by the administration of some other diuretic agent? Or would any medical man, in the treatment of that affection, feel any doubt as to reasons for avoiding such an agent? I believe every person of experience would answer the first question in the affirmative, and the latter in the negative.

Now, what is true of most diuretics is doubtless more or less true of many other classes of remedies. It is an acknowledged fact that purgatives, diaphoretics, tonics, &c., are, in many cases, far more beneficially given in combination. With respect to the tonic class of remedial agents there is, however, more room perhaps than amongst many other substances for a difference of opinion. Thus, it is a common practice with many experienced physicians to give a combination of sulphate of iron and quinine. It may be fairly *questioned* theoretically whether this combination of two substances, both constitutional tonics, is effective, on the ground that the tonic effect of one of them could not be produced simultaneously with the action of the other. While, however, it has been *proved* that one of them increases the number of blood corpuscles as one of its effects, it may yet be proved that the operation of the other may be such that the specific effects of both will go on simultaneously, and without interference—a fact which the experience of a large number of successful practitioners would lead them to expect.

Now, I believe, the advantage of administering various agents with the view of effecting *different* and distinct objects is still more palpable We shall select a single case—one of dyspepsia, accompanied, for example, with eructations, gastrodynia, anorexia, and, moreover, great nervous debility and weakness. In such a case as this, will any one dispute the propriety of administering, in combination, an antacid, a bitter stomachic, a stimulant, and a mild anodyne? But, especially, will any one venture to assert that the action of one interferes with that of the other?—and if not, why throw away important indications for the purpose of gratifying any theoretical notions of the necessity of administering medicinal agents in simples? It would be well if the advocates for this mode of administering medicinal agents had furnished us with the facts on which their opinions are grounded; for, since the experience of the most eminent and successful physicians teaches the necessity and advantage, in the great majority of cases, of a judicious combination of remedies, it would be useless and unnecessary to enter into speculations upon the laws of therapeutics in order to refute the views of the *simplists*, when perhaps those views may, for aught we know, be founded on nothing which has "a local habitation

[1] "Few things present a more striking contrast than the skill displayed by the Vienna physicians (*i. e.*, the allopathic physicians) in diagnosis, and the feebleness they evince in therapeutics. * * Already the first dawn of improvement (?) has appeared. * * It has been decided, first, that to insure their proper operation all medicines must be given *singly*," &c.—Dr. Hilbers in *Medical Times* of Nov. 29, p. 200. See also remarks of Dr. Lewins (*Medical Times*, Nov. 1, p. 120, in note), together with his quotation from Hufeland as to the necessity for introducing "*simplicity* in the making of prescriptions."

and a name" in that science. I do not wish to discuss this notion as forming a part of the creed of Hahnemann's disciples, but as making its appearance here and there among the followers of what I shall distinguish as legitimate medicine. It is nevertheless impossible to avoid noticing the resolution to which the sage, but cruel, physicians of the so-called allopathic Vienna Hospital have come with reference to this subject, as delivered to us by the graceful advocate of Hahnemannism in the *Medical Times* of November 29.

Verily, on reading the description of their whole proceedings as related in that letter, one would hardly help believing, in our simplicity, not that those physicians were making advances *towards* homœopathy, but that they were really *bonâ fide* Hahnemannites under false colours, and concerned in advancing the *contrast* so much relied on between the relative number of deaths in the rival hospitals. Is there an individual, not altogether void of feelings of humanity, who could read that statement and not arrive at the conclusion that these mis-called allopathic physicians should not be made in some manner answerable for the deaths of so many of their fellow-creatures?

With *infinitesimal* doses of a single medicinal agent I wish not to interfere, because that will, it appears, be dealt with along with its allied crotchets by an abler pen. I will observe, however, that if I were affected with an almost inevitably fatal syncope, I should be sorry to trust myself in the hands of the homœopathist, who would confine himself to the administration of an infinitesimal dose of brandy as a restorative.

HOSPITAL REPORTS.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

Gonorrhœal Ophthalmia.

Harriet Barns, aged forty-two, admitted August the 6th, under the care of Mr. Dasent, with gonorrhœal ophthalmia of four days' duration. She has a gonorrhœal discharge from the vagina, which has been on her for a month. She says it was very profuse till the eye became affected, since which it is considerably lessened. Is a strong healthy person; has never had anything the matter with her eyes before. Pulse full and quick; discharge purulent and, as she says, profuse; cornea perfectly clear; no ulceration or sloughing, but a very slight chemosis of conjunctiva; it was very red. Tongue coated; bowels very confined; left eye unaffected.

Mr. Guthrie ordered V. S. ad ℥ xx; Ung. nigr. ad oculo applic. et Lot. alum., to syringe out the eye every half hour.

5, p.m.—She was bled to ℥iv, when she fainted. Ung. nigr., &c., applied. Keeps her hand constantly to the eye, as, she says, "it feels as if it would burst."

6, p.m.—Says she feels better; the eye does not feel as "if it would burst, as it did;" pulse 92, small, and compressible. To have Ext. coloc. co. gr. x, Hydr. chlor. gr. iv., et haust. Sennæ ℥ iss, cras mane.

9½, p.m.—Feels easier; has the alum constantly applied; pulse 104.

7th.—Passed a pretty good night. Cornea quite clear; rather less discharge; eye feels easier; bowels well opened; conjunctiva not so vascular.

Mr. Guthrie ordered Ung. nigr., ad Oculo applicand; Lot. alum, every hour.

To repeat the purgative to-night.

8th.—Complained of very great pain and smarting after the last application of ung. nigr., which lasted the whole night; supra-orbital pain much increased; more chemosis than before; the vascularity and purulent discharge also are increased; cornea hazy; pulse 90, soft.

Mr. Guthrie ordered her to be bled ad deliquium, and to continue the use of the alum lotion.

9th.—Lost about ℥viij of blood before she fainted; the pain of the eye was relieved immediately after, but returned with greater violence in a few hours; the sclerotic conjunctiva is more vascular than yesterday, but there is comparatively very little chemosis; the cornea is much less clear, and grooved at the upper and outer edge.

Argent. nit. gr. iv ad ℥i, instill. ocul.; repeat the alum lotion and syringing.

10th.—Certainly not worse, but the pain continues very great; bowels rather confined. To have two calomel and colocynth pills immediately, and a senna draught in two hours.

11th.—Passed a very restless night; pain in the eye and over the brow very severe; chemosis greater than yesterday, and the lids much more swollen; discharge purulent, but not very profuse. The cornea has sloughed at its upper and outer edge, and is altogether hazy; the tongue is brown and furred; pulse 100, weak; bowels free. There is to-day redness of the conjunctiva palpebræ of the right eye, a feeling of grittiness, and injection of the conjunctiva oculi.

Diet to be improved, and to have half a pint of beer, and an egg for breakfast.

Arg. nit. gr. vi ad ℥i oculo dext., gr. ij sinist. Persistet lot. alum.

12th.—Passed a much better night, and has much less pain in the eye; tongue cleaner; vascularity much the same; the chemosis appears firmer, but is not increased. Full one half the cornea has sloughed, and the destructive action appears extending to the lower part.

Right eye.—The lower lid appears almost granular, and there is more redness of the ocular conjunctiva. She says the eye is stiff and gritty, but not painful. Rep. ut heri.

13th.—Slept well, and feels better; less pain; discharge diminished, and more muco-purulent; the cornea does not appear to have sloughed more since yesterday. Right eye improved. Persistet.

15th.—Less pain and discharge; chemosis diminished, but it has all through been comparatively very slight to what usually exists in these cases; the sloughing of the cornea is arrested. Right eye not much better. Rept.

18th.—Much better than since last report; she feels stronger and in better spirits, and her appetite is improved; the chemosis is not less, but the discharge is thinner, and diminished in quantity. The appearance of the cornea at the lower part is more favourable. The right eye remains very much in the same state.

Hirud. iv palp. infer. oculi dext. Rept.

20th.—The leeches caused some erysipelatous inflammation of the lower lid, but the eye is much better. The left is a little redder, and more painful; bowels confined.

Hirud. vi palp. inf. oc. sinist.; Pil. cal. et col. ij statim. Haust. Sennæ secundis horis.

23rd.—The leech-bites caused the lid to swell, but relieved the eye very much. The chemosis and conjunctiva generally are paler and more flaccid, and the lower part of the cornea is clearer; the iris is adherent at the upper edge; the discharge is also diminished. Right eye still threatening.

Gr. vi oc. dext., gr. iv oc. sinist.

R. Hyd. c. creta gr. v, Quinin. disulph. gr i. M. ft. pulv. bis die sumend.

26th.—The gr. iv was found to cause a little uneasiness after its use, so the gr. ij was substituted, which agreed better. The lower part of the cornea is clearer, and she can distinguish light, and the shadows of persons through it; the discharge is very slight. The right eye is also improved; the conjunctiva is paler, and feels less uncomfortable.

Gr. ij oc. sinist, gr. iv. oc. dext.

29th.—Her general health and appearance are much improved, and her appetite is better; there is still some redness and swelling of the conjunctiva of the left eye, but the discharge is very slight. The cornea will be clear in time at the lower part. The right eye is nearly well.

31st.—Discharged—to attend as an out-patient.

George Radley, aged thirty-five, porter, admitted 22nd September, 1845, under the care of Mr. Guthrie; states that he has had gonorrhœa for some time, but only gleet for the last fortnight. This day week he first perceived that his left eye was red, and felt uncomfortable. He applied to a medical man for advice a day or two after, and had two leeches put on, and fomentations of hot water. Is otherwise in good health, and of rather florid complexion. The upper lid of the left eye is a little swollen and discoloured, the edge everted and overhanging. Conjunctiva chemosed, pale red, and discharged purulent matter freely. The chemosis is not firm looking, and barely reaches the edge of the cornea, which is quite clear; has no deep-seated pain, and but very little in the lids; can see well: pulse 80, full, strong; tongue clean; bowels open; skin cool, moist; appetite good.

Mr. Guthrie ordered V. S. B. ℥xiv statim; Ungt. nigr. to be applied, and the eye well syringed after; middle diet.

R. Vin. rad. colch. gutt. xx, Tinct. aconit. gutt. xv. M. quartis horis sumend.

23rd.—The Ungt. nigr. was not applied until this morning. The chemosis is paler, and the discharge thinner, but the cornea is more hazy; no pain; pulse 70, soft. Pergat.

24th.—Very much better; discharge less, thinner, and muco-purulent; lids paler, and less swollen; chemosis diminished; cornea clear.

Rept. Colch., gutt. xl quartis horis; Lot. alum.

25th.—Much the same; can see very well; no pain. Colchicum is purging him a little.

Vin. colch., &c., gutt. xxxv ter die; Argent. nitr. gr. iv ad ℥iv.

26th.—Slept well; chemosis and redness very much less; discharge muco-purulent. Rept.

27th.—Improving. Pergat.

29th.—Chemosis quite gone; discharge scanty, muco-purulent; has sensation of grittiness in the eye; was purged freely yesterday by the colchicum.

Omit for to-day the drops and argent. nit.

30th.—Improving.

Rept. gutt., Aconit. et colch. ter die.

October 2nd.—Improving. Pergat.

Thomas Vincent, aged twenty, labourer, a fat, plethoric, country lad, admitted August 28th, 1845, under the care of Mr. Dasent; states that he has had gonorrhœa for some time, but thought, within the last week, that he had quite got rid of it. A fortnight previously to admission his left eye became inflamed, and after allowing it to continue so for two or three days, he applied to a medical man in the country, who treated him with cupping, bleeding (largely from the arm), lecching, blistering, and purging, but the eye became daily worse.

Present Symptoms.—The left upper eye-lid is of a dark red colour, very much swollen, and overhanging the lower; the discharge is copious and purulent; chemosis considerable, covering the greater part of the cornea, firm, and darkish red; cornea generally opaque, and sloughy at the upper and outer edge, where adhesion of the iris has taken place. He complains of very severe pain over the brow, and in the ball of the eye; his pulse is frequent (100), and weak; tongue brown, and furred; bowels confined. He feels the right eye stiff and uncomfortable; the palpebral conjunctiva is very much injected and granular, and the lower part of the ocular conjunctiva is also vascular; he does not see very well with it.

Lot. argenti nit. ℥ss ad ℥i oc. dext., gr. iv oc. sinist.; Pil. cal. et coloc. ij statim. Haust. Nigr. mane. Middle diet.

26th.—Passed a painful and restless night, but feels better this morning. Right eye much better; left easier, though not improved in appearance; the sloughing of the cornea has not increased.

In addition to the other remedies yesterday both eyes were frequently syringed, and kept constantly washed with the alum lotion.

Gr. x oc. dext.; gr. iv sinist.

27th.—He can see much better with the right eye, which feels more comfortable, and is not so vascular. The left has been very painful, and the discharge from it copious; chemosis not diminished; the state of the cornea is much the same. Pulse quick; tongue furred; bowels confined. The chemosis was divided in many places perpendicularly, and the bleeding encouraged by warm fomentation.

Mist. Purg. ℥ij secundâ quâque horâ ad alv. deject.

R. Liq. ammon. acet. ℥iss, Ammon. carb. ℈ij, Aquæ ℥v. M. ft. mist., sumat coch. ij mang., quartis horis. Omit gutt. ad oc. sinist.; gr. vi dext. Rept. lotio alum.

28th.—Experienced great relief from the scarifications; passed a good night; tongue cleaner; bowels well freed; says the eye is much less painful. The discharge is diminishing, and the chemosis is less and paler; the appearance of the

cornea at its upper and inner part is much more favourable. Right eye the same as yesterday.

Gr. vi dext.

The chemosis was again divided, and allowed to bleed freely. Rept.

29th.—Slept well; feels a great deal better; less pain; discharge diminished and thinner. Chemosis is subsiding, and does not now overlap the cornea, which is clearer at its upper edge. Right eye very much improved.

Gr. iv dext.; gr. ij sinist. Rept. lotio, &c.

Sept. 1st.—Right eye is nearly well; chemosis of the left is receding from the cornea, and is much diminished and paler. The inner part of the cornea looks clearer; the discharge is less and more mucopurulent; he has little or no pain in the eye.

Rept. Omit mist.

8th.—Right eye well; left, conjunctiva still chemosed and red, but very little discharge remains, and no pain; the cornea is much clearer over its whole surface. At the outer edge the prolapse of the iris has quite subsided, leaving the surface nearly smooth. He can barely distinguish anything passing between the eye and the light. General health very good; has been up two or three days, and went out for a walk to-day.

The gr. iv Lot. arg. nit. has been used daily, and the alum lotion. Pergat.

15th.—Has been going on remarkably well until to-day; has caught cold; conjunctiva bright red and swollen; cornea more hazy, and traversed by large red vessels; cannot distinguish light and shade so well. Iris is now seen much discoloured from effusion of lymph. General health good.

Mr. Guthrie ordered V. S. ℥xij.

16th.—Less redness and swelling of conjunctiva.

Pil. hydrarg. gr. iij ter die.

17th.—Vascularity rather increased, and cornea less clear.

Hirudines vi. To remain in bed.

18th.—His mouth is slightly affected by the mercury; the chemosis has entirely disappeared, but much redness of the conjunctiva still remains; the cornea is certainly more hazy than it was a week ago.

22nd.—Less conjunctival redness, but the cornea is becoming more vascular and opaque. Pergat.

26th.—His mouth is still slightly touched by the mercury; the conjunctiva is less vascular, but the cornea appears to be becoming more opaque. He says he can see his hand just as well as he could a fortnight since; pulse small, soft, weak; appetite bad; bowels regular.

To omit the pills, and have full diet, and a pint of porter.

Gr. iv Arg. nit.

30th.—Very much less redness; the cornea is a little clearer.

Omit Arg. nitr., gutt. Liq. plumbi instil. oculo. Pergat.

Oct. 8th.—Improving very slowly indeed.

Mr. Guthrie ordered that his temples should be well rubbed with soap liniment and a sponge every morning.

Muco-purulent Ophthalmia.

Emily Marsden, aged twenty-one, widow, was admitted, May 28th, by Mr. Dasent with mucopurulent ophthalmia of the right eye. Great deal of discharge; very extensive chemosis of the conjunctiva, principally of the lower part. Cornea sloughed at the upper portion; upper lid tumid; can see nothing with the eye; left eye sound. She is a widow, having lost her husband a fortnight ago. Has had very bad health since marriage; previously was very healthy. Had leucorrhœa about two months ago; has had nothing else the matter with her. She attributes the inflammation of her eye to catching cold about three weeks ago, and not having time to attend to it, through her husband's illness. Says her eye has been in this state for the last fortnight. She has a very pale face, slow pulse, and is very debilitated. Is regular.

Mr. Dasent divided the chemosis in a striated manner from the edge of the cornea, and then applied the solution Argent. nitr. gr. viij ad ℥i; full diet; porter a pint; Lot. alum.

29th.—Her eye is somewhat improved, she says; the chemosis is very much less, and discharge less; sloughing of the cornea has not extended further. She fainted yesterday when the chemosis was being divided. Bowels well opened.

Rept. gr. viij Argent. nitr. ad ℥i et Sol. alum., et dict.

30th.—Sloughing of the cornea extended further to-day; more discharge; chemosis the same; feels a throbbing pain in the temples and over the brow.

Mr. Guthrie removed a portion of the chemosis, next the cornea, with the scissors. To continue the gr. viij solution of argent. nitr. to the eye; same diet.

31st.—Is the same; complains of severe pain in the brow; cornea entirely sloughed at its upper portion.

Mr. Guthrie ordered V. S. ad ℥ xij.

June 1st.—Was much relieved by bleeding; fainted; the eye in the same state. To continue the drop.

2nd.—Is very weak; chemosis much the same; eye the same.

Mr. Guthrie ordered Quinæ gr. ij; Hydr. cum cretâ gr. ij.

4th.—Has been improving since taking quinine; chemosis subsiding; lid not so swollen; feels stronger and better; eye looking clearer.

9th.—Continues improving; is still taking the quinine.

15th.—There are some vessels running on to the cornea, and the cornea itself is very hazy and nebulous.

Mr. Dasent divided the vessels with the scalpel. Continue quinine.

17th.—Is much better. To have Liq. plumbi dropped into the eye.

19th.—Cornea getting clearer; was made an out-patient at her own request.

UNIVERSITY OF LONDON.

EXAMINATION FOR THE DEGREE OF DOCTOR OF MEDICINE.—PASS EXAMINATION.—1845.

Intellectual Philosophy: Examiner, Rev. H. Alford; Monday, November 24; morning, 10 to 1.

1. Give an analysis of Locke's Essay on Human Understanding, and state your own opinion as to the character and tendency of that school of philosophy, of which Locke is one of the exponents.

2. What, according to M. Cousin, are the principal faults in the Essay? Accompany the statement of each with remarks of your own.

3. State in full, Cousin's criticism on Locke's theory of cause and effect: and mention any other remarkable accounts which have been given by modern philosophers of the same matter.

4. Translate the following, giving a full explanation of the clauses in italics:—

"Je dis que, dans la question qui nous occupe, l'idée de la justice, l'idée de la loi morale, violée ou acomplie, est: 1°. *la condition logique* de l'idée du mérite ou du démérite, qui certes jamais ne naîtrait dans l'esprit, si préalablement n'était donnée l'idée du juste et de l'injuste. Or, Locke, après avoir confondu souvent la condition logique d'une idée avec *sa condition chronologique*, confond ici à la fois la condition logique et chronologique, d'une idée avec cette idée même, et même avec une conséquence de cette idée: car l'idée de peine et de récompense n'est qu'une conséquence de l'idée du mérite et du démérite; qui, à son tour; n'est qu'une conséquence de l'idée du bien et du mal, du juste et de l'injuste. qui est ici le principe suprême, au delà duquel il est impossible de rémonter."

State the decision of Locke respecting innate ideas, and the arguments by which he supports it.

5. What place do you assign to Bacon in the history of inductive philosophy? State, as nearly as you can in his own words, the objects which he proposed to himself in the Novum Organon: and give an account of its contents.

6 Does Bacon seem to you to have rightly apprehended the logic of the ancients? Justify your answer by commenting on the following aphorisms:—

"The common logic is better fitted to fix and establish errors, which are found in vulgar notions, than for searching after truth: so as to be more prejudicial than useful." *Aph.* 12.

"Aristotle corrupted natural philosophy with his Logic, in forming the world of categories or predicaments * * * and imposing numerous other fictions, at his own pleasure, upon the nature of things, being all along more solicitous how men might defend themselves by answers, and advance something that should be positive in words, than to come at the inward truth of nature." *Aph.* 63. 6.

Logic and Moral Philosophy: Examiner, Mr. Burcham. Monday, Nov. 24; Morning 10 to 1.

1. What conclusions can be drawn with respect to a moral government from the fact that man possesses a moral nature?

2. How does it appear that the notion of a moral scheme of government is not fictitious, but natural? What different methods have been used for proving the existence of moral government?

3. In what way does Butler consider the question of necessity? What are the arguments for the moral government of God which that question does not affect?

4. How does Stewart define *abstraction*? What are the principles upon which general reasoning proceeds? How have they been misunderstood by the Realists and Nominalists? What is the use of general terms as regards reasoning?

5. What are the principles of association enumerated by Stewart? Into what three, according to Hume, may they be resolved?

Case in Midwifery: Examiner, Dr. Rigby; Monday, November 24; Afternoon, 3 to 6.

Mrs. P., æt. 29, tall and slender, mother of three children, was delivered on the 3rd of a large male child after a very short and sudden labour.

The uterus contracted well for a short time, but relapsed again, and hæmorrhage came on; the placenta came away easily, and some secale cornutum was given. The uterus continued alternately to relax and contract for more than half an hour, in spite of the ordinary means for inducing uterine contraction, until the child was applied to the breast, when its contraction became permanent. This lady has had hæmorrhage from inertia uteri after every labour. The bowels had been well opened before labour and again on the following day.

6th. Was suddenly seized early this morning, after having complained of cold feet and general chilliness, with intense pain in the region of the uterus, which is hard and exceedingly tender, the pain coming and going in distinct intermissions. Pulse quick but number not stated; breasts beginning to fill. The abdomen was ordered to be covered with a hot linseed meal poultice, the uterus and vagina to be washed out with warm water.

℞ Hydrarg. chloridi, Pulv. Ipecac. co. āā gr. viiij
Mist acac. q. s. M. ft. Pil. ij. statim sumendæ.

Meridie. Pain very much relieved; nothing came away with the vaginal injection; has taken only one pill instead of the two, as ordered; pulse 120, weak; has slept comfortably; let her take the other pill immediately, and a Seidlitz powder every two hours until the bowels have acted well.

Vespere. Bowels have acted once copiously with much relief.

7th. Has repeated the Seidlitz powders without effect; has no pain of abdomen. Pulse 120.

℞ Hydrarg. chloridi gr. vj.
Pulv. Jacobi veri gr. iv. M. ft. Pulv. meridie sumend.

Vespere. Has had two large, offensive, unhealthy-looking evacuations. Pulse 116, soft.

Rep. Haustus Sodæ tart.

8th. Much better. Pulse 112, soft. Bowels relieved twice very copiously.

Rep. Haust. Sodæ tart.

Let her have a little beef-tea for dinner.

Vespere. Still better. Pulse 108. Bowels again copiously relieved. Evacuations more healthy.

She continued to improve steadily.

1. What was the nature of the attack?
2. What was the probable cause of it?
3. What were the indications for treatment, and were they properly followed out?
4. Could any means have been adopted for preventing this attack?

Case in Surgery: Examiners, Mr. Bacot and Sir Stephen Hammick; Monday, November 24; afternoon, 3 to 6.

"Mr. W. W., a gentleman farmer of a corpulent habit of body, in the forty-sixth of his age, now living in the parish of Udimore, within three miles

of Rye in Sussex, was attacked about eight years ago with severe complaints in his loins, accompanied with an incapacity of voiding his urine without the assistance of proper medicines, which were administered to him by a neighbouring apothecary for that purpose.

"These medicines had the desired effect. They promoted a secretion and an evacuation of urine; the urine was loaded with a considerable quantity of gravelly particles mixed with mucus of a whitish colour. In the space of three weeks he had perfectly recovered from this attack, and continued well for near five years afterwards, without any return of his complaint, except when he rode hard on horseback, or drank more freely of strong liquors than usual. At the expiration of five years he was seized with an acute fever, of which he recovered in a few weeks. Very soon after his recovery from this illness, he began to complain of excessive pain in voiding his urine, or in going to stool; these symptoms were so greatly increased for many months before he submitted to the operation, as to disable him from riding, from walking, or from using any kind of exercise, without aggravating his complaints; his urine was of late continually and involuntarily flowing from him in small quantities. He complained of great pain and soreness in his fundament, attended with tenesmus. This account he delivered to me on the second day after the operation; and at the same time very feelingly told me, that he had enjoyed but few and very short intervals of ease for the last three years till since the operation. Having first prepared him for the operation in the manner I usually do upon the like occasions; that is, by keeping the patient upon an abstemious diet, a week or ten days before the operation, by bleeding, if the patient be plethoric, by giving two or three purges of oil and manna at two or three days' distance from each other, and an oily purging clyster the night preceding the operation, or very early on the same morning of the operation. On the 30th of January, 1758, I cut him at his house in Sussex, and extracted from his bladder the four rough stones which I have now the honour of exhibiting to the Royal Society, and which, at your request, I have caused to be engraved, that this memoir might be made more complete and useful than it otherwise would have been. The surfaces of these four several stones appear to be rough, and have not the least marks of having rubbed against each other during their confinement in the bladder: but yet I conjecture this must have frequently been the case, as there was no difficulty in embracing these calculi with the forceps; for had they been contained in different cells or pouches, as has sometimes been observed from dissections, this circumstance must have rendered it impracticable for me so immediately to have got at them, if at all.

"The forceps was introduced three times only into the bladder for effecting the extraction of the first three stones, and twice only for the extraction of the fourth stone: besides the four stones which I have presented to the Society for their inspection I thought it not improper to produce at the same time some other human calculi for their further satisfaction; each of which was found single in the urinary bladders of different subjects: the surfaces of these stones may be observed to be much smoother than the surface of either of the four stones that were extracted from Mr. W.'s bladder in the operation I have just now recited; and therefore it was more reasonable to expect to find each of these stones accompanied with one or more stones in the same bladder (according to the generally received opinion), than it was to find more stones than one in the case of Mr. W., which has given rise to this observation; but as the fact before us does sufficiently show the impropriety and danger of absolutely determining from the surfaces of such extraneous bodies, I think it needless to enlarge upon this subject, to strengthen those precautions so reasonable to be attended to in this operation: however, as I have already taken notice of the smooth and polished appearances of the surfaces of such stones as are probably never found single in the bladder, I have produced two stones of this kind that were extracted from one and the same bladder, to show that these stones do no more resemble those stones of Mr. W. than a piece of polished marble can be said to resemble a rough block of the same species.

"Mr. W.'s wound was healed in seven weeks after the operation; ever since that time he has continued perfectly well."—WARNER'S *Cases in Surgery*, Case xlvi.

In commenting on this case, state the various methods of performing the operation of lithotomy that have been recommended and practised; mention the objections to and the advantages of each, and state to which you would give the preference, and your reasons for such preference. Detail the after treatment of the patient, and enumerate the principal dangers attending or following the operation, and the most usual cause of death when the case has a fatal termination.

Commentary on a Case in Medicine—Celsus de re Medica: Examiners, Dr. Billing and Dr. Tweedie; Monday, November 24; Afternoon, 3 to 6.

Case in Medicine.—W. H., æt. 38, of intemperate habits, applied for advice in the beginning of October, chiefly on account of headache and defective vision, which after appropriate treatment in a great measure disappeared in the course of fourteen days. Towards the end of the month he had hæmoptysis accompanied by difficulty of breathing and some degree of fever, which were removed by mild antiphlogistic measures, the hæmoptysis however recurring occasionally. In the beginning of November constant sickness and frequent vomiting came on, which after being for a short time arrested returned with some violence. About this period attention was drawn to the condition of the urine: it averaged in quantity about twenty-four ounces daily, was of a very pale colour, of the density of 1010 and slightly coagulable. Soon afterwards a constant tendency to watery diarrhœa manifested itself. In the middle of December he became somewhat drowsy, and in a fortnight afterwards anasarca made its appearance, and there were signs of hepatisation of the lower lobe of each lung with crepitation on the upper half of the right. These symptoms were somewhat relieved, with the exception of the protracted fits of vomiting, by the treatment employed. In the beginning of February the diarrhœa increased, accompanied with occasional attacks of more severe vomiting, his pulse became feeble and rapid, his countenance leucophlegmatic, and he complained of great exhaustion; but there was no difficulty of breathing, no anasarca, and the discharge of urine was copious, and of higher specific gravity. The diarahœa, however, continued to resist every remedy; the urine rapidly diminished in quantity; he became more and more exhausted, and died on the 9th February.

What do you consider to have been the nature of this disease? What morbid appearances would you expect to find on examination of the body? How would you have treated the case?

Translate from Celsus, lib. iii, cap 1, commencing "Provisis omnibus quæ pertinent ad universa genera morborum," &c., ending at "si quid paulum saltem juvat, quia profectus tempore expletur."

Medicine: Examiners, Dr. Billing and Dr. Tweedie; Tuesday, November 25; Morning, 10 to 1.

1. Mention the sources from which effusions of blood within the cranium may arise. Describe the anatomical characters of cerebral hemorrhage, and the changes which take place in the blood and cerebral tissue when the individual survives its immediate effects. Give the diagnostic symptoms of this lesion.

2. Describe the forms of hypertrophy of the heart. Give the general and physical signs of hypertrophy of the left ventricle. What are its more common causes and results?

3. Sketch the symptoms, causes, and treatment of chorea.

Afternoon 3 to 6.

1. Describe the various forms of periodic fevers, mentioning the duration of the apyrexial period, and of the paroxysm or fit in each variety.

2. From what causes may dropsy of the abdomen arise? How is it distinguished from other enlargements of this cavity? Describe its treatment.

3. Mention the causes and detail the treatment of infantile convulsions.

CEPHALHŒMATOMA.—Mr. Kesteven narrates a case of cephalhœmatoma, in which *la chirurgie expectante* led to a good result. He did nothing, and the tumour gradually disappeared.

TRANSACTIONS OF LEARNED SOCIETIES.

MEDICAL SOCIETY OF KING'S COLLEGE LONDON.

FOURTH SESSIONAL MEETING.

Thursday, Nov. 13, 1845.

DR. RAYNER, Vice-President, in the chair.

Mr. P. M. Duncan read a paper on Scrofula. He agreed with John Hunter in regarding hereditary influence as the main cause of scrofula. With Hunter, also, he agreed that it is the predisposition, or diathesis, and not the disease, which is hereditary; for while it is difficult to conceive that the morbid material of a disease can be transmitted from parent to offspring, or can be dormant in the system, we have in the hereditary transmissions of peculiar external forms and features, facts significant of the transmission of peculiar minute structure, and its necessary accompaniment, peculiarity of function, which constitutes what is called diathesis. The amount of peculiarity or aberration in the scrofulous diathesis does not appear to be, of itself, sufficient to give rise to the disease, but requires the co-operation of other causes, called exciting causes. The exciting cause of scrofula is cold, to which bad food and bad air are auxiliary. He considered that in the scrofulous diathesis, the hereditary aberration is in the absorbent system; and the exciting cause, cold, &c., being superadded to this congenital deviation, or having by virtue of it more effect than it has over this system when not aberrant, its normal function is so far interfered with, that the effete materials of the body are not duly removed, but, accumulating in the system, constitute the disease scrofula. This latter view is strengthened by the fact that scrofulous children are, prior to the commencement of the disease, remarkably well nourished, and have a vigorous circulation, for as the quantity of effete material bears an accurate proportion to the quantity of new matter deposited for nutrition, there would be in such instances a more rapid accumulation of effete matter in case of a failure to remove it on the part of the absorbent system. There are three stages of scrofula: first, that in which constitutional disturbance takes place; second, that in which inflammation and suppuration occur; third, the stage of colliquative sweats, hectic, and diarrhœa. He then enumerated the different diseases which it occasions in the various organs and tissues; among those in the skin he mentioned lupus and herpes non-exedens, and concluded with some remarks on treatment.

Mr. Rhodes thought that the author had overrated the importance of hereditary influence. The fact that the lower animals are liable to scrofula, when placed in certain unnatural situations (as monkeys brought to this climate), shows that it may be induced by external agencies alone in an individual who had no hereditary predisposition.

Mr. Arlidge remarked that the fact of scrofula being very frequent among tailors and printers, working in close, hot rooms, and among the monkeys in the Zoological Gardens when they were kept in a warm, yet close room, goes to prove that bad ventilation, rather than cold, is the cause of the disease.

Dr. Steele, hon. member, thought that carbonic acid was the main cause of scrofula. Goitre was not scrofula; it was caused by water that had passed through magnesian limestone.

Mr. Reid observed that the fact of brute animals being liable to scrofula does not tell against the opinion that it is an hereditary disease, unless it can be first proved that it is not hereditary in brutes. Indeed, Dr. Cummins has observed the disease in brutes in their wild or natural condition.

Mr. Nunn has seen enough of scrofula to induce him to believe that it was both hereditary, and could be induced in an individual not hereditarily predisposed to it.

Mr. Stevens said that the most important question with regard to the present discussion is, whether a disease induced by external causes in an individual can be transmitted by it to its offspring.

Upon this the hon. secretary, Mr. S. R. Pittard, observed that he had heard it stated at a former meeting of the Society, that there are hundreds of facts, especially in the progressive improvement of

the breeds of animals and plants, which go to prove that when external circumstances produce a peculiarity of form or structure in an individual living being, such acquired peculiarity is transmitted in a diminished degree along with the undiminished specific characters of the individual to its offspring; for if the improvement produced in a plant or animal by favourable circumstances did not extend beyond the individual, the maximum of improvement would be attained by the first-born, and bred under those circumstances; but such is not the case, and if a breed of animals or plants be continued under favourable circumstances, there is an improvement, progressive from parent to offspring, whereof the maximum is not attained for several generations. What holds good with improvement, holds good also with deterioration, and if external causes induce a peculiarity of structure, giving rise to disease, that peculiarity will be transmitted, though in a diminished degree, to the offspring, and will, like improvement, accumulate in a succession of generations.

Mr. Chance, hon. member, noticed that the absence of light has been considered by many to be a cause of scrofula. He does not agree with the notions of hereditary transmission of acquired characters brought forward by the honorary secretary.

November 20th, 1845.

Mr. A. SMEE, F.R.S., Vice-President in the chair.

Present Dr. Budd, President; Dr. Miller, Honorary Member.

Mr. Arlidge read a paper on alterations in the quantity of blood, and in the proportions of its constituents. He spoke first of anæmia, and afterwards of plethora. Though he includes under the head of amæmia a diminution in the whole quantity, or in the proportions of any of the constituents of the blood, the word anæmia is most applicable, or at least most generally applied, to a deficiency in the red corpuscles. The deficiency of red corpuscles is produced either by abstraction or destruction of those which already exist, or by arrest of the development of new ones; thus it is produced by the abstraction of blood, directly as by hemorrhage, or indirectly as by excessive secretion, as lactation or suppuration. They are occasionally disintegrated, as in excess of the watery constituents of the blood, where they are burst by the excess of the endosmotic current; or in certain diseases where there is a morbid solvent material in the blood. The development of the blood discs is arrested by insufficient quantity or bad quality of food, by absence of light and good air. Anæmia is present in the latter months of pregnancy; and very common, perhaps more common than in any other cases in the abnormal condition, called chlorosis, which is well known to be connected with a derangement of the uterine functions, and suppression of the menses; but whether the anæmia is the cause of the amenorrhœa or its effect, it is very difficult to determine; the success of the plan of treatment recommended by Dr. Simpson, and lately pursued by Dr. Todd, seems to prove that the suppression of the menstrual discharge is the cause, the chlorosis the effect. This plan of treatment is to abstract blood locally by scarifying the neck of the uterus. The physical signs of anæmia are a blanched skin, and a peculiar sound at the commencement of the aorta, and at the confluence of large veins; this last sound is always present when the proportion of globules in the blood is below 80 in 1000. The fibrine of the blood is sometimes diminished. The analysis by Dr. Budd and M. Andral of the blood in sea-scurvy, showed results directly opposite to one another; Dr. Budd found the normal proportion of fibrine, while M. Andral found it very deficient; M. Andral's analysis, however, was made in a single case, and his description of the symptoms rendered it very probable that this case was not a case of scurvy but of purpura, in which disease other observers have found a deficiency of fibrine. Sometimes, also, the blood is deficient in its albumen, as in Bright's disease; M. Andral regarded this deficiency as the cause of the consecutive dropsy, but the author consider this opinion open to doubt. Plethora, he showed, is not, as generally believed, a condition predisposing to inflammation.

Mr. Webb doubted the fact, that the quantity of red corpuscles is absolutely diminished in pregnancy; the quantity of fibrine is absolutely increased, which would throw the corpuscles into a smaller relative proportion.

Mr. Rhodes doubted the correctness of the author's statement, that anæmic persons may get fat.

Dr. Budd said that, certainly fat may be accumulated in persons whose blood is deficient in red corpuscles, chlorotic girls are often plump and fat, and sheep infested with flukes get anæmic, and fat at the same time in the commencement of the disease. He has a case at present under his care, which indicates that anæmia does not stand in the relation of effect to suppressed menstruation; a girl has not menstruated for six months, and yet is very plethoric. He feels certain that the case cited from M. Andral, was not a case of scurvy at all. The ecchymoses in scurvy are confined to the depending parts of the body, and are never seen in the conjunctiva, as in M. Andral's case. He has seen and treated hundreds of cases of scurvy. From the mode of diet of the French, it is extremely unlikely that a case of scurvy has occurred within these many years in Paris.

Mr. Wilson remarked, that Dr. Simpson's treatment was for amenorrhœa, not for chlorosis.

A conversation, then, ensued on the presence of pus in the blood, and the origin of pus.

REVIEWS.

A Treatise on the Use of the Sympathetic Nerve and its Ganglions, with their Influence on various Diseases of the Abdominal and Pelvic Viscera. By T. B. PROCTER, M.D. Illustrated with drawings. London: Samuel Highley. 4to. pp. 47.

This book contains some very able reflections upon the anatomy, physiology, and pathology of the sympathetic nerve. Many of the author's observations are based upon the researches and discoveries of the best anatomists of the present and preceding ages, and in so far show an excellent quality and extent of research; and many others, differing from established opinions, are suggestions of the author's own mind, and are clearly indicative that he possesses considerable originality as well as learning. The difference in the distribution of the sympathetic nerve, as compared with other nerves, is thus stated by Dr. Procter.—"All other nerves, for instance (when they do travel in the same direction with any of the arteries), appear to be content to pursue the same road together, without giving a solitary branch or fibre to their fellow-travellers, pointing out clearly that they have nothing in common, except perhaps destination, and that they are for totally distinct uses and perfectly unconnected with each other. Not so the sympathetic; this, on the contrary, clings to the artery so closely that in many places the latter appears to be absolutely surrounded by the nervous meshes and ganglia, the nerve watching, as it would seem, for every branch (small or large) that is given off by the artery, in order to furnish one also to fasten upon, and cling to the arterial branch unto its destination, entering into its coats in every direction, and pointing out, as plainly as it is possible to do, that their functions are closely connected, and, indeed, inseparable" (p. 4—5). In this statement there is nothing new, for Bell himself announced that the sympathetic nerve "is universally distributed to all parts of the body, and in this is its peculiarity;" but the remarks of our author are made with more emphasis and precision, and give us the idea of being likely to lead to more practical ends. The following passage, again, is one embodying a rare combination of philosophical and practical reflection :—

"The distinction between functional and organic changes, is not, as I am aware, allowed by some pathologists. They affirm that, in every instance of disease, some physical change must exist, however difficult of discovery; and it must be confessed that as regards the sympathetic, many changes may occur to its slender filaments and blood-stained ganglia, the detection of which may be next to impossible. But upon the whole it appears to be neither inconceivable, nor even surprising, that a nerve should lose its functions, or have its power increased, or suffer pain, without change in the structure of its particles, since even in inanimate nature many phenomena (viz., several magnetic and electric movements) are unattended (?) with any physical alteration in the substance through which their effect is recognised. In this view of the case, we readily perceive how the sympathetic may be the original source of many of those frequent diseases which are characterised by irregular action of the heart and arteries; that by rendering the movements of the blood tardy in particular organs, it may cause them to be atrophied or hypertrophied, as the case may be. The phenomena of old age are well expained by the supposition that the nerve is worn out; hence, the vessels being engorged and inactive, dropsy occurs; hence the arterial system loses its elasticity, and ossifications ensue; hence, also, everything that exhausts the powers of the sympathetic, tends to produce prematurely the same maladies and infirmities which characterise old age. Inebriation, gluttony, venereal excess, all operate primarily on organs that are supplied by the sympathetic. If (which there is no reason to doubt) the sympathetic follows the same law as other nerves, namely, that the more it is stimulated beyond nature, the more its powers decay—we shall expect, then, that the practices above noticed would destroy its power" (p. 18—19).

The work terminates with practical deductions and cases which excellently accord with certain of the author's physiological and pathological views. Though there are some opinions expressed with which our own do not altogether coincide, yet we are free to express a belief that Dr. Procter's book does him much credit, and will render science much service.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. LATHAM, M.D., Fellow of the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. In 2 vols. London: Longman and Co. 1845.

(Continued from page 216.)

ENDOCARDITIS.

In tracing the inflammatory affections of the heart and its membranes, Dr. Latham proposes to set up one pre-eminent sign for each disease, and direct his course by it. The pre-eminent sign of endocarditis is the endocardial murmur, and of pericarditis the exocardial. These sounds result only from the products of inflammation, so that they become diagnostic of that state, not absolutely, but concurrently with other signs, and with certain present states and conditions of the constitution at large.

"The endocardium becomes rough and rugged from various causes, and from inflammation among the rest; and the pericardium becomes rough and rugged from inflammation, and scarcely (as far as I know) from any cause beside. But, from whatever cause they become such, the endocardial murmur will have the same character in one case, and the exocardial the same character in the other. For in both cases the murmurs *alone* testify to the rough and rugged surface, and nothing more. But then the whole constitution is in a state of fever, and when the present disease, which it suffers, is such as has endocarditis or pericarditis for its frequent accompaniment, then should either of the murmurs, not heard before, all at once arise, it would proclaim inflammation of that membrane, to which it pointed, without a doubt.

"Thus, though the murmur *alone* would not mean endocarditis or pericarditis, yet all other symptoms put together would not be enough to make us sure of either one or the other *without* the murmur. But *with* the murmur a very few are sufficient to stamp the certainty of either."

Proceeding from these preliminary observations, Dr. Latham commences with the examination of the signs and symptoms of endocarditis, to the consideration of which, as we remarked in the preceding notice, the fifth and sixth lectures are devoted.

"Of all auscultatory signs belonging to the heart the endocardial murmur occurs the oftenest, and includes the most. It may result from any kind of injury sustained by the internal lining or valvular structure of the heart, which can raise an impediment

to the passage of blood. It may result from any kind of force, within the body or without the body, yet exterior to the heart, which is so brought to bear upon it as to compress its cavities. Such are spinal curvatures and foreign growths within the chest; and such is any thing of weight, or bulk, or active power, applied upon the præcordial region, sufficient to cause the sternum or the ribs to yield. And it may result from the altered quality of the blood, from anæmia.

"In studying these cases you must not expect to find the endocardial murmur its own sufficient interpreter. From simply listening to the murmur, and asking no questions, you will not be able to tell what it means. In the man, who a few days ago was seized with fever, being then in perfect health, it means one thing; in the man, who has been out of health for years, and has been long suffering dyspnœa and palpitation, it means another; in the man deformed from his birth, another; and in the pale chlorotic girl, with the feeble, frequent, jerking, pulse, it means another. Yet it is the same kind of murmur, the murmur simulating the sound of bellows, in all; and being the same, it cannot entirely explain itself—it cannot be its own interpreter. It requires aid from concomitant circumstances to decide its meaning in each particular case. The aid it needs is often very little; but that little it must have, and then it tells its story clearly and explicitly.

"Should it happen, when great heat and nervous excitement had been newly developed throughout the body, and when actual inflammation had recently become visible on external parts; should it happen that the endocardial murmur, well known never to have been present before, *then* arose for the first time; assuredly it would at once fix the seat of disease in the endocardium, and determine that disease to be recent and acute inflammation. Though there might yet be no pain, no palpitation, no direct symptom whatever referrible to the heart but the endocardial murmur alone, yet it alone would be enough to fix the seat, and, under the circumstances, the nature of the disease."

Endocarditis, which is now principally known as a concomitant of acute rheumatism, was formerly regarded as an exceedingly rare disease, and the knowledge we now possess of its more than comparative frequency, is derived from the cultivation of auscultation. The endocardial, or bellows' murmur, was, for some time after the stethoscope came into use, regarded as one of the signs of pericarditis, and although it had been previously ascertained by Dr. Latham that when in acute rheumatism the bellows murmur occurred alone, the affection of the heart was, upon the whole, far less severe, and far less perilous to life, than when some other unnatural sound occurred alone, or in combination with it, it was not until after Bouillaud had conducted his researches into the cause of the endocardial murmur, and had examined several bodies after death, in which, during life, this sound had been heard, that the disease was found to be inflammation of the endocardium.

The other sound which occasionally complicated the endocardial murmur, was about the same time traced by Dr. Watson and Dr. Stokes, to the pericardium, and found to possess the character of attrition, as if produced by surfaces moving to and fro, and upon each other, the condition of their production being a defective lubricity, or a ruggedness and unevenness of that membrane, such as would result from inflammation.

"In endocarditis, besides the endocardial murmur, there may be other symptoms present directly referrible to the heart, or there may not. There may or may not be pain. There may or may not be an excessive impulse, or an intermittent, irregular, or fluttering action of the heart. But the fact of endocarditis is not rendered more or less certain by their presence or absence.

"There may be both pain and palpitation; yet endocarditis cannot be surely inferred to exist, unless there be the endocardial murmur withal.[1] There may be neither pain nor palpitation, yet endocarditis cannot be inferred not to exist, if the endocardial murmur alone be present.

"Seeing, then, that the endocardial murmur alone can determine the existence of endocarditis, you are required to search after it in every case of acute rheumatism. I say emphatically *to search after it*, because it is one of those signs which must always be sought before it can be found. It does not intrude itself upon our notice like palpitation, or an irregular pulse. The patient does not draw our attention to it as he does to pain. The physician must make it out entirely for himself. And indeed it is infinitely important that he should have the earliest possible notice of it with a view to the earliest possible application of the remedy.

"Never omit, therefore, to listen to the præcordial region whenever you visit a case of acute rheumatism, and visit a case of acute rheumatism oftener perhaps than you otherwise would do merely for the sake of so listening. All may seem to be going on well. The general symptoms may be far from severe. The chest may be free from pain. The heart's action may not awaken suspicion by its force or irregularity. Nevertheless, its internal lining may be inflamed, and if you listen, the endocardial murmur may convey the momentous fact to your ear."

Although the natural sound of the heart is commonly changed into the genuine endocardial murmur without notice or prelude, the commencement of inflammation is in some cases indicated some hours prior to the advent of the endocardial murmur, by an unnatural prolongation or roughness of the systolic sound. When this is heard in cases of acute rheumatism, Dr. Latham invariably has at once recourse to the appropriate treatment for endocarditis, without waiting for the occurrence of its pre-eminent sign. This change in the systolic sound, however, requires a practised ear for its detection.

"The murmur may be heard at the apex chiefly, or at the base chiefly, or in both situations equally. It may, moreover, be heard in the course of the aorta and of the carotid arteries; or in the course of the pulmonary artery, and not in the aorta, or in both simultaneously; thus denoting that the seat of the inflammation may be either in the auriculo-ventricular valves, or in the semilunar valves; either on the left side of the heart or on the right, or on both sides at the same time."

The endocardial murmur is sometimes the only sign which can be discovered as indicative of inflammation of the lining membrane of the heart, and when that is the case, the requisite treatment may still be safely adopted.

"Often, however, it does not stand alone. Other symptoms directly referrible to the organ are superadded; pain and anguish of various degrees and kinds, excessive impulse, intermittent, irregular, faltering, fluttering action of the heart."

Each of these symptoms has its value. The pain and anguish referred to the heart, and its disturbed and embarrassed actions assist in the estimation of the degree of inflammation and its attendant peril. If precordial pain accompany the change in the duration of the systole of the heart, and the occurrence of roughness of its sound, it should be at once acted on, even before the endocardial murmur is heard. By so doing, a day may be gained in the treatment, and thus, says Dr. Latham, the disease may be perfectly cured, which otherwise might have been only half cured.

If the precordial pain do not occur until after the murmur indicating the presence of inflammation has been discovered, its value, as regards treatment, will be *nil*, but, as was said before, it will still serve as a guide to the amount of the disease, and the peril of the patient.

"In endocarditis some patients say nothing of any pain they suffer until they are asked about it, and others complain of it unasked; while there is nothing in the countenance of either that tells you that they are suffering pain. Pain of this amount need not disturb your calculation of the result.

"Others at once betray their pain by the countenance; and being questioned about it, will speak of an indescribable anguish, which they refer to the præcordial region. This is its centre, and hence it radiates; but it has taken possession of the whole nervous system. Now, pain or anguish of this kind (call it what you will) deserves to be taken into serious account. It denotes that the disease has already got the springs of life within its grasp, and that going on to increase it must kill."

The baffled and disturbed actions of the heart are also to be taken into account. There will be excess of impulse and intermittence of action. The former is a very common symptom; the latter more rare; but neither are to be much dreaded, as they will subside under early and efficient treatment. If, however, the case be neglected, they will be changed into disordered actions of another kind, and of formidable import; the excess of impulse passing into extreme feebleness of contraction, and the rare intermissions into small, unequal, irregular flutterings.

"By the time the movements of the heart are brought to this condition, that dreadful præcordial anguish, which has been described, has already appeared; and presently the whole vascular system, and the whole nervous system, and every organ and every function which supports life, are baffled and overwhelmed. Then come orthopnœa, and lividity, and threatened suffocation, and impossibility of sleep, and collapsed features, and jactitation, and delirium, and death.

"In this manner may endocarditis, announced and specially characterised by the endocardial murmur, and marked in its progress by one bad symptom after another, run on rapidly to a fatal termination."

Such a result Dr. Latham has never seen, but it has occurred in the practice of others, and he has himself observed a state of things which manifestly tended towards it.

Dr. Latham is led to conclude that the endocardial murmur bears, in different cases, a different relation to the actual stages and progress of the disease—a fact which, he remarks, if it be true, must have important practical bearings.

He believes, then, "1st, that in some cases of endocarditis the murmur is coincident in point of time with the very commencement of the inflammation; 2dly, that in some, and those the most frequent, cases it does not arise until the inflammation is somewhat advanced; 3dly, that in some, and those the least frequent, cases it does not arise until the inflammation is on the decline, or has actually ceased."

In the first of these three divisions the endocardial murmur marked the beginning of the disease; in these cases prompt medical treatment were oftenest successful, and in these, more than any other, the murmur altogether ceased under the use of remedies. The second class consisted of the majority of cases, and in this, while there were some instances of a perfect cure, there were many more in which it was imperfect, that is to say, the murmur was not removed. In these cases an interval of from one day to a week was apt to elapse between the first appearance of such symptoms and the subsequent accession of the murmur. The third set of cases were few in number, and the symptoms of endocarditis were either very slight, and had yielded to slight remedies, or no such symptoms were either noticed or treated at all. In these cases the murmur was persistent.

From these facts we are enabled to estimate the real value of the murmur as a sign diagnostic of inflammation of the endocardium, as a guide for its treatment.

"Its value must vary exceedingly in both respects, according to the period of the inflammation at which it becomes audible. When the murmur is itself the first symptom, or among the first symptoms, of endocarditis, then it has its highest possible value both for diagnosis and treatment. It makes us sure of the disease as soon as it begins to exist; it makes us bestir ourselves for its cure when it is most within reach of a remedy.

"But when the murmur is not audible until the endocarditis is considerably advanced, and until it has already been preceded for some days by other symptoms, doubtless it is still diagnostic of the disease, and is still a guide to its treatment; but its practical value in the individual case is diminished. For, now, did we wait for the murmur to tell us what the disease is, and how to treat it, it would inform us indeed at last with more certainty than

[1] "I do not say that it would not be fairly suspected, and that it would not be right to act as decidedly upon the suspicion in such a case as upon the matter of fact. It certainly would."

any other sign; but we should come in with our knowledge and with our remedies when they were too late. But we do not wait. Our experience of the frequency with which the murmur follows such and such symptoms referable to the heart, arising in the course of acute rheumatism, makes us regard them as its sure precursors, and makes us act as if it were already present, and begin the treatment of endocarditis while it is yet not quite certain whether the disease be endocarditis or no. Here the value of the murmur is indeed very great, in a certain point of view. It value is not shown by the use we make of it for the diagnosis and the treatment of the very case in which it occurs, but by the use we make of our foregone experience of it in other cases, which we are now turning to such eminent profit in this. The murmur, when it at length arises in the individual case, only serves to show that the conjecture which we formed from the more equivocal symptoms, concerning the existence of endocarditis, was right, and that the treatment instituted upon that conjecture was right also.

"Further, when the murmur is not audible until the endocarditis is on the decline or has actually ceased, it is of no use whatever, either for the diagnosis or treatment of the disease as an inflammation. The inflammation is gone by, and the murmur denoted nothing about it during its progress. But it is diagnostic of its effects, which remain and are permanent. Whatever use and interest it now may have, they belong to it as marking the commencement of a series of pathological changes which are yet to come; for it ascertains beyond a doubt the time, and the nature, and the seat of the first rudiments of disorganisation, which will in the end probably involve the whole heart.

TO CORRESPONDENTS.

A. W. W., Shrewsbury.—*We think the subject of penny clubs had better be allowed to die a natural death. No good can possibly accrue to the gentleman alluded to in our correspondent's letter by again bringing the matter before the profession.*

Dislocation of the Wrist.— *We beg to thank several correspondents who have sent us cases of this nature. We are far from supposing dislocation of the wrist to be impossible, but, at the same time, it must be owned that it is exceedingly rare. Many cases of fracture of the lower end of the radius so much resemble true dislocation of the carpus, that the diagnosis is almost impossible without actual dissection.*

R. C. *mentions several cases in which the endermic use of croton oil produced erysipelatous eruptions in parts of the body untouched by its application. We believe these cases to be by no means uncommon. Our correspondent has our thanks.*

A Governor of the Salisbury Infirmary.— *The proceeding alluded to is certainly strange enough. Beyond this we cannot notice our correspondent's letter, unless authenticated by his name and address. We are deluged every week with anonymous communications respecting hospitals and hospital proceedings, which we make it a rule never to notice.*

Gout and Hypochondriasis *are respectfully declined.*

Dr. Lewins *on the* University of St. Andrews *shall appear next week.*

A Governor of the Westminster Hospital *is inadmissible for reasons given above.*

Chemicus *asks whether carburetted hydrogen can be obtained artificially by mixing together forty parts of crystallised acetate of soda, forty parts of solid hydrate of potash, and sixty parts of quick lime in powder, and applying a strong heat.*

The formula is:—

Acetic Acid.....	$C^4 H^3 O^3$	} =
Water	$H\ O$	} =
	$C^4 H^4 O^4$	
Carbonic Acid, 2 eq. ..	$C^2 O^4$	
Carburetted Hyd. 2 eq.	$C^2 H^4$	
	$C^4 H^4 O^4$	

We think that a subscriber, *in the case stated to us, unless some special contract can be proved, cannot recover.*

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THE MEDICAL TIMES.

SATURDAY, DECEMBER 13, 1845.

Quousque tandem abutere, Catilina, patientia nostra.—CICERO.

THE Medical Practitioners of this country are experiencing, on a small scale, that sort of calamitous demagogueship that ever displays itself in one form or another during epochs of extraordinary importance. In the high principled and gentlemanly (why offend our pages with his name?) we have a medico-political nuisance of no ordinary offensiveness—one that will annoy, if he cannot ceaselessly obstruct, the road to improvement. The support of some men, and the tolerance of others, through years allowed him to obtain in the profession a position discreditable as prominent, but not, therefore, without a kind of influence. With his bread, he won also a prescriptive title to intermeddle; and years of unpunished, nay, half rewarded audacity, at last seduced him into the thought that he was so far, at least, of professional consequence, that honourable men would prefer the ignominy of his co-operation; to the nuisance of his opposition. Foolish man!—blind to the nature of his repute! The Committee of the National Association had but one course in the dilemma. At any hazard they saved their institution from the calamity of his connection. We will not weaken the result of such a resolution by dilating on the conviction which must have sustained seventy-two gentlemen, moving in high and unsullied society and anxious for quiet at any honest price, to reject with scorn the insulting proposal of his aid, and dare the degraded mountebank to do his worst!

He has done his worst; and though with him that worst is much, and though months have witnessed the proofs of a fury almost demoniacal, the Association is as strong, as influential, as successful, as ever! The only metropolitan association not encumbered with his help, it has been the only one that has flourished!

We need not pain honest men's emotions by entering afresh on the narrative of this person's plotting cabals—his mock and disgraced meetings—his publication of forged letters, and proved and self-acknowledged falsehoods—his miserable efforts to throw among honourable men the brand of distrust and disunion—and unceasing efforts to malign and annoy them in their honourable aspirations after the improvement of the profession. We have watched the man's course of unprincipled assault and vituperation with wonder. We cannot comprehend the heart (how mean?) nor the mind (how contracted?) which could be urged by the mortification of a miserable vanity to such pertinacious lengths of calumnious injustice—to such sustained deliberativeness of almost fiendish malice. Common sense, as well as decency, is outraged by the malevolent enormities this miserable man has, week after week, been inventing and uttering against the most respectable organisation of medical men England has ever seen! To out-Herod Herod are weak words as words of description; the thing is utterly incomprehensible. It is fanaticism exceeded—lunacy out-maddened!

A recent outburst of this preposterous infatuation—this madness with a method in it—has extorted, we see, from the National Association the reprobatory notice it so justly merited. We almost regret that they condescended to brand baffled malice, but it is yet something to have on permanent record how a body of honourable men feel it necessary to speak of that low specimen of humanity who, by some odd legerdemain of the world's politics, has found himself, like Shakespere's Christopher Sly, in so alien a position as that of a senator and magistrate. We give their resolutions unanimously adopted:—

"That although this Committee have hitherto abstained from noticing the *unfounded and scurrilous attacks* which have from time to time appeared in the *Lancet*, yet, in consequence of the recent attempt to hold up to unmerited obloquy the character and conduct of the Deputation appointed by the National Association to confer with the Government on the subject of Medical Reform, they consider it due to their venerable President and the other esteemed Members of the Deputation to assure them that the Committee entertain the most unqualified and unabated confidence in their judgment, discretion, integrity, and zeal, and a firm conviction that their independent conduct in the arduous negotiations committed to their care entitle them to the respect and gratitude of the Profession at large.'

"The Committee cannot help expressing *their indignation* that an attempt should have been made to separate the Honorary Secretaries from the other Members of the Committee—every document in the transactions of the Association to which the names of those gentlemen have been appended, having been previously adopted by the Committee, or by the Sub-Committee, and having been printed and circulated by their order."

"The Committee beg also to express to those gentlemen their most cordial thanks and unfeigned personal regard, and to record their opinion that the late attack upon them has proceeded from *personal pique, disappointed vanity,* and *a malignant desire* to destroy the harmony which has so happily prevailed among the Committee."

What, then, shall be done with this man of "scurrility," this inventor of "unfounded attacks" on the peace and good fame of well-deserving medical practitioners—this M. P. that excites "indignation" among gentlemen by vile artifices after disunion for the injury of honourable opponents—this Coroner who attacks the personal character of worthy individuals who possess their neighbours' esteem, and by Machiavellian tricks—the result of "pique, disappointed vanity, and malignancy"—tries to promote uncharitableness and ill-feeling at a critical moment throughout a profession? What are we to do with him? For our parts, we confess the nuisance is growing too great to be much longer tolerated. It must be abated by a vigorous step. We suggest to the Association, immediately that a declaration from their constituents be prepared, in which the universal opinion of the Profession on this political impostor be recorded, with a strong demand that he no longer distract, disturb, or afflict the Profession by the prolongation of his *quasi* connection with it. The publication of such a document would teach the public what this eccentric specimen of mischievous activity adroitly conceals

from it, and bring him to the level his qualities have prepared for him. Once there, his ravings might psas unheeded as the idle winds!

"This chemistry, that I have discoursed upon, doth not consist only in the sublimation and solution of metals and minerals, to the discovering of their natures and reactions; but it hath a wider range, even to the touching upon vegetable and animal bodies. And we are not without a hope, that some day or other, that most useful science of physic will receive much aid from the subtle expositions of chemistry."

DE VERNEY.

WE concluded our last article on chemistry, with the observation that it is not only indispensable to pharmacy and therapeutics, but that it further aids the practitioner of medicine by the more direct suggestions which it offers for the diagnosis and treatment of disease. We are daily advancing towards a rational system of humoral pathology, and in this most desirable progress we derive an invaluable assistance from chemistry. The humoral pathology of the ancients, though vastly creditable to their ingenuity and philosophical acumen, was yet faulty in its very foundation, from the absence of those elementary truths upon which alone its speculations could be safely based. Hence its many beautiful theories, not in themselves inaccurate as processes of reasoning, were continually being exploded, because of the insufficiency of their data. And thus, the grand design of this elegant system of pathology was first ridiculed, and finally reprobated, not that its *principles* were erroneous, but that its *facts* were faulty. It fell, in short, for the very reason that many other philosophical systems have fallen—because its advocates, impressed with a supreme sense of its propriety, were regardless how they supported it by the realities which were to be the demonstrative tests of its truth.

The opposite is the plan which is regulating the revival of the humoral pathology. Its facts precede its theories, and suggest them; and thus, though here and there we may find an error in the architecture, we are perfectly satisfied that the foundation is well laid. Our great basis is truth, and we receive nothing, which if not proved to demonstration, is yet liable to be objected against. These truths are mainly the gift of microscopical and chemical research. Daily are they adding to our store of knowledge, and we look from these, our present possessions, to others that are to come, in the hope of finally seeing medicine classed among the exact sciences.

Chemistry lends its aid to us by *directly* and *indirectly* leading to the cure of disease. That is, on the one hand, it acquaints us with the particular remedy that may be indicated, and on the other, so directs our pathological inferences, that both diagnosis and treatment are necessarily advantaged thereby. Suppose a man, after an indigestible meal, feels a burning sensation at the pit of his stomach, gradually extending up his gullet; that this pain at last increases to actual spasm, so that he writhes in agony; but, vomiting the food and some fluid which he describes as intensely sour, feels himself much relieved. After a time the pain comes on again, and the torture of that burning becomes insupportable, and the acid eructations "scald," as patients call it, the mouth and throat. A practitioner ignorant of the particular condition giving rise to the local distress, might at hazard prescribe a remedy that would afford some relief. We have known a strong dose of laudanum administered in such a case, and with considerable benefit; and we have known half an ounce of brandy swallowed, and not without some advantage. But we have frequently seen the first remedy fail, and have more than once known the latter do serious mischief. At the best, however, such treatment is thoroughly empirical; for without at all considering what may be the cause of the pain, this, simply, is prescribed for, altogether irrespective of the circumstances giving rise to it. It is possible that, in such a case, this palliative treatment might do much harm, because an opiate, by blunting the sensibility of the stomach, might thus render the organ a prey to the action of the acrid materials within it, by depriving it of the power and tendency which it would naturally have to expel the offending ingredients. However this might be, the practice could not be sanctioned upon scientific grounds, because, in the philosophy of our business, we are taught to administer to *causes* and not to *effects*. Now, in a case like the one we have named, the accomplished practitioner sees, in a moment, the source of the trouble. Physiology informs him, that, when substances fail to digest in the stomach, they ferment; and that, not only is this a direct originator of acidity, but that the very irritation caused by the fermenting material produces an undue amount, and an unhealthy kind, of gastric juice. It further tells him, that the stomach, rendered morbidly irritable and sensitive, by a perversion of its normal function, is agonised by the action upon it of any stimulating material. The natural inference, then, is, that the immediate source of pain or spasm is the acid. Acting upon this belief, a good dose of carbonate of soda, or potash, is given, and is almost immediately followed by loud and prolonged eructation of gas; the pain ceases, the stomach feels comfortably cool, and the trouble is at an end. Here, by a simple remedy, the suggestion of chemistry, is instantaneous relief afforded in a case which would be likely long to resist an opposite mode of treatment. It is related, as an instance of the honesty of Dr. Baillie, that, being consulted by a gentleman of some consequence for a troublesome ailment which did not yield to remedies, the Doctor advised that his patient should have another opinion. This was repeatedly urged, and was repeatedly resisted, until at length importunity prevailed, and a second physician was applied to. By a happy change of medicine, he effected in a few days what had defied Dr. Baillie's skill for months to accomplish. The fortune of the successful man was made from that moment. We are not quoting this as an instance of one practitioner's skill over another—it is much more than probable that Dr. Baillie was infinitely the better man of the two—but as showing what trifling circumstances may turn the scale in favour of popularity. It may happen that a particular kind of knowledge is the hinge upon which this luck turns, and therefore it is, that the practitioner is best armed who is armed at all points. A case in illustration, and bearing upon chemistry, occurred to our observation not very long ago. A gentleman, the subject of severe dyspepsia, had been attended by a medical man for some time, but with little or no benefit. Steel, bark, quinine, and other such things, had been given to no purpose, and various palliatives that were administered, answered only for a time, so that at last the case was deemed almost hopeless. It was agreed, however, for satisfaction, to have another opinion, which was obtained accordingly. The second adviser, on seeing the patient's tongue very red, and learning that he had the peculiar taste in his mouth denoting a morbid acidity of the saliva, and suspecting that such might be the character of this secretion, tested it, and found that it reddened litmus paper strongly. He therefore directed his remedy against the particular pathological indication, and ordered a carbonate of alkali, with simple bitter infusion. It relieved the patient directly, and in a few days he was well. There was no signal merit in the discovery, or in the directions consequent upon it, but the case shows strongly what simple, yet serviceable advice, chemistry can give us in certain of our bed-side obligations. But to show how necessary *correct chemistry* is to the investigation of disease, we may mention a somewhat parallel case occurring in the practice of a gentleman not unknown to the profession. He was called to a dyspeptic patient, and finding his saliva strongly acid (as he thought), prescribed accordingly. He gave large doses of alkalies, though an ammoniaco-magnesian phosphate was abundantly deposited from the urine. In spite of the remedies, the patient became worse, both in his dyspepsia and in the disorder of his urine. Another opinion was then asked, and, during the examination of the patient, the senior medical attendant demonstrated to the junior how strongly acid was the saliva. The latter, however, suggested, on seeing how the former handled the test paper, that the acid reaction upon it might be owing to the acid perspiration of the operator's fingers. Accordingly, on trying the patient's saliva after a more delicate plan of manipulation, it was not only found free from acidity, but that it was more than ordinarily *alkaline*. A bitter infusion was given, with nitric acid, and in a few weeks the ailment of more than twelve months past was completely relieved. In this case, again, chemistry was the sole guide both to diagnosis and treatment. The practitioner first consulted was quite correct in his outline of investigation; but he failed in one of its items, which being corrected by the second adviser, because of his better chemistry, the patient got well, and the stranger in the "family practice" got the lion's share of the credit. Take, again, a case of scrofulous ophthalmia, not excessively severe, but yet attended with excessive redness of the eyelids, loss of their lashes, and excoriation of the parts over which the tears trickle. The chemistry of modern pathology tells us, that in many of these cases the liquid of the lachrymal gland is strongly acid, and therefore suggests to us, first, the diagnosis, and then the remedy. Accordingly, it is found that, in many of the cases of scrofulous ophthalmia attended with cuticular excoriation, one of the best remedies is a weak alkaline solution applied to the eyes several times a-day. To take a more simple illustration of the value of chemical science in our profession, we may mention the popular ailment, toothache. It occurred to a practitioner one day, after having tried in vain many remedies for the relief of this painful affection, that the decomposing material in a hollow tooth might be acid. He examined it, and in the majority of instances found that such was the case. He next inferred that this acid would not only favour the further decay of the teeth, but might also be a considerable cause of suffering. Acting upon this suggestion, he tried liquid potash in cases of toothache, and in a vast many instances effected a cure. He then advertised a nostrum, consisting of *liquor potassæ* and laudanum, as a specific in toothache, and realised a comfortable independence by it and its auxiliary profits.

To finish this division of our article, we may mention a case lately occurring to our observation, in which a practitioner was called into consultation on account of a patient who was suffering from an unhealed blister. The abraded surface was as large as the crown of a hat; fiery red round its margin;

discharging ichor from its centre; and excessively painful. It had resisted all remedies, local and general, for above a month. The physician, on seeing the wound, tested its effused fluid, and found it strongly acid. He immediately advised the discontinuance of unguents, and ordered a dressing of water mildly alkalised. Under this treatment the blister healed in a few days.

WESTMINSTER HOSPITAL PROCEEDINGS.

We possess a full report of the extraordinary investigation at present taking place at the Westminster Hospital, and after the close of the proceedings, shall place before our readers a fair recapitulation of the facts. At present we withhold our report at the especial request of the governors, who are unwilling that an incomplete statement should be promulgated.

MR. SYME AND THE UNIVERSITY OF EDINBURGH.

To the Editor of the Medical Times.

Sir,—The following is the copy of a letter which I addressed to the editor of the *Medical Gazette* in answer to Mr. Syme's communication, referred to in the *Medical Times* of November 29th. Have the goodness to give my reply a place in your publication of this week, and oblige

Your's, &c.,

Robert Lewins.

To the Editor of the London Medical Gazette.

Sir,—As the "writer" referred to by Professor Syme, I beg to be allowed to make a few brief remarks on his extraordinary production which appeared in the *Medical Gazette* of November 21st.

It is surely an odd fancy of Mr. Syme's to imagine that he was called on to come forward as the champion of Lord Jeffery. His lordship's conduct was not censured by me, except, perhaps, for complying too readily with the illegitimate wishes of subordinate agents. But since Mr. Syme thought proper to volunteer his services in behalf of the former Whig Lord Advocate of Scotland, he might, I think, have adopted a more rational mode of defence than that of transferring the lucubrations of nameless political partisans from the pages of liberal (so called) newspapers[1] to the columns of a medical publication—lucubrations, too, which actually confirm the charge which Mr. Syme is so anxiously solicitous to refute. I leave it to you, Sir, and to your intelligent readers, to decide whether or not Mr. Syme himself has furnished conclusive evidence that he got his professorship by purchase, or if chicanery was or was not practised in negociating the transaction which placed him in his chair.

There is no parallel between Mr. Syme's case and the cases of the other professors to which he refers, as he has himself demonstrated. "In recent, as well as in modern times," says Mr. Syme, "on various occasions, the patrons have appointed professors under arrangements precisely similar to the one here denounced as standing alone in the history of the university." In that statement Mr. Syme is unquestionably mistaken. "Since my appointment," he adds, "the chairs of logic, practice of physic, institutes of medicine, and chemistry, have been vacated by the respective occupants on condition of receiving from their successors allowances of from £100 to £300 a-year." Notwithstanding these encumbrances there have been keen contests by candidates of acknowledged excellence, which was precisely what was *not* the case for the chair of clinical surgery, in consequence of the arrangements made by the late professor, and those who dispensed the medical patronage of the crown in Scotland in 1843.

The complaints made were, not merely that the chair of clinical surgery was encumbered, but encumbered to such an extent as to prevent candidates of acknowledged excellence from competing, and that Mr. Russell was empowered to select the individuals who should be allowed to enter the lists as candidates—those who, in Mr. Syme's phraseology, "might be supposed to have views to the chair."

One aspirant fully competent to do honour to the chair, who was let into the secret, informed me that he could not afford to comply with the terms Mr. Russell had been authorised to impose. Another declared, in more emphatic language than it would be quite proper to record, that he would not give the late professor one farthing, either in the way of annuity or otherwise, to induce him to resign. The gentleman referred to, a very old friend of my own, manfully announced his resolution to obtain the chair, if at all, by his qualifications and claims—claims which were, by the profession in general, considered irresistible. He was at the time, by common consent, allowed to be the first surgeon in Scotland, if not in the United Kingdom. He had been for years the senior surgeon of the Edinburgh Royal Infirmary, and had delivered *eight* courses (I think *eight*) of lectures for the late Professor Russell to very numerous classes of students.

For my own part, writing with the view of disproving calumnious statements regarding the patrons, the professors, and the students of the University of Edinburgh, it was with pain and regret that, as a faithful historian, I was compelled to censure the proceedings referred to. I should have been delighted to find that the opinion entertained universally, I may say, in regard to Mr. Russell's resignation, and Mr. Syme's appointment, had been an erroneous one, and happy to promulgate its fallacy; but, alas! all that has transpired tends only to prove that there *were* circumstances connected with the matter under consideration which cannot be justified. Be it remembered, however, that the appointment deprecated, and the proceedings therewith connected, took place under the auspices of a minister, who was too much of a Sardanapalus to take the trouble of considering the qualifications, or of weighing the claims, of candidates for a medical professorship in a Scotch university.

With regard to the remarks made by Mr. Syme, and his quotation from a publication entitled "Refutation of some Misstatements respecting the University of Edinburgh, as to the Chair of Clinical Surgery being made an imperative one." I have only to say such remarks were quite uncalled for at this time. I never questioned the propriety of that measure, being of opinion in 1833, as I am now, that *all* medical students should study clinical surgery in the wards of the hospital, and attend the lectures of the professor on the cases afterwards.

In conclusion, permit me to state that my humble efforts in vindication of the far-famed University of Edinburgh,[2] of her distinguished professors, and her industrious students, although, unfortunately, not entirely agreeable to Mr. Syme, have been pronounced "candid," "impartial," and "triumphant," by writers on both sides of the Tweed, fully competent to form an opinion on the subject.

I have the honour to be, &c.,

Robert Lewins, M.D.,
Fellow of the Edinburgh Royal College of Physicians, and late Censor.

Tiverton, December 1st, 1845.

[1] The *Caledonian Mercury* newspaper, and Mr. Syme, inform us that the late Professor Russell gave in a petition to government praying to be allowed to resign, his successor being bound to pay him £300 a-year during his life, in consideration of his having established the class, having taught it for *forty-six years*. What was meant by establishing the class Mr. Russell said not, and the Premier of the day, easy man! did not inquire. The fact is that the chair of clinical surgery in the University of Edinburgh was not called into existence until 1803—thirty years *only* previously to the time when Mr. Russell prayed to be allowed to resign on the terms stated above.

[2] O. P. Q., the writer to whom I was opposed, presumed to sneer at the above correct expression in regard to the University of Edinburgh. In the following extract from an interesting memoir just published, "on Physic and Physicians in Brazil," by my esteemed and talented friend, Richard de Gumbleton Daunt, M.D, and late honorary secretary to the Parisian Medical Society. We have gratifying proof of the peculiar propriety of the expression, and comfortable tidings to the redundant medical population of this country, especially to those who are graduates of the University of Edinburgh. "Foreign medical men have equal rights with the natives; but on arriving must present their diploma at the school, and undergo an examination either in Latin, French, or Portuguese, and M.D.'s must also sustain a thesis in public; I made my examinations and thesis in French. The fees are about £15. I am happy to have an opportunity of acknowledging publicly my gratitude for the extreme courtesy with which I was treated, and the marked disposition shown to treat the affair as a mere formality, and I ought to add, I consider myself chiefly indebted to this to the fact of my being a graduate of the world-famed University of Edinburgh. Medical men cannot, but by their own fault, avoid gaining in Brazil a comfortable independence, and, what is better, respect and influence. No fewer than three of the professors (medical) of the school at Rio de Janeiro are deputies.

DR. LEWINS AND THE UNIVERSITY OF EDINBURGH.

Letter I.

To Ephraim Hillot, Esq., Potsbeck Town, Tenessee, U.S.

My Dear Hillot,—I know perfectly well the profound reverence with which you, like many thousands of our free and enlightened fellow-citizens, regard the imagined perfection of British institutions, especially those connected with the art and science of medicine and surgery, as being by nature something more than human, and, indeed, of such surpassing excellence, that envy, and not a desire for reformation or improvement, can alone prompt the whisper we occasionally heard even among sensible people, warning us that something is wrong; while you regard those who, from time to time, direct the full fury of their artillery against the ramparts of the fair citadel, as renegadoes and outcasts, very properly expelled as unfit to amalgamate with the elect of this chosen and happy land. Now, though I never shared very fully in your high adoration of these self-worshipping islanders, and naturally possessed a very considerable amount of contempt for their prejudices and morbid pride, yet I have felt a most unconquerable desire to employ the agency of my own senses in investigating the truth or falsity of this opinion, and I will say that without the evidence which I have through pursuance of this intention now obtained, I could not have believed in the existence of anything so disgraceful as the present state of the medical profession of Great Britain.

My residence at Glasgow and Edinburgh soon dispersed any little doubts on these points, and from time to time I have, in my letters to you, mentioned the annoyances to which the students are subjected at these places, but being very much engaged, and not having seen London, I have hitherto delayed transmitting you any connected account of the schools; but as an opportunity has now occurred of laying before you some information of this kind, I shall embrace it forthwith, and seeing that you are by this time, by means of the journals and my letters, in some measure acquainted with the names and standing of some of the head men, I shall be spared a great deal of tedious exposition, and be enabled to get along in my descriptions without any great interruptions. I have used the term "art and science of medicine," &c.; but that you may be under no misapprehension on this point, I must tell you that these two great points of attainment, though of yore joined in very social brotherhood, are now, unhappily, sundered, and incapable of reunion, for, on scrutiny, the art is found applicable to only two purposes among the professional men—the one is the maintenance of themselves and families, and the second that of supporting certain cliques, which have for a long time been labouring, with as much assiduity as such ponderous bodies can ever bring into play, to strangle science; and it is but justice to say that they have well nigh succeeded, and that in all human probability they will,

in the lapse of a few years, contrive to effect its destruction; for the hapless victim, already menaced with symptoms of internal disorganisation, and disgusted with the ill-treatment it meets on every side, day by day offers a weaker resistance, and prepares to succumb to its unrelenting pursuers.

Now, I did intend to begin by describing to you the enlightened and liberal policy pursued in medical matters in London, and which is of a character to stir the gall of any free man; but, as a rather unlooked for circumstance has placed a victim in my way, I must halt to sacrifice him. You will remember that I have at times hinted at the injurious and indefensible methods of teaching and electing practised in Edinburgh; now, all at once, during the last summer, an avowed and intractable foe of these proceedings, descending after the fashion of a destroying angel, began levelling everything before him; speedily prostrating Professors Monro, Jamieson, &c., and throwing the university worthies into a most unseemly consternation. A heroic partisan flew to the rescue of his darling "Alma Mater," and for a while deluged the sheets of the *Medical Times* with his outpourings. All this you must have seen in the *Medical Times* which I have regularly sent you, and you are doubtless inclined to regard "the attacks" of O. P. Q. as unfounded aspersions, very properly rebutted and overthrown by the bold champion of the Edinburgh University—Dr. Lewins. Many others, I am afraid, hold the same opinions, for the exposition so gallantly begun was suddenly dropped, while the defence was allowed to ramble on unchecked; and I am now writing for the sole purpose of saving you from the errors into which this opinion might lead yon, having peacefully waited the termination of Dr. Lewins' lucubrations, in order that I might deal with them in the lump; for such flimsy affairs merit nothing more. In all my life I never read such a defence; its distinguishing feature from first to last is a facility of arriving at conclusions much more amusing than convincing; for, while he disproves nothing but his own arguments, and states a great deal that he cannot prove, he coolly claims the honour of a complete and decisive victory. Were it worth while, I would tear up the letters for your satisfaction, and separately dissect each sentence, but, time being too precious to waste in this way, I shall content myself with noticing a few of the principal points. O. P. Q., you remember, charged Jamieson, professor of natural history, Monro, professor of anatomy, and others with incapacity, and declaimed against the practice of compelling the students to fee such lecturers; now, Dr. Lewins is quite well aware that at this university students are compelled to fee the professor of natural history, which he must know is a shameful imposition; and that the professor, amongst other freaks, has denied openly the doctrine of transcendental anatomy, &c., and he takes up his defence in a manner quite his own; for, finding himself, if unassisted, quite inadequate to the task of raising the fallen lecturer, he immediately lays a journal under contribution, and quotes the following rampant sentence:—"Professor Jamieson is the most distinguished lecturer of natural history this country ever produced, and has sent more pupils into the world, who have distinguished themselves in this branch, than all other teachers (of it) put together." Now, I defy Dr. Lewins, or the journalist, to prove this, and I just ask them one question in passing. How many of these students feed Dr Jamieson on compulsion, and how much credit redounds to him for numbering such men on the list of his students? He goes on to say: "He is the founder of Scotch geology" (now did Dr. Lewins ever hear of such names as Hutton, Playfair, to say nothing of many others?) "the founder of the splendid museum of which he has the charge." Perhaps this imaginative gentleman will explain what he means by foundation, and when the portion which the students have contributed, the royal grants, &c., are substracted from that of Dr. Jamieson, one may get at some conclusions. In proof of his "having led an indefatigable life for the good of his country," he kindly invites us to ponder over some forty-eight volumes of the professor's writings. If quantity is to be the test of a man's value as a scientific writer, why the best plan would be, seeing that volumes vary in size, to give the net weight. "He has been made a fellow or honorary member of sixty literary and scientific societies;" now, everybody knows that a vast number of these require nothing but money, and cannot, by any stretch of imagination, be regarded as a proof of a man's genius; or pray, of how many would such men as the Hunters, Bells, Coopers, &c., have been members? Yet this is what he calls "satisfactorily answering the queries on the score of incapacity." Further on he says, "The museum is really a scientific store-house of inestimable value, and captious indeed, or something worse, must that man be who finds fault with its management, or with that of those to whom the library is consigned." I would ask any man of common sense if this touches the point, if this is an argument in favour of taxing the student, or if the getting up of a fine museum is in itself any proof of a man's capability to hold a chair as lecturer? Dr. Lewins cannot prove that it is of the slightest use to one in every fifty of those who pay for its support; and the library is about as clumsily managed as anything of the kind well can be. The students pay their deposits of so many pounds, according to the number of volumes; take out the books, and return them when they want their money, those who want them in the meantime may whistle for them; those who do not matriculate, borrow a friend's ticket, which serves as well as one of their own. Moreover, the library is just open at the hours when it might be shut, and closed when it should be open.

Now, as to the professor of anatomy, Dr. Lewins admits that Monro cannot write an anatomical work, and retracts his assertion with the next breath. He is right in the latter instance. Dr. Monro wrote a work which Dr. Lewins may buy for half a crown, and 'tis worth a large portion of this for waste paper alone; and Dr. Lewins can, for this small sum, convince himself of the estimation in which the book is held, and, furthermore, that it is such a production as only the present professor of anatomy at Edinburgh could have written. Dr. Monro's lectures are an attraction which no one who has not heard them can appreciate fully. I have heard him describe the flexor sublimis, flexor carpi radialis, flexor carpi ulnaris, palmaris longus, and pronator radii teres, as one muscle—the flexor sublimis! and this though the muscles were all ticketed, every precaution being taken to enable him to steer safely through the shoals. I have heard him tell his class that the rectus abdominis was attached to the symphysis of the chin. I have seen him come into the dissecting-room, which he generally visits about once or twice a year, and. pointing with his umbrella, say to a student, "This muscle arises here, Sir, and is inserted there." O. P. Q. asserts that, bad as he was, he was the best man there. Now, attend to the manner in which Dr. Lewins replies. "Possessing (I quote his own words), no gauge for the mind, nor plummet for the intellect, I will not attempt to institute any comparison between Dr. Monro's talents and those of his colleagues; but this I may confidently say, that Dr. Monro will be the first to deprecate the idea of his being reported decidedly the first man in the university, and to despise the motive which prompts O. P. Q. to say it." Now, I entreat you to regard the reasoning, the logic of this, because, he confidently says, that Dr. Monro would deprecate the idea of his being considered as such and such, the statement must be absurd, and the motive which prompted it despicable! Very conclusive reasoning, I must say. Now, does Dr. Lewins expect any man two removes from idiotcy to take such assertions as proofs against facts stated and proved as clear as sunlight? Why does not Dr. Monro deprecate the idea now that it is in print? I will tell Dr. Lewins why. Firstly, because, so far from despising the motive which prompts it, Dr. Monro dare no more encounter O. P. Q. than he dare handle hot iron; and, secondly, he believes the opinion. There is an old joke current at Edinburgh, that Dr. Monro dare not pass along a pathway near Duddingston Loch, overhung by a mass of rocks called Samson's Ribs, which lumpy affair tradition reports ready to fall on the head of the cleverest man for the time being in Edinburgh whenever he shall pass beneath it; and tradition asserts, further, that Dr. Monro not having the slightest desire to effect the consummation of the prophecy, has hitherto very sedulously eschewed this pass. Now, if I were to turn round on Dr. Lewins, and "confidently say" that Dr. Monro is, and thinks himself, the cleverest man in the university, because he dare not go to this place, it would only be meeting him with exactly his own style of argument; put the two along side and see if the one contains a whit more sense or logic than the other. His ignorance of anatomy Dr. Lewins does not appear to care a rush for; but as Dr. Lewins upholds that a knowledge of practice and surgery is by no means necessary to anatomical demonstrations, it becomes difficult to imagine that he can be brought to regard anatomical knowledge as in any way essential to an anatomical lecturer.

Now, Dr. Lewins allows that Syme (professor of clinical surgery) bought his chair and place in the hospital; that the chair was offered to Sir G. Ballingall and Mr. Liston, and refused by the latter in most characteristic terms. Then he tells us that the former possessor of the chair, after holding it some thirty years, and trying to hoax Mr. Liston into buying it, made a job of the matter, by which it passed into Syme's hands (Mr. Liston has publicly denied that he ever made any offer to *purchase* the chair); and I must tell you, as soon as Syme got his chair, he obtained permission to make attendance on his lectures, and payment of his fees, compulsory on the students; he has enacted the part of a bully towards every one within his reach; quarrelled with, and openly insulted Mr. Fergusson, Dr. Robertson, Dr. Andrews, and a host of others; he has been repeatedly exposed in the journals, and drawn comparisons and made statements in his paper on Ligature of the Femoral Artery, which are enough to make every right-minded man shy his company; he took upon himself to lecture two or three times a-week to his own students in the theatre of the hospital, with closed doors, rigorously excluding all those who had not taken out a ticket for his lectures within the university walls, and this during the time expressly directed to be set aside for bed-side examinations, for which act of overbearing injustice Mr. Syme would have been summarily expelled from the hospital had he not threatened to ruin it, if they turned him away, by carrying over his patronage and followers to a neighbouring dispensary. Yet this Mr. Syme is one of the main pillars of the university; and, with these facts staring him in the face, Dr. Lewins, this bold champion of abuses, retorts, "that it is idle to imagine that any one could have bought the chair who was not specially adapted for it." Such a style of reasoning as this outstrips anything comprised within the ordinary definition of sanity; it is neither reasoning incorrectly from true premises, nor correctly from false ones, but reasoning falsely without any premises at all. The argument he has advanced is so preposterously absurd that I shall not stop to point out its weak parts; they are perceptible on the first glance. But, lo! all at once, Dr. Lewins, from being the defender of every person and every time-hallowed abuse within the university walls, has whirled round to the very opposite point of the compass, and attacks Mr. Syme for the truly professional way in which he obtained his chair. Mr. Syme had passed a rather unfavourable opinion on the prospects of the Edinburgh university, having given it as his verdict, that in the course of a few years this institution will do no more than confer a few honorary degrees; and it may be that this sentence on "my Alma Mater" has roused the ire of the worthy gentleman, which, together with the pressing necessity for making a scapegoat of some one, accounts for this marvellous whirling about.

Dr. Lewins now grows absolutely rabid in defence of a work written by the professor of surgery at Edinburgh (Dr. Miller), and as a surpassing proof of its excellence says it is a highly *creditable* production! The professor's bitterest foe could not wish to hear it called by a more ambiguous and inelegant term; it is the very acme of prosaic dullness; it means nothing, and is applied by most persons to an infinite variety of objects. "The authority of reviewers might be adduced in its praise" (where is the work of which one could not say the same?) "and it has been reprinted in America." This is certainly a clincher; it may show it to be a highly creditable production, and as each man attaches a different value to this phrase, it may fill up the void in Dr. Lewins' mind, but it will not go

down as a test of its value as a scientific work. Let any one inquire for it in the shops, or look for it in the windows of the booksellers in the county next to that where it was written. Furthermore, does Dr. Lewins advance this as an excuse for Miller's being placed in the surgical chair in preference to Dr. J. A. Robertson, who has not begotten "a creditable production?" Does Dr. Lewins remember some of the slight mistakes made by Professor Miller just about the era of the commencement of his academical course?—his amusing freaks in the lecture-room, such as that of getting over the ligature of nearly all the arteries in the body in a lecture of forty minutes?—less time than he would take to demonstrate on the various kinds of irons used for cauterics a century ago. Yet the strictures which are passed against such preferences as these are stigmatised by Dr. Lewins "as the savage cry to down the affair." He cannot give one satisfactory reason why it should continue, and, indeed, the man who should make the attempt would lay himself open to ugly suspicions. Yet he loads these men with adulation—men whom he cannot shelter from the obloquy cast on them by their own acts; whose virtues he will magnify even when he cannot extenuate their faults, as if he thought, by asseverating that green was the predominating tint, that he could shuffle any person into taking black for white.

Dr. Lewins mentions the name of John Wilson, professor of moral philosophy, as one of those "who do honour both to the university and to those patrons who placed him within its walls." Now, I must tell you, that for many years this said John Wilson has been the editor and nurse of a magazine containing, to say the least, very equivocal principles, and were there nothing of this kind, a chair of moral philosophy is as great a humbug as ever was smuggled into a curriculum.

Dr. Lewins has the coolness to say that the attendance of the matriculated students was regular at a university with no better attractions than these; this, like many other points, he does not trouble himself to support by argument. Now I know very well that just before the late lecturer on practice of physic, Dr. Home, gave up his chair, there was not an average attendance of ten men at his lectures, and this with a large class. Three cards used to be put by one hand on Dr. Christison's table. Monro never could get a great many to go near him. Hope, the professor of chemistry, took upon himself the liberty of augmenting the number of times fixed for calling cards, an infraction of duty for which the town council could have done him some mischief; but all in vain. He goes on, "no student can absent himself frequently (from lectures) without being punished." The doctor has forgotten to tell us in what way the chastisement is effected; whether the culprit is breeched, birched, put in the corner, sent to bed without tea, or, in fine, what form of torture is put in force against offenders. But there is one point yet stranger, and it is my confident assertion that this statement is utterly groundless, and any student who has, within the last ten years, made an annus medicus in that university could tell him so—it is something like the statements which he has put forth about St. Andrews, and which a graduate of that university has completely laid bare—it has not a shadow of foundation to rest on. Exhausted nature now begins to reel and stagger beneath this load of weariness, and fatigue comes in to cut short its march. Dr. Lewins accordingly takes advantage of the little power left him, and breaks out in a manner truly alarming into an encomium on "part of a lecture given by my friend Dr. Mackintosh (a lecturer on practise of physic, Edinburgh, which contains an excellent summary of the capabilities of the northern metropolis (which has not *inaptly* (!) been styled the modern Athens!) as the seat of a great medical school." (Athens was the residence of some of the most divine philosophers the world ever saw, and the site of the most perfect and beautiful buildings of which any traces exist Edinburgh scarcely contains one good public building, and a very large amount of unsightly rubbish; and its philosophers will, for the most part, be found to exist only in the distempered visions of its admirers). Dr. Lewins has just shown w incapable he is of appreciating what Athens was, or, indeed, it would seem, of forming a correct conclusion on the simplest point, for the comparison, which is not new, cannot stand the test of the most cursory examination. Dr. Mackintosh in this lecture says, "Edinburgh proudly claims the credit of being a great *manufactory for improving the mind.*" Choice English this, and, without exception, the most hyperbolical and outrageous blunder I have seen in English print. Did any mortal ever hear of a *manufactory* for improving the mind, or anything else? or of minds being manufactured? If Dr. Lewins know of such a thing, and will in confidence favour me with any information touching its locality, I shall feel eternally indebted to him. "It affords," says Dr. Mackintosh, in continuation, "a remarkable example, rare in these times, of a large city continuing in a state of prosperity without the aid of ordinary manufactures or commerce." The aforesaid manufactory for improving the mind cannot certainly be considered as ordinary, and his ideas of commerce seem to have been as vague as those about manufactories, or could he see the shops round him, and Leith ports, &c. &c.; but instead of being in a state of prosperity, the town has been for long undergoing a rapid and visible decline; it was made insolvent only some twelve years ago, and its three crack public buildings were built by legacies from fortunes accumulated in England, by the proceeds of balls, subscriptions, and government grants, for the greater part of which the Englanders paid the fiddler. He continues, "none can boast of a situation so healthy" (look at the register of deaths, and the capabilities of the High-street, Canongate, Cowgate, for propagating infectious diseases); "of surrounding country of equal beauty" (a point of great interest and benefit to science); "of libraries of equal extent, or museums stored, &c., open at all times to students." Anybody who has had anything to do with these places knows that, if their rules were carried out, a student to gain admission must both matriculate and register, for which he pays £1 6s., and have out the tickets of one professor at least, and they are only open for very limited periods. "None can boast of courses of equal duration." During the last two months of the session, viz., June and July, there is scarcely ever a good class, and the dissecting-rooms are deserted. "*If* there *happen to be* an incompetent teacher within the walls of the University the evil is obviated by an ex-mural lecturer." Yes! by feeing both, as, in a great number of instances, has to be done. Dr. Mackintosh ought to have been ashamed of vending such rubbish, and Dr. Lewins of quoting it.

In my next letter I shall conclude my remarks on this interesting "defence," and after that proceed to the discussion of more important topics.

Until that time believe me, as ever,
Faithfully yours,
JACKSON BIGGS.

Strand, London, England,
Dec. 9th, 1845.

VACCINATION AT BRENTFORD.

(From a Correspondent.)

On the introduction of the Vaccination Act into the Brentford Union in 1841, the Board of Guardians offered one shilling and sixpence for each successful case; which fee, however, was unanimously refused by the practitioners in that union, and half a crown per case insisted on and obtained. On the appearance of the medical order of the Poor Law Commissioners in 1842, an economical guardian proposed, by way of counterpoise to the surgical and obstetrical fees allowed in that order, that the vaccination charge should be lowered to eighteen pence; but he found no seconder. Lately, however, a circular has been issued by the board, stating that, after the 25th of December next, the fee for vaccination will be reduced to eighteen pence; and requesting to know if the vaccinating officers "are consenting" to contract on those terms.

Again the medical men have had a meeting; and, of the twenty-four vaccinators in the union, twenty-two have signed the following protest, of which a copy has been forwarded to the Poor Law Commissioners, whose concurrence in the proposed reduction the Board of Guardians state themselves to have obtained.

"We, the undersigned vaccinating officers of the Brentford Union, beg leave to remonstrate most earnestly against the proposed reduction of the vaccination fee from two shillings and sixpence to eighteen pence per case.

"We consider that the skill and attention required in vaccinating, the necessity in general of attending at the homes of the patients, and often of using argument and persuasion, to procure consent to the operation, added to the further trouble of keeping a register, and of giving a certificate in each case, render the sum of two and sixpence but a small remuneration for the amount of duty performed.

"We therefore respectfully request that the Board of Guardians will reconsider their proposal, and continue the existing arrangement."

To the protest of the vaccinating officers of the Brentford Union, the guardians have replied that they see no reason whatever for altering their resolution to reduce the fee from two shillings and sixpence to one shilling and sixpence. The Poor Law Commissioners (to whom a copy of the protest was forwarded by the vaccinators,) have answered that they will communicate with the Board of Guardians on the subject.

2nd December, 1845.

[This should have been inserted last week, but was omitted for want of space.—ED.]

EXAMINATION AT ST. ANDREWS.

(To the Editor of the Medical Times.)

SIR,—Having observed, amongst your notices to correspondents, answers to parties asking for information respecting the mode of obtaining the degree of M.D. at St. Andrews, I am induced to send you a copy of the greater part of my examination at the above university on the first of July last, and which I penned down in my note book immediately after the examination was over. Every candidate for the degree must give fourteen clear days' notice to the professor of medicine, and should state whether he intends to produce a diploma from the College of Surgeons, or a certificate from Apothecaries' Hall; it is necessary that he should possess one of them. The fee for the diploma is £25 3s., which is paid to the librarian prior to the examination; if a candidate be rejected, he forfeits five pounds of the graduation fee, "which, however, will be accounted for to him when he passes his examination successfully at a subsequent trial;" each candidate must call upon the professor of medicine the day before the examination, and show his diploma or certificate. All candidates must undergo an examination in the Latin language.

On Tuesday morning, July 1, 1845, at 10 o'clock, I was ushered into the presence of Professor Pyper, L.L.D., who conducted the examination in the Latin language; I was requested to translate the 60th paragraph of the first chapter of the first book of Gregory, after which I retired; at 11, a.m., I was again called upon, and was conducted by the Rev. James M'Bean, librarian, into the library, a large and commodious room, extending the whole length of the college, tastily fitted up, and containing some thousand volumes, beautifully arranged; the room had a sombre appearance, and the dead stillness that prevailed had anything but a pleasant effect upon the anxious candidate. I observed five tables in the room, two on each side, and one large one at the bottom next the fire place. An examiner sat at each of the side tables; but at the larger one I noticed, besides the examiner, Dr. Robertson, professor of surgery, Edinburgh, Professor Haldane, D.D., principal of St. Mary's College, Professor Buist, D.D., and Professor Hunter, L.L.D; at the second table was Dr. Reid, professor of anatomy and medicine; at the third table, Mr. Connel, professor of chemistry; at the fourth table was Dr. Skae of Edinburgh, professor of forensic medicine; and at the fifth table was Dr. Hannay, professor of medicine at the Andersonian University, Glasgow. I was taken to the second table to Dr. Reid, the table before which he sat was covered with bones; he politely requested me to be seated, and commenced my examination by asking me how many lobes is the liver divided into? Give the boundaries of each? What constitutes the capsule of Glisson?

How are the vessels arranged in the liver? You have just named the lobuli, what are Kiernan's views as regards their structure? How would you proceed to inject the ducts? Can they be injected directly from the hepatic vein? Where are the trunks of the hepatic veins lodged? What vessel conveys the blood for the secretion of bile? Name the nutritious artery of the liver? What is it a branch of? Where does it enter the liver? By what ligaments is the liver retained in its situation? How is the *ligamentum suspensorium* formed? What does the *ductus communis choledochus* open into? Where is the *duodenum* situated? What is its length? Of what use is the bile? Dr. Reid then gave to me a *femur*, and requested me to point out the larger and lesser trochanter; what muscles are attached to them? What is the extent of the great sciatic nerve? How does it get out of the pelvis? What is contained within the popliteal space? Give their relative positions? What is the extent of the femoral artery? name its branches? Where is the *arteria profunda* situated? what are its branches? Dr. Reid next placed in my hands an horizontal section of the skull, and desired me to point out where the *Casserian ganglion* was situated? What is its shape? What branches are given off from it? What passes through the glasserian fissure? Name the bones of the ear? What is contained within the ear? Where is the Eustachian tube situated? What muscle plays round the hamular process of the sphenoid bone? What forms the septum nasi? What nerve passes through the stylo-mastoid foramen? Is it a nerve of sensation or motion? From whence does this nerve arise? How is the brain anatomically divided? At this moment a small bell was rung, and I was requested to pass on to the first table to Dr. Robertson; a paper was handed to him from Dr. Reid; after having read it, he asked me how I would distinguish hydrocele from hernia, and what treatment would I adopt for its cure? What are the symptoms of strangulated hernia? In what structure is the stricture situated? Would you consider it good practice to open the hernial sac, or would you return the rupture without? What passes underneath Poupart's ligament? How is it that females are more liable to femoral hernia than males? What artery are you in danger of wounding when operating for femoral hernia? How often is the obturator given off from the epigastric artery? (Cloquet says once in five.) The bell again sounded, when I was passed on to Mr. Connell, professor of chemistry; the first question he put to me was, How many oxides of mercury are there? How do you prepare calomel? Also the bichloride of mercury? How do you prepare the potassio tartrate of antimony? What changes take place? How many preparations of antimony are there? What is black flux? Are there any other substances besides arsenic that would give the same results by Marsh's test? What is precipitated when you pass a stream of sulphuretted hydrogen gas through a solution of arsenic? How is the change effected? Would sulphuretted hydrogen gas have the same effect upon any other substances? The bell again rang, when I was immediately passed on to the fourth table to Dr. Skae, who desired me to name the different kinds of intermittent fevers, and how I would treat them, what quantity of arsenic is contained in two drachms of the liq. pot. arsenicalis? What injurious effects are likely to result from its use? How would you administer tartar emetic, so as to act as a diuretic, as a sudorific, or as an emetic? What is the best antidote for poisoning by the bichloride of mercury? What changes take place? How does digitalis act? In what diseases of the heart would you give it? What is likely to result from a continuance of its use? What would you give to counteract its effects? Does it follow that there is disease of the liver, when that organ projects into the abdomen? What is its natural situation? What substances are likely to accumulate in the system when administered for any length of time? What do you mean by mercurial erythism? Are persons thus affected liable to die suddenly? What are the symptoms of dilatation of the heart, also of hypertrophy of that organ? What stethoscopic sounds would be present when there is ossification of the valves? What do you mean by the heart's impulse? The little bell again sounded, and I was marched on to the fifth table to Dr. Hannay, who requested me to describe the symptoms of nephritis, how would you treat it? What are the symptoms of nephralgia? How would you treat it? How often would you give the tinct. ferri sesquichloridi, and what dose? What quantity of blood would you take in nephralgia? What are the symptoms of the passage of a gall stone? Why and by what means is the pain felt in the shoulder? Where does the phrenic nerve arise? Upon what does it rest before it passes into the thorax? What is its situation in the thorax? What is its ultimate destination? What bones constitute the pelvis? (The examiner then gave me a pelvis, and desired me to point out the different parts.) What is its breadth? what is the length and breadth of a child's head? What part of a child presents most frequently? What part next in frequency? What is your first duty after entering the lying-in room? Name the membranes the child is contained in? What is the use of the liquor amnii? How many coverings has the ovum before it reaches the uterus? How does it enter the Fallopian tube? How does the ovum become enveloped in the *membrana decidua*? The bell again sounded, when I was informed by Dr. Hannay that my examination was finished, and that I should shortly be informed of the result; I was detained twenty minutes at each table. Thus concluded one of the most searching and fairly conducted *viva voce* examinations ever instituted. Five candidates were admitted at a time for examination; after five more had been examined, the names of the successful candidates were called over by the librarian, who conducted us to the large table in the library, around which all the examiners stood; and we were informed by the "Principal," that in consideration of the creditable examination we had passed, and at the recommendation of our respective examiners, he should confer upon us the degree of M.D. The capping took place at night before the *senatus academicus*; the galleries were filled with strangers, and the ceremony was a most imposing one.

I remain, Sir, your obedient servant,

A Successful Candidate.

December 1, 1845.

VENTILATION.

To the Editor of the Medical Times.

Sir,—The subject of ventilation has lately excited considerable attention, and it is one well worthy the notice of the medical profession, who are constantly obliged to witness the most distressing scenes arising from the impure state of the atmosphere in over-crowded and badly ventilated apartments. At this season of the year the poor have commenced closing their rooms, the father or mother of a family being often in bed with complaints probably induced or increased by anxiety, and great attention to several children who have successively undergone some infectious disease. I witnessed a case of this kind a few days back, in Old Nichol-street, and the state of the atmosphere in the room was so offensive to me, as to cause the most uncomfortable sensations, requiring the immediate opening of the door for relief. A member of the City Mission, who was exceedingly attentive to a dispensary patient of mine, informed me last year, that he could not pursue his duties among the poor unless he "threw up" or vomited after his visits to them, owing to the vitiated air in their rooms.

The evil of bad ventilation not only exists in the habitations of the poor, but in many of the large houses of the wealthy, at the west end of town there are rooms where individuals sleep without a fire-place, and are breathing the same atmosphere over and over again, to the great detriment of health. The same remark will apply to many of the large houses in the city.

In ventilating apartments, the great difficulty is the admission of fresh air, without producing too much cold at certain seasons of the year. Some ventilators are objected to, because they occasion too direct a draught, and are consequently closed up. Others, again, are objected to, because they radiate too much cold air. In some barracks which have been lately ventilated, I am informed that the soldiers tied their stockings round the ventilator. Thus, by doing too much, an excellent remedy is often rendered useless, and good intentions are completely frustrated.

I beg to suggest the following ventilator which was made to my order by Messrs. Cottam and Hallen, of Oxford-street:—

It consists of a zinc frame, with three tubes on the upper and lower side, bent upwards, having their upper surfaces flattened and perforated towards their extremities, which are intended to project into the apartment. Thus the external air is directed upwards through the tubes, gaining admission into the room through the perforations at their upper surfaces; the opposite sides, not being perforated, prevent the direct admission of air.

C. J. B. Aldis, M.D.,
Lecturer on Medicine and Physician to the Surrey Dispensary.

ON "BRIGHT'S DISEASE" OF THE KIDNEY.

To the Editor of the Medical Times.

Sir,—The first paper read this session before the Medico-Chirurgical Society seems to me to have given rise to far too much astonishment at its novelty, when I take into consideration that the more important element of the pathology of the disorder of which it treated has been already laid before the profession. The paper to which I allude is that of Dr. G. Johnson on the Minute Anatomy and Pathology of Bright's Disease, &c. &c., of which a detailed report is given in your journal of November 22.

In 1844 was published "De Morbo Brightii; diss. inaugur.; auct. Car. Constatt Erlangæ," and of which, on the 7th of June, 1845, a notice appeared in the *Gazette Medicale* of Paris. In the latter it is stated:—

"The author found in the liquid obtained by expression of the cortical substance, a large quantity of fatty globules, soluble in sulphuric æther, and irregular oval cellules, soluble in acetic acid. The medullary substance contained a like abundance of fat."

"These two varieties have this in common—the volume of the cortical substance is augmented by a matter of new formation, deposited either in the uriniferous tubes, or in the intermediate tissue between the tubes and the vessels, from which results compression of the latter, and decoloration of the cortical substance. Microscopic observation teaches us that this new formation is composed sometimes of simple and conglomerated granules, transformable into fibres, at other times of fatty globules and vesicles."

"As to the nature of the malady, the author cannot regard it as inflammatory. The inflammations do not produce fatty degeneration."

Bright's disease, the author considers, may be described as primarily and essentially an exaggeration of the fat which exists naturally in small quantities in the epithelium cells of the healthy gland.—(Report of Dr. Johnson's paper, op. cit.)

This accumulation of fat in the secretory cells necessarily leads to the engorgement and dilatation of the tubercles which they line, and one or more convoluted tubes thus gorged with fat, and projecting either on the surface of the gland or on the surface of a section, constitute one of the so-called granulations of Bright. Some Malpighian bodies were observed to contain no fat, whilst others contained gorged fatty cells, but the author had never observed in these bodies an accumulation sufficient to produce destructive pressure on the Malpighian tuft of capillaries.

The causes of the disease are, according to the author, essentially debilitating. Neither did he believe in its alleged relation to acute inflammatory dropsy.—(Report, &c., op. cit.)

Whatever difference there may be between the other statements of Constatt and those laid down in the paper in question, there is sufficient to establish identity between the leading axioms in both, viz., that deposit of fat globules takes place in the urinary tubules, which, becoming enlarged, exert compression on the adjacent bloodvessels.

W. Hughes Willshire, M.D.,
Physician to the Royal Infirmary for Children.

THE LUNACY ACT.

To the Editor of the Medical Times.

Sir,—I send you a letter I have received from the Commissioners in Lunacy, with a few remarks which I have felt it necessary to address the medical profession; by giving them insertion,

You will oblige, Sir, yours faithfully,

Francis Willis, M.D.

Shillingthorpe-House, Stamford,
Nov. 29, 1845.

To the Medical Profession.

Gentlemen,—The secretary of Commisioners in Lunacy has addressed a letter to me, implying an irregularity in my conduct in having received a patient into my establishment when the "medical men certifying had omitted altogether to subjoin any fact from which they formed their opinion as to the gentleman referred to being of unsound mind."

It is my opinion that very many of you may be wholly unacquainted with the recent act of Parliament, passed in August last, relative to the insane, which most seriously concerns every member of the medical profession.

The commissioners have expressed themselves satisfied, that I will co-operate with them in their determination to carry out *bonâ fide* and strictly the intention of the legislature. I, therefore, cannot do a greater service to you, or co-operate more effectually with them, than by publishing the letter addressed to me, on the subject, because, while it must direct your attention to the act, the provisions of which the commissioners are aiming to enforce; it must awaken you to a knowledge of your position with them in the case of your non-compliance.

As regards the case which has induced the commissioners to "caution me against receiving patients upon irregular certificates, which cannot be received by them as legal documents," I may observe, they knew his father had placed him under my care. They had received an opinion from myself, as well as from two other medical gentlemen, that he was deranged, but they had not any fact stated from which those gentlemen formed their opinion; and, therefore, they deemed the certificate irregular, and my conduct reprehensible. I mention these circumstances in order to impress on every member of the medical profession, the implicit attention expected from them, and you will not fail to take notice, that from a dereliction of your duty in not attending strictly to the provisions of the act, you may not only bring yourselves into trouble with the solicitors of the commissioners, but place the proprietors of lunatic asylums in a most painful dilemma.

The insane are often not brought to us until they cannot be managed elsewhere. On the one hand we are liable, through your inadvertence, to incur the censure of the commissioners for affording them the aid of our experience. On the other hand, we may be thought by the relatives who are unacquainted with these preparatory measures, to be wanting in the common feelings of humanity.

I am, Gentlemen, &c.,

Francis Willis, M.D.

Shillingthorpe-House, Stamford,
Nov. 29, 1845.

The following is the letter to which I allude:—

Commissioners in Lunacy, 12, Abingdon-st.
Office, November 21, 1845.

Sir,—The attention of the Commissioners in Lunacy has been drawn to the medical certificates, for the admission of * * * * * a private patient, into your asylum, in which the medical men certifying have omitted altogether to subjoin any fact from which they formed their opinion as to the gentlemen referred to being of unsound mind, and a proper person to be confined; thus acting in direct violation of the statute, the non-compliance with whose provisions in this respect is constituted, by the forty-ninth section, a misdemeanor.

Under these circumstances, the commissioners have felt it their duty to take the course which they have adopted in similar cases, and to refer the certificates in question to their solicitors, with instructions to communicate with the medical gentlemen, whose names are attached thereto, and to take such proceedings as they may deem advisable, towards enforcing a compliance with the act.

I am further desired to caution you against receiving patients upon such irregular certificates, which cannot be received by the commissioners as legal documents.

In thus drawing your attention to the subject, the commissioners are satisfied that you will co-operate with them in their determination to carry out *bonâ fide* and strictly the intentions of the legislature as respects the insane.

I am, Sir, your very obedient servant,

R. W. Lutwidge, Secretary.

Dr. Willis,
Shillingthorpe-House, Stamford.

HYDROPATHY.

To the Editor of the Medical Times.

Sir,—The following letter may be interesting to some of your numerous readers, and may perhaps induce some of my professional brethren to withdraw their opposition to that branch of the healing art, called hydropathy, until they inquire into the truth of it, and, if true, to promote its adoption as a matter of humanity. Here I may be permitted to state that, if hydropathy were allowed to be practised in military and naval hospitals and on board ships of war, a considerable saving of human sufferings and of public money (in the article of drugs) would be accomplished, and, what is of infinitely more importance should a war break out, the sick and wounded would be a much shorter time on the sick-list than under any other treatment. The following case of an assistant-surgeon (a member of the Royal College of England), now doing duty with his regiment in the garrison of Dublin, with many similar ones, will bear me out in these facts and observations.

I have the honour to be,

Your obedient servant,

A. Clarke.

To Sir Arthur Clarke, M.D., and Fellow of the Royal College of Surgeons of England.

Royal Barracks, Dublin, Nov. 17th, 1845.

Dear Sir,—Your having expressed a wish that I would give you a short statement of my case, previous, and subsequent to, my commencing the hydropathic treatment, I feel great pleasure in complying with your request, and shall begin with the beginning.

In the year 1841, while serving as a medical officer, in the —— regiment, in the West Indies, symptoms denoting a morbid condition of my stomach and liver commenced, and continued increasing, I may say, ever since that period, notwithstanding my having tried every remedy that my own experience, and that of other army medical officers of longer standing, could suggest; and since my return to Europe (now upwards of three years), I have consulted some of the ablest men in the profession, both in England and Ireland. It is almost unnecessary for me to tell you the variety of drugs I have taken for the last four years. Suffice it to say, that calomel, blue pill, rhubarb, colocynth, taraxacum, acids and alkalies, bitters and tonics, magnesia water, Brandreth's solution, and Holloway's pills, all had their trials, from some of which a temporary mitigation, but mitigation only, was produced. The loss of appetite, the constipation, the dry harsh skin, and white tongue, continued. For the last twelve months I have had a constant giddiness in my head, with dark spots floating before my eyes, and a tremor in holding out my hands. My tongue was swollen, and covered with a milk-white mucus. I had heart-burn and flatulence; my face was nearly covered with small, red, hard pimples, and black points, particularly on the forehead, round the eyes, about the nose, and on the back of the neck, some of which suppurated, leaving marks which slowly disappeared. In short, so distressing were my dyspeptic symptoms, that I could not eat a meal with appetite or comfort, which obliged me to withdraw from the mess of my regiment, and to give up all society, rendering my life unenjoyable, if not miserable. Such was the state of my health when I met with your last publication, containing some observations on hydropathy. It struck me for the first time, that mine was a case likely to be benefited by that treatment, and as a "dying man will catch at a straw," as a last resource, I hastened to you, on the 16th of October last. After presenting myself and submitting to a personal examination, you inspired me with a hope that my case was not hopeless, as many similar ones of much longer standing, and that had resisted all other medical treatment, were cured by the scientific use of water, administered internally and externally applied. On the following day I commenced, and with fear and trembling (being very nervous) underwent an operation, which, I candidly confess, at first filled me with an apprehension of danger, and had you not been present, I don't think I should ever have submitted to it. I was plunged into *cold water* immediately from a sweating bath, whilst my whole frame was covered with a most copious perspiration, and afterwards hand-rubbed, and a *cold wet bandage* applied round my body, covered with a dry one. The sensation I felt after this process was extremely agreeable, and after drinking a tumblerful of cold water, I went immediately into the open air, without any additional clothing but what I am accustomed to wear, and exercised on foot and horseback for some hours. The following day, and every day since up to this date, I have undergone the same process with pleasure and delight, the result of which is, that *all* my dyspeptic symptoms, including the eruptions on my face, have vanished—that I am six pounds heavier than when I commenced the water cure—that my bodily strength and spirits have increased—that I enjoy society—and that I feel as well as ever I did in my life.

During the above-mentioned treatment I drank daily upon an average six tumblers of cold water, and abstained from wine, and everything heating and stimulating. I took, by your advice, a five grain blue pill twice, but twice only, the biliary secretion not appearing sufficiently abundant. The secretions are now all natural, and the wet bandage, which was wrung out of cold water and applied three times a-day, has brought out a papular eruption, which, at Gräfenberg, I understand, is called the *crysis*, and which is most anxiously watched and wished for there.

I am, dear sir, your obliged servant,

J. K. W.,*

Assistant-surgeon —— Regt.

P.S.—For the information of such medical gentlemen as oppose and ridicule the water cure, you are at liberty to publish this letter. J. K. W.

P.S.—Mr. Carmichael, the President of the Royal College of Surgeons of Ireland, saw the above-mentioned gentleman, and heard him, *vivâ voce*, confirm the foregoing statement.

[We have inserted this case just to relieve the hydropathists of their best *card*, viz., that they are a "persecuted" sect, "can get no justice from the medical profession," which is "afraid of them," &c. The hydropathists, like all other supporters of ultra and extravagant opinions, want but the "clear stage and no favour," they talk so much about, to write themselves out of esteem and out of notice. The present paper rather elucidates, by a side-wind, a sound principle of orthodox medicine (well known to the profession), than says anything of consequence for the general practice of hydropathy.]—Ed.

* This gentleman has authorised me to write his name in full; but as I never publish the names of my patients, I shall not deviate from a rule I have always observed of writing their initials only.

A. C.

The Pullies in Dislocation.—Mr. Terrey, in the *Provincial Medical Journal*, recommends when the pullies are used to reduce a dislocation, instead of using extension by the hands of the assistants, that a little wheel, called a click-wheel by white-smiths, be affixed to the wall, and the rope attached to it. One hand turning the wheel, will, he says, do more than six or eight pulling the rope. The little catch or stop, which is an important part of the instrument, keeps up the stretch, and by a close arrangement of the notches round the circumference of the wheel, a gradual and regular increase of extension, even down to so little as the sixth or eighth of an inch at a time may be made.

BRITISH AND FOREIGN MEDICAL AND GENERAL BIBLIOGRAPHY.

Thoughts on the Lord's Prayer. By William Wood Bradshaw, D.C.L. M.D. Fcp. (Reading), pp. 50, 2s 6d

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GOSSIP OF THE WEEK.

APOTHECARIES' HALL. — Gentlemen admitted licentiates on the 4th of December, 1845:—Thomas Peck, Daniel Hooper, Henry John Girdlestone Young.

ROYAL COLLEGE OF SURGEONS. — Gentlemen admitted Members on Friday, December 5th, 1845:—W. D. Sherwood, S. Hunt, C. W. Hind, J. Jenkins, C. A. Adey, B. A. Harling, J. R. Pretty, D. Carter, E. W. A. Day, J. B. Hicks, J. C. Collins.

OBITUARY.—On Friday, the 5th inst., at his residence, Turner's-hill, Cheshunt, after a short illness, Thomas Sanders Esq., surgeon. Dec. 2, at Trafalgar-place, Newport, Barnstaple, suddenly, Mr. Hole, surgeon. On Wednesday, the 10th inst., at No. 3, Victoria-road, Pimlico, Henry Singer Chinnock, Esq., surgeon, late of Brompton, Middlesex.

WAR OFFICE, December 9th.—Hospital Staff: To be assistant-surgeons to the Forces.—James Alexander Wishart, M.D., George Frederick Bone, M.D., Alexander George Montgomery, gent.

CONFESSIONS OF A DOCTRESS.—On Friday Mr. Bedford held an adjourned inquest at the Plough, Carey-street, Lincoln's-inn-fields, on the body of Mary Hoskins, a married woman. The jury returned a verdict of natural death. Elizabeth Burnett examined—I live in Russell-court, Drury-lane, and am a doctress and a botanist. I attended deceased for the last twelve months for a cancer. I administered to her sweet herbs, knotted marjoram, hyssop, thyme, sweet majoram, herbagrass, and things of that 'ere sort. The Coroner.—What do you receive for your attendance, my good woman? The Doctress.—It depends; sometimes sixpence, sometimes a shilling, according to circumstances. The Coroner.—Then you have no fixed charge? The Doctress.—Sartainly, tenpence is my reglars; my reglar fee, I means. The Coroner.—I think you should be cautious about prescribing and demanding a regular fee; you may run foul both of Newgate and the Apothecaries' Hall. The Doctress.—I should not like to do that, for the one place is as bad as t'other. A Juror.—Then you mean to say your medicine is sweet and pleasant, like wine? Doctress.—I do, Sir. The Juror.—Then, my dear, you shall always prescribe for me. One of the medical gentleman present asked what sort of cancer it was? The Doctress.—It was a stone cancer, Sir. The Medical Gentleman.—You mean to tell us you use nothing from the ehemist? The Doctress.—Forbid! I should use anything from them pison shops; I never uses no kind of medical medicines. My remedies be sweet and simple ones. A Juror.—Does your medicine contain any portion of Holloway's ointment? The Doctress.—No, Sir, I gets all my things in Clare-market, without the trouble of going to Holloway or Hornsey for them. I repeats I uses no medicines whatsomever, only my own sweets and simples, and herbs. A Juror.—Madam, will you oblige us with your card? The Doctress.—Sir, I tell you again, I'm a doctress, and give my patients no cards, nothing but sweets and simples. The jury said they were quite satisfied, and recorded the verdict we have given above. We understand that the doctress is not a solitary specimen of the species, that they abound in the metropolis, and make a good living by their sweets and simples.—*Globe*.

ROYAL COLLEGE OF PHYSICIANS.—The decease of the late Dr. Williams, of St. Thomas's Hospital, has caused a vacancy in the list of the elects of the Royal College of Physicians. Dr. Latham is, we understand, the next in rotation, and will in all probability be Dr. Williams's successor. The office is for life, and the seven elects have the special duty of electing the president of the college out of their own body.

ROYAL SOCIETY.—At the Anniversary Meeting of this society, held December 1st, the Marquis of Northampton, President, in the chair.—The Royal Gold Medals were awarded to G. B. Airy, Esq., Astronomer Royal, for his paper, "On the Laws of Tides on the Coasts of Ireland, as inferred from an extensive series of observations made in connection with the Ordnance Survey of Ireland," and to Thomas Snow Beck, Esq. for his paper, "On the Nerves of the Uterus." The Copley Medal was awarded to Professor Schwann, of Louvain, for his "Physiological Researches on the Development of Animal and Vegetable Textures." The President delivered his usual anniversary address, accompanied by biographies of the distinguished deceased Fellows, after which the following were elected as the Officers and Council for the ensuing year—(the Italics denote new members of Council):—PRESIDENT—The Marquis of Northampton. TREASURER—*G. Rennie, Esq.* SECRETARIES—P. M. Roget, M.D.; S. H. Christie, Esq., M.A. FOREIGN SECRETARY—*Lieut.-Col. Sabine, R.A.* MEMBERS OF THE COUNCIL—J. Bostock, M.D.; Sir William Burnett, M.D., K.C.H.; *C. Daubeny M.D.; B. Donkin, Esq.;* Very Rev. Dean of Ely; *T. Galloway, Esq.; W. R. Grove, Esq., M.A.; L. Horner, Esq.;* Sir John W. Lubbock, Bart., M.A.; J. F. Royle, M.D.; W. Sharpey, M.D.; *W. H. Smyth, Capt. R.N.;* J. Taylor, Esq.; *C. Wheatstone, Esq.; Rev. Robert Willis, M.A.*

A concours will soon take place at Montpellier for the office of clinical leeturer on surgery, vacant by the resignation of M. Lallemand. Among the judges of this concours, chosen from the faculty, is M. Sernin, of Narbonne, one of the most talented surgeons of the south of France, who has just undergone, successfully, the operation for cataract.

Edward Lunn, chemist and druggist, residing in Fossgate, York, has been arraigned on a coroner's inquest, which charged him with the offence of manslaughter in occasioning the death of Anne Downes at the parish of St. Cruex, in York, on the 21st of October last, by dispensing to her a phial of laudanum instead of a cough mixture. It appears that the deceased had been in the habit of obtaining cough mixture from the shop of the prisoner, and that on the occasion referred to, she sent for a supply, and her bottle was filled from the laudanum bottle by the prisoner himself — the laudanum having been carelessly placed in the usual situation of the bottle containing cough mixture. The prisoner was acquitted! [Was there no label on the laudanum to prevent such fatal mistakes?—ED.]

MORTALITY TABLE,

For the week ending December 6, 1845

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	962	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	189	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	90	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	153	155	159
Diseases of the Lungs, and of the other Organs of Respiration	326	323	292
Diseases of the Heart and Blood-vessels . . .	33	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	64	68	71
Diseases of the Kidneys, &c.	4	6	6
Childbirth, Diseases of the Uterus, &c.	11	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	9	6	6
Diseases of the Skin, Cellular Tissues, &c.	1	1	1
Old Age	43	74	70
Violence, Privation, Cold, and Intemperance . .	27	27	26

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WESTMINSTER HOSPITAL PROCEEDINGS.

We are happy to be enabled to lay before the profession an unbiassed account of the recent investigation which has taken place at the Westminster Hospital. It appears that certain students of the hospital have preferred a charge of general incompetency against Mr. Hale Thompson, one of the principal surgeons, and that they have founded their accusation on several specific charges of malapraxis, said to have occurred during that gentleman's practice as one of the officers of the hospital. It appears further that two letters were sent by the students at two different periods to the house-committee, the first charging Mr. Thompson with malapraxis in a recent operation for stone; the second, in addition to the case referred to in the first, bringing forward other cases in proof of a charge of general incompetency. The first letter was referred to the medical committee, who refused to entertain the charge; the second letter was considered by the house-committee, and a sub-committee was appointed to investigate the charges contained in it. The house-committee met on the 25th of November to receive the report of their sub-committee, when Mr. Thompson read a statement to the effect that the sub-committee were not competent to investigate and report on the charges contained in the letter. Mr. Thompson requested that a general meeting of the governors of the hospital might be called, and that the investigation might be proceeded with by them. In consequence of this request a general meeting of governors was summoned for Monday, December 8th, at 12 o'clock, which was numerously attended, and at which the following proceedings took place.

The treasurer of the hospital, having been unanimously elected to the chair, read the following charges, brought by the students against Mr. Thompson:—

"*To the House-Committee of the Westminster Hospital.*

"Tuesday, November 11, 1845.

"Gentlemen,—We, the students attending the medical and surgical practice of the Westminster Hospital, beg most respectfully to call your attention to a circumstance affecting, to a most serious extent, the credit of this institution, as well as of those in any way connected with it. We refer to the general incapability evinced by Mr. Hale Thompson in the performance of those duties which the office of surgeon requires at his hands.

"It will be scarcely necessary to direct your attention more particularly to the recent lamentable operation (as you are doubtless already in possession of the fact), exhibiting, in conjunction with previous occurrences of a similar nature, his total want of that surgical knowledge and ability indispensably necessary to the proper fulfilment of the duties devolving on an hospital surgeon. In bringing this subject before your notice we do so with feelings of the sincerest regret, influenced solely by what we conceive to be a duty we owe to ourselves as pupils, to the public at large, to the poor who may become patients, to the other medical officers who are to a certain extent implicated, and, though last, not least, to the reputation of the hospital itself. Feeling assured that it must be far from your wish to retain on the staff an individual incompetent to perform the duties of his office, reflecting, as such incompetency necessarily must, alike on governors, officers, and students, and relying entirely upon your judgment as to the proper course to adopt under existing circumstances, with a view to the full redemption of the professional character of the Westminster Hospital,

"We beg to subscribe ourselves, Gentlemen,

"With the greatest respect,

"Your very obedient servants."

[All the students signed this except four, two of them are members of the Royal College of Surgeons.]

"Gentlemen,—Understanding that you deemed it proper to refer to a medical committee the memorial addressed to the chairman of the board of governors on Tuesday last, and considering that, in justice to Mr. Thompson, as well as ourselves, the charge therein contained requires to be substantiated, we herewith beg to submit to your consideration those cases of which we have been able to avail ourselves, and we would take this opportunity of observing that we have been uninfluenced in this matter by the least spark of personal ill-feeling towards Mr. Thompson, or by the suggestion of any individual out of our own body; but have been actuated solely by what we conceive to be a duty incumbent upon us, on behalf of ourselves, as well as of others; for how can we reasonably expect to become good surgeons unless we have competent teachers to instruct us?

"With reference to substantiating the charge of incompetency to perform properly the duties of a hospital surgeon and instructor of pupils, we would respectfully call your attention to the difficulties with which we are surrounded, not from a want of evidence, but from much of it being of such a nature as to be totally unavailable, and from the impossibility of furnishing ourselves with the dates, particulars, and, what may be considered to a certain extent necessary, the testimony of qualified persons who were present at the time, and can tax their memories as to the peculiar circumstances of each case.

"We will therefore, for the present, confine ourselves to a few cases only, viz., three, which were operated upon by Mr. Thompson within the last two years, and some others of a miscellaneous character.

"The first was the operation of lithotomy, performed upon a man named James Graham, aged twenty-seven, in March, 1844, which operation, upon a post-mortem examination, was shown to have been conducted in a very unscientific manner. For evidence on this point we beg to refer you to Dr. Derry and others.

"About the same period Mr. Thompson had a case of laryngitis, in which he was called upon by an officer of the staff to perform bronchotomy, as the only means of saving the patient's life. He refused to do so. Another surgeon eventually operated; it was then, however, too late. It is presumed that had Mr. Thompson done as he was advised in the first instance, the patient's life might have been saved. The impression on our minds was that he felt himself incompetent to perform the operation. For evidence in this case we beg to refer you to Mr. M'Clure and those who were present.

"The second of the important operations to which we have referred was for femoral hernia—the case of Eliza Charlotte Cox, aged fifty-two, April 21, 1845. In this case a transverse incision *only* was made; the coverings, instead of being dissected back as they presented, were nicked in such a manner that it was impossible to distinguish one from the other, and eventually the gut was cut through in two different places, and at two separate times. This case terminated, as was anticipated, in the death of the patient from peritonitis. The patient, we believe, died in a state of intoxication. For evidence we beg to refer you to Mr. Stockwell, Mr. Holt, Mr. Clendon, Dr. Derry, and others. The feeling in this case was that the operator did not possess the necessary anatomical knowledge of the parts, and that consequently he knew not what he was cutting.

"As to Mr. Thompson's anatomical knowledge, it will be sufficient to call your attention to what took place at the school a few years since, when he attempted to lecture on surgery in the place of Mr. Guthrie. It is, we believe, a well-known fact that the students addressed a letter to the proprietors of the school praying for another lecturer on surgery, as he (Mr. Thompson) was incompetent to teach them. Further, that a pupil of the school told Mr. Guthrie at a meeting of the students that Mr. Thompson, for two sessions successively, pointed to the wrong diagram when speaking of a particular dislocation of the femur on the pelvis, and that a Mr. Deshon told Mr. Guthrie that Mr. Thompson had demonstrated the os coccygis to be the phalanx of a finger.

"Many circumstances which transpired then, and of which we must naturally be ignorant, are probably in the recollection of the medical officers and students of that day. It would, however, perhaps be as well to refer to a few which have come to our knowledge, such as Mr. Thompson's being unable to compress the femoral artery, and, in reply to Mr. Guthrie's demand why he did not do so, stating that "he did not come prepared;" to his searching, for a prolonged period, for the stricture in an operation for hernia, until Mr. White came to his assistance; to his tapping a hernia for hydrocele; to his dissecting up a congenital phymosis; to his informing the pupils that the gut in femoral hernia passed through the external abdominal ring, and many facts of a similar nature which, at this distance of time, it would be difficult to authenticate.

"With reference to compressing the femoral artery we respectfully beg to call your attention to another case, in which Mr. Thompson was misapplying the tourniquet, until corrected by the surgeon assisting him, and after all did it ineffectually, as the blood pumped out the moment the artery was divided. For proof of this we refer you to Mr. M'Clure and those present.

"Mr. Thompson's knowledge of the proper manner of sounding the bladder was clearly shown not long since, in the case of a boy, in one of the male wards. After the bladder had been emptied, Mr. Thompson passed the instrument, and in a rough manner endeavoured to ascertain the existence of calculus. Another surgeon chancing to pass at the time, Mr. Thompson asked him to try. That gentleman, after taking the sound in his hand, almost instantly withdrew it, turned upon his heel, and at the same time remarked, 'Why, there is no fluid in the bladder.'

"We now beg to call your attention to the case of Mr. Thompson's own servant, only a few weeks since. In the treatment of this patient wine and brandy were administered, until within a few hours of his death, although, on a post-mortem, it was shown that the man had been suffering from acute pleuritis; the chest was actually full of pus. Two of the staff felt it their duty to admonish him in this case; one, on hearing the order for more wine, said, 'Take care of what you are about; this is not a wine pulse;' and another, at the post-mortem, 'Do you mean to say that disease could be going on to this extent unaccompanied by symptoms indicative of it?' or words to that effect. For evidence in this case we beg to refer you to Mr. M'Clure, Mr. Stockwell, Dr. Derry, &c.

"We now come to the unfortunate and lamentable occurrence of Saturday, November the 8th, 1845. A more healthy child to all appearances was never placed upon the table. At the commencement the primary incision was not made sufficiently low down, and the subsequent considerable and serious delay was occasioned by the operator's being unable to find his way into the bladder. The staff was withdrawn thrice, and twice reinserted, prior to the gush of urine. During this period Mr. Thompson was

at intervals most assiduously (though not very tenderly) describing a circle in the region of the perineum, with his fingers pushed into the wound as high as the metacarpo-phalangeal articulation. Mr. Thompson was repeatedly told by the surgeon assisting him that the staff rested on the stone, and that consequently there could be no mistake as to its being still within the bladder. But why was Mr. Thompson unable to detect the stone? Simply because he had not yet cut into the bladder; or, according to his own account, had not made an opening sufficiently large to admit of the passage of his finger. But surely any careful surgeon would have ascertained this fact before directing the staff to be withdrawn; or, having committed this error, would have certainly rectified it on the re-introduction of that instrument. Such, however, was not the case. Mr. Thompson did not discover his error on the *re*-introduction of the staff, for it was *again* withdrawn, and again inserted. And what, it may be asked, was the operator about during this lengthened period of suffering to the patient? Industriously, though not intentionally, setting up inflammation in the surrounding tissues, which was doubtless the cause of the patient's death.

"The feeling of the spectators of this melancholy operation was one of mingled disgust and commiseration, and we feel satisfied that there was not a single individual present who did not feel keenly the unpleasantness of his situation merely as an eye-witness. For evidence in this case we beg to refer you to every qualified man present, and we have respectfully to request that the opinion of, at the least, every surgeon who was there be taken on each stage of the operation, including Mr. Erichsen, Mr. Pennell, Mr. Stockwell, Mr. Holt, Dr. Derry, and others.

"It may be urged that instances of a similar nature have occurred before, but we believe it will be somewhat difficult to substantiate this statement. We believe it will be difficult to produce a case in modern surgery in which a hospital surgeon, having had the benefit of many years' experience, and in the prime of health and vigour, has been unable to find his way into the bladder of a young and apparently healthy child until after the lapse of a lengthened period, and until the staff had been introduced and withdrawn three separate times. Here, however, the *onus probandi* does not rest on our shoulders.

"With reference to the after-treatment in this case, we beg to call your attention to the fact that twenty-five minims of Liq. opii sed. were given to the child immediately after the operation, and twenty minims more ordered to be given during the night if the patient's rest was disturbed.

"With regard to Mr. Thompson's cases of lithotomy, we have been unable to discover a single successful one, though it appears that he has had several which have terminated fatally, generally, as we believe, from the misconduct of the operation As to his cases of hernia, during the period he has been attached to the hospital, those gentlemen who have been his colleagues know how uniformly unsuccessful they have been.

"It is not because an operation terminate fatally, because many unsuccessful cases occur to the same individual in succession, or because an able man, through some unforeseen accident, commits an occasional error, that we would consider censure merited; on the contrary, we are well aware how liable every one is to err sometimes; but where operations are wilfully undertaken, and improperly conducted from a want of ability, then it becomes necessary that some course should be adopted to remedy so great an evil.

"It may be matter of surprise to some, and, indeed, it has created in the minds of the students no small degree of astonishment, that the experience which Mr. Thompson must necessarily have had, has not been sufficient to fortify him against professional emergencies of any ordinary nature. Such, however, does not appear to be the case.

"Comparisons, gentlemen, as the adage has it, are odious; nevertheless we cannot avoid contrasting the operations and treatment of Mr. Thompson, not only with the practice under similar circumstances of our own surgeons; but likewise of those attached to every other hospital in London.

"Should the cases brought forward be deemed insufficient to justify the statement made, we have no doubt that if time be afforded us, many more might be produced; but we must respectfully and distinctly request that the evidence of the different gentlemen present at the cases alluded to, be submitted to the consideration of the committee; as unsupported by the testimony of qualified men, we do not conceive ourselves competent to pass an opinion upon the ability of a professional superior.

"It will be observed that we have studiously avoided referring by name to any of Mr. Thompson's colleagues, on account of the extreme delicacy of their position; but we believe that in those cases where any of them were present, they would be able to corroborate the evidence already adduced.

"In conclusion, gentlemen, we may be permitted to observe how fully sensible we are of the numerous difficulties which are apt to arise in the discharge of the duties attached to the medical profession; how great is the call for leniency in reviewing the acts of one who, from his position as officer to a public institution, has laid himself more particularly open to censure; how liable are all to commit errors of commission as well as omission; but, gentlemen, we are taught to believe that they are exceptions to the rule, whereas in this case, unfortunately, they appear to be the rule, and the opposite the exceptions. A man who is not fully competent to discharge the duties of medical officer to a metropolitan hospital, is not justified in holding such an important post, in which he has not only to instruct the rising generation, but may at any time be called upon to perform the most delicate surgical operation.

"Finally, gentlemen, we beg to assure you how deeply we feel the embarrassing position in which you are placed, how greatly we lament the necessity of this investigation, more especially since it has fallen to our lot to be the instruments of its being called for; but, gentlemen, we must also remember that there are duties occasionally met with, delicate and unpleasant in their nature, but which we are imperatively called upon to perform, and from which it ill becomes us to shrink, of which we believe the present to be an instance; and however imprudent some individuals may consider the part we have taken in the matter, we feel a satisfaction in the conviction that our conduct meets the approbation of the majority of the medical profession.

"With the greatest respect,

"We remain, Gentlemen,

"Your obedient servants."

It was then moved and seconded that the gentlemen representing the body of students should be admitted, and they were summoned accordingly.

The Rev. Mr. Milman then rose, and said that nothing less strong than a sense of duty would have induced him to speak in favour of an investigation of that nature. He felt, however, that he sat at that board, he might say, as the guardian of the poor of the neighbouring populous districts, and as such he felt it his office to watch over the mode in which the duties of the hospital are performed. He feels himself connected more particularly with the hospital, as on his responsibility the clergymen of the neighbouring parishes appeal for support to the public. He feels also the various advantages such an institution confers on the poor when sick, not only by withdrawing them from their crowded and unwholesome habitations, and placing them in healthy, well-ventilated apartments, but also by providing them with medical skill of the best nature. He was proud to think that the highest in the profession of this country lend their aid to such institutions, and that the noblest and most wealthy trust life and limb to the surgeons who the next moment stand by the side of the houseless and destitute sick man. He was unwilling to detain the meeting, except to urge a minute and searching investigation into the grave charges brought against one of the surgeons of the institution. He is persuaded that neither will the wealthy contribute to, nor will the poor enter, the hospital unless by impartial investigation the charges are for ever set at rest. He has been told by a person quite competent to give an opinion on the matter, that these charges, if not set at rest, will involve a loss of at least £200 a-year to the hospital. He has no doubt that even already the poor of Westminster have freely discussed the merits of the question. The governors, therefore, must not shrink from the inquiry, of however painful a nature it may be. The inquiry all must feel to be necessary, as much for the sake of Mr. Thompson's professional reputation as for the hospital. It is natural that Mr. Thompson should wish the inquiry to take place before a committee appointed by a general board of governors, as any investigation undertaken before a sub-committee could not be considered conclusive. The inquiry also is necessary for the sake of the gentlemen who have brought the charges. Their position is a strange one. They have arraigned a gentleman who has filled the office of surgeon to the institution for some years. These young gentlemen are placed in a perilous position—their fortunes and characters are at stake. If any one should be discovered behind the scenes to stir up or foment this investigation, these young gentlemen will go forth to the world with a slur on their reputations, which probably they will never be able to cast off. For their sakes no attempt must be made to stop the fullest investigation into the accuracy of the charges brought forward. The reverend gentleman concluded a very lucid and temperate address by moving, That a committee of the governors be appointed to investigate the charges brought against Mr. Thompson.

Mr. Ayrton, in seconding the resolution, wished to say a few words. He felt that when first Mr. Thompson called on him in reference to the letter, the charge ought to have been met by the fullest and freest investigation. A committee was formed from among the members of the house committee, to which Mr. Thompson did not object, and he could not but regret that Mr. Thompson did not then come forward, as every one expected him to do, and rebut the charges. He would say a few words respecting the gentlemen who brought these charges. It has been stated that they are *in statu pupillari* (Hear, hear). Of these gentlemen, there are two members of a college of surgeons. One other is a doctor of medicine. The majority of the others are above twenty-one years of age. Now the three, certainly, are competent, being licensed medical practitioners. Many of the oldest surgeons in the country may be said to be *in statu pupillari*, in reference to the hospital at which they were educated, as it is well known that a perpetual pupil has a right to visit the hospital as a pupil, at any period of his life. Mr. Ayrton then ended by seconding the motion before the board.

Mr. Edwards said, he had been a governor of the institution twenty years, and had done his utmost to promote the interests of the charity. He thought all would be agreed on one point, viz., that a charge of this kind brought forward against a surgeon of Mr. Thompson's munificence deserves the fullest refutation. His friends wish to know the source of these reports, and for this purpose the investigation must be before the public. He moved as an amendment to the former resolution, that the inquiry be at once proceeded with. He was decidedly against the formation of a committee for this purpose.

Mr. Freeman was desirous of giving Mr. Thompson the best support he could in obtaining a fair and general investigation of this matter. A secret inquiry before a committee of governors, he felt would not answer this purpose. When it was taken into consideration, that Mr. Thompson has been twenty-seven years in the practice of his profession—one of the charges, that of general incompetency, certainly appeared monstrous.

The chairman regretted to interrupt Mr. Freeman, but the amendment then before the meeting was, whether the charges should or should not be at once proceeded with.

Mr. Freeman would endeavour to shorten his observations as much as possible, but he thought it would be necessary to remark on the parties by whom the charges have been brought, and how long the gentlemen signing those charges had been connected with the hospital. Nine of those gentlemen had entered at the hospital since 30th September last. Four others had been connected with the institution since the 1st of January, 1844. Mr. Baylis had been attached to the hospital fourteen months, and Dr. Derry three years and one month. The gentlemen have stated, that

they have a duty to perform to themselves, the patients, the medical officers, and the reputation of the hospital. Now, Mr. Thompson has been unpopular in the hospital for many years; his name has been handed down from one generation of students to the next, as unpopular. Mr. Freeman would avoid going to the consideration of the cases, as it would be objected to; but he must say that with regard to one case, only one of the gentlemen signing the memorial was connected with the hospital at the time that case occurred, and it was a mystery to him how gentlemen could put their names to a paper to prove cases they knew nothing about. He seconded the amendment.

Mr. Thompson would not detain the board more than a few moments. He had been reflected on that he did not go before the sub-committee. It was strange, but he had heard nothing of the charges, before he heard them before the sub-committee. He said then, it is true that he wished two more names to be added to that committee; but he had afterwards heard it had been stated, that if the pupils could not upset him at that committee, they would at a general board of the governors; he appealed at once to that general board. Mr. Thompson then proceeded to comment on the vagueness of the charges brought against him, and their extending back for ten years, so long, that it would be next to impossible for him to produce evidence in refutation of them, although, without doubt, the charges themselves had been carefully recorded and worked out by the promoters of the inquiry.

Mr. Freeman said, that on first looking at the matter, he had asked what the charges were, because any points of sufficient importance to constitute an accusation like that against Mr. Thompson, worthy the attention of the board, must be very injurious to a professional man's reputation. He said that it was necessary to investigate not only what they are, but whence they arise, and what they amount to. He saw the words "general incapability, total incompetency, to perform his duties, &c.," among those charges. Now it must be recollected that these wide accusations were brought against a gentleman who came before that board many years since with splendid testimonials, on which the board then elected him to the office of assistant-surgeon to the hospital; that when, after holding that office nine years, he had resigned it, the governors assembled at that board had thought fit to record their warmest thanks for the manner in which he had performed the duties of that office. He was then elected surgeon to the institution, having been proposed by Mr. White, and seconded by Dr. Roe; and the board would now investigate accusations brought by youths of eventeen against this gentleman, whom they had, at a former period, thanked publicly for the manner in which he had performed his duties in the hospital —boys, who state that "their impressions," &c. It is absurd that this investigation should be entered into at all. Now to substantiate charges against such a man specific facts are mentioned by the students, many of which occurred before they were connected at all with the hospital. Considerable importance has been attached to the diploma of Dr. Derry, but he would wish to know where that diploma was obtained. It is stated in the charges that Mr. Thompson refused to perform the operation of tracheotomy. Why did he refuse? He refused to perform the operation because the patient was *in articulo mortis*. It was performed by another person, and the patient died. Now, was it possible that sixteen gentlemen could be found who would so stultify themselves as to vouch for a case of which they knew nothing, by signing their names to it? The third case was one of hernia. The fourth charge is, that Mr. Thompson is incompetent to lecture, that he pointed to the wrong diagram whilst describing dislocation of the hip, and described the os coccygis as a phalanx of the finger. Now, all the gentlemen present must know the tricks which medical students put on their lecturers, by altering the position of diagrams and preparations, and no doubt these mistakes, if they did occur, arose from this cause. Another charge is, that Mr. Thompson could not apply the tourniquet properly, because the bleeding in a particular case of amputation was not all arrested. All gentlemen acquainted with surgery must have had frequent opportunities of witnessing the same accident. Mr. Thompson does not know how to sound the bladder. This is certified to by one gentleman, who has been a student at the hospital five weeks. Lithotomy constitutes another charge. These gentlemen state, that among Mr. Thompson's cases of lithotomy they have been unable to discover a successful one. On this subject I applied to the secretary to be allowed to examine the book of operations, and I find that no such book is forthcoming. Now, the book ought to be in the possession of the house-surgeon. These gentlemen say they cannot discover a single successful case of lithotomy, and they believe "from the general incompetence of the operator." Now, if Mr. Thompson was now coming before you as a candidate for office, with a testimonial from these gentlemen, what weight would you attach to such a document? What importance then can you attach to their condemnation? What gentleman could wish for better testimonials than those possessed by Mr. Thompson when you elected him to the office of surgeon to this hospital. You have here five or six cases of failure related by these gentlemen, who cut away the ground on which they stand—they omit all mention of the successful cases which intervened. I would ask the gentlemen at the other end of the room if charges brought by students can be considered worthy the same attention as if they had been brought by competent persons? Are students competent to prefer charges against their superior officers? Once admit this, and whatever be your hospital, it must be ruined. Every one has heard the horrible stories related by medical pupils, youths just escaped from school, of cases in which people have been half dissected alive; and these are the very persons who prefer the present indictment. I maintain, then, that if such charges do exist when preferred by competent individuals, they cannot be entertained when brought by students. And even if charges of incompetency were brought forward by persons whose opinions are worthy your attention, I maintain that your board is not the proper sort of tribunal for the investigation of those charges. If you want a surgeon, do you judge of his fitness for the office? No, you only select from several candidates, all of whom have been proved competent by possessing the diploma of the College of Surgeons. If, therefore, you are not able to decide on a man's fitness for election to the office, surely you are not the proper persons to decide on his incompetence after election. Mr. Freeman then concluded an able and argumentative speech, which evidently produced considerable impression on the majority of the governors present.

Mr. Benjamin B. Cabbell said that in this stage of the proceedings he thought the question was whether the charge should be entertained or not. He did not know whether he should read a letter he had received from a gentleman, a candidate for the office to be made vacant by Mr. Thompson's dismissal. He should not mention that gentleman's name, but he should only mention that he had received such a letter.

Mr. Guthrie.—I demand that letter may be read; a letter written by me nearly a year ago (the date of the letter was 28th of April, 1845). I feel some remarks to be due from me on this subject. I have never before heard myself, or my son, accused of dishonourable conduct, and I beg to say that that letter was written by me to canvass for the office of assistant-surgeon to this hospital for my son when, last spring, Mr. White contemplated retiring in consequence of ill health.

Mr. Cabbell apologised to Mr. Guthrie; he had laboured under a misapprehension.

Much irregular discussion then took place on the question of entertaining the charge, Mr. M'Clean and several other gentlemen averring that it was wholly unworthy of attention. Three or four of the house-committee, on the contrary, said they would be compelled to resign their office if the matter were not for ever set at rest by a full and public inquiry.

Mr. Carter Wood said that he had waited some time in hope of hearing some gentleman remove the objections to which the students were liable when considered as the promoters of an inquiry like the present. The medical committee, who are competent to judge, have told you that the charges could not be entertained; on the other hand, you laymen say they can. This board-room has, unhappily, for many years been the scene of much discord and many unpleasant discussions. Much of this has been owing to the unpopularity of Mr. Thompson. This is no reason, certainly, why we should entertain this charge from the students; on the contrary, it is a reason why it should not be entertained. Fifteen years ago the pupils of this hospital were guilty of every possible crime. Mr. Thompson then joined with the governors, and was compelled to use considerable authority with the students, both resident and non-resident. This is the reason why Mr. Thompson has been unpopular in this hospital. Parties have been in the wards making their notes on his operations, not then publishing them, indeed, but keeping them for years to bring forward in an attempt to ruin his reputation. The cases are not one, two, three, or four, in which patients have stated to me that Mr. Thompson is one of the most humane of the surgeons of this institution. Now, had a single charge been brought before this board by a poor person, we must, and would, have investigated it fully; but when we recollect what pupils are, and what they always were, when we are informed that Mr. Thompson has been obliged to control the very men by whom this charge has been brought, I say it is preposterous in this board to give it their countenance or to entertain it for one single moment. Mr. Wood then requested that the former amendment, to the effect that "the charges be proceeded with immediately" be withdrawn.

This was done, and one to the following effect substituted. "That the charges against Mr. Thompson are not such as this board consider worthy their consideration, not being brought by competent persons."

Mr. Miller, a member of the house-committee, stated that he thought there were many reasons why these charges should be entered into. He considered the character of Mr. Thompson to be at stake, and that it would be much injured if the charges were allowed to be thus *smothered*. He would never again act as house-committee-man unless these charges were disposed of one way or the other. They had met on several occasions to inquire into this matter, and Mr. Thompson had always appeared anxious that the inquiry should be proceeded with. If this inquiry be thus smothered, the hospital would suffer an irreparable injury. He was told that to proceed with that inquiry would be to surrender the character of Mr. Thompson into the hands of pupils. This was not the case. The surgeons on the medical committee had certainly said nothing against the operations, but they had refused to give an opinion. He should support the original motion.

Mr. Cheere said that he could never again act as a house-committee-man unless the charges were fully investigated. The medical officers had been silent on the subject under discussion. He had, in the committee previously appointed, asked Messrs. Lynn and White their opinions; why, if those opinions were favourable to Mr. Thompson, did they not then manfully stand up and deliver them? Mr. Thompson was in the room during that inquiry, and the other medical officers were silent in his presence.

Sir Thomas Phillips, a member of the house-committee, felt that, in order for that committee to continue its operations, it was necessary that these accusations should be thoroughly investigated. He felt that the inquiry was due to Mr. Thompson and to the parties signing the letter. He was of opinion that, when it was undertaken to instruct young men in a hospital, these young men ought certainly be allowed to make a statement of what strikes them in their instruction. These charges are not vague; they may be untrue, but on that very account they should be inquired into.

Mr. Ayrton stated that he had for years heard rumours respecting the incompetency of one of the medical officers of the Westminster Hospital, and those rumours had been sanctioned by the medical officers of the institution; let those medical officers be compelled to give their evidence on the subject. This cannot be done without the fullest inquiry, and the evidence being extracted from them by a rigid course of cross-examination. Those gentlemen

have stated that they were tongue-tied, but they must be compelled to speak out by questions directly applied. They have hitherto remained silent, and if they will now come forward boldly and say they consider Mr. Thompson competent to hold his present office, I shall be content. But if they remain silent, I say they must be brought before a board of inquiry, where the truth shall be extracted from them. If these charges be true, they present evit dences of the most gross incompetency.

Mr. White said, that having been appealed to in so public a manner, he felt bound to state that hitherto his tongue had been tied out of delicacy to Mr. Thompson, but when the time comes he should say what he knew, and speak out.

Mr. Thompson said that it was a matter of notoriety that rumours much to his disparagement had been afloat for many years. He could only trace those rumours to the *Medical Times* at a time long before it fell into the hands of its present proprietors, and when it was by no means conducted in its present spirit. At present it is one of the most honourable of periodicals. He has heard, from side-winds, that these charges have been made, and would be made again, by certain parties, if they could meet in secret committee. It was only a few days ago, however, that his eyes were fully opened. When he came forward as a candidate for the appointment of surgeon to that hospital, he did so against the wishes of the medical staff. He came forward on public grounds, and with feelings of fair independence, in manly opponency to the wishes of the medical officers of the hospital. He ran his course, and was successful. Materials have been collecting for years, and his acts have been critically watched to furnish evidence for the present inquiry. If he has been successful in his private practice, it has not been from any aid received from the Westminster Hospital. When first he was connected with the institution, he found all manner of crimes committed within its walls; drunkenness, fornication, adultery, theft. When, one night on entering the hospital, I found a student in the act of knocking down an officer of justice, I it was who stepped forward and interposed my authority to prevent the outrage. When, on another occasion, I found a house-surgeon drunk on the bed of one of the patients, I it was who caused that man to be expelled. These are the men who bring the present charge. Look at this fact; no man who has ever gained a prize in this hospital has signed his name to that memorial. I want an inquiry open and full—an inquiry into the originators of these reports; with less than this I shall feel that justice has not been done me.

Mr. Ayrton said that he was fully prepared to go through with and prove all he had stated.

The Rev. Mr. Milman had not the slightest notion that such painful disclosures were likely to take place. Had he suspected them, nothing should have induced him to meddle with the affair. What he had heard, however, only convinced him more strongly of the necessity of a thorough and searching inquiry. Mr. Thompson's friends would have done him the most serious dis-service by smothering the inquiry. The consequence would have been, that Mr. Thompson's character would have been discussed in the various periodicals, and been commented on by all circles. He was anxious to impress on the meeting that he was a perfect stranger to all these cabals. He had no connection beyond that of a mere bowing acquaintance with any of the medical officers of the institution, but had he been Mr. Thompson's brother, the advice he would have given would have been in favour of a full and public investigation. The difference to Mr. Thompson's professional reputation between a note from that board saying that the charges were frivolous, and a full refutation of them, would be enormous. He was sorry to see so much personal matter mixed up with the inquiry, but he hoped the gentlemen would approach their unpleasant duty in investigating the charges in a christian and charitable spirit.

The original motion was then put and carried.

It was moved that the committee before appointed be re-appointed, which was done, with the addition of Messrs. Edwards and Clarke to act as assessors to Mr. Thompson, and Dr. Brooke and Mr. Pennell to act as assessors on behalf of the gentlemen bringing the charge.

The first meeting of the committee took place on Thursday, December the 11th.

Mr Edwards inquired whether any gentleman had held communication with the witnesses?

A letter was read from Dr. Derry, abandoning the charge of incompetency against Mr. Thompson, and leaving the whole matter in the hands of the chairman and committee. Dr. Derry, on being called, stated that the letter was his writing, but that he had not previously held any communication with the students he represented.

Mr. Baylis, the other gentleman deputed by the students to represent them, denied that he had any participation in the letter sent by Dr. Derry. The letter had been written without consulting him on the subject.

Dr. Derry stated that a medical governor of the hospital, of high reputation, had sent for him, and requested him to withdraw the charges, as, if they were gone into, they would become bruited abroad, and would be a serious source of injury to Mr. Thompson's professional advancement. A friend of Mr. Thompson's had called on this governor, and stated to him that, if the students withdrew the charges, they would not be gone into by the board, and Mr. Thompson would resign.

The chairman asked if it was under the impression that Mr. Thompson would resign that Dr. Derry withdrew the charges?—It was.

Mr. Thompson—Did the medical governor state that I had said I would resign?—He did not. On the faith of that communication I wrote the letter, without consulting any individual.

Mr. Thompson—Was the communication you had with this medical governor confidential, or one with which I was supposed to be acquainted? Did you understand that I had stated I would withdraw?—Certainly not.

A motion was then put and carried that the board could no longer receive Dr. Derry as the representative of the students.

Mr. Thompson wished to demand the name of the governor alluded to. This, however, was refused by Dr. Derry.

Mr. Baylis wished to deny entirely that anything could be said against the characters of the students who signed the memorial, as might be inferred from what had been stated last Monday. He hoped that at a future period of the inquiry, he should be allowed to reply to those charges.

Mr. Edwards wished to know whether the charges were to be investigated which had been put down as having occurred previous to the period when Mr. Thompson had been appointed surgeon to the institution—during his assistant-surgeoncy?—This was discussed, and it was decided that these charges should not be gone into.

The first charge to be investigated was that founded on the case of James Graham, aged forty-four, who was operated on for lithotomy in March, 1844. The first witness called was Dr. Derry.

Examined by the Chairman—I was present at the post-mortem examination on James Graham, in March, 1844. It appeared at the examination that the middle lobe of the prostate gland had been completely divided, neither lateral lobe having been touched. The neck of the bladder was cut completely through. A student named Priest made the post-mortem examination. Mr. Pennell was present. Peritonitis was evident in the abdominal cavity, gluing the layers of the peritoneum together. All the other organs in the body were healthy. I was present at the operation. I saw the patient after the operation. No treatment for peritonitis took place. Sometimes opiates were given, and sometimes no treatment at all was pursued. I think the patient died on the ninth day.

Examined by Mr. Edwards.—I had been a pupil at that time about two years, I had seen operations for stone, I had seen more than two before. The deep seated perineal fascia was cut through. Do you consider this an error?—This question was not put as it was thought to be requiring an *opinion only*. Are you aware that free division of the neck of the bladder has been advocated by very eminent surgeons?—I am aware that Cheselden advocates a free external incision, but I am not aware that he recommends the neck of the bladder to be cut through.

By Mr. Thompson.—I do not know what instrument was used at the operation. I think Mr. Phillips held the staff; I am not positive how many times the forceps was introduced; I think the stone was a moderate sized one, about the size of a horse chesnut. I cannot describe the exact size of the stone. Nothing struck me as being remarkable in the operation. I stood by at the post-mortem examination; I took no part in it. The bladder was removed at the examination with the prostate gland, and the prostatic portion of the urethra. I did not handle the parts; Mr. Priest removed the parts. I do not remember who opened the bladder. The prostate gland seemed to have been divided by a knife; there was a little laceration of the neck of the bladder; there was slight inflammation of the internal surface of the bladder. I do not know whether there were appearances of infiltration of urine. I do not recollect where the examination took place. I saw the bladder after the examination. I saw the bladder in the dissecting-room afterwards. I examined it there with Mr. Pennell; I did not carry it there. I do not know if it was carried there by your authority. I do not recollect who introduced the staff at the operation. I cannot say I saw the patient daily during the after-treatment. I saw him several times. I do not know who saw the patient with you. Dr. Roe saw him, and said there was peritonitis existing, I believe you did not detect peritonitis. That was my impression, and the impression of every body at the hospital at the time. The man died on the ninth day after the operation. I think it was on a Sunday—either on a Sunday or a Monday. I think he died early in the morning. I did not see him on the Saturday. My impression is he died on the Sunday. I am not aware that any external means were used to subdue peritonitis. I do not know that any internal means were had recourse to. Peritoneal inflammation is a very common cause of death after lithotomy.

Examined by Mr. Ayrton.—I mean to imply that the after-treatment was improper. The medical officers of the institution were present at that operation. I think Mr. Phillips and Mr. Brooke were present.

By Rev. Mr. Milman.—Mr. Priest performed the post-mortem examination; he is not now a student, I believe he is practising in London.

By Mr. Miller.—The incision in the prostate was not made at the post-mortem examination, but at the operation. I got the charges on the memorial, from memory only. I never took a note of Mr. Thompson's cases in my life. I have had access to some notes taken by the late house-surgeon, Mr. Stockwell, on a case of femoral hernia only. I applied to Mr. Wilson, the secretary, to see a book of the cases, and he said he had not one. I saw the bladder twice—once at the post-mortem, and once afterwards in the dissecting-room. I did not ask Mr. Thompson to explain the treatment. I have had no communication with Mr. Priest on this subject. I am not aware that he is a witness in this case.

Mr. Brooke, examined by the Chairman.—I was present at the operation; to the best of my belief the bistouri cachée was the instrument used. I cannot say there was any thing about the operation calling for any particular remark. I saw the patient once during the week, and again on the Saturday, the eighth day after the operation. My opinion then was, that the patient was labouring under peritonitis, and I remember hearing that the patient had had nothing but opiates. My belief is that the patient died the next day, but I am not positive. I was not present at the post-mortem examination.

By Mr. Thompson.—I was cognisant of the treatment of the case on the Saturday, the eighth day after the operation. I then inquired of the persons about, and heard that the treatment had been as I have above stated. From my own personal knowledge, I cannot speak of the treatment.

By Mr. Miller.—To the best of my belief, I obtained the information from the house-surgeon. At that time I had been about sixteen or seventeen years in the profession; I had no interest in examining this case more than any other interesting

case in the hospital. In going round the wards, I examined the patient in my usual way, and inquired of the house-surgeon or dresser as to the treatment. I had not contemplated I should be called on to bring the case forward, and did not gain any specific evidence on it. I examined the patient myself, and was of opinion from the symptoms that he was then labouring under peritonitis. In the treatment of peritonitis, I certainly should not give opiates alone. I think Mr. Phillips assisted at the operation; but with regard to Mr. Lynn or Mr. White, I do not recollect if they were present; the house-surgeon was present. I can only say that I was told when I saw the patient, that Mr. Thompson had expressed his opinion that peritonitis did not exist. It would be an error in an operation to cut through the prostate gland. Ordinarily the left lateral lobe is cut, but not entirely through. I do not know that entire division of the prostate is recommended at present.

Mr. Pennell, demonstrator of anatomy at the Westminster School, examined by the Chairman.—I was present at the operation; I saw little of the patient afterwards, as Mr. Thompson ordered him to be moved into a private ward; I only saw the patient once or twice after the operation; I examined the parts after the post-mortem examination. The prostate gland was divided completely through the centre, and a portion of the neck of the bladder. I went on one occasion to see the patient at the same time as Mr. Thompson visited him; he seemed very comfortable then. I know nothing else of the treatment. The division of the prostate, to the best of my belief, occurred during the operation.

By Mr. Thompson.—The wound would be altered in appearance by inflammation lasting nine days after the operation, but not in extent unless sloughing occurred. In my opinion the wound would not be extended. I do not know that the parts had been inspected by Mr. Thompson before I saw them. The post-mortem examination was about thirty-six hours after death. There was only one incision in that part of the bladder. In my opinion the incision had not been enlarged after the operation. There was an incision in another part of the bladder, but only one in the neighbourhood of the prostate; of course, I cannot state positively that the incision had not been enlarged, but to the best of my belief it had not. It is not usual to cut through the middle lobe of the prostate. I have never known an operation performed in this way.

Mr. Priest examined by Mr. Thompson: I have been fifteen years in the profession. I was a pupil at the school over the way. I gained anatomical and surgical prizes there. I am now one of the surgeons of the Marylebone Infirmary. I was your dresser in 1844. I remember James Graham's case. I was present at the operation. There was nothing remarkable about it, except that it was very quickly done. I remember nothing of the medical treatment of the case after the operation. I remember nothing of ice having been used. I made the post-mortem examination. Mr. Thompson, Dr. Basham, and Mr. Phillips were present. I examined the parts. I do not remember your doing so. I took out the bladder, prostate gland, and part of the urethra. I examined them. They were taken out by your direction. I recollect the bladder being laid open from the urethra. There were no parts wounded by the operation, which it would be unskilful to wound. The cellular tissue between the rectum and bladder was not injured. The rectum was not wounded. The peritoneal cavity was not opened; in short, there were no appearances at the post-mortem examination of anything improper having been cut. Only one lobe of the prostate was cut, and that not completely through. There was nothing unusual in the situation of the incision. It was in the left lateral lobe. The bladder was opened from the urethra. Both lobes of the prostate gland would be divided by doing this. The parts were examined by me in your presence. Appearances of acute peritonitis were present in the abdomen. There was no obvious cause for saying anything unusual had taken place. Mr. Williams was present at that operation. The parts were put back again into the body after the examination. I put them back into the body. The surgery man, I suppose, sewed the body up; he generally does. The parts were not removed to any other place. I have no reason for believing that any person removed them from the place. I never removed any part from a body with your consent. The general directions were to sew the body up directly after the examination. I put the parts back myself.

Examined by Mr. Baylis: I do not remember any case of Mr. Thompson's in which parts were removed from the body to the school opposite. I do not remember making any remark that the after-treatment of this case was improper.

By Mr. Pennell: You have stated that the incision in the bladder at the post-mortem examination divided both lobes of the prostate; what do you mean by that?—I mean that it went through the prostatic portion of the urethra. There were two incisions made in the prostate, one during the operation, and the other during the post-mortem examination. The incision in the prostate was enlarged during the examination. I have been fifteen years in the profession. I passed the College of Surgeons eight months ago. I was a pupil, and an assistant the rest of the time.

By Rev. Mr. Milman: The incision made for the extraction of the stone did not go through the prostate. That made by me at the post-mortem examination was an enlargement of that made during the operation.

Mr. Pennell re-examined: Now that I hear Mr. Priest say that he did not show me the bladder, I suppose it is correct. The impression on my mind, however, was that Mr. Priest brought the bladder to the school opposite for me to examine it. The students told me that it was the bladder from the stone patient. I am not aware of any other bladder which could have been shown to me instead of it.

Mr. Phillips: I was present at the operation. I am not aware that anything particular occurred during the operation. I most emphatically state that I was not present at the post-mortem examination. I did not see the parts to the best of my belief. I think I saw the patient once after the operation, but I know nothing of the after treatment.

The board now adjourned to twelve o'clock on Friday.

On the committee meeting on Friday, Mr. Baylis applied for permission to bring evidence in contradiction of that of Mr. Priest. He had not been prepared to hear evidence directly to contradict the statement made, as had been done by Mr. Priest.

Mr. Thompson said he had heard that a gentleman who was in the room yesterday, had communicated with the students, and had offered to come forward and state to the board that Mr. Priest had made a statement to him some two years back.

Mr. Baylis said the evidence he had to adduce had nothing to do with that.

A long discussion took place whether the evidence should be heard or not.

Mr. Thompson: What position am I placed in if a gentleman is allowed to sit here and hear evidence, and then to rake up witnesses?

It was decided that further evidence should be adduced on the case of James Graham.

Mr. M'Clure examined by Mr. Baylis: I am a member of the College of Surgeons of Edinburgh. I was not present at the operation on James Graham, but I was present at the post-mortem examination. It took place in the theatre of the hospital. The bladder was removed. I do not recollect who removed it, but I think the house-surgeon. Mr. Thompson was present. I think Mr. Phillips was present. Several students were present, and, I believe, Mr. Priest. The parts were examined. I don't know what was done with them. I left the theatre after the examination; after I had seen the state of the parts. The parts were not replaced, nor the body sewn up while I was there. I did not see the parts anywhere afterwards. When the abdominal cavity was opened, the peritoneum was found in a state of intense inflammation. The most intense I ever saw. The intestines were glued together by lymph. Mr. Thompson was present, and expressed surprise at the high inflammation which existed, and which, he said, had been unexpected by him, or words to that effect. The person who made the post-mortem, after examining the state of the intestines, proceeded to cut out the bladder. This was cut out carefully, and the urethra left as long as possible, in order to preserve the parts connected with the operation. I saw the bladder directly it was taken out, and before it had been cut by any instrument to examine it. I saw that the incision made at the operation extended entirely through the middle lobe of the prostate gland into the bladder; entirely through. The bladder was then cut open and examined, and was found to be thickened from the presence of the stone. That is all I know, of my own knowledge, as to the post-mortem examination. I left the room after that.

Examined by Mr. Brooke: I saw no cut in either lateral lobe at that time. There may have been one, but I saw none. The bladder was opened, to the best of my belief, at the superior fundus, during the examination. The cut I saw in the middle lobe of the prostate, was, to the best of my belief, made at the operation. That was my impression at the time.

Mr. Edwards objected to this mode of examination.

By Mr. Thompson: I am a M.R.C.S. Edinburgh. I have not my diploma with me. I have it at home. I have it in London. I can produce it to this board to-morrow. I had knowledge of part of the charges to which I signed my name. If I am shown the letter, I will point out the charges of which I was cognizant. I came as a student to the school in 1841. I was first a student at the hospital, I think, in 1843, but long before that I was about the hospital. I was not present at the operation on James Graham. I took no notes of the post-mortem examination. It was made either by the house-surgeon or dresser. You were present and had some hand in it, but I cannot say what. I am not certain who took out the bladder. I did not take it out. The person who took it out laid it on the table. I was standing close by. I had it in my own hand once. I think I took it from the table to look at it. I think after you examined it. I don't know who opened the bladder at the post-mortem. I think the bladder presented marks of disease from the stone. It was thickened. I don't know how much it was thickened. I was then not an old enough student to know. I am not sure Mr. Phillips was there; if so, he came in late at the examination. I am almost certain that he saw the bladder after the examination. I am positive that the middle lobe was cut through. I am not sure that the lateral lobe was not cut. I did not see that it was cut. It might have been, but I did not see it. I could see the whole of the first incision in the bladder.

This gentleman was cross-examined at great length by Mr. Thompson and his assessors, but without eliciting any further facts of importance, or materially altering his testimony on this point. I saw the case after the operation, before the man's death. As far as I recollect, he was placed in a ward by himself. To the best of my belief, Mr. Thompson was recommended by Mr. White to give five grains of calomel. My impression is still tha Mr. Phillips was present at part of the post-mortem examination. I consider a man who comes in at the middle of an examination, to have been present at that examination. I don't know whether Mr. Phillips made any observation. I did not hear him. I only know what Mr. Thompson said I might have heard observations made by the students present. I had no notes of this case. I heard the case talked of at the time, but not since till yesterday. The impressions I have stated were made on my mind at the time, by what I saw. I have heard the evidence of Mr. Priest talked of down stairs by the students. Several people spoke to me about it. I came into the hall of the hospital when the students were talking about it. Some of the medical officers of the hospital were present. It was the general topic of conversation. Mr. Priest's evidence was mentioned. The general outline of Mr. Priest's evidence was brought before me.

By Rev. Mr. Millman.—The incision I saw in the prostate, I do not think was made during the taking out the bladder. It might have been made, but I do not think it was.

By Mr. Thompson.—The knife was kept close to the pubes I heard Mr. Clendon in the hall, talking to the students; and Dr. Kingston said, that Mr. Priest had given some evidence, he did not say what that evidence was. I also heard Dr. Roe

mention Mr. Priest's name; neither went into particulars; I merely heard that Mr. Priest had given evidence on this case of lithotomy. I had the outlines of the evidence from the students. I expected to be called to give evidence.

Mr. Clendon, examined by the Chairman.—Mr. Priest named the case of lithotomy, which is now being gone into, among other evidence of Mr. Thompson's incompetency. Mr. Priest said, he had called Mr. Thomson's attention repeatedly to the state of the man's pulse, and Mr. Thompson did little or nothing. Mr. Priest made this statement to me since Christmas last winter, when we were dissecting together as we left the hospital, walking towards Charing-cross. I was present when Mr. Priest gave his evidence yesterday the whole time.

By Mr. Thompson.—I had no cognisance of the charges being got up, nor any communication with the pupils about the meeting. I have no recollection of sending any one to attend the meeting. The first I heard of the meeting was after the charge was written, when I went into the dissecting-room, and found the students standing round the fire. I did not advise any one to attend the meeting. I had no communication with the students about the first letter; about the second I had, as I was asked my opinion about it; I have no recollection of having asked any one to sign the second letter; I refused to sign the letter; I had no share in drawing up the second letter. I mentioned Mr. Priest's evidence yesterday to Mr. Baylis, after I left the room. There was no third person present when Mr. Priest made the remark to me about Mr. Thompson's incompetency. Mr. Priest has often talked to me about Mr. Thompson's incompetency in the dissecting-room, it was often the subject of conversation between us. The particular conversation I alluded to was when I have stated; I was surprised to hear Mr. Priest give the evidence he did yesterday; I mentioned the evidence I heard yesterday to the students. I had a communication with the students yesterday, after Dr. Derry's letter had been read.

By Mr. Freeman.—I have no distinct recollection about the second letter. I may have said to the students, are you going to sign or not. I think there are about twenty-two students attending the school. I felt strongly on the subject. There is a pupil named Asbury; I have no recollection of having applied to him to sign the letter; I may have done so, I do not deny it, for I recollect nothing about the matter.

By the Rev. S. Martin.—My evidence is purely hearsay from Mr. Priest. I saw the operation, but I cannot speak of the facts; I cannot say whether I first commenced the conversation with Mr. Priest, or he with me. I have no doubt at all about what I have told you. I do not remember the words used by Mr. Priest, but the impression on my mind is very forcible. There was a strong feeling on the part of the students about Mr. Thompson's incompetency. I have no enmity against Mr. Thompson. He interfered at my election boldly and straightforwardly, but unsuccessfully. Mr. Phillips opposed me and Dr. Basham opposed me, but I have no second opinion about Mr. Phillips' competency for a hospital surgeoncy.

By Mr. Ayrton.—I believe, upon my honour, there is no spark of personal feeling on the part of any person who brings these charges. For my own part, I solemnly declare that not one spark of personal animosity to Mr. Thompson has induced me to take any steps in the matter.

Mr. Thompson requested that Mr. Clendon might leave the room during the remainder of the investigation. The committee, however, did not see any cause for this.

Mr. Priest recalled and examined by Mr. Thompson (Mr. M'Clure's evidence having been read to him).

Mr. Priest.—Mr. M'Clure states that the middle lobe of the prostate was cut through; I wish to known which is the middle lobe?

Mr. Pennell.—I perfectly understood what Mr. M'Clure meant by the middle lobe, because there is a lobe of the prostate described in anatomical books as such. It is called the middle or third lobe. In the diseased state it becomes so far developed that it is very distinct; but in a healthy individual it is very small; therefore, a person not well acquainted with anatomy may not be aware of it.

Mr. Priest.—As an anatomist, would you say the middle lobe is wounded in lithotomy?

Mr. Pennell.—It ought not to be.

Mr. Maclean to Mr. Priest.—Do you now understand what Mr. Pennell means? There is a rudimentary lobe.

Examined by Mr. Thompson.—I saw no cut in the rudimentary lobe during the post mostem. I examined it carefully. I do not recollect that the parts were ever in Mr. M'Clure's hands. I am not aware that they were. I most distinctly deny that the incision went beyond the prostate; the rudimentary lobe was not touched. To the best of my belief Mr. M'Clure did not handle the parts at all. I will not say that if he said so it is positively untrue, though I may have my own opinion on it.

By Mr. Pennell.—I open the bladder at whichever point is most convenient to me in making a post mortem examination; wherever it is most convenient at the time. I cannot say what induced me to open it in the direction this bladder was opened. The parts had been examined before it was opened.

Why did you open the bladder inferiorly in this particular instance?—It was after the parts had been examined.

By Mr. Clarke.—Had you examined the original wound in such a way as to arrive at a very just conclusion as to its extent?—Yes.

By Mr. Edwards.—And on the supposition that you had taken your knife and slit up the wound, you could have no difficulty, by examining the edges, in ascertaining which was a new wound, and which an old one?—No.

By Chairman.—You could accurately tell the extent of the original wound in this case?—Yes.

Mr. Clendon's evidence was read over to the witness.

Examined by Mr. Thompson.—I never, in conversation with Mr. Clendon, expressed an opinion on your incompetency. I never made such a statement to any other pupil of this school, or to any one. I never mentioned to Mr. Clendon that this case was a proof of your incompetency. I have no recollection of mentioning this case to Mr. Clendon at all. I never remember talking of the case to any one. I never, to any person, stated my opinion that you were incompetent. I am not down here now often. I have lately heard a great deal about these cases. Mr. Asbury told me that Mr. Clendon asked pupils to attend the first meeting. I dont know whether he asked Mr. Asbury to sign the letter. I have no recollection of any conversation taking place with Mr. Clendon. I deny it entirely. I knew nothing about the treatment of Graham.

By Mr. Pennell.—I did not express an opinion about the matter to any one. I believe Mr. Clendon asked Mr. Asbury to attend the first meeting. I cannot say positively, but I believe so.

Mr. Asbury—Examined by the Chairman.—I was not asked by Mr. Clendon to sign the letter at all. I was asked by him to attend the first meeting. I do not know when I was asked. The meeting was on a Monday. I go out of town on a Saturday and come in on Monday. I would not have anything to do with the meeting. I can make no mistake between the two meetings. It was the first. I am positive. I was asked, will you come to the meeting? I was not told what it was about. It was the day after the second operation for stone. I understood that charges were going to be brought against Mr. Thompson.

Mr. Pennell—re-examined by Mr. Miller.—I have a strong impression on my mind that Mr. Priest has made some remarks in my presence of Mr. Thompson's incompetency. I have a strong impression on my mind that I have heard Mr. Priest so speak several times.

The apothecary produced the cards of treatment; they were found in a cupboard in the house-surgeon's room, where they are usually kept.

The cards were examined by Mr. Thompson, who stated that they were the correct cards, but whether there were more he could not positively say.

James Graham was admitted on the 8th of March, 1844, and died on the 25th. He lived nine days after the operation. He was operated on on Saturday the 16th of April, 1844. The treatment was read by Dr. Basham. The first prescription is on the 17th of March.

R. Tinct. hyosciam. ℥j; Liq. opii sed. *m.* xx; Mist. camph. ℥j. M. ft. haust., h. s. sumend.

18th.—Rep. haust.

19th.—R. Tinct. hyosciam. ℥ ss.; Liq. opii sed. *m.* xij; Mist. camph. ℥j. Ft. haust.

21st.—R. Ol. ricini ℥ ss; Tinct. card. c. ℥i; Liq. opii sed. *m.* x.

R. Potass. bicarb. ℈j; Tinct. card. c. ℥j; Liq. opii sed. *m.* v; Aq. ℥j. M. ft. haust cum. Succi limon. recent. ℥ ss; tertiis horis sumend.

22nd. R. Acid. hydrocyan. *m.* ij; Mist. camph. ℥iss. Ft. haust. statim. sumend.

R. Mist. cretæ c. ℥j; Tinct. catechu ℥j. Ft. haust. statim sumendus.

Anthony White, Esq., examined.

Chairman.—Do you remember anything of the case of James Graham?—No. I have no recollection whatever of it.

Mr. Thompson.—Do you remember having at any time subsequent to the operation, before the man died, recommended calomel to be given to him?—It is very probable I did, but I have no recollection of it; it must have been merely in passing through the ward.

Do you remember where the man was in the hospital?—No; I do not. I remember that a patient of Mr. Thompson's, whether that was the same individual or not I do not know, was in a ward alone.

You have heard the treatment that was adopted with regard to that man; is that a treatment that you think right?—Certainly, I do. There is no doubt where there is an increase or diminution of the medicaments that were ordered that they must have been ordered according to the progress of the case. Chalk mixture is given in one state of the case, where most likely diarrhœa had come on. Opium was given in another state to allay irritation; had it been combined with calomel, I should have preferred it perhaps.

We hear this man died of peritonitis. Is there anything here that would have been given to a man with that species of disease coming on? Will peritonitis commence for some time before it would come to a state that would destroy a person?—A considerable time.

Mr. Thompson.—You say you have no recollection of the treatment of the case. From your experience have you not seen many cases of after-treatment of lithotomy that would fairly be treated by those remedies?—It would depend upon the circumstances of the case.

Have not you seen many cases of peritonitis that have been so obscure after operation as to defy the most accurate persons to define when it first commenced?—It is a disease that sometimes approaches very insidiously, and has a considerable course before it fully develops itself; but all the ordinary symptoms of peritonitis are apparent to any child.

When a case, after operation, has gone on for many days favourably to all appearance, and a sudden change takes place, is it possible to say what that change is immediately on its occurring?—It is impossible for me to answer that question very clearly; it may depend on a hundred things that are going on in a hidden cavity; a change may be taking place of which we have no cognisance.

Have not you seen cases of peritonitis destroy a patient in three days?—I have no full recollection of that fact.

Is not that very possible?—It is possible.

Especially a man who had been labouring under the effects of irritation from an operation?—I have no recollection of any particular case that terminated at so early a period.

Would you express an opinion that it is extremely improbable that peritonitis might destroy a patient in three days?—It is not impossible that peritonitis should destroy a patient in three days, but it is very improbable, without, as I have stated before, hidden things are going on of which we have no cognisance.

May not peritonitis remain hidden up to a certain period, and in three days become so manifest that nobody could mistake it, and then run a course which in three days would terminate the life of the patient?—I can only give a general answer; that all cases of peritonitis are very unmanageable, and

they will run through their course, uncontrolled by any general application, despite calomel, despite bleeding, despite fomentations, or any other remedy; it is a most insidious disease, and most destructive of life within a short period.

Mr. Edwards: You have used the term inflammation generally; it is a disease which has that general term, but it varies in different constitutions?—Certainly.

In some constitutions the symptoms are most obvious, so that a child may distinguish them?—Yes.

In others, the symptoms are very insidious, and require a master to detect them?—Certainly; I think I have generally stated that.

Mr. Baylis: In an ordinary case of peritonitis, should you adopt the treatment which Mr. Thompson has adopted, and that treatment only?—The treatment I have heard read, is a treatment of soothing, but by no means an active treatment; the expression, "ordinary case of peritonitis," is very difficult to understand.

Mr. Pennell: Do you think the treatment adopted in that particular instance was calculated to arrest that particular disease?—I certainly do not; it was too inactive.

Rev. H. H. Milman: Is there any similarity between the symptoms produced by the consequences of an operation, and those of peritonitis?—None whatever; the spontaneous origin of peritonitis does not differ at all from that produced by the effect of an operation.

Would an operation tend to produce peritonitis?—Certainly it would, of which we have every day facts.

But the symptoms of peritonitis would be clearly discernible themselves?—Certainly, after a little time.

And they would be so discernible as to require a different treatment?—Certainly; an active treatment.

That active treatment did not take place in this case?—I think not sufficiently active, from all that I have heard.

Mr. Edwards: Judging from the cards?—Yes.

Mr. Ayrton: A great deal has been said in and out of this room upon this very case, and professing the most entire ignorance upon the subject, I can only rely upon the evidence of those who give it. In the case that has now been laid before the board, under all its bearings, would you have treated that case in the way in which it appears to have been treated by Mr. Tnompson?—I am sure I should not.

Mr. Thompson.—In your opinion is not there a considerable difference in the character of the symptoms of inflammation coming on in an hour after an operation where there is infiltration of urine; and does not such inflammation run a more rapid course than common peritonitis?—Certainly; after an operation where infiltration has taken place the thing is rapidly passing to different structures, and involves the whole abdomen in a condition of great danger and difficulty.

Could the highest authority you ever knew in the profession give a correct opinion of a case he has not seen?—He would not give so clear an opinion, certainly, as if he had seen the case himself.

Would you believe that the treatment recommended, and which appears by that card to have been used, would have been pursued by any person from the 16th to the 22nd of March had they supposed peritonitis existed?—Certainly not; it is certainly too inactive.

If, on the 22nd of March, a change in the patient took place, and you should find two drops of hydrocyanic acid given, would you not imagine a total change had taken place in the patient?—It is possible.

Would you say that, if a medical attendant felt convinced on the 22nd of March that peritonitis existed, and was likely to run in an acute form, the active administration of large doses of calomel and opium would be a proper mode of treatment?—Certainly I do.

And if for three days that treatment was pursued, you would consider it a correct mode of treatment?—That would depend upon the symptoms as they arose in succession.

You would consider the application of large doses of calomel and opium given in an insidious form of peritonitis, a proper mode of treatment?—I am speaking not of an insidious form, but of an apparent form; that is, a form that is tender and evident to the touch; painful.

Have you ever heard of peritonitis running a course after operations, which has not been detected till within a very short period of the patient's death?—Never.

For how long a period may peritonitis exist without its being detected in peculiar cases?—That is very indefinite; there is no precise time can be marked out. It may begin on the same day, or in twenty-four hours after, or a week after.

How long before death may the symptoms be doubtful as to the fact of peritonitis existing or not?—That which is leading to death I think can never be mistaken.

Mr. Clarke: Might inflammation not be detected till within three days of death, and then prove fatal?—I am not aware of any such circumstance. I do not believe it.

Rev. H. H. Milman.—Ought a surgeon to be especially on the watch for the destructive symptoms of peritonitis after an operation?—Certainly, it is the duty of all good surgeons to be so.

Should you conclude that the practitioner in this case suspected the presence of peritonitis from the course he adopted?—I imagine not from its inactive nature.

Mr. Thompson.—Supposing the surgeon not to believe in the existence of peritonitis in this patient, was the treatment up to the 22nd correct as a soothing treatment?—If the surgeon did not believe that peritonitis did exist, he was quite right in his treatment; but if he had the slightest suspicion that there was semblance of peritonitis, the treatment should have been more active.

Mr. Miller.—If there is no peritonitis, the treatment there is the ordinary treatment after the operation for stone?—Yes.

In a prosperous case?—Yes.

Mr. Maclean.—In your experience have you not known an instance in which, on a post mortem examination, the existence of peritonitis was discovered, which had been so masked that it was impossible to detect it in the living subject?—Certainly.

Have not you known instances where other disorders had been running at the same time, which have rendered it extremely difficult to detect it?—Certainly, the diagnosis is always difficult in such cases.

That must be left to the discretion of the practitioner?—Certainly.

An individual ordinarily attending operations of the stone with ordinary care, you think would be able to detect symptoms of the existence of peritonitis, if they were obvious?—That will depend upon the causes entirely; if it depended upon infiltration, this may be so minute as scarcely to create any disturbance, while during the whole of this time it is diffusing itself to distant structures, and a sudden blaze may develope itself.

And that sudden blaze may extinguish the life of the patient before any remedies can counteract it?—Nothing so likely.

Mr. Brooke.—Under some particular circumstances, may not peritonitis run its course in a less period of time than three days—such as the rupture of the bowels?—Where great violence is done, peritonitis might be one of the effects; but not altogether the cause of death.

Mr. Miller.—Supposing there were other disorders existing at the same time in the subject, peritonitis might be greatly hurried on by the existence of these disorders?—Exactly.

Mr. Ayrton.—It appears upon the post-mortem examination that a very large extent of inflammation had been going on. Do you think that that inflammation could have gone on to so extraordinary a length, without its having been detected by the surgeon during the life of the patient?—Certainly not; when I am told that the folds of the intestines were glued together by adhesive matter thrown out from the effects of this inflammation, it must have been of the most active kind.

And one that ought to have been detected?—Assuredly.

And treated accordingly?—Certainly.

Was it treated with that view?—I have already stated that the treatment was insufficient, not half sufficiently active, if such a state of things really existed. I did not see it.

Mr. Thompson.—Does not your experience of operative surgery lead you to know, that where ther is inflammation of the bladder and surrounding parts after an operation, asthenic typhoid peritonitis may take place without being detected?—Certainly not.

You have never known that a masked form of peritonitis, with a diseased bladder, after an operation, has been going on?—I have no recollection of any such case.

Do you think it improbable that such might be the case?—I think it impossible that any degree of inflammation to any extent could exist which might not be detected, and ought not to be.

From extensive inflammation of the bladder and the surrounding parts, may not the pain occasioned by that mask the peritonitis where the patien is in a typhoid state?—You are supposing circumstances to which I cannot answer—we may manufacture them for ever.

You stated that you did not see my patient?—I am quite aware that peritonitis goes into a very low condition, very much resembling typhoid fever, and that the treatment must be immediately changed, according to circumstances.

Mr. Edwards.—On the supposition that a patient has been liable to the inflammation of any organ, any subsequent attack of that inflammation flares out instantly, and becomes excessively dangerous?—I will give you an instance of sore throat being very continuous; many gentlemen have autumnal sore throats. I do not know that the coming sore throats are more violent than those that have gone before.

In the case of inflammation of the bladder, in two hours may you not have the height of inflammation?—It is possible.

The witness withdrew.

G. Hamilton Roe, Esq., M.D., Examined.

Chairman.—We understand that you are cognisant of the case of James Graham, who was operate dupon for stone in March 1844; that you saw him subsequently to the operation?—I really cannot say from memory whether I did or not; Mr. Thompson says I did, and, therefore, I take it for granted I did.

Do you remember seeing a patient in a ward by himself?—I have no doubt I did see him.

You have no recollection of observing his treatment?—No.

Or recommending any different treatment from that adopted?—No.

Mr. Thompson.—If a surgeon, who is treating a case after an operation of lithotomy, called you in consultation, on finding that a mere soothing treatment had been pursued from the 16th, and seeing the case on the 22nd; would you suppose there was acute peritonitis when hydrocyanic acid and camphor mixture were given; would that be a treatment you would adopt?—I would not adopt that treatment for acute peritonitis.

Therefore, you seeing such patient, and finding two minims of hydrocyanic acid, and an ounce of camphor mixture, to be given occasionally, you would not conjecture that there was acute peritonitis?—If I saw a man with a very hot skin, with peritonitis, I should give him calomel, opium, and hydrocyanic acid besides. If he had any fever, I should not give him the hydrocyanic acid.

If I can prove to you that on the 22nd you saw this case with me, and recommended hydrocyanic acid and camphor mixture to be taken occasionally, would you believe you thought that at that time the patient was labouring under acute peritonitis?—That is not a prescription I should give in peritonitis. I should give it in fever, whether peritonitis were present or not.

Mr. Ayrton: You are aware of the state of this person upon the post-mortem examination, by which it appeared that very extensive and somewhat unusual inflammation had been going on. Do you think the treatment previously to that, judging from these cards, was such as should have been adopted?—My answer to that question is really given already. Taking it for granted that the post-mortem afterwards distinctly shows that active inflammation was

going forward, I must say that if I had given that treatment myself, I should blame myself for having done so. But it all rests upon that one fact—the evidence of severe inflammation having gone forward, of which I have no knowledge.

When you hear that such extensive inflammation has been going forward, as was evinced upon the post-mortem examination, would you infer from such examination that this might have been detected previously to the death of the patient?—There are scarcely any circumstances which so mask peritonitis, as not to make it to be detected, except that species of inflammation that occurs in scrofulous people. I think in those cases I have seen instances in which there was no distinct evidence.

Rev. H. H. Milman: Would the effects of an operation for stone tend to mask peritonitis?—I think the contrary.

Mr. Cheere: Is there sickness attending upon peritonitis?—Not necessarily. It is the case sometimes.

Chairman: How long would a severe case of peritonitis be accumulating?—A person would die within twelve hours.

And that peritonitis arising out of the effects of the operation?—There was a case, I remember, of perforation of the bowels through the insertion of a bougie; there the man was dead in twelve hours.

Mr. Edwards.—And in that case there were extensive marks of inflammation?—Yes.

Mr. Maclean.—Might the patient go on for seven or eight days with some concealed symptoms of peritonitis, but not sufficient to intimate to a practitioner that it was peritonitis? Might that peritonitis kill the patient, and exhibit upon the post-mortem examination all the symptoms of this inflammation?—It is not likely that peritonitis should go on for five or six days without exhibiting symptoms that ought to be detected. At the end of six or seven days a very acute attack of peritonitis may come on, and kill the patient in twelve hours.

Mr. Ayrton.—Are there not cases in which peritonitis is going on for one, or two, or three, perhaps even four days from its first detection to the termination?—There are.

Two, or three, or five days?—Or even fourteen days.

Mr. Pennell.—In those cases of peritonitis which prove fatal in twelve, or a few more hours, is there that accumulation of lymph the result of that inflammation, that there was in this instance. The evidence here is that there was a large effusion of lymph glueing together the intestines?—The general rule is this, that in proportion to the severity of the inflammation, the fluid is less; I mean that which is called coagulated lymph; and where the fluid is very abundant, it is a proof so far that the inflammation is more slow.

Could the disease have been fatal in twelve hours, where there was so large an accumulation of lymph?—I think not.

Mr. Clarke.—You are acquainted well, of course, with the cases related by Dr. Gray, where perforation has happened—some of those cases have varied from some few hours to some days?—Or even longer.

It will be perhaps in your recollection that many of those cases terminated within two days, and gave evidence of a very large quantity of lymph?—The question was asked me as to a case terminating in twelve hours.

I speak of those cases that are on record?—No doubt.

A large quantity of lymph might be present consequent upon the extent of inflammation, and not upon the time it lasted?—Certainly.

Mr. Maclean.—I understood you to speak of a man dying through the peritoneal inflammation, from the insertion of a bougie. Might not the rapid infiltration of urine create such inflammation, and the patient die as rapidly as he did in that case?—That is not confirmed by experience.

Have you not known instances of rapid infiltration of urine producing that effect?—Not at all.

Chairman.—In that case the bowels were pierced?—They were.

Mr. Benjamin Phillips, examined.

Mr. Ayrton.—Are you acquainted with the state of this body after death?—No; I was not in the room when the evidence on that point was given.

It appears upon the evidence that upon an inspection there were indications of a very extensive and unusal degree of inflammation. There was a great quantity of lymph. Under these circumstances should you not, previously to death, have anticipated a very large and extensive inflammation in the deceased?—It is stated that there was a good deal of inflammation.

Would not you have expected that from those indications afterwards?—If I understand you rightly, it is stated that there was this condition, and you wish to know whether I think the symptoms during life would represent that. I think they would.

Would you have treated it in the way this case appears to have been treated?—Supposing I had no doubt about peritonitis existing, I think I should not have pursued the treatment described on the card which I have heard read.

What is the period, generally, from the commencement of this inflammation to the termination of it?—Under ordinary circumstances I think two or three days would have passed, but there is no question that there are cases of peritonitis in which life is destroyed in a shorter time; but I think in cases after operation, probably the disease has existed usually three or over three days.

W. B. Lynn, Esq., examined.

Mr. Ayrton.—Having heard the state of this body upon examination, and what inferences it would lead to, was the treatment such as you would have adopted under such circumstances?—After the operation of lithotomy I should be most scrupulously on the watch for the rise of peritoneal inflammation. That has always been my practice, and upon the least appearance of inflammation to meet it with very active treatment.

Should you have anticipated, from what was discovered after death, great inflammation in this person?—No doubt inflammation had existed to a great extent; that has been already stated.

Would you have treated it, under those circumstauces, in the way that this case has been treated?—If I had detected peritoneal inflammation I should have met it with the most active treatment.

Do not these peculiar symptoms after death indicate that there must have been some appearance of inflammation long previously to death?—I should think so.

And in that case you would have treated it differently from this case?—I should.

Mr. Edwards.—How long before death had inflammation necessarily existed, judging from the appearance of the inflammation?—From the first few hours of the operation till the death of the person, it may be.

In how short a time have you known the case of a patient dying from inflammation after an operation?—I have seen a great many, I think. I have seen some die the next day.

From inflammation?—No; perhaps from the violence done to the system.

In how short a time have you known peritonitis prove fatal?—If not met with active treatment, it would run its course, I should think, in forty-eight hours.

Mr. Clendon.—As my veracity, Sir, has been impugned by the evidence subsequently given by Mr. Priest, I trust you will do me, as a governor of this institution, the justice to allow me to call Dr. Roe and Mr. Phillips, and I have no donbt I shall elicit from them information which will satisfy you that I spoke the truth with respect to Mr. Priest's observations to me.

Dr. G. Hamilton Roe, recalled.

Mr. Clendon.—Did you ever hear Mr. Priest attack Mr. Thompson's competency?—I never heard Mr. Priest express himself at all about Mr. Thompson, but I must confess that it is one of those things that I have heard in the passages.

Chairman.—From Mr. Priest himself?—No.

Mr. Clendon.—You have heard that he has attacked him?—I have.

Mr. Benjamin Phillips recalled.

Chairman.—Can you throw any light upon this matter?—I have considerable difficulty about my memory in the whole of this matter, and therefore I speak very hesitatingly; but the impression of the transaction on my mind is that I have heard Mr. Priest use some expressions that amounted to what Mr. Clendon states.

Mr. Priest.—Can you give me an instance?

Mr. Phillips.—No; I am asked a direct question, and the committee have a right to an answer, but at the same time it is only an impression on my mind.

[The committee retired, and after a short time returned.]

Chairman.—The committee have requested me to ask you, Mr. Thompson, to make to them now your statement of the treatment that you subjected this patient to for the last three days of his life subsequent to the last prescription upon that card, and if you do so, will you tell us now, before we adjourn, by what means you mean to prove that statement?

Mr. Thompson.—My impression is, that I have a case-book where the case is accurately to be met with, but I believe that the house-surgeon of the day is in Paris, and whether he has got it, or whether I have got it, I am not quite sure. The gentleman whom I shall produce to-morrow to prove the treatment of the last three days, I intended to have been here to-day, but he has written me a note to say that he is out of town, and cannot attend. He says, "I remember the case of lithotomy in 1844 to which you allude. I saw the patient more than once subsequently to the operation, and when peritonitis and asthenic typhoid supervened, the medical treatment of the case was in accordance with the recognised principles of practice." That is a physician, who is out of town, and who saw the case with me, and for this reason—he was treating very successfully some of the most curious cases that had ever been treated in this country, and therefore I got him to see this case at the time. I am in this dilemma; the house-surgeon at the time being in Paris, and I having no conception of all this, I cannot, of course, produce him to-morrow; the physician, who is out of town, I believe, will be in town to-morrow, and will attend this board to answer any questions. I believe he will prove distinctly, that at his recommendation, when, as he says, this asthenic form of peritonitis presented itself, which it did on the evening of the day that Dr. Roe first saw the patient, and which, as Dr. Roe will state to this board, as far as his impression goes, was in a state so very equivocal, that it was to his mind exceedingly doubtful. I say that the gentleman I will produce to-morrow will prove that the treatment which I pursued was large doses of calomel and opium, and that occurred as soon as the symptoms of peritonitis presented themselves, that is to say, presented themselves in an unequivocal form. I have no hesitation in saying, that if this case is printed and laid before the heads of the profession, they will bear me out in saying that the case has been properly treated. And I have no hesitation in saying that the highest authorities without that statement are no sort of judges, because they did not see the patient. As to my opinion of the case, as it must be gone into to-morrow, it appears that it would be futile now to enter upon it. It would take at least half an hour, and I should suggest that I should have the benefit of the attendance of the physician who did see the patient with me, and who recommended calomel and opium, which I gave. It is very extraordinary that the only active treatment for peritonitis is wanting; but I am not sorry for it, because I have Dr. Roe's prescription up to the 22nd, when it is clear the disease must have been in so masked a state, that even Dr. Roe, with all his experience, could not have detected it. Dr. Roe is present, and will say whether such is not the impression on his mind at this moment.

Dr. Roe.—My impression (I speak from the little I do recollect) is that the case was not very well marked. That is the impression on my mind.

Here is the date on which the prescription of Dr. Roe is mentioned. You are quite certain, Dr. Roe, that this is no invention of mine, the hydrocyanic acid?

Dr. Roe.—Oh, certainly.

Chairman.—The only thing that we have to ask, is whether you will name this gentleman?

Mr. Thompson.—Dr. Frederic Bird. This note is from him, and he states that, "When peritonitis and equivocal typhoid supervened, the medical treatment of the case was in accordance with the recognised principles of practice." A gentleman standing so high in the profession in this peculiar mode of treatment as Dr. Bird, will not be a bad

opinion, and the reason I called him to see the case was that he had an operation with me in private practice of a most fearful kind, where it was supposed that peritonitis must ensue.

Mr. Baylis.—Not two minutes since a messenger came to me from Dr. Bird, and requested that I would send him down the cards.

Chairman.—Then by all means let him come up.

Dr. Roe.—If Mr. Thompson can show that the man had symptoms of typhus fever complicated with peritonitis, it totally alters the treatment, and then the active treatment of calomel and opium would not be justified or proper. I cannot speak to the facts, of course.

Mr. Miller (to Dr. Roe).—I understood you to say, that if typhoid symptoms existed, you would not have given large doses of calomel and opium?—I mean that in a case where inflammation is moving on rapidly in the peritoneum you can scarcely give too large doses of calomel. Up to a certain time you may give two grains of opium and ten of calomel. That course you would not adopt if symptoms of typhus were present.

If typhoid symptoms existed in connection with peritonitis, would you adopt the treatment stated upon the card produced to-day?—I really do not know what the treatment adopted was.

It appeared that Dr. Bird had left the hospital.

Adjourned to Monday next at eleven o'clock.

Monday Morning, December 15th.

In the absence of Dr. Bird the nurse who attended the patient Graham was called.

Nurse Raven, examined by the Chairman.—I attended Graham, who was operated on for stone, by Mr. Thompson. I gave him the medicines ordered; I do not know what they were; there were changes in the medicines, but I do not know when they occurred; he had soda water many times, and a powder with lemon juice. On Sunday night before he died a pill was given him. He had draughts every night; but I do not remember any powders being given. I cannot say whether the pill on the Sunday night was the first pill or not; I think there were three cards, there were two after the operation.

Mr. Thompson.—He went on well up to about the sixth day, then diarrhœa came on. You attended him three times a-day; I remember you ordered a mustard plaister for him; I think on the seventh day; I remember it, because you desired the apothecary might put it on. He took medicine after this, but I cannot say what.

Dr. Frederic Bird examined.

Mr. Thompson.—Do you recollect seeing a case that was operated upon by me, for lithotomy, early in 1844, of the name of James Graham, a man who was in a ward by himself?—Before answering this question, I should like to say a few words in reference to the letter which I addressed to Mr. Thompson the other day. I perfectly remember the case to which Mr. Thompson refers. I remember seeing that patient when he had peritonitis coming on, and suggested the use of the remedies alluded to, but I can by no means state that they were given. Mr. Thompson assured me that they were, and upon that statement I wrote that note.

Do you recollect when you first saw the case, either your suggesting, or your doing it at my suggestion, that the wound should be examined, and that I should put my finger in to feel the state of it?—Yes.

Do you remember that on my withdrawing my finger, a quantity of matter passed out?—Yes.

And that gave us the impression that there was something wrong going on in the parts? Do you remember what your impression was?—No impression could be drawn from that solitary fact.

When you saw the patient, you considered that there was some disease going on?—It was evident that there was inflammation.

Chairman.—Do you remember what day of the week it was?—I cannot—it was at the time when symptoms of peritonitis were present

Mr. Thompson.—Is it probable that it was on the Saturday?—Very probable, indeed.

At that time do you recollect your agreeing perfectly in the treatment that was adopted?—I recollect that I gave an opinion of there being peritonitis, and I suggested calomel and opium, an opinion in which you concurred. I believe it was pursued.

Further than that, you have no recollection of the case?—None whatever, except the fact of the man having died.

You have no record of the case of any kind?—No.

And have seen none?—No.

Did there appear to be any obscurity or difficulty in the case when you saw it?—There was this to be said, that it was not an acute peritonitis; it was not in that state, there was not the acute pain usually observed, but still it was sufficiently evident that it was peritonitis.

The impression on your mind is that it was my opinion, as well as your own, that peritonitis did exist?—Yes, we concurred in the treatment.

Mr. Baylis.—When Mr. Thompson called you in to see the patient, what you did find James Graham suffering from?—From peritonitis.

Was Mr. Thompson at that time treating the patient for peritonitis?—I believe not.

Had Mr. Thompson before he called you in detected the existence, or been treating the patient for peritonitis?—That question is implied in the present one; I believe not.

Had he detected the existence of peritonitis before he called you in?—I can by no means say that he had.

Your impression is that he had not?—I scarcely know how to reply to the question; I was asked to see the case, and I said at once there is peritonitis. Whether Mr. Thompson understood and believed it was there, I cannot say.

Can you state, of your own knowledge, that calomel and opium were given to the patient?—Certainly not.

Are you satisfied that Mr. Thompson entirely concurred with you in the treatment that you recommended him to pursue?—Yes.

Perfectly satisfied?—Yes.

Do you consider that the symptoms evinced by the patient were sufficiently plain to have enabled any good surgeon to have detected the existence of peritonitis?—Certainly.

Chairman.—Do you recollect at what time of the day this was?—In the middle of the day; after two or three o'clock.

Mr. Baylis.—Have you seen the treatment as recorded on the cards, or a copy of it?—I have seen a copy of it.

Do you consider the treatment adopted, as evinced by the cards, a mode of treatment calculated to cut short the case as you found it?—Certainly not; totally insufficient; not at all adequate to cure the disease.

Did you consider that such treatment gave the patient a very poor, or, I may say, no chance of life?—If, while that treatment was employed, the patient had peritonitis.

Have not you frequently heard Mr. Priest express an opinion to the effect that Mr. Thompson was not a competent surgeon?—That is a question that I cannot reply to with any great certainty. It is rather my impression that he has done so, but I would not speak with any great certainty upon the matter.

Can you state, from your knowledge, that Dr. Roe prescribed prussic acid in this case?—No, I cannot; I was not present when he saw the patient.

Rev. H. H. Milman.—I think you state, that when you first saw the patient, the symptoms of peritonitis were very evident?—Yes.

Could you form any opinion as to how long these symptoms had been going on?—They must have been present for at least twelve hours before, because the secondary symptoms were developed. These were not the primary symptoms of the disease.

And these primary symptoms were such that an intelligent medical man ought to have detected them?—In the majority of cases they would be detected.

Was there anything peculiar in this case which would induce you to suppose that they were so masked and insidious as to have escaped the observation of a practical medical man?—They were not so acute as would happen in peritonitis in the idiopathic form, but the peritonitis that would be likely to follow surgical operations.

Those are the symptoms which may be expected to occur after an operation, and therefore should be watched for with peculiar care?—Quite so.

Chairman.—You said, I think, that the primary symptoms must have been in existence twelve hours?—Yes, at least.

You cannot form a judgment how much longer it can be?—It was clear, when I saw this man, that effusion had taken place in the cavity of the abdomen. This was the result of inflammation, and the shortest time in which inflammation could do its work of effusion, would be some twelve or eighteen hours.

Mr. Ayrton.—From what you knew of this case of very highly inflamed peritoneum, do you think the case was properly treated?—That depends upon other questions. I could only ask whether that treatment was carried out. If it was carried out, it was properly treated. When I saw the patient he was not taking remedies which would antagonise peritonitis.

But you think that peritonitis was present?—It was.

And he was not taking the medicines proper in a case of peritonitis?—Not at that time.

That was at a period when there was inflammation of the peritoneum?—Inflammation was taking place.

And he was not taking medicines adequate to that state of the disease?—No.

Therefore we return to the question whether you think the disease was treated in the proper way?—Up to the time of my seeing him he had taken no remedies for the disease.

But still there was the disease?—Yes.

Mr. Thompson.—Are you aware of the treatment that had taken place on the day previous to your seeing the patient?—I speak now from what I have read of the treatment on the card.

You do not remember on what day you saw the patient?—I do not remember the day; it must have been some days after the operation.

You do not remember, therefore, what treatment took place after the date of these cards?—I remember distinctly suggesting that the calomel and opium treatment should be employed, and you concurred in the usefulness of that practice.

You are not aware whether any blister or any local applications had been applied to the man's abdomen previously to your seeing him?—No.

You did not examine to see?—No; I placed my hand upon his abdomen in the course of examination, but I do not recollect any blister.

You cannot state positively that the treatment on the 23rd was not a treatment for peritonitis?—If you will allow me to refer to the cards for a moment, I may answer that question better. (*The witness referred to the cards*). The only remedies which I see here are those calculated to allay irritation and stop diarrhœa. There is no treatment for peritonitis.

The treatment that took place between that last draught and the period when you saw the patient you have no knowledge of?—No, I am only guided in my answer by what I see written here.

Therefore, if the patient was treated on Friday, seeing him on the Saturday, you can form no opinion as to whether that treatment was correct or otherwise?—It must have been sufficiently evident that the treatment recommended had not been commenced, or I should not have thought of recommending it again; he could not at any time have been taking calomel and opium.

Are you aware that it was a proposition that had been moved by anybody else besides yourself, that he should take calomel and opium?—I heard that Mr. White had seen the case, and I have no doubt if he saw the case he would have recommended the same treatment.

It was previous to your seeing him that Mr. White had seen him?—I do not not know.

You had heard that he had recommended calomel and opium when you saw him?—Yes; but whether prior or subsequently, I cannot say.

In short, the treatment from the Friday to the Saturday at noon you have no knowledge of?—I know nothing of the treatment beyond what I see upon the prescription card.

Chairman.—As you do not belong to the hospital,

how came you to see the patient?—Being one of the lecturers at the institution, it is customary to walk round on the Saturday.

As a personal friend of Mr. Thompson, you were asked to give advice in this case?—Yes; the case excited interest at the time—it was doing badly, and Mr. Thompson asked me to look at it.

Did you understand that the physicians and other surgeons of the hospital had not been consulted upon the case?—I did not hear any statement made of that kind.

Do you apprehend from what you have stated that it was Saturday when you saw the patient?—Most likely, because on other days I seldom go round.

Mr. Thompson.—You state that it was considered that the patient was not doing well, you imagine that that was my impression?—Yes.

Chairman.—In other cases do you recollect being called upon by Mr. Thompson to give an opinion as to patients? In this case you had no connection with the hospital at all?—No.

And you do not recollect any other case?—I do not at this moment.

[The witness then withdrew.]

Mr. Thompson.—I will not take up five minutes of the time of the committee by any statement of mine. As far as my recollection serves me—but it is so long since that, till the case was brought to my notice, I could not recollect anything about it, and it was Dr. Bird who reminded me of the strongest features of it—as far as my recollection of the case goes, from what I have since heard, it was this—that the operation went on remarkably well for six nights; that the patient took the hyoscyamus, and the solution of opium; that is common, merely to allay any excitement that might be existing; that about the fourth day I gave him simply some castor oil, and that he went on quite well till the Friday following. On the Friday morning, visiting him every day, I found there was a change. I immediately ordered a large mustard cataplasm to the abdomen, and finding, in the middle of the day, that it had not given the relief I expected, I requested Dr. Roe to see him. He examined him, and thought it an obscure case, and advised two minims of hydrocyanic acid, with some camphor mixture, which was given. On seeing him that night I saw that it did not agree with him. Diarrhœa came on. I ordered him a draught, which checked the diarrhœa, but still the next morning I found the symptoms were still creeping on. There was something still very unsatisfactory. Being in attendance in private practice with Dr. Bird on one of the most serious cases that a man could attend after an operation, and having a great opinion of his knowledge of these particular cases, I requested him in the middle of the day, on Saturday, to see the patient with me, as an obscure case, in which I was afraid the man was going wrong altogether. When symptoms come on at that particular period after an operation, I should state that they usually run very rapidly, and destroy the patient. On Saturday, at noon, Dr. Bird saw him. I examined the bladder, and found that the wound was not healed, but the urine was not coming away freely. My belief is that I had suggested calomel and opium before Dr. Bird saw him, and I requested his recognition of the treatment to confirm mine. I cannot state positively, because I cannot get the card to prove it; but I do recollect that calomel and opium was then agreed upon between Dr. Bird and myself. Whether the man took it or not I cannot say, because the house-surgeon is absent, and the nurse is not able to tell me whether she did give it to him. I saw the man three times a-day, and I have no doubt that I pursued the same course of treatment that I had for twenty years pursued in similar cases, but it is impossible for me to tell you a single medicine that he took, or to tell you what was in the pill which the nurse remembers, but of this I am certain, that it is quite impossible that I could have requested Dr. Roe to see the man on Friday, and Dr. Bird on Saturday, without feeling a deep interest in the case, and being aware that it was an injurious state of things that was going on which I should combat, if combatted at all, with great difficulty; but at this period it is impossible for myself, or any one else, to give any distinct statement of the treatment.

CHARLOTTE COX'S CASE.

Admitted into the hospital April 16, 1845, and died on May 6.

Mr. Clendon—Examined by Chairman.—I remember this case; she was here last summer, and underwent the operation for strangulated femoral hernia. Mr. Thompson operated. I was present with Mr. Holt, Mr. Stockwell, Dr. Derry, and others at that operation. Mr. Phillips was present. The operation was performed in the house-surgeon's room. The patient died, I think, on the 6th of May. I did not attend *carefully* to the after-treatment. I saw the patient after Mr. Thompson made the first incision through the integuments, parallel with Poupart's ligament, across the long axis of the tumour. Mr. Thompson then pinched up the next covering, and made a small nick. He did the same with the next and the next. When these coverings had been cut into he proceeded to dissect them back. In so doing he used a director and knife. In pushing on the director he happened to push the intestine before it, for in making the next cut with the knife the fæces followed its motion. Mr. Thompson then tied up the cut parts in a whisp, the mucous surfaces being together.. I only saw one cut made into the gut.

Examined by Mr. Clarke.—The tumour was perpendicular, and the incision was right across it. I could not say decidedly the shape of the tumour, it might have been round. If the intestine had been long strangulated it might have given way, but in this case the gut was quite healthy.

Mr. Hall examined by the Chairman.—I was not present at the beginning of the operation, so I know nothing of the first steps. The usual steps were gone through till the sac was opened. The gut, I suppose, got over the director, and the knife touched it. It was then recommended that the sac should be laid freely open, and the parts exposed fully to view. In doing this the same accident happened again. A ligature was tied round the wounds in the intestine, and the stricture was divided. I think, but I am not sure, that it was attempted to bring the parts together with a needle and ligature. I believe an artificial anus was hoped for.

By Mr. Baylis.—I am not exactly aware that I expressed an opinion at the time. I may have done so, but I am not positive.

By Mr. Thompson.—I saw the patient before the operation. I think the day before. I think the patient had been in the house three days before the operation. [Mr. Thompson said the patient was in the house nine days before the operation.] I was asked by you to persuade the patient to be operated on. I am quite aware the patient was vomiting before she was operated on. I am quite aware she was in a precarious state when she refused me to be operated on. I am not aware, but I have heard it stated since, that you expressed an opinion that the operation was too late. I can state positively, that when the director was introduced, and the knife, the gut was wounded; but I can't say positively that it was by the knife. I am aware that the gut is sometimes so soft that it is easily ruptured. I am aware that you stated at the operation, after the fæces appeared, that it would be improper to return the gut. I am not aware you said the gut was diseased. I should say the operator is able to form a more correct opinion than the bye-standers. The intestine was dark-coloured. I have seen the gut in a worse state. There are marks and signs in a gut about to give way which may be recognised. The gut, I imagine, would have presented different appearances from those I have stated. I have heard of cases in which the gut has been cut into in hernia. I have seen cases in which the gut had been in a worse state, and the patient has got well if it was not wounded. The accident I have stated, in my opinion, arose from the gut getting over the director. The accident is not frequent: the operation for hernia is often successfully performed after fæcal vomiting. I cannot say that the woman would have lived if the gut had not been wounded. The woman, having lived so many days after operation, in my opinion might have recovered if the gut had not been wounded. I know of no operation on record in which the gut was twice wounded.

Mr. Stockwell—Examined by Chairman.—I was present at the operation on Charlotte Cox. The operation was begun by a transverse incision. The layers were dissected down as usual, and in dividing the last layer, the intestine appeared to be wounded, and the fæces escaped. On proceeding, the intestine appeared to be wounded again in another part, and the stricture was divided; the wounded part of the intestine was pinched up and secured by ligature. The patient was then put to bed.

By Mr. Pennell.—The intestine was wounded twice, and I believe both times by the point of the knife. The gut was of a chocolate colour. I have seen a gut as dark recover. There was more intestine strangulated than that included in the ligature. I saw the patient twice or three times a day afterwards. The operation was performed on Monday the 21st; she lived fifteen days after. The gut produced is the gut in question. The patient died, apparently, from exhaustion, which began after an increased quantity of wine she took the day before her death. The wine she had seemed to make her tipsy, and I think she died from the sub sequent exhaustion. I believe her to have been tipsy from her having been very sick and talked a great deal of nonsense.

The extra-diet book was produced, and the quantities of wine ordered read.

On the 19th she had two pints of stout and eight ounces of wine.

22-—Four ounces of wine.
23.—Ditto.
24.—Ditto.
25.—Ditto.
26.—Ditto.
27.—Ditto.
28.—Ditto.
29.—Eight ounces of wine.
30.—Eight ounces of wine, and two ounces of brandy, and one egg.
May 1.—Ditto.
2.—Ditto.
3.—Twelve ounces of wine.
7.—Twenty-four ounces of wine.

When wine and brandy are wanted in a hurry they are obtained immediately, and often not entered in the book until the next day. The patient took the twelve ounces of wine, one ounce every two hours, and the twenty-four ounces, one ounce every hour, or two ounces every two hours. The occasion when I found her drunk was in the morning, about nine o'clock, on the day before her death. The orders for wine are always signed by the surgeon. They were signed by Mr. Thompson.

Examined by Mr. Thompson.—The first cut, followed by fæces, was not in view; but I believe the cut to have been in the gut, because the fæces followed the motion of the knife. The intestine was of a chocolate colour. It has happened, I have heard in operations for hernia, that pressure in reducing the intestine has caused a rupture. I have known such cases occur from pressure in trying to reduce the tumour; but not in the pressure from a director. The patient was in the house three days certainly before the operation. She said she had vomited before her admission. I remember your pressing her to submit to the operation. I pressed her myself. I remember your saying you thought the case would terminate fatally before you operated. The day before her death she took seventeen ounces of wine, the day before that twenty-four. She appeared to me to be drunk on the morning after taking the twenty-four ounces. She was sick, and talked nonsense. I am not sure that I stopped the wine. The remedies are always at my discretion during your absence. I told you of the circumstance, and you said let her go on with the twelve ounces. This did not seem to be enough, afterwards she became in a state of depression; her pulse had been from 80 to 100 for several days before taking the twenty-four ounces of wine, and after that it rose to 120 or 130, and never fell again. The treatment was that generally adopted in this hospital.

By Mr. Baylis.—I have never seen stimulants increased so suddenly by any other surgeon. The quantity of wine required would depend a great deal on the habits of life of the particular person. She had been used to take wine. She took as much food as possible.

Was the intestine mortified at the operation?—It bore the application of the ligatures. I ordered no stimulants in this case in addition to those

ordered by Mr. Thompson. At the operation there were no sphacelated spots on the intestine. I looked at it at the time. I preserved the part after death, because I wished to have a specimen of artificial anus. I found some of the intestine outside the abdomen which had not sloughed off.

Mr. Phillips, examined by Chairman.—I was present at the operation, during the progress of which the intestine was, I believe, punctured by the knife in enlarging the opening in the hernial sac. I think there were two punctures made; my reason for thinking so is, that when one opening was included in the ligature fæces still escaped. The gut was in the same state that it usually is in after strangulated hernia; I have seen the gut to all appearances in the same state reduced, and the patient do well. I do not think I have ever seen gut give way in the condition in which this was. I do not think I could judge from the preparation, because all the gut is not there. I have no doubt that commonly the greater part or the whole of the strangulated portion would be in the same state, but I am by no means certain. The strictured point would be the most likely to give way.

Mr. Eyrton.—I have often operated for hernia in this hospital, and I have never met with this accident. I have seen Mr. White and Mr. Lynn operate many times, and I have never seen either of them meet with it. I have never given so much as a bottle of wine a-day to a patient in such a case.

Mr. Thompson.—I have never seen a case in which a patient in this state required a bottle of wine a-day. If I thought a patient required a bottle of wine, I should certainly give it.

Mr. White, examined by the Chairman.—I was not present at the operation, nor at the subsequent treatment. I have heard the evidence. Accidents seem to have occured at the operation. Care was evidently wanting. If one accident occurred, a second in the same case would shew a great want of care. The surgeon should have been doubly careful after one such accident. A patient in a state of collapse would want a large quantity of stimulus; but the stimulus here was an unexampled quantity. I know of no parallel case; but I do not know the circumstances of the case.

Mr. Brooke.—The tying up the gut was perfectly proper.

Mr. Thompson.—I have never seen a case in which the covering was entirely attached to the gut, so that it could not be separated by a little care. I know of no case in which the intestine was wounded by the surgeon, before he thought he had come to the sac.

By Mr. Ayrton.—I have very often seen and performed the operation during forty years' practice in this hospital, and I never saw this accident occur before in this hospital. Wine may be given *ad libitum* in some cases. I did not see this case, and do not know the state of the collapse.

By Mr. Thompson.—I do not recollect that ever I stated in your presence that I have seen the intestine wounded. The accident occurred once to me in private practice. I have never seen it in the practice of other surgeons.

Dr. Kingston—Examined by Mr. Ayrton.—I was not present at the whole of the operation. I was present when the intestine was wounded. I only saw one wound in the intestine. I am satisfied that was made by the knife. It must have been the first wound I saw as I left the room.

By Mr. Thompson.—I am satisfied of what I have stated, but further I cannot go. I am stating my recollection of the simple fact that the intestine was incised. I cannot say whether you used a director or not.

By Mr. Clarke.—I saw the knife go into the intestine, and the fæces come out.

Mr. Lynn—Examined by Mr. Ayrton.—I have been thirty-five years in this hospital, man and boy, and I suppose I have seen this operation twenty-five times by others, and I have myself performed it ten times. I have never seen the intestine wounded. I nearly did it myself once, but did not do it. I should certainly say there was a want of care in wounding the intestine; of the skill I cannot speak.

By Mr. Cheere.—Will you undertake to say the operation was skilfully done?—I was not present. It would be very foolish to limit the quantity of stimulants. They must be administered according to circumstances. I have seen Mr. Thompson operate for hernia before. I remember a case in which he operated on a very old person. That case was successful.

By Mr. Thompson.—I do not remember any more of your operations for hernia being unsuccessful.

[We insert Dr. Roe's examination on this case. It did not take place until the following day, as he was not present at this stage of the inquiry.]

Dr. Roe examined by Chairman.—I remember the case of hernia. I went to see the patient, because I understood the bowel had been wounded at the operation. I wished to see what the effect of that would be. When I saw her she seemed to be labouring under the effects of over stimulus. I asked no questions, the case was not mine. It was not a proper practice to over-stimulate any patient. I believe that the patient would have recovered from the effects of the operation; but I am not prepared to say she died from over stimulus. I think she was intoxicated when I saw her.

By Mr. Thompson.—I have not been in the habit of treating cases after operation. I know nothing of the medical features of this case. I saw her three times. I think she was not over stimulated the first time. In my opinion twelve ounces of wine during twenty-four hours is not too much for a patient *dying* of sloughing intestine. I think all things conducing to a state of fever prevent proper adhesions from taking place. I should not order twenty-four ounces of wine in twenty-four hours unless I thought the patient dying.

This ended the case of Charlotte Cox.

All the other cases were then withdrawn, some in consequence of their having occurred before Mr. Thompson was elected surgeon to the hospital, and others because there was no evidence forthcoming, except the case of Miles Dowden, on whom lithotomy was performed. The case of Mary Ann Davis, on whom Mr. Thompson refused to perform the operation of tracheotomy when called on to do so, and the case of amputation, in which it had been stated that Mr. Thompson did not properly apply the tourniquet.

We much regret that we are compelled, in consequence of the great length of this report, to postpone its conclusion to next week.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

ACADEMY OF SCIENCES.

Meeting of December 8th, 1845; M. ELIE DE BEAUMONT in the Chair.

An Experimental Inquiry into the Successive Absorption and Reproduction of the Heads of Bones; by Professor Flourens.—The object of M. Flourens' experiments is to show that the increase of bones in length is not the result of elongation of their fibres, a hypothesis sufficiently disproved by the fact, that bones increase in diameter by *superposition* of new layers, and in length by *juxtaposition* of fresh bony particles. The heads of bones are, in M. Flourens' opinion, the seat of perpetual and successive absorption and reproduction until such time as the bones have acquired their full development. M. Flourens presents to the Institute nine experiments, divided into three series, the first of which is destined to prove the constant changes going on in the extremities of the long bones; the second, the absorbing powers of the periosteum, and the third refers to the functions of the medullary membrane. The three first experiments were made on the tibias of rabbits, into which nails were introduced. The nails placed in the spine of the tibia were found distant from that eminence three millimetres after twenty-two days, thirteen millimeters after forty-six days, and seventeen millimeters after seventy days. In experiments four, five, and six, M. Flourens placed under the periosteum of a living bone a small plate of dead bone, and found it unaltered after fifteen days, worn and corroded after twenty-six, and almost completely absorbed after thirty-one. In experiments seven, eight, and nine, M. Flourens destroyed the periosteum: a new bone was secreted by the medullary membrane, and the ancient bone was gradually absorbed by the new periostitic investment. M. Flourens concludes:—1. That during the increase in length of bones, their heads are successively absorbed and reproduced; 2. That the periosteum performs the functions of absorption in the same manner as the medullary membrane; 3. That, as well as the periosteum, the medullary membrane has the power of secreting new bone.

Treatment of Aneurism by Electro-Puncture.—A letter was read from Mr. B. Phillips, F.R.S., in which that gentleman claims the merit of having first proposed, and first applied in practice, electro-puncture to the treatment of aneurism. In a late communication to the *Medical Times* (see *Medical Times*, vol. xiii, p. 147) we related Dr. Petrequin's case of cure of a traumatic aneurism of the temporal artery by this method. We still believe it is the first successful case on record. Mr. Phillips founds his claim to priority of invention on a paper published by him on the 1st of January, 1832, wherein he adverts to the possibility of applying galvanism to the treatment of aneurism. Mr. Phillips further mentions two cases of operation; one by Mr. Keate, of St. George's Hospital, for an aneurism of the carotid artery, reasonable hopes of success were entertained, when the patient died from the rupture of aneurism of the aorta. The other case belongs to Mr. Phillips, who applied electro-galvanism, in the Westminster Hospital, to an aneurism of the subclavian, but, before any result could be obtained, the patient was persuaded to have ligature performed.

The Equivalent of Chlorine; by Professor Gerhardt, of Montpellier.—The equivalent of chlorine hitherto has been represented by a number which is not a multiple of the equivalent of hydrogen. Professor Gerhardt having recognised a cause of error in the operations resorted to for the purpose of ascertaining the number, proposes a new equivalent. The cause of error resided in the escape of a small quantity of chloride of potassium during the disengagement of oxygen; the number found by Professor Gerhardt is 36.

New Sudoriparous Glands found in the Skin; by M. Robin.—M. Robin communicates to the Academy the discovery of new perspiratory glands, which he has detected in the skin of the axilla and of the inguinal regions. These glands are similar in structure to those already described by Breschet and others, except that they are four or five times larger, and are, therefore, visible to the naked eye. They are also generally grouped in numbers of two or three, instead of being isolated like the sudoriparous glands already known to anatomists.

ACADEMY OF MEDICINE.

Meeting of December 9th, 1845: M. CAVENTOU in the Chair.

M. Lecanu read a report on a memoir presented to the Academy by a "Juge d'Instruction," of Bordeaux, relative to the difference between the blood resulting from the catamenial evacuation and the blood effused during miscarriage. The reporter concluded by saying it was impossible to establish the distinction.

Treatment of Hydrarthrosis by the Iodine Injection.—The readers of the *Medical Times* may recollect that, in the course of October, we related two cases of hydrarthrosis treated by puncture and injection (see vol. xiii, p. 49 and p. 92). One of these cases was operated on by Professor Velpeau; the other was communicated to the Academy of Medicine by Dr. F. Roux. A commission was appointed by the Academy to examine M. Roux's paper, and Professor Velpeau reported to the meeting of December 9th the conclusions of that commission. M. Velpeau began by stating that the dangers of the introduction of air into serous cavities had been much exaggerated, and rested more upon preconceived theoretical views than upon positive practical evidence. He further insisted upon the distinction to be established between laying open serous cavities by incision, and simply puncturing them with a trocar. The learned reporter reminded the Academy of the innocuity of paracentesis abdominis in cases of dropsy of the peritoneum, and endeavoured to draw a parallel between ascites and hydrarthrosis; he also compared the fatal results usually attending spontaneous serous inflammation with the generally happy termination of traumatic

lesions of serous membranes. With respect to injections into the joints, he highly approved of the choice of the solutions of iodine, the many advantages of which had been already appreciated in hydrocele of the tunica vaginalis, and he asserted that by its action hydrocele was cured but the tunica vaginalis was not obliterated. His conclusions were favourable to the method. A discussion ensued, of which the following is an extract:—M. Dupuy, professor of the Veterinary School of Alfort, agreed with Professor Velpeau in stating that the dangers attending introduction of air into serous cavities had been much overrated. He had often, in animals, opened the cavity of the thorax to allow the escape of pleuritic effusion, and no fatal results had followed, although no prevention had been taken against the introduction of air. Professor Roux feared that the reporter's very natural predilection for the iodine injection, which he has been the first to patronise in France, had led him too far with respect to diseases of the joints. But, even with regard to hydrocele, Professor Roux could not admit that the iodine injection presented any decided advantage over the common wine injection. For his part, Professor Roux had operated, during the course of his professional career, on at least fifteen hundred or eighteen hundred cases of hydrocele with the wine injection, and had only four times to deplore fatal results. To this day Professor Roux prefers the wine injection as causing less pain, as giving the patient an equal, if not a better, chance of ultimate recovery, and as being, under all circumstances, easier to obtain and to use. With regard to the puncture of joints, Professor Roux could not agree in considering it a harmless practice; he had met with a case in which simple puncture had been followed by such violent inflammatory symptoms that amputation of the limb had become necessary; it is true that, in this instance, effusion of the liquid had taken place in the cellular tissue through a rupture of the synovial membrane. Hydrarthrosis resulting from a traumatic cause yields, in general, with facility to the usual means directed against it, and it is not certainly always so easy to obtain the cure of chronic cases of spontaneous hydrarthrosis; but the methods of treatment generally employed are at least innocuous; and the plan of injecting iodine solutions into articular cavities must be deemed dangerous, if not in M. Velpeau's skilful hands, in those of surgeons equally bold but less experienced. Professor Blandin observed that rebellious hydrarthrosis, although occasionally met with, was a disease of comparatively rare occurrence: almost always the usual means of treatment, well directed, were sufficient to obtain a cure. Amongst these methods he would mention three which he considered as most efficacious, viz., total immobility of the limb in the starch bandage, compression of the diseased joint, and mercurial frictions carried as far as salivation. The learned professor acknowledged that puncture of the joints could not, at the present day, be considered as dangerous an operation as it was formerly. The, so called, subcutaneous methods lately introduced into surgery had caused a kind of revolution in this matter, and the aspiration of the liquid, by means of an appropriate syringe, now rendered useless the manipulations which were formerly necessary to extract even a part of the effusion. Prof. Velpeau considers the iodine solution as presenting decided advantages over the wine injection in the treatment of hydrocele. Professor Blandin must protest against this assertion; he takes note of M. Velpeau's admission that the iodine seldom produces adhesion of the tunica vaginalis; that circumstance which Professor Velpeau looks upon as favourable, Professor Blandin must consider as unfortunate, inasmuch as it permits the possibility of a relapse. Professor Blandin is not prejudiced against the iodine injection, and he has given it a fair trial. In ten cases he has employed it in hospital, and with the most unsatisfactory results. He begged to remind M. Velpeau of a case which they had seen together in consultation. The iodine solution (Tinct. iod. one-third, water two-thirds) was tried once without success. A second operation was performed with equal parts of tincture and water, and a relapse again took place. A third injection was made with wine, and the patient was perfectly cured. M. Blandin had seen a second case in which the iodine had failed three times, and in which recovery was obtained at last by injection of wine. Professor Blandin could mention a third instance: a man who had been operated on with the tincture of iodine consulted him for a tumour of the scrotum, which the patient conceived to be hernia, but which proved to be a relapse of the original disease, hydrocele. The wine injection was performed, and no relapse has since occurred. In conclusion, Professor Blandin asserted that the injection of iodine was a most uncertain method, and a most unsatisfactory one. As to the puncture of diseased joints, and the injection of iodine into their cavity, Professor Blandin could tell M. Velpeau what had hitherto prevented surgeons from adopting the operation; it was the fear of producing violent inflammation; and if in the few cases which he had treated in this manner, Professor Velpeau had not met with severe accidents, it might be safely prophesied to him that he would not long enjoy the same good fortune. Professor Velpeau observed that the discussion had taken such an important and animated turn, it embraced so many questions, that it would be necessary for him to answer at some length the objections of the two learned professors who had addressed the chair. The hour being advanced, he begged the president would, with the consent of his opponents, adjourn the debate to the next meeting. The proposition was unanimously agreed to.

Intermittent Fever and Tubercular Consumption.—(*Medical Times*, vol. xii, p. 470.) The last few minutes of the meeting were occupied by a report read by Dr. Gaultier de Claubry, on a paper of Dr. Charcellay-Lagarde, professor of the Preparatory School of Tours, relative to the alleged antagonism of phthisis and ague. At Tours, from September, 1842, to August, 1845, 1571 patients of both sexes were admitted into hospital; amongst these, 384 were affected with intermittent, 170 with typhoid fever, and 135 with pulmonary consumption. At Strasbourg, in Professor Forget's wards, of 904 patients, 335 had intermittent, 269 typhoid fever, and 300 tubercular consumption. At Bordeaux, in Dr. Gintrac's wards, 1201 cases of intermittent fever were admitted, and 150 of pulmonary consumption. The reporter concluded, that in neither of these three cities does the supposed antagonism exist between phthisis and intermittent, or continued fever.

PARISIAN MEDICAL SOCIETY.

Meeting of Wednesday, December 10th, 1845. Dr. M'Carthy in the chair.

Paracentesis Thoracis.—Dr. Olliffe read a paper on paracentesis thoracis, in acute pleuritis. The essayist, after a rapid historical sketch of the precepts laid down by authors for the operation, from the earliest periods down to the present day, remarked that in very few instances had the operation been performed in cases of acute inflammation of the pleura. It was to advocate this treatment, when other remedies had failed, that Dr. Olliffe submitted his paper for discussion; he brought forward, in support of his opinion the following case which he had lately witnessed:—

Case.—X., aged ten years, was seized with acute pleurisy of the left side, which was rapidly followed by effusion. The usual treatment was resorted to by the medical attendant, one of the most eminent practitioners in Paris, but without success; on two occasions copious blood-letting had been resorted to; the side was blistered; purgatives were used freely, and the symptoms, becoming more and more severe, a consultation was determined upon, and Professor Trousseau was called in. This gentleman gave it as his opinion, that the chances of procuring resorption of the fluid were but few, and advised paracentesis. The objections to the operation were so urgent that it was postponed for some days, but no improvement took place in the patient's condition; and a second consultation was called, at which Professor Trousseau requested Dr. Olliffe's attendance. The sufferings of the child were intense; dyspnœa existed in the most distressing degree. The recumbent position was impossible; the countenance was pale, approaching to lividity, and suffocation seemed imminent. The heart was displaced and removed to the right side of the sternum. The left side was completely dull on percussion, and the respiratory murmur could in no part of the diseased side be detected. Neither souffle nor œgophony were present. Pulse 100, with a tendency to fainting. The operation was resolved upon and performed without delay. The child being placed in the sitting posture, an incision was made with a lancet between the sixth and seventh rib, at the union of the anterior with the two posterior thirds of the circumference of the thorax, in the region where the serratus major and the obliquus externus interdigitate. In order to avoid the intercostal artery the incision was made close to the superior ridge of the lower rib, and a large trocar was gently introduced to the depth of about three centimetres. To the canula of the trocar, a moist cylinder of baudruche (gold-beater's skin), had been previously attached. A copious serous discharge was immediately obtained, and when the movements of inspiration caused the diaphragm to descend, and enlarged the capacity of the chest, the ingress of air was prevented by the moistened membrane, which performed the part of a valve, and hermetically closed the aperture of the canula; during expiration a new stream of liquid again escaped, the valve not interfering in the least with its exit. During the progress of the operation pressure was performed on the abdomen in order to promote the complete evacuation of the liquid, the canula being removed. The wound was closed with a strip of adhesive plaster; and a quarter of an hour after, the lung had expanded, and the pulsation of the heart could be distinguished under the sternum. The respiratory murmur had returned, and the only inconvenience to which the patient was exposed, was a fit of coughing induced by the rapid dilatation of the lung. The quantity of liquid withdrawn amounted at least to two English quarts. No fresh effusion took place—convalescence set in, and the child is now perfectly well. Since this operation, Professor Trousseau has performed another with even more success, the quantity of liquid being more considerable, and the recovery more rapid. On the 9th inst., M. Beau, at Hospital Necker, performed paracentesis thoracis on a man, aged twenty-nine, withdrawing fourteen pints of liquid. The patient is doing well. In conclusion, Dr. Olliffe advocated the operation in all cases of the kind, even in the acute stage, when the usual remedies have failed in their action, and stated that in none of the operations hitherto performed by this method had relapse taken place; he further asserted that of all the instruments proposed for paracentesis thoracis, none gave so complete security against the dangerous introduction of air into the cavity of the chest, as the trocar armed with the moistened tube of baudruche, first employed Dr. Reybard. Finally, Dr. Olliffe agreed with Dr. Trousseau in recommending the immediate evacuation of the whole of the liquid contained in the chest. After a short discussion on the merits of the operation, and its peculiar application to cases of acute disease, the meeting adjourned at 10 p.m.

HOTEL DIEU.

Clinical Lecture, continued.—*Hydro-pneumothorax.* By M. Chomel.

Of the numerous causes which we have assigned to pneumothorax, pulmonary consumption is certainly the most frequent. In the excellent inaugural thesis of Dr. Saussier (Paris, 1841), on this subject, we find that in one hundred and twenty-seven instances of this malady, it was occasioned eighty-one times by phthisis, twenty-nine times by purulent pleurisy, eight times by gangrene of the lungs, six times by emphysema, and three times by hydatid cysts. In the case of the patient whose history we related in our last lecture, we have no choice but between consumption or purulent pleuritis. We do not find that the usual signs of pleuritis preceded the pulmonary perforation. Notwithstanding some symptoms of general disturbance on which the patient bestowed but little attention, she enjoyed a tolerable state of health, until a fortnight before admission, when perforation occurred. If this accident had been caused by an accumulation of pus in the pleuritic cavity, she would have expectorated a certain amount of purulent matter the moment that a communication was established between the pleura and the air

passages; nothing of the kind took place. This case must, therefore, be referred to pulmonary consumption, the progress of which occasioned a simultaneous ulceration of the pleura, and of a bronchial tube. I designedly thus express the morbid phenomena, because a tubercle generally ulcerates only into a bronchus, and purulent expectoration follows, or ulcerates only through the pleura, without establishing a fistular passage leading from a bronchus into the pleural cavity. But if tubercular consumption is such a common disease, we may naturally inquire, why pneumothorax is so rarely met with? We will find the answer to this question in the known fact, that pleuritic adhesions form in the neighbourhood of the tubercular deposits, so as effectively to protect the thoracic cavity against perforation in the event of softening of the morbid production.

It is in the incipient stage of phthisis, and, therefore, between the ages of twenty and thirty, that perforation is chiefly observed. It is a remarkable fact that pneumothorax consequent upon phthisis, is much more frequent on the left than on the right side. Thus, in seventy-eight cases collected by Dr. Saussier, the gaseous effusion took place fifty-one times on the left side, twenty-seven only on the right. When pleurisy causes the disease, on the contrary, the right side is oftener its seat. In twenty-one cases, Dr. Saussier found it seventeen times on the right side, and once only on the left, in the three other cases the diseased side was not specified. The reason of these singular facts may be, that phthisis generally progresses more rapidly in the left than in the right lung, and that the right pleura offering, on the other hand, a more extensive surface than the left, is also more exposed to inflammation.

Very soon after the first penetration of air into the pleura, a liquid secretion takes place in the diseased cavity. And in proportion to the gradual increase of this liquid, the amphoric resonance of the voice, the metallic tinkling, and tubular respiration lose their intensity, and may even altogether disappear when the liquid rises in the chest, above the level of the perforation—a circumstance which may lead to a knowledge of the exact spot occupied by the lesion of the lung.

It has been remarked with truth by Laennec that in cases of pleurisy with effusion, the diseased side increases in size, and during convalescence gradually sinks inwards; I have further observed that when the effusion has not been of very long duration, this deformity disappears, and that in patients whose side had been considerably diminished during the convalescence of pleuritis, the side formerly diseased has afterwards completely regained its natural dimensions.

When pneumothorax takes place, the affected side of the chest becomes evidently enlarged, by the elevation of the ribs, the bulging out of the intercostal spaces, the displacement of the mediastinum, and of the diaphragm—two anatomical changes which percussion sometimes reveals, but which are often detected only on post-mortem examination.

Anatomical and Pathological Researches on the Deposits of Black Matter found in the Respiratory Organs of Man; by N. Guillot, D.M.P., Physician to the Hopital of La Salpêtrière.—Dr. Guillot, whose discovery of a new organ of circulation in the skate we recently communicated, has directed his attention towards the deposits of black matter so frequently met with in the lungs of the human subject, and has found a rich field of inquiry in the wards confided to his care at the Hospital of La Salpêtrière. The subjects of his investigation were aged seventy at least, and in all the cause of death had been the more or less gradual suppression of the pulmonary circulation. Many opinions have been brought forward relative to the nature of this black matter. According to Bichat it is the result of the secretion of the bronchial glands; Bresehet and Trousseau consider it formed by blood; Heusinger looks upon it as a kind of pigment; Andral as the characteristic morbid feature of chronic pneumonia. Many authors, amongst whom we may name Laennec, Graham, Marshall, Gregory, Gibson, &c., attribute the deposit to the inhalation of the smoke of lamps, and of the particles of carbon suspended in the atmosphere; Bourgery and A. Bésard conceive its colour to be due to carbon. M. Guillot agrees with none of the above opinions; in his opinion the melanotic pulmonary matter is pure carbon, its accumulation produces symptoms easily detected during life, and it may become the cause of death by its interference with the circulation of the respiratory organs. Chemical analysis has proved to our author that this black matter is exclusively formed of carbon. The first appearance of the substance under consideration, is in the shape of amorphous, minute black particles, the agglomeration of which obliterates the extremities of the blood-vessels—a fact demonstrated by injection, and by the remarkable circumstance that when death has been produced by pneumonia, those parts of the lungs which are the seat of the black deposit are not in the least modified by the morbid action which has sometimes invaded their immediate neighbourhood. The size of the accumulation of carbon may vary from that of a grain of hempseed to the volume of a chesnut, and the black matter never contains any vascular ramifications belonging to itself. Compressed by its presence, the small air tubes in the vicinity become gradually obliterated, and the local disorder occasionally acquires such extent, as to incapacitate one-third of each lung from performing its important functions. These productions chiefly occupy the summit of the lungs; they are never surrounded by cysts, and it is not the least interesting part of their history, that when tubercular matter in its various stages of development is found in the lungs of the aged, and the proportion of bodies on which tubercles are detected after death is as great as four-fifths at La Salpêtrière, the tubercles are found constantly surrounded by this black matter, which seems to have arrested their progress. In a former publication, Dr. Guillot has demonstrated by repeated injections, that new vessels are formed around tubercles in a state of ramollissement, communicating with the bronchial arteries, and constantly bringing to the diseased spots a fresh supply of arterial blood—a new element of inflammatory action. It is by the obliteration of this morbid circulation, that Dr. Guillot fancies the melanotic deposits of the lung arrest the future progress of tubercular consumption—an explanation which gathers strength from the immense proportion of cases in which he has found tubercular matter in the lungs of the aged. The symptoms produced by this variety of melanosis are the following:—Cough is observed in all, and sometimes has existed for a long period; the expectoration occasioually streaked with blood is not in general characteristic; dulness on percussion is detected in those parts of the chest which are occupied by the black deposit in any abundance; on auscultation a tubular respiration is heard, and is in many instances erroneously attributed to a supposed dilatation of the bronchi; pectoriloquy and bronchophony are frequently present; and the value of these signs is increased by their simultaneous appearance in the aged.

DAN M'CARTHY, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals in Paris.

HOSPITAL REPORTS.

MANCHESTER EYE HOSPITAL.

By A. W. CLOSE, Esq., Grosvenor-street, Manchester.

The following cases will be found very interesting, and will also serve to show the applicability and utility of the instrument invented by Mr. Walker, a sketch of which I gave in my last communication.

Traumatic Cataract.

P. Smith, aged thirty, a mechanic, from Bury, was admitted an in-patient of the hospital on the 21st of May, 1845. Five or six days previously, whilst at work, his left eye was struck with a small piece of steel, which had produced much irritation, and complete loss of vision in the organ. Leeches had been applied, and other remedies resorted to without benefit.

On examination there was an appearance of extreme vascularity of both conjunctiva and sclerotica, the cornea was but slightly affected, an opaque line, however, being observable at a point near its centre where the fragment of steel had impinged; and on closely inspecting the iris, a corresponding wound in its structure was apparent, precisely opposite the wounded portion of the cornea so that it was tolerably evident that the foreign body must have penetrated both cornea and iris, and was probably lodging in the crystalline lens, or somewhere in the posterior chamber; the lens was very opaque and somewhat displaced; the pupil irregular, but not much contracted.

Ordered the extr. belladon. to be applied freely around the eye, and to be renewed night and morning.

May 22.—The only change observed is that the pupil is pretty fully dilated, particularly upwards and outwards; the inner and lower portion of the iris being apparently prevented from expanding by the pressure of the displaced lens, which appears to bulge forward in that direction.

A consultation having been held, it was decided that the cornea should be punctured, and the displaced and opaque lens removed. This was accordingly done in the usual way by the *grooved-needle knife* being passed through the cornea and into the pupil, the aqueous humour and a considerable portion of softened pultaceous lens immediately escaping. After the operation, the pupil was observed to have become considerably contracted, and of a more regular shape. Vision improved, but indistinct.

To go to bed and continue the belladonna plaster.

23.—Has passed an excellent night, the best of several; has little or no pain; the vascularity not increased; the pupil appears to be occupied by opaque capsule.

Continu. empl. belladon. Haust. senuæ comp. pro re natâ.

31.—Has gone on very favourably; the vascularity is much diminished; opaque capsule still fills the pupil.

To return home and attend occasionally as an out-patient. Contin. medic.

On this case Mr. Walker observes, "Here there was no appearance of the foreign body escaping with the dissolved lens, but still it was hoped that it might have done so; or, if remaining in the eye, that it would be eventually removed by the action of the absorbents. The patient went on very well for two or three weeks, when he returned in consequence of a severe attack of inflammation. This was of the character of iritis, as denoted by a change of colour of the iris, a greater amount of contraction of the pupil, effusion of puriform fluid into the anterior chamber, deep-seated pain in the eye, and the usual appearance of vascularity of the outer tunics. This continued for several weeks. It ultimately subsided under the administration of mercurials, leeches, purgatives, and the ordinary antiphlogistic remedies, the pus disappearing from the anterior chamber, but the pupil remaining closely contracted and adherent to the opaque capsule. He last presented himself at the hospital about a month since, the eye having been free from irritation for several months past, during which time he had been regularly attending to his employment. There is now every reason to suppose that an artificial pupil might be successfully made, as probably the foreign body has either become encysted or absorbed. However, it was not deemed advisable to urge it upon him, but rather to leave it to his own free choice."

Case 4.—George Ryle, aged twenty-one, a mechanic, admitted July 30, 1845. He states that whilst at work, a piece of iron flew with great force against his right eye and wounded it very severely. He has had great pain in it since the receipt of the injury, and vision is totally gone. There is great irritability and profuse lacrymation on exposure to light.

On looking at the eye, it is evident that the cornea has been cut in a perpendicular direction directly through its central portion, the edges of the wound being slightly uneven and covered with a layer of lymph; the iris appears to have escaped uninjured, the pupil being moderately regular but rather contracted; the capsule of the lens is opaque, and a portion of opaque lens protrudes through the pupil. The globe is highly vascular.

Ordered lot. saturn., to be kept constantly applied during the day, and the extract of belladonna

at night. Cal. grs. ij, opii. grs. ss., hor. som. sum.

July 31.—There is but little change in the appearance of the eye. The irritation is excessive: cannot bear the least exposure to light. At a consultation it was deemed advisable to puncture the cornea and give exit to the broken-up lens. The *grooved-needle knife* was accordingly introduced at the outer margin of the cornea and its point pushed into the pupil. By this operation a small portion only of the dissolved lens passed along the groove of the instrument, the larger part, in consequence of the pressure, being forced through the wound in the centre of the cornea. This was followed by the immediate restoration of sight. He was then directed to be removed to bed and have a belladonna plaster placed over the eye.

August 7.—He has gone on very favourably since the operation, having been subjected to the usual antiphlogistic treatment, but not requiring any abstraction of blood. The vascularity is almost gone; the wound of the cornea nearly healed; the pupil clear, and quite free from opaque capsule; and he can now see distinctly.

On this case Mr. Walker remarks, "A remarkable circumstance, which I have more than once witnessed, is the protrusion and discharge of the dissolved lens through the wound of the cornea, on the introduction of the instrument into the eye. Another interesting point connected with the case is the rapid recovery after the removal of the foreign body (the broken-up lens) notwithstanding the severe penetrating wound of the cornea, effected too by an obtuse body coming forcibly in contact with the eye. The rapidity of recovery is generally in a tolerably exact ratio to the healthy condition of the patient. If he be of a sound constitution, the eye soon recovers from the effects of the injury when the source of irritation is removed; if, on the other hand, he be of a delicate or strumous habit, he will certainly be the subject of a lingering attack of ophthalmia, commonly terminating in disposition of lymph into or across the pupil, and a consequent obliteration of that aperture. This, however, is less likely to be the case when the lens is removed by an early operation. Another important consideration consists in the great saving of time for the patient, a point of much interest to a labouring man. Had this case been allowed to proceed without the extraction of the lens, a long and tedious process of inflammation would have had to be combated, the wound of the cornea would not have healed during the continuance of the inflammatory action, and the patient must have lost many weeks of valuable time. I remember an analogous case in which, on puncturing the cornea, three or four weeks after the receipt of the injury, the dissolved lens was forced through the wound of the cornea, as in the case now reported, so that it was evident no attempt at reparation had been made in that long period of time."

It may also be anticipated that Mr. Walker's grooved-needle knife will be found very useful in the operation for soft cataract, by early removing the broken-up and disorganised lens, which is usually left to the action of the aqueous humour. This action is a physiological problem not yet solved. Speaking to Mr. Walker the other day upon the subject, he seems to lean to the belief that this fluid is organised and possessed of vessels, invisible, but existent, by means of which absorption is effected. In fact, in his "Vade Mecum," he says, "There is no reason for supposing that the aqueous humour actually dissolves the substance of the lens by any chemical or mechanical process. This fluid, however improbable such a supposition may appear at first view, might almost be regarded as endowed with vitality, so that when any foreign body is immersed therein, its absorbent vessels are excited to action, and soon effect the entire removal of the body." In his "Philosophy of the Eye," page 77, he also mentions the supposition of the aqueous humour "possessing blood-vessels of its own." Now, with all due deference to such an authority, and no one is more disposed to defer to it than myself, indeed these reports are offered as a meed to science, and to a man of merit "palmam qui meruit ferat," I am inclined to think that the aqueous humour possesses no more claim to vitality than the fluid secreted by the pleura, peritoneum, tunica vaginalis, or any other serous membrane, or by the synovial membranes and bursæ. There is propriety in the thought that every fluid, not excrementitious, and in contact with a vital texture, is endowed with a degree or measure of vitality. But what is vitality? There is the rub. Does it consist essentially and absolutely in the possession of blood vessels? It is a concomitant of such an arrangement, but not perhaps a certain and unlimited consequence. In what it does consist nobody knows. Its phenomena may be described, its essence cannot be understood. But if generally connected with the existence of vessels, they have never been discovered in the aqueous humour. In the conjunctiva, and particularly in the cornea, they are ordinarily invisible, but often become visible. My faith as to their existence in the aqueous humour shall be reserved until I see them with my assisted or unassisted eye. Upon this subject microscopic anatomists are likely to throw much light. Who knows but they may prove that manifestations of vitality are more essentially connected with cells? Thus much they do say:—"The fact that the purpose to which the capillaries are habitually subservient is only the passive one of conveying blood close to those parts of the body which either grow or secrete, renders the vascularity or non-vascularity of a tissue a matter of less interest than it used to be." To the list of vascular tissues the microscope and the improved art of injecting have added the cornea, the anterior part of the capsule of the lens, the *membrane* of the aqueous humour, the hyaloid membrane." This goes to prove that the aqueous humour is the secreted fluid of a serous sac—the membrane. Then, in the event of the evacuation of the aqueous humour, supposing vascularity to be essential to vitality, with its resecretion how are its vessels reproduced? They must be formed out of the elements of the humour itself, or they may permeate its structure as offshoots from the membrane. The elements are albumen, gelatine, muriate and phosphate of soda. The first may produce protcine, and this may become combined into arterial or capillary membranc, Pr+2 H O. But either hypothesis is incongruous with the celerity with which the fluid is reproduced. Moreover, I apprehend that the diseases of the membrane are similar to those of other serous textures. The fluid of hydrocele is sometimes merely an increased flow of the natural secretion; but nobody ever attributed the existence of blood-vessels, or any particular vitality to it. There is, then, the reason of analogy against Mr. Walker's opinion. The truth is often found in the medium or amalgamation of two extremes, or two opposite opinions: perhaps the action of the aqueous humour may be deemed chemico-vital—capable of acting with considerable energy on a foreign body, as a solvent, and producing such a separation of its particles as may render them fitted for the calibre, or rather the endosmose, of the absorbent vessels of the containing membrane or cyst. More on this subject at present I say not; further I speculate not; only, be the action vital, or chemical, or both, be it carried on by the vessels of the aqueous humour itself, or by those of its surrounding membrane, it is certain the process sometimes goes on very slowly; "commonly it is many weeks, and sometimes several months, before the absorbent process is perfected."

I have no doubt, in the progress of these reports, we shall be able to furnish our readers with some instances of the useful application of Mr. Walker's *grooved-needle knife* in the treatment of soft cataract.

Excision of the Inferior Maxilla.—In the *New Orleans Medical Journal* it is recorded that this operation has been successfully performed three times in that city, by Dr. J. F. Buegnot, for osteo-sarcoma; the first in 1839, by dividing the bone with a chain saw, at the symphysis, and above the angle. The second in the same manner. The third operation was performed in 1840. The disease in that case had progressed so far, that it was found necessary to disarticulate the bone at the temporo-maxillary joint; and thus the entire half of the bone was removed. The patients all recovered entirely.

TRANSACTIONS OF LEARNED SOCIETIES.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

November 27th, 1845.

Dr. G. Johnson, Vice-President, in the chair.

Mr. Griffith read a paper on "The Use of Secale Cornutum in the Treatment of Hemorrhage." After a few introductory remarks he read several cases, the first, to show its efficacy in arresting puerperal hemorrhage. A woman was delivered without any extraordinary circumstances in the morning, dangerous uterine hemorrhage occurred in the evening; affusion, and afterwards injection of cold water, the introduction of the hand into the uterus, and kneading were resorted to, and ergot was given without immediate arrest of the hemorrhage; the ergot was repeated in 3ij doses of the tincture, every ten minutes; the hemorrhage soon lessened, and was arrested in an hour, in a gradual manner responding to the anticipated gradual effect of the ergot. The dose of the ergot was repeated every three hours, but, having been omitted during the following night, the hemorrhage recurred, and was again arrested by the exhibition of the ergot. He cited some cases of hemorrhage after abortion, wherein the ergot had been given with like good result; and one case of uterine hemorrhage, in an unimpregnated woman, at the turn of life, arrested by the administration of ergot. Another case showed the arrest of traumatic hemorrhage by the same drug given internally, and also applied to the wound—an extensive lacerated wound in the face. Having concluded these introductory cases, which he had brought forward to prove the efficiency of ergot in arresting hemorrhages, both uterine and others, he proceeded to inquire into the *modus operandi*, and the more immediate effects of ergot. He then explained the reasons of its failing, or producing bad effects, in the hands of some practitioners, while it was very efficacious, and not followed by bad effects in the hands of others. His observations and reasonings on these points led him to the following "general conclusions:"—

"1. That ergot exerts no specific effect on the uterus in particular, but acts generally on the muscular tissues through the medium of the nervous system, hence (supposing the presence of muscular fibres in all the vessels), it will serve to arrest hemorrhage in whatever part the vessel may be situated, provided, of course, that no vessel of any considerable size be opened.

"2. That it acts through the spinal cord on the muscular tissue, by producing not a depressing, but a stimulating effect." He drew this conclusion from its effects in restoring the muscular power of the lower extremities and the pelvic viscera when they were paralysed. He had cited a case of the cure of want of power in the bladder to expel its contents by the administration of ergot internally.

"3. That any bad effects following its exhibition are the result, not of the active principle or ergotine, but of some other agents exhibited with this.

"4. That these injurious principles are not present in the alcoholic solution or extract, both which contain the active principle unimpaired."

Practical conclusions:—

"1. That in all cases of alarming hemorrhage, ergot in some form or other should be immediately given, provided there be nothing to interfere with the resulting contractions.

"2. That the tincture or alcoholic extract should alone be given, and since these produce no injurious effects on the nervous system, they should be given in such doses as to produce an immediate and decided effect.

"3. That, however, the auxiliary means—as cold, compresses, &c.—should on no account be neglected.

"4. That, to insure their efficiency, the tincture or extract should be prepared from perfectly fresh grain;" because the drug is very liable to spoil in keeping. In the latter part of his paper the author stated that he had not witnessed, or read of, anything to lead him to the belief that it caused any alteration in the blood.

Mr. Prichard regretted that the author was unable to advance any opinion as to the effect of ergot on the blood—it was a most interesting question.

Mr. Bains disagreed with the author's opinion, that ergot was a stimulus to the contraction of muscular fibre. He thought it rather anodyne than stimulant. The middle coat of the arteries is elastic tissue, not muscular.

Mr. Arlidge said, that the view, adopted by the author, that blood may escape from the vessels (by transudation) without rupture, was now quite exploded.

Mr. Wilson stated, on the authority of Dr. S. Wright, that ergot produces contraction of the arteries, but not of the veins. He doubted the correctness of the author's opinions as to the form of administration of the drug; he thought that one form was as good as another. One of its effects on animals was to stupify them.

Mr. Gill observed, in proof of the opinion, that the effects of ergot are produced through the spinal cord, that Dr. S. Wright had produced paralysis in animals by injecting it into their veins.

Mr. Reid said, that numerous experiments had shown that the middle coat of the arteries is muscular, that is to say contractile, and probably ergot causes grangrene by producing such a contraction of the arteries as interferes with the nutrition of the parts which they supply.

December 4th, 1845.

Dr. Guy, Honorary President, in the chair.
Mr. Bowman, F.R.S. and Dr. Rayner, F.S.A., Vice-Presidents.

A communication from Dr. T. Inman, of Liverpool, honorary member, was read by the honorary secretary, containing the details of four cases of stricture of the urethra, from his own experience in the Liverpool Infirmary, and one case of stricture of the lower end of the œsophagus, communicated to him by a friend—cured by the use of the caustic bougie. The first case was one of stricture with perineal urinary fistula, the caustic bougie was applied every day for about thirty seconds, by which means the stricture was cured in a fortnight, and had not returned eighteen months afterwards. In the next case, the treatment not having been long persevered in, was but partially successful. The third was a case of old "gristly stricture," in which the treatment was followed by complete success. In the fourth it was also completely successful.

All these cases showed that the apprehensions, expressed by writers on the use of the caustic bougie, are quite unfounded.

In the case of stricture of the œsophagus, the caustic bougie, introduced through another, was applied for several days without effect, but at length the patient vomited a large slough of the whole circumference of the stricture, and ultimately perfectly recovered.

Dr. Inman's communication also contained a case interesting in reference to the symmetry of disease. A patient died of puerperal peritonitis. A solitary spot of gangrene was discovered on the surface of one lung, and, on examining the other, an exactly similar solitary spot was discovered in an exactly corresponding or symmetrical position.

Mr. Gill then read a paper on vaccination, wherein he remarked that from the writings of very ancient authors, as Homer, Virgil, Ovid, and Moses, it is evident that an eruptive disorder, common to man and brutes, has existed in all ages whereof we have any record, and from the wording of many of the passages from those authors, which he quoted, he considered that this disease was the small-pox. The plague of "boils and blains" among the Egyptians, mentioned in the book of Exodus, was he believed small-pox. He showed that, although inoculation gave safety to individuals, it was very disastrous in its consequences to a community, as continually disseminating the disease amongst those who had not been, and could not be induced to be, inoculated—vaccination provided equal safety to individuals without danger to the community—for he showed by statistics that as great a number had small-pox again after inoculation as had it after vaccination. His very extensive experience, however, had proved to him that a considerable number of persons might be revaccinated with perfect success as to the production of the disease; considering that these persons were liable to small-pox, he strongly recommended the practice of re-vaccination. In the course of his paper, he spoke of the grease in horses as indentical with small-pox and cow-pox.

Mr. F. J. Sandford said, that the result of personal observation, made with considerable care, enabled him to corroborate the testimony of Mr. Gill in favour of re-vaccination. Of ninety cases of re-vaccination by himself, of which he had preserved a record, the high proportion of one-sixth (fifteen) were perfectly successful. In one of these successful cases the patient had previously had small-pox "naturally;" in another instance the patient had caught the cow-pox from a cow in milking. Two of the persons in whom re-vaccination was successful, had previously been intentionally exposed to the contagion of small pox, soon after they had been first vaccinated, without taking it. These facts had led him to the conclusion that re-vaccination should be resorted to at intervals of a few years.

Mr. Reid remarked that there was a notion prevalent, that the efficacy of the vaccine virus now in use, which had been propagated in mankind from Jenner's original stock, was impaired; but it is found that the proportion of persons who have small-pox after vaccination, is the same now as it was in the days of Jenner. He thought that re-vaccination should be performed after the attainment of the adult condition, for it is very probable that maturation is what obliterates the prophylactic efficacy of vaccination.

Mr. Wilson had seen small-pox and cow-pox co-existing in the same individual. He had seen cases in which very alarming results had followed re-vaccination.

The author answered, that in fifteen hundred cases he had never seen bad effects.

Mr. Arlidge observed, that Dr. Gregory had denied the possibility of communicating small-pox to the lower animals. He doubted the identity of small-pox, cow-pox, and grease in horses.

Mr. Bowman, vice-president, said that a deceased friend of his had collected eight thousand cases, not with any intention of publishing the results, and had found by these cases that it was as usual for a person to have small-pox a second time as to have it after vaccination.

Mr. Johnson remarked that we never see a mild form of small-pox at all resembling cow-pox, nor a severe cow-pox resembling small-pox; he therefore accepted with reserve the opinion that they were merely different in degree, not in species.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

December 9th, 1845.

Dr. Chambers, President, in the chair.

An Account of two Vascular Tumours developed in the Substance of Bone. By Joseph Toynbee, F.R.S., Fellow of the Royal College of Surgeons, and Senior Surgeon to the St. George's and St. James's General Dispensary.

The author commenced by stating his belief that the disease he was about to describe was of very rare occurrence, as he had nowhere been able to find a description of it, nor had he been able to discover, in the museums he had examined for the purpose, any specimen at all analogous to it. The subject of the disease was a youth, aged nineteen, who died of consumption, and the tumours were situated in the centres of ossification of the two parietal bones. When the integuments and periosteum were removed from these points, a roughness was observed, as well as a slight projection of the bone above the surrounding surface. On closer inspection, the bone, at the parts referred to, was found to be hollowed out and caniculated, and to contain an intricate network of ramifying blood-vessels. These projecting surfaces measured between seven and eight inches in circumference.

The author gives a minute description of the canals, sulci, and foramina of these projecting portions of bones, and he concludes that they are the Haversian canals and cells of the bone very much enlarged, and that they contained diseased blood-vessels, which formed vascular tumours of a very intricate character.

The author draws attention to a certain analogy between these diseased portions and the centres of ossification of the parietal bones in very early periods of their development; it appears to him highly probable that the disease was congenital, and that the only difference between it and the numerous congenital vascular tumours called nævi is, that in the case before the Society, the seat of the disease is the substance of the bone.

The author concludes by calling attention to the causes of congenital vascular tumours, and he states his grounds for placing them under the class of diseases dependent upon an arrest of development.

Case of Punctured Wound, and Ligature of the Posterior Tibial Artery in the upper third of its course. By James Moncrieff Arnott, F.R.S., Surgeon to the Middlesex Hospital,

The author remarks, that when an arterial trunk or main branch is wounded, the rule of practice is, that the vessel should be tied at the seat of injury, or, as it may be more truly expressed, where it can it ought to be tied at the seat of injury as the most certain means of arresting hæmorrhage, the qualification being rendered necessary by the fact, that it is sometimes impossible, or is deemed inexpedient, to put the principle into practice. The circumstance which chiefly operates in creating an exception to the rule, is the situation of the wounded artery, and it is this, no doubt, which has influenced those who, in punctured or gunshot wounds of the posterior tibial artery high up, have recommended other means of meeting the difficulties and dangers of the case.

The author adduces a case from the practice of a late celebrated surgeon, where, on account of a punctured wound of the posterior tibial high up, the femoral artery was tied, but the bleeding recurred, and the limb was amputated, the patient not surviving. In future cases of the kind immediate amputation was advised. He mentions another case of wound of this artery by a ball, in which M. Dupuytren tied the femoral artery, and the patient recovered. M. Dupuytren, in consequence, recommended that this practice should be followed in similar circumstances. On the other hand, Mr. Guthrie severely criticises this eminent French surgeon. He relates two cases of gunshot wound of the leg attended with hemorrhage, in both of which the femoral artery was tied, but the bleeding recurred, leading to amputation and death. In another instance, Mr. Guthrie cut boldly into the muscles of the calf, and tied the peroneal artery, which had been wounded, thereby saving the limb, and he recommended that a similar proceeding should be adopted when the posterior tibial is wounded.

Besides this difference of opinion as to the treatment to be pursued in wounds of the posterior tibial, another exists as to the mode of reaching it high up in cases of aneurism, or secondary hemorrhage lower down. As from the three cases which have been cited, it is evident that ligature of the femoral artery is an uncertain means of arresting hemorrhage from the posterior tibial, and as Mr. Guthrie's proposal of cutting directly through the muscles of the calf has not hitherto been put into practice, the author thinks the following case, in which it was, possesses some interest:—

A robust young man was admitted into the Middlesex Hospital on January 1, 1845, with a punctured wound from a joiner's chisel in the calf, at the junction of the upper with the middle third of the leg, and a little to the inner side of the mesial line. Arterial and venous blood flowed in quantity. From the situation, depth, and direction of the wound, as ascertained by a probe, it was evident that the posterior tibial was probably wounded. Mr. Arnott determined to cut down upon it at once, in order to secure both ends. For this purpose, taking the punctured wound as a centre, he made an incision through the skin and muscles of the calf, to the extent of six and a half inches; the deep fascia being thereby exposed, the opening in it made by the chisel was enlarged to the extent of two inches. After considerable difficulty from the bleeding, it was ascertained, that besides the wound in the posterior tibial, both venæ comites were divided. On account of the troublesome character of the bleeding from these veins, and the difficulty created in discovering the artery, one of them had a ligature placed on both ends, whilst the lower end of the other was subjected to pressure. Two ligatures were then placed on the

artery, one above the other, below the puncture; it was not till the latter was tied that the hemorrhage ceased. But little febrile disturbance followed the operation; the lower ligature on the artery came away on the eighth day, the upper on the ninth. During the night of the eleventh, some bleeding took place from the lower angle of the wound, which was not arrested by compression of the femoral artery, but which was easily checked by displacing some coagula from the wound, and making pressure at the lower part of it by means of a small compress of lint, which was left in the wound. This was removed in three days, and the case proceeded subsequently uninterruptedly to a favourable termination. The wound cicatrised in less than two months, and the patient recovered with a perfectly efficient limb.

The incisions in this case were wholly within the limits of the calf, the external terminating seven inches above the ankle. The pain and spasm of the divided muscles from pressure in separating the sides of the wound during the operation were considerable, but the venous hemorrhage occasioned most delay.

Taking all circumstances into consideration, the author states that it must be allowed this mode of reaching the posterior tibial is an operation severe to the patient, and troublesome to the surgeon; but that, on the other hand, when it is considered that the object of it is to save limb and life, that by adopting it we take the most likely method of attaining this end, by putting in practice the most certain means of arresting arterial hemorrhage, that from the evidence of the present case, no danger arises from the mere size of the wound in the calf, and no permanent detriment from the extensive division of its muscles, he thinks that it must be conceded, until experience shows the contrary, that this is the proceeding which ought to be adopted in wounds of the posterior tibial artery high up.

He likewise is of opinion that this will be found to be an easier mode of reaching the vessel when requiring ligature high up for aneurism lower down, than that by incision on the inner edge of the tibia between this and the gastrocnemius muscle, whereby the soleus alone is divided. He dreads, in this mode, the difficulty, from pain and spasm in pulling these muscles aside, of getting at the vessel.

Mr. B. B. Cooper was desirous to make a few remarks on the case which had just been read. The author, in his opinion, had not gone quite far enough; he had adopted the rule, in this case, of cutting down upon and tying the artery above and below the part where it had been wounded—a plan of proceeding followed by all surgeons, when the operation can be properly performed; but circumstances might arise in which it would be advisable to place the ligature upon the femoral artery in cases of wound of the posterior tibial. It would depend upon the time at which the patient was first seen by the surgeon. If there were secondary hemorrhage, and there had been considerable inflammation with deposition of lymph and coagula of blood in the surrounding parts, it would be improper to cut down upon the vessel through structures so much changed by the products of inflammation; in such a case it would be requisite to tie the femoral artery. Even if the wounded vessel could be successfully secured, there would be great risk of the re-occurrence of secondary hemorrhage. There were cases recorded by Mr. Arnott, in his paper, in which secondary hemorrhage had occurred after the artery had been ligatured above where it was wounded; but the same thing had also happened when the artery had been tied where it was wounded. He (Mr. B. B. Cooper) did not think Mr. Arnott had brought forward a sufficient number of cases to establish a rule in surgery; surgeons should adopt that plan of proceeding in each respective case which the circumstances seemed to require. In cases of wounds similar to that described by Mr. Arnott, if the surgeon were called immediately, and there were sufficient hemorrhage to lead to the opinion that the posterior tibial artery was injured, that vessel should be cut down upon and tied above and below. If, however, the patient was not seen for four or five days by the surgeon, when there would be a considerable effusion of blood around the vessel, as well as effusion of lymph and other products of inflammation, then the femoral should be ligatured. The application of a ligature on the posterior tibial artery is not, comparatively speaking, a difficult operation, unless the deep fascia be wounded. The plan he would adopt would be to expose and separate the solæus from the edge of the tibia with the finger, in preference to cutting the muscle across. The artery would then be easily found and ligatured. In a case in which he performed this operation, he was not able to tie the vessel at the part where the wound had been inflicted, as there was a difficulty in finding it. After one ligature had been applied above the wound, the hemorrhage still continued from below. He was, therefore, under the necessity of enlarging the wound, and applying a second ligature on the lower part of the vessel, three inches below where the injury had been received. He (Mr. B. B. Cooper) had seen Mr. Travers perform the same operation a few years since at St. Thomas' Hospital. He had only met with these two cases in which the operation had been performed on the living subject; but he had several times tried Mr. Guthrie's operation on the dead body, and he thought it to be attended with greater difficulty, and that it left the patient in a worse condition than the other, inasmuch as when muscle is divided, it does not re unite by means of muscular fibre.

Mr. Arnott observed, that the object of his communication was to direct attention to the treatment of wounded posterior tibial artery, high up, punctured or gunshot. That wounds of this artery, under the calf, were not of frequent occurrence, was evidenced by Mr. Cooper having seen but two cases. He himself had had occasion to tie it low down, but this was the first instance in which he had had a wound of that vessel high up. That the personal experience of an individual would not enable him to form a sound opinion as to the best mode of treatment, which could only be done by taking a general and extended view of the subject. He was aware that ligature of the femoral artery would occasionally stop hemorrhage from the posterior tibial, especially where there was no wound of the integuments, but M. Dupuytren had made more of it than it would bear. He (Mr. Arnott) knew, and had adduced three cases, in which ligature of the femoral had arrested hemorrhage from wounds of the leg for a time only, in two of which the posterior, and in one the anterior tibial, had been wounded; amputation was afterwards performed, and the cases terminated fatally. The question, therefore, was not what would save the limb merely, but life, and it was desirable, though the cases were rare, that our opinion as to the treatment should be made up, as prompt action was necessary in these cases. The mode of getting at the artery, by cutting on the inner edge of the tibia, was acknowledged, by those who had witnessed it, as attended with considerable difficulty, as would be found on referring to Mr. Harrison's book on the arteries, in which he had alluded to four cases. He also (Mr. Arnott) had been in the habit of showing both modes of reaching the artery on the dead body, as possibly being required, in cases of wounds; but he was of opinion that Mr. Guthrie's plan, of cutting directly through the muscle of the calf, was the easiest and best mode. He had found no difficulty in the present case. With regard to the allegation that wounds of muscle did not unite, he would only say, that in this case the muscle united kindly, and the man recovered, with a limb as efficient as the other. His conviction was, that in injury of these vessels, ligature at the part injured was most desirable. Now he (Mr. Arnott) would not confine the practice to cases of recent occurrence; he would extend it to days, and even weeks, after the injury. The objection, that arteries ought not to be tied when inflammation and its consequences had occurred, was, in his opinion, carried too far. In Mr. Guthrie's case, the man was wounded at the battle of Waterloo on the 1st of June; on the 2nd of July it was proposed by the surgeons to amputate the limb, when Mr. Guthrie cut down through the calf, turgid as it was with blood and the products of inflammation, and though he could not discover the peroneal artery, he carried a needle under a mass of softened tissue and included it; the ligature held, and the bleeding did not recur. Other cases had been attended with a similar result. A man was received into the Middlesex Hospital, whose temporal artery had been opened some days previously, and he (Mr. Arnott) tied the vessel in the wound, and the ligature held. Another patient was admitted with wound of the ulnar artery, several days after the injury had been received; the bleeding did not cease on tying the upper end; the lower was tied in the wound, yet it held. Only the other day, where a branch of the temporal gave way in a granulating sore, he made the house-surgeon put a ligature on it in the sore; the ligature held, and the bleeding did not recur. A boy was admitted into the Glasgow Infirmary, under the care of Dr. Buchanan, with a severe burn on the lower part of the belly and groin; after the separation of the slough, the common femoral artery gave way, and the external iliac was tied to stop the hemorrhage, which it did for a few days; on its recurrence, pressure below was found to arrest it, and a ligature was placed two inches under the opening; but, on removing the finger from the latter, the bleeding still continued, when a ligature was placed on the vessel only half an inch below the ulcerated aperture in the vessel, and yet the ligature held, and separated favourably at the end of twelve or thirteen days. If stumps be examined, it will be found that the friable condition of the vessel does not extend beyond half an inch or an inch.

Mr. B. B. Cooper observed that Mr. Arnott had misunderstood him if he supposed that he would be unwilling to apply a ligature round a vessel because it was in a state of inflammation; on the contrary, he would be inclined to regard that as a favourable circumstance, as this state of inflammation in the vessel was that which the surgeon required to excite after the application of a ligature. His objection lay to making an incision through the neighbouring parts while inflamed, as by so doing sloughing might be induced; in addition to this the artery would, in all probability, have lost its nutrition by the changes that had taken place in the cellular tissue around, and would, therefore, be unable to undergo the requisite inflammation for the closure of the vessel. In Dr. Buchanan's case it was clear to him that the artery originally wounded had not been tied; the external iliac artery was first secured by ligature, when, the hemorrhage still continuing, the femoral was next ligatured below the profunda. Neither of these vessels commanded the source of the hemorrhage, which evidently proceeded from the epigastric, which should have been secured at the first operation.

Mr. Arnott stated, with regard to Dr. Buchanan's case, that where the first ligature was placed on the femoral, below the ulcerated opening in the common femoral, it was placed below the orifice of the profunda, and did not stop the hemorrhage, which was recurrent and came up through the profunda. The second ligature was placed above the profunda, and arrested it. The danger of opening large collections of blood had been much exaggerated. It was not often that we had occasion to open collections of blood under the scalp, but when they excited inflammation it was occasionally necessary; he had freely opened one in these circumstances which covered one side of the head, and recovery took place without any bad consequence. A man with an old hæmatocele, the size of a cocoa-nut, was received into the Middlesex Hospital; he (Mr. Arnott) incised it extensively, and the inflammation and suppuration which ensued did not injure the adjoining parts. When these collections of blood were connected with a wounded artery, the inflammation excited was in the cellular tissue of the part, not in the coats of the vessel. John Bell, in his case of gluteal aneurism, occasioned by a man sitting down on a pair of scissors six weeks previously, opened a most extensive collection of blood; the wound took seven months to heal, yet the ligature held, and the patient's life was saved. He (Mr. Arnott) was satisfied that in wounds of the posterior tibial artery, ligature of the vessel at the seat of injury was the most advisable and the safest practice.

Mr. B. B. Cooper observed that there was not any analogy between the two cases. In the one there was merely extravasation of blood, while in the other an artery was wounded. No surgeon would think of laying open a mere ecchymosis.

Mr. Cæsar Hawkins remarked that there was one

point of importance not attended to in the paper, namely, that in cases of punctured wounds, it was not always easy to ascertain whence the hemorrhage was derived, in consequence of the surgeon's being unacquainted with the direction in which the wound had been inflicted. Under such circumstances it would be a desirable plan to place the ligature on the vessel above the wound. He (Mr. Cæsar Hawkins) illustrated this remark by describing a case of compound fracture of the leg, in which there was repeated hemorrhage. He placed a ligature round the femoral artery, and the case did well. In another case, a butcher's boy was accidentally wounded in the outer part of the thigh, the knife passing in a direction towards the front. In this case he could not know whether the hemorrhage proceeded from the femoral or profunda; he therefore tied the common femoral artery, and the patient recovered. Another point, not alluded to by the author of the paper, referred to the closure of the aperture in punctured wounds when the opening was small, thus converting the case into one of false aneurism, which might then be remedied by the application of a ligature round the vessel in a place of election above the wound. He had met with several such cases, in one of which, that of a butcher, there was a wound of the ulnar artery. The external wound healed, and there formed a false aneurism four inches long and three in breadth. Compression was tried in the first instance, but, failing to effect any good, the humeral artery was tied, and the case did perfectly well.

Mr. Tamplin said that two cases of false aneurism, produced by puncture of an artery, had fallen under his observation. The one was a puncture of the posterior tibial artery, and occurred in a child, about three months old, in dividing the tendo-Achillis. The other was a puncture of the internal plantar artery, and was occasioned by dividing the plantar fascia, in a boy, about twelve years of age. In both instances the punctures healed by the first intention. In the case first mentioned, a swelling, the size of a nut, was noticed by the mother in the situation of the puncture a fortnight after the operation: it was found to pulsate. Pressure was applied above and upon the swelling, with the view of interrupting the circulation, and was continued for about fourteen days, perhaps more; the swelling, however, increased, and the skin began to give way, so that there was no alternative left but to take up the artery. He therefore made a free longitudinal incision directly through the tumour, and another transversely, as nearly as possible, over the point of puncture: the coagulum was removed, and by means of a needle and ligature the artery was secured. No hemorrhage or bad consequences followed; the child did perfectly well. In the case in which the internal plantar artery was punctured, nothing was noticed for a month or more after the operation. The boy had been walking about, upon one occasion, his mother stated, when there was discovered a swelling in the sole of the foot. Upon examining it, he (Mr. Tamplin) found an enlargement, the size of a walnut, situated beneath the point of puncture; no pulsation could be detected; he therefore regarded it as an abscess, and laid it open, when, instead of matter, clots of blood escaped, showing at once the nature of the swelling. He cleared out the sac, and carefully plugged the opening with pledgets of lint, at the same time applying as much pressure as could be borne. The boy was sent to bed, the leg raised, and every means used to prevent a return of the bleeding. On the third day, however, hemorrhage took place. Mr. Lawrence was called in consultation, and coincided in the propriety of taking the artery up at the point of puncture. He made a longitudinal incision directly over the spot, extending very nearly from the heel to the ball of the great toe; then another transversely, over the point of puncture. The sole of the foot was full of matter, shreds of cellular tissue, and the products of inflammation; upon clearing this out, the artery was seen to bleed freely. In this instance he also passed a needle and ligature beneath the artery, and secured it; the hemorrhage was at once, and completely, controlled, and not a bad symptom followed. So that, as far as his experience went, he certainly thought it advisable to secure the artery at the point of puncture. He also thought that if the needle and ligature had been used in Mr. Arnott's case, that troublesome hemorrhage from the veins would have been altogether prevented, and the operation much simplified.

Mr. Arnott remarked, in reply to Mr. Hawkins, that his observations were directed to wounds of the posterior tibial, punctured or gun-shot. The absence of a wound in the skin certainly made some difference, but even here the ligature of the vessel above would not always succeed, nor was it free from danger. A man was pinched in the armpit; a pulsating swelling formed, the subclavian was tied above the clavicle, hemorrhage took place at the seat of ligature, and the patient died of the secondary hemorrhage. On examination, there was no wound of the axillary artery. Surely it would have been better in this case to have opened the swelling, so as to ascertain whence the bleeding came.

Mr. Oscar Clayton briefly referred to a recent case, in which the external iliac artery had been tied unsuccessfully, the post-mortem examination afterwards showing that the hemorrhage was derived from a superficial branch of the femoral.

At the conclusion of the meeting the secretary called the attention of the society to a form of speculum which Mr. Fergusson, of King's College Hospital, had sent for the inspection of the fellows. In his opinien it possesses sundry advantages deserving of notice. The most conspicuous of these he shortly enumerates:—

1. There is a reflecting surface within, more brilliant than he had ever seen on any other instrument of the kind.

2. This surface cannot be tarnished or affected in any way, by the urine, discharges, lotions, acids, or caustics.

3. The instrument is cheaper than any other known of, excepting the common pewter one, which has many of the objections alluded to.

The tube is composed of glass, coated on the outside with silver leaf and varnish, then with cotton cloth, to obviate danger from the breaking of the glass; and lastly with caoutchouc, to give a smooth surface externally.

The next meeting of the society will be held on Tuesday, January 13th, 1845.

Before the scientific business of the evening was commenced, the president announced that the ballot was opened for candidates for the fellowship, and invited such of the fellows present as were desirous of voting, to exercise that right at once. He further added that in consequence of the proceedings at a previous meeting, the council had it in contemplation to effect some alterations, and it was hoped improvements, in the mode of taking the ballot, which they trusted to be able to submit to the society at an early meeting.

Mr. Davis, of Hampstead, then rose, and was evidently desirous to bring again before the society the rejection of the gentleman alluded to in a recent number of the *Medical Times*, but, much to his astonishment, was stopped by the president, by whom he was informed that his proceeding was irregular, and could not be attended to.

*** We take this opportunity of publicly contradicting the insinuation contained in the *Lancet*, that the gentleman alluded to, Mr. Brown, was rejected because he was a member of the committee of the National Association. His having been blackballed arose entirely from personal feelings, and not from any enmity to the great cause in which he, with others, is engaged.

SUCKLING.—It appears, from a report made by a commission to the Scientific Congress at Naples, that the Foundling Hospital of that town receives annually, on the average, 2,500 children. Of this number 500 are delivered to charitable persons who are willing to undertake their charge; 400 to country nurses, who are paid from seven to eight shillings a month, and the rest are trusted to nurses kept in the establishment. Each of these nurses receives three children. It has been proved that 77 per cent. of the children brought up in the hospital die, in the opinion of the commission, from deficiency of milk, one nurse not being able to suckle three infants. Artificial lactation has given still more frightful results.—*Annales de Therapeutique.*

CÆSARIAN OPERATION—RECOVERY.

By T. GOODMAN, Esq., Surgeon, Manchester.

On Wednesday, the 19th of November last (three weeks this day), I was summoned to the house of Mr. Sankey, wheelwright, Broughton-road, Salford. Mrs. Sankey is the subject of mollities ossium, and three years ago I was obliged to perform the operation of craniotomy to effect delivery, the space between the ossa pubis and sacrum being then only about two inches. Mrs. Sankey afterwards, by the use of various remedial measures, so far recovered her health and strength, that, supposing all would now be well, she forgot the strict injunction at that time laid upon her, "not to be again the subject of pregnancy."

On my visiting her I found that uterine pains had already commenced, and they became rather severe towards eleven in the evening.

The diameter (antero posterior) of the passage I now found, on examination, to have diminished to about three-fourths of an inch, and by no manipulation could I examine, or even reach, the os uteri. Having explained the nature of the case to the husband, and the utter impracticability of effecting delivery, or saving either the life of mother or child by any means but the Cæsarian operation, I suggested the propriety of procuring a further professional opinion for the purpose of corroborating my testimony, and Dr. Radford was the party fixed upon for this purpose. This gentleman fully coincided in the necessity for the operation, and due preparations having been made (in which I have to thank Dr. Radford for his kind suggestions and hints, derived from his long experience in the details of midwifery), I proceeded to make the ordinary incisions. The outer integument being remarkably thin, was divided to the extent of eight or nine inches on the left of the umbilical region. The uterus was freely and fully exposed, and an incision effected in its walls to the extent of the former opening. The margin of the placenta was found corresponding with the incisions, being situated on the right side of the uterus, and thus considerable facility was afforded for the removal of the infant, which was effected by Dr. Radford seizing hold of the feet, whilst I dislodged the head from the uterine chamber. I next removed the placenta as quickly as possible, and by moderate pressure reduced the uterus to its proper locality. The intestines were now retained in their normal situation by Dr. Radford, while, with the interrupted suture, I closed the external wound, which was dressed with thickly spread adhesive plaster. The patient continued to do well until about the third day, when symptoms of rather an alarming nature presented themselves. No alvine evacuation had as yet been obtained, and vomiting of black, and apparently fæcal (inodorous, nevertheless) matter frequently occurred. We ordered an enema to be employed, and at the suggestion of my friend Dr. Radford, the œsophagus tube was introduced as far as the sigmoid flexure of the colon, and a plentiful supply spt. terebinth. ol. ricini and gruel introduced. To our great satisfaction, with the aid of a little sulphat. magnesiæ and magnes. calcinat. a copious evacuation was procured, and the vomiting ceased. In two days after the wound was discovered completely open by the giving way of the sutures, and the integuments were so thin that it would have been worse than useless to have attempted their reunion. The intestines, omentum, &c., lay completely open and exposed to the action of the atmosphere, in an opening of six or seven inches diameter, and, strange to say, no constitutional disturbance was occasioned of more than a transient nature.

The pulse certainly did, in consequence of the efforts used on this day to bring the edges of the wound as near together as possible by adhesive plaster, and by the destruction of many adhesions already formed, get up to 118 or 120, for a few hours, but it subsided again in the evening. The intestines were seen of a good fleshy-red colour after twenty-four hours' exposure, and in about the same length of time afterwards were covered and matted together by effused lymph, which was rapidly converted into a level and cicatrising sore, formed by granulations of the most healthy character. During the last week, owing to considerable flatu-

lent distention of the bowels, the exposed mass was again augmented by the protrusion from beneath the left iliac region, of a portion of intestine (probably a portion of the ilium) which, from its inflammatory and distended condition, when discovered, it was found impossible to reduce. But this portion also, after a few hours' uneasiness, began to assume its position among the other granulating portions, and is now nearly level with the rest of the surface; the bowels continuing freely open. On Sunday last, a small artificial anus presented from the inferior portion of the wound, and with this exception the case is doing well—the sore being now about two-thirds actually skinned over. The patient is in excellent spirits; appetite improving; tongue clean and moist from the first; pulse averaging 90 since the operation, and now being only 78 to 84.

It is owing much to her calm and resigned state of mind, that no excitement, at all events of a moral character, has prevailed, and no formidable mental hindrances—a matter of high importance in a case of this nature—have been presented.

Mrs. Sankey has throughout evinced a serenity, fortitude, and composure of mind, the result of strong religious impressions and convictions, which would have adorned the brow of the most daring and intrepid military commander.

Considering this case to be one of deep interest to the profession, I have forwarded it to you in its present stage, but when the patient is completely recovered, which there is every reason to expect, Dr. Radford, who has been for many years specially devoted to this branch of the profession, will on some future occasion furnish the profession with the more minute details, and at the same time give his own views upon the subject.

P.S.—The sore was seen this morning, reduced to about four inches in length by two and a-half inches in diameter. All doing well.

Thursday, December 12th.

NOTICE TO CORRESPONDENTS.

We beg to apologise to our numerous correspondents They shall receive our best attention next week. We must plead the great length of the Westminster Hospital Report as our excuse for this week's omission.

Several important communications are unavoidably postponed till next week.

THE MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13s; Quarterly, 6s. 6d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is 6s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.

THE MEDICAL TIMES.

SATURDAY, DECEMBER 27, 1845.

"Homo qui erranti comiter monstrat viam
Quasi lumen de suo lumine accendat, facit,
Nihilominus ipsi luceat, cum illi accenderit."

"To direct a wanderer in the right way, is to light another man's candle by one's own, which loses none of its light by what the other gains."

WE concluded our last leading article with illustrations in proof of the *direct* services which chemistry affords us in the diagnosis and treatment of disease. We also incidentally observed that its *indirect* aid is often of considerable importance. Take disease of the lungs, for example. We know that the quantity of carbonic acid gas evolved in a single expiration is exactly proportioned to the amount of oxygen taken into the lungs in the preceding inspiration. Knowing also, from comparative admeasurements of the chests of healthy individuals, what ratio holds between the size of the thorax externally, and the quantity of carbonic acid discharged in any single natural expiration, we obtain a most valuable clue towards determining the permeability, and, therefore, the amount of healthiness of any lungs which it may concern us to examine. And this important truth we often arrive at in instances where the stethoscope has failed to reveal it. Circumscribed pulmonary apoplexy, congestion, hepatisation, or melanosis, deeply seated in the tissue of the lung, and surrounded by healthy structure, it is sometimes impossible even to suspect, for not always are the sputa characteristic in such cases, and very frequently auscultation and percussion elicit no unnatural sound whatever. These are instances in which the pneumatic mensuration of the lungs not corresponding with the external dimensions of the chest, we are led to apprehend—[illegible], positively to pronounce—the existence of some latent pulmonary mischief. And we can say not only that there is disease, but we can also say what is the amount of it. *Cæteris paribus*, in proportion to the deficiency in the expired air would be the probable local ailment. Again, we know that, along with carbonic acid gas and nitrogen, there issues from the lungs, during expiration, a quantity of watery vapour holding in suspension a certain amount of animal matter derived from the mucous membrane of the bronchi and the air-cells. By directing an individual to breathe through a glass tube into strong sulphuric acid, the carbon of this animal matter becomes separated from its fellow constituents, and blackens the acid. By a series of experiments upon healthy individuals, and noting carefully the amount of colouration produced, we learn the precise quantity of animal exalation from healthy lungs of a certain size in a given space of time. This standard of comparison, then, serves in estimating the function of disordered lungs. We learn from it whether the capacity of these organs is diminished, and whether there be more than a natural quantity of fluid matter in the bronchi and air cells. It will not determine the nature of the matter, and say if it be blood, mucus, pus, or softened tubercle; these things can only be pronounced by an examination of the material expectorated. But it often enough happens that this matter is not coughed up, and that the auscultatory sounds do not reveal the amount of it, in which cases the process we speak of often proves of considerable diagnostic value.

In proof of the service of pneumatic mensuration of the lungs may be mentioned the following case:—A gentleman, wishing to insure his life for two thousand pounds, applied to the medical referee of an insurance company for examination. The physician auscultated and percussed the chest with much care, without detecting anything that could be said to be signally wrong. Still there was something about the man he did not exactly like, and he proceeded to measure the amount of his respiration. This he found to be so much less than was consistent with the dimensions of the thorax externally, that he had no hesitation in expressing a doubt of the candidate's fitness for insurance, and in dismissing him for the time being, with a request that he would submit himself again to examination in a few weeks. The applicant, however, went to the medical officer of another company, was by him declared eligible, and admitted accordingly. In less than eight months he died of pulmonary phthisis, chiefly implicating the middle portion of the right lung. There can scarcely be a doubt that, at the time of his examination, tubercular matter was being centrally deposited in the right lung, its secret situation, and the healthiness of the tissue around it, rendering ordinary physical examination deceptive. And though the pneumatic admeasurement did not say what was the nature of the ailment, it clearly indicated that the lungs were not in a normal state, and pointed to the desirableness of waiting to see the threatened mischief more developed or dispersed. This caution saved one company a heavy payment, and a want of such caution inflicted a penalty on another.

The matter of expectoration, again, we know to be eminently indicative of certain diseases of the lungs, and we also know that, without the aid of chemistry, the appreciation of particular sputa would be altogether uncertain. The pathological states of the urine also, so important to be rightly understood, are mainly determined by chemistry, aided by the microscope. Suppose in the utensil of a patient you find a quantity of urine with a glistening scum, it is of great consequence to determine the nature of that floating material. The practitioner ignorant of chemistry pays it little attention, for he has not yet learnt to regard it importance. But the opposite man looks at it with a curious eye, and with a concern for its indications. It may be crystallised phosphates, or fat, or cholesterine. He tries its solubility in ether. If it do no not dissolve, it may be the first of these circumstances, the blow-pipe will tell him positively. If it do dissolve, he evaporates it from its solution, sees whether the residue consists of pearly scales, which remain solid until reaching a temperature of 270 deg., and do not form a soap with caustic potash—if these things be, he pronounces the matter cholesterine—if not, he knows it to be fat. These substances in the urine furnish their several suggestions in diagnosis and treatment, and it greatly concerns the practitioner that he should know them minutely. Sometimes we meet with a specimen of turbid urine, which on a superficial examination we scarcely know whether to call bilious or bloody. But it is of great moment to determine which. The chemist evaporates the fluid to one-eighth its volume, and drops in a little nitric or muriatic acid; if bile be present, a characteristic green colour is seen, gradually deepening to an olive. No such effect is produced if blood be the pigment, in which case, another portion treated with caustic potash acquires, according to the quantity of the latter, a brownish or blackish hue. Again, we know how vastly important it is to determine, in certain cases, the precise specific gravity of the urine, the quantity of urea in it, and of certain other of its natural constituents, to say whether anything not natural to it is present, as sugar, albumen, &c. But such things can only be determined by those who are not merely conversant with the theory of chemistry, and with its facts as they are to be met with in books, but also with practical chemical manipulation. And this leads us (without going further into exemplification which we might easily do, and to some profit did our space permit us) to the immediate purpose of this article and of the two preceding ones, viz., to direct the medical student how best to acquire the chemical knowledge he may need.

Let it not be supposed that we are laying undue stress upon the necessity of chemical knowledge to the Medical Practitioner. We have cited many examples, and we could cite many more, not only of the *advantages* of this science to the physician, but of the *absolute necessity* of it, if he intend to practise with anything like safety, success, or precision. But we would not have the student fall

into the error of supposing that chemistry will do everything for him, and that he must prescribe only according to its injunctions. If he think thus, he will think very foolishly, for there is in every science, not absolutely exact and demonstrable, a certain something that must be taken for granted, and in physic it is especially so. The practitioner who affects to give an explanation for everything he does, often theorises like a fool—and he, who is equally silly to hesitate in his treatment, until he can persuade himself that he has fully accounted for every item of it, will often let his patient slip through his fingers. Such men are philosophical over much, and are generally amongst the most addle-headed of their species. One of this class once said to Dr. Parr, that he would not believe anything that he could not understand; and the Dr. very wittily and wisely replied, "then, Sir, your creed will be the shortest of any man, I know." We have known a practitioner in his enthusiasm for chemical accuracy to refuse, in a case of hemorrhage, to prescribe a combination of opium and acetate of lead, because, forsooth, the union was mechanical, and he could not *understand* how it could have a beneficial influence. For the same reason he once laughed at us for giving to a patient suffering from hysteria and spasm of the stomach a dose of laudanum and ammonia. Even the benefit derived from it did not satisfy him. Explanations are admirable when they are attainable; but we must never let their absence or obscurity interfere with an action whose propriety is countenanced by experience. We especially wish our young readers, in the ardency of their scientific pursuits, to remember this practical advice.

Chemistry, like anatomy, must be learnt by reading and experience. It is well to take any good textbook upon the subject, and study it through twice or thrice, so as to get a clear knowledge of the leading features and laws of the science. At the same time lectures should be attended, that these truths may be the better comprehended, and fixed in the mind. These objects secured, the student should next go into the laboratory, and manipulate for himself. To make a substance with your hands, is in the end to know more than you can ever possibly learn by reading. To those, therefore, who have time enough to do so, we would advise that they should manufacture all the chief artificial substances of the pharmacopœia. In this way they will acquire a skill and confidence in manipulation, a correct knowledge of the materials they employ, and a thorough insight into the principles of pharmacy. The student may next proceed to animal chemistry, and especially to that part of it which will hereafter serve him at the bed-side. He should begin with the chemistry of healthy substances and secretions, so as to know their natural characters; and then pass on to their diseased states, examining of these as many varieties as he can get. Thus, whilst he is familiarising himself with physiological and pathological chemistry, he is acquiring the only useful and available means of applying this knowledge to the purposes of his future practice. Such chemistry as can be gleaned from books may get a man through an examination, and perhaps get him decently on afterwards; but that which is to be safe and certain must be *practical*. And as anatomy can only be learnt by dissection, so can chemistry be only learnt by laboratory experience.

Dr. Polli, of Milan, known to the medical world by his remarkable researches on the blood, has just communicated to the Scientific Congress at Naples, a proceeding to render salt water drinkable by means of electricity.

HOMŒOPATHY.

To the Editor of the Medical Times.

SIR,—I read with great pleasure your note appended to my letter, "We shall ourselves have a word upon this subject;" regarding it as an intimation that nothing more would be required from my humble pen. But as your promised remarks have not yet appeared, and as Dr. Hilbers has launched a letter designed to cast discredit upon my little history of the "rise and progress" in England, I feel called upon to address you once more. Dr. Hilbers' correspondent is at great pains to assign dates and circumstances to prove that the "London Merchant" could not have been cured of a consumption by Hahnemann, therefore, the occurrence is presumed to "exist only in Mr. Bainbridge's brain." Now, whether that good gentleman was cured of a consumption, or raised from the dead, by Hahnemann or any other person; or if, on the contrary, he never was the subject of a homœopathic miracle at all, matters not in the least to the pith and substance of my sketch, which simply was intended to relate a very few of the extraordinary benefits conferred upon English Homœopathy by a certain wealthy Londoner. It is, I suspect, fortunate for Dr. Hilbers' correspondent that the aforesaid gentleman does not "exist *only* in Mr. Bainbridge's brain;" the ship would sink without him. I have been assured by some, that Hahnemann, and by others (all converts) that his disciple, performed the cure, but all agreed in asserting that the merchant's days were numbered by the allopaths when the homœopath came to the rescue. The cause of the merchant's surprising ardour and liberality is thus satisfactorily explained; but it would be quite unaccountable if nothing of the sort had happened. I give you, from a book published in 1837, the following portions of a dedication. "You no doubt *remember* with pleasure that Hahnemann, in the warmth of his feelings, declared that your name would be for ever associated with the science of homœopathy." * * * "You propagate homœopathy, because, having had *personal experience* of its effects, you are convinced of its truth, and being well acquainted with its merits, you can appreciate the benefits it is capable of bestowing on humanity." * * "The recollection of the reception I experienced from you on my arrival in England, and the many marks of friendship and confidence since conferred on me, &c." It is evident, therefore, that in 1837 the author and the gentleman addressed, each remembered some gratifying conversation (or correspondence) with Hahnemann; that the *personal experience* referred to some great cure upon himself, and that the doctor, *immediately* upon his arrival in London, was greeted and patronised. I did not presume to say that, previous to this momentous event, there neither lived nor wrote a Dr. Quin, or any other homœopathic body; but I will be bold to say (intending no offence either), he was then "no bigger than a poppy seed," and thus small he would have remained to the end of time, had not the merchant plunged body, soul, and *pocket* into homœopathy. Permit me to complete, very briefly, the argument I commenced in my last letter, and also to add a few general remarks.

All homœopathic authors cite the instances of the treatment of frost-bite with snow, and of burns with fire and stimulants, as signally indicative of their ideal "law" "like cures like," and most persons unhesitatingly concede the appositeness of the illustration; but a little reflection would show that these examples afford no great countenance to any such notion. It is certain that rubbing snow into a frozen limb restores its vitality, just as the weakest nutriment revives the power of a famished man; and in the treatment of burns and scalds there is quite as high authority for, and a more general adoption of, the treatment by cold, and even ice (recommended by Sir James Earle), than there is for that by hot and stimulating remedies. If the use of the lowest degree of cold is practically found to be as beneficial as the employment of heat, how palpably absurd it is to extract from such an example the "law of like cures like." Infringe the law, oppose hot to cold, yet the cure is not less quickly and perfectly effected than if you conform to the "law" in opposing "hot to hot;" the laws of Nature are not usually broken with such perfect impunity.

"The believers in homœopathy," says Dr. Hilbers with the air of a martyr, "have long been accustomed to see ridicule, contempt, insinuations of mercenary motives, &c., plentifully, though harmlessly, showered down upon them." But how inoffensive are such weapons in comparison with the slanderous onslaught upon the members of the medical profession by every one of the homœopathic scribblers. Passing over Dr. Curie's books, abounding with garbled quotations from medical authors, which were never written with the intentions ascribed to them, and Dr. Epps' publications, I present you with the following extract from an anonymous pamphlet, entitled "The Defence of Hahnemann and his Doctrines," page 29—"The greater part of the emoluments of medical men of the old school, arise from the imperfection of their practice." "Whether they have the wisdom, as many, especially the more experienced of them profess, 'to do very little, and let nature take her own way,' or, with the impatience of youth and inexperience, deal pill and potion right and left, cut, burn, blister, bleed, and purge, in abundant pennyworth for their fee; their patients lie long on their hands for the most part, and the attendance is profitable in proportion." Again, "the utter incompetency of the means they use to cure a multitude of chronic ailments, so far from being an evil to them, is a great and universal benefit; for the unhappy persons on whom they practise, failing to find relief from one, hie to another of the same trade; and thus from year to year make the dismal round, spending, it may be, all their substance on physicians, like the women of old. Homœopathy, by curing recent diseases more promptly, and besides curing more certainly, demanding less frequent visits to persons labouring under the more protracted, just because the operation of its medicines does not need to be suspected and watched, as is notorious in the case of allopathic drugs, cannot fail to make deep inroads into professional incomes, and to lessen very much the number of practitioners that shall be needed to meet the altered circumstances of the public. Then, as to the apothecaries, they, of all persons connected with the profession, have the most reason to dread the general adoption of homœopathy, whether, as in Scotland, they subsist by merely vending drugs, or, as is the case in England, are at the same time practitioners who are paid by the quantity of medicine which their employers swallow. The reader will perceive what sort of motives these 'practitioners of virtue' have for their opposition to homœopathy." Neither is any great amount of penetration required to discern "what sort of motives" animate this fine specimen of a homœopathic author. If the "science" of homœopathy, instead of being a great humbug, were as great a fact, there could be no reason why it should not be instantly and universally adopted, and accepted with gratitude. In perusing works on homœopathy I have been struck with the utter ignorance that is displayed in all of them of the art of medicine as it is practised by properly instructed English medical men. Dr. Curie, in his "Principles of Homœopathy," p. 44, thus expresses himself:—"If the friends of this system really believe what they report regarding the formidable inflammations of the brain, of the chest, and of the abdominal viscera—if, at the same time, they contemplate all those fevers which have been styled malignant by reason of their fatal termination, as well as small-pox, cholera, and plague, and if they will then ask themselves in good faith what real service has ever been rendered, in such cases, by bleeding and revulsives of all sorts, they must admit that their application as remedies in such diseases has been attended with very little success." Here is such a jumble of diseases that it is evident enough the doctor has very far from correct notions of the usual mode of treating them in England. As a Broussaisist, there is no doubt the doctor bled all without distinction, which indiscriminate proceeding was, as may be supposed, "attended with *very little* success;" but English practitioners display somewhat more discretion and judgment, and their success is proportionately great. I am quite sure that the *sincere* converts to homœopathy have become so from their ill success in the

treatment of disease, consequent upon their want of knowledge or of skill in the use of the proper means. "Skoda," says Dr. Hilbers, "the first of stethoscopists, is convinced that pneumonia is more likely to terminate favourably, *when left to nature*, than when treated according to any of the usual allopathic methods. In the former case, he says, that he has found the mortality to be but one in nine, whereas the best results he has been able to obtain from any one of the numerous plans of treatment as recommended by the first authorities involves the loss of one patient in seven!"—a confession of utter incompetency sufficient to exclude him from all professional rank, and, if a sincere admission, it is to be hoped this "first of stethoscopists" will hasten to turn over a new leaf. Happily for mankind all medical practitioners are not Skodas! In this letter of Dr. Hilbers we find a key to the Vienna tables, the allopaths, represented in the person of Skoda, instead of retarding, accelerate the work of death, whereas the homœopaths, embodied in Dr. Fleischmann, let nature alone, and, if we may presume that, like their brethren in England, the Vienna homœopaths call every sideache pleurisy, every cough pneumonia, and every headache "decided inflammation of the brain," it cannot be difficult to comprehend how the homœopaths gain the advantage over the allopaths. During two recent visits to Paris I made particular inquiries of two eminent physicians and at the Hotel Dieu respecting the experiments conducted there, and I was assured that no more complete and signal failure was ever witnessed. The homœopathists boast that their cures are more certain, prompt, and numerous than those of other practitioners. How far the assertion is countenanced by facts may be gathered from the miserable record of cases seen in their published works; numerous cases of *quinsy* dispersed by the natural process of bursting (evident, though not acknowledged), and of vomiting from pregnancy subsiding as the pregnancy advanced, and such like. Behold a farce from the "Practice of Homœopathy,"—"A New and Improved Mode of Curing Strangulated Hernia"—p. 211:—"I found him suffering much; the hernia had attained a considerable size; the least contact increased the pain; the hernial sac was tender and hot, and it was evident that there was *no time* to exercise the operation of the taxis. I prescribed a globule of nux vomica. It was eleven o'clock in the morning, and the patient took his medicine immediately. Two hours afterwards the pains appeared to be so much quieted that he took a light repast. His meal was the cause of fresh misfortunes; at eleven o'clock at night the malady had redoubled with extreme violence. I went to the patient, and found him a prey to indescribable anxiety, &c. The tumour had nearly doubled in size since the morning. I made him take three globules of nux vomica. Scarcely had they been swallowed when a decided action manifested itself; he slid to the foot of the bed, and rolled himself on the floor; he felt as if death were approaching; he took leave of his wife, and of me; he entreated me to give him something to hasten death, and to put him out of pain. This scene of affliction lasted for about twenty minutes. I was then able to get the patient again into bed; he found himself better; the tumour was less rigid; the abdominal gripings less severe. I left a dose of nux vomica to be taken at three o'clock in the morning, and a dose of cocculus indicus to be taken at six o'clock, if the first should not produce any result. The patient was agitated all night; there was a marked action after the administration of the nux vomica; the tumour, however, not having yet altered, I gave the cocculus at six o'clock. I could not ascribe any effect to the action of the cocculus, and I prescribed three globules of nux vomica to be taken at noon. At two o'clock it was certain that the nux vomica had acted powerfully. He was again a prey to the most painful anxiety; he foretold his speedy death. I assured him that in a few hours he would be relieved. After a few instants he became entirely changed; a quarter of an hour after my departure the intestine returned by its own action. Twenty-four hours had thus sufficed to cure a malady of the most formidable kind, by means of an internal agent, establishing health without the tortures and dangers attached to the operation. Has imagination ever cured such diseases?" Presumption how astonishing! Ignorance how profound! Had the doctor known how to use those simple means, the taxis, warm bath, and cold application (successful in ninety-nine cases out of a hundred), instead of twenty four hours of "torture" and imminent peril, ease and safety would have been obtained in perhaps less time than as many minutes! The man was twenty-four hours under treatment, and he implored to be put out of his misery—how much saving of "time" and of "torture" was effected? Let the doctor ask himself in good faith what real service his seven globules rendered to this case? The cure was Nature's handiwork, and her's alone. The patient had a "lucky escape." Place this case by the side of three cases of pregnancy (page 198); *the symptoms, as well as their causes, are totally dissimilar, yet nux vomica is the cure for all.* The want of accordance between precept and practice was never before exhibited in a more palpable and shameful manner.

Having had the honour of an interview with Dr. Curie, I asked him if in acute diseases he depended upon the globules? "No," he answered, "I give tinctures. You will lose a great many cases if you only give globules." This scarcely harmonises with the wonderful effects so constantly ascribed to globules, nor with the doctrine of infinitesimal doses. I am convinced these tinctures are far from being of infinitesimal strength, and if so it is no more surprising that cures should result when they are properly prescribed by homœopaths than when administered by ourselves. I was told that, after the unfortunate death of Lady Denbigh, Dr. Curie said he would not hesitate to bleed in an emergency to *gain time* for the action of homœopathic remedies; yet he announces in his "Principles," page 65, "as an advantage of no small importance, homœopathy *supersedes*, and consequently *abolishes*, blood-letting, whether by the lancet, by cupping, or by leeches!" Shall we hail these as the harbingers of the recusant's return from the error of his ways? I knew a girl whose disease was pronounced by Dr. Curie to be "*typhus fever*," and who was taken into the Homœopathic Hospital in Hanover-square. She declared that she was permitted to take only toast-water and globules for a fortnight, at the expiration of which period the doctor gave her a *teaspoonful* of mutton-broth, which was said to have produced such an alarming increase of fever that another week of toast-water was inflicted. For three weeks more she was permitted to take a cupful of broth occasionally, and at the end of about six weeks she was discharged the merest "shadow of a shade;" and who does not remember the story of that miserable being whose inquest was reported in the *Times*, whose abdomen, from the forced abstinence of many weeks (although he had secreted a jug of, I think, barley-water under his bed, which he sipped unknown to the doctor), was found, upon a post-mortem examination, to be "hollow like a basin!" Listen, then, to the doctor's boast—"Principles," page 168:—"It is easily seen that our regimen is *infinitely less severe* than that which is commended by certain other medical schools; *for we always allow to our patients a quantity of substantial nourishment in accordance with their appetite and digestive powers.*" It would be, however, an endless task to indicate all the inconsistencies and flat contradictions of homœopathic writers and practitioners. It seems to be the rule to promise a thorough cure to every person who applies. If the pledge is not fulfilled, further time is required; if the patient has obtained no relief, he is reminded that at least he has escaped the "tortures" of allopathic bleedings, blisterings, and drugs, and if his patience becomes quite exhausted, some wretched subterfuge is resorted to. "I'm no better, Sir," said a poor woman who found herself much worse, and her faith failing, at the end of twelve months' continued attendance upon the doctor. "Have you taken any *tea*?" demanded he in a loud tone of voice. "Yes, Sir; a very little sometimes." "When I said that he abused me like a pickpocket, and I could not help crying. I thought sometimes he would quite starve me, for he would not let me take anything but water-gruel, and a little milk." Such is homœopathy!

I have the honour to remain, Sir,
Your most obedient servant,
WM. BAINBRIDGE.

AUSTRALIAN MOSS.—Dr. Lankester, at a meeting of the Linnean Society, exhibited specimens of a Fucus sold in London under the name of Australian Moss. It is procured from the rocks on the sea shore, at Swan River, and is recommended as a substitute for Carrageen moss, Iceland moss, Ceylon moss, and other forms of Fuci containing lichenin. In some points of its structure it resembled the Fucus striatus, of Turner, to which it was referred by Sir W. J. Hooker. From specimens in the Herbarium, Dr. Lankester thought it more nearly related to the Fucus spinosis of Linnæus.

SPONTANEOUS CURE OF OVARIAN DROPSY.—A woman, twenty-eight years of age, had been affected with dropsy of the right ovary for two years, the size of which increased rapidly. A projection appeared at the umbilicus, and eventually burst, a gush of fluid escaping from the opening. This opening became fistulous, and a puriform discharge took place. The swelling subsided, the discharge ceased, and the umbilical opening cicatrised. In fact, the woman seemed entirely cured. Soon after this she married, and became pregnant; after her delivery the abdomen remained enlarged, and it was evident that the dropsical swelling was reproduced. The tumour made the same progress as before, and eventually discharged its contents through the umbilicus. When the sac was emptied the discharge gradually ceased, the umbilical opening healed, and there has been no return of the affection.—*Medicinische Zeitung.*

CHEMICAL SOLUTION OF VESICAL CALCULI.—M. Sementini, an Italian chemist, has communicated a proceeding for the solution of vesical calculi to the Scientific Congress at Naples. He injects into the bladder, at intervals, a liquid slightly acidulated by hydrochloric acid, mixed with a very small quantity of sulphuric acid. M. Sementini has assured himself that the bladder, even when diseased, will bear this injection without injury.

ICE.—Paris is supplied by three ice-houses—that of Saint Ouen, which supplies annually twelve millions of pounds; that of Gentilly, which affords six millions, and that of La Villette, which supplies about the same quantity as Gentilly. Thus, Paris, with a population of about one million, consumes annually about 24,000,000 pounds of ice, or about twenty-four pounds to each individual.—*Annales de Therapeutique.*

MORTALITY TABLE,

For the week ending December 20 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	961	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	195	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	92	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	146	155	159
Diseases of the Lungs, and of the other Organs of Respiration	288	323	292
Diseases of the Heart and Blood-vessels . . .	42	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	74	68	71
Diseases of the Kidneys, &c.	10	6	6
Childbirth, Diseases of the Uterus, &c.	12	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	5	6	6
Diseases of the Skin, Cellular Tissues, &c.	2	1	1
Old Age	59	74	70
Violence, Privation, Cold, and Intemperance . .	31	27	26

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PROGRESS OF MEDICAL SCIENCE,
INCLUDING CHEMISTRY AND PHARMACY.

France.

ACADEMY OF SCIENCES.

Meeting of December 15, 1845; M. ELIE DE BEAUMONT in the Chair.

Professor Regnault read a voluminous paper relative to the mathematical appreciation of the power of steam engines. The whole meeting was taken up by this communication.

A New Test for Arsenic; by M. Lassaigne.—If even a minute arsenical stain, formed on a plate, be placed in contact at 12° or 15°+0 (or 83 to 89 Fahr.) with the vapour of *iodine*, it acquires a *pale brownish-yellow* colour, which, by exposure to air, becomes lighter, passes to lemon colour, and ultimately disappears. If a concentrated solution of hydrosulphuric acid be dropped on the spot which the stain occupied, the lemon colour is reproduced (by the formation of the yellow sulphuret of arsenic), and ammonia readily washes out the stain. On the contrary, when an antimonial stain is submitted to the action of iodine in a state of vapour, it turns to a *deep carmelite yellow*, which becomes *orange*-coloured under the influence of the air, and does not disappear spontaneously. Hydrosulphuric acid reproduces the *orange*-coloured sulphuret of antimony, which ammonia removes with difficulty.

Meeting of December 22nd, 1845; M. ELIE DE BEAUMONT in the Chair.

Formation of Organic Tissues; by M. Coste.—Dr. Coste read a paper on the first development of living bodies, and entered into an inquiry relative to the period which precedes the formation of cells—a period characterised by the presence of what Dr. Coste calls "organic spheres." When, in mammiferous animals, the seminal fluid having penetrated through the uterine cavity and the Fallopian tubes, envelops the ovum, and impregnates it, the discus vitellinus undergoes the first modifications which precede organisation of the germ. The vitellus first limits itself into a granular spherical-shaped body, enveloped in a viscid matter, which has been erroneously considered by Barry as a distinct membrane. After some hours the vitelline sphere divides into two equal parts, each of which assumes immediately the spherical form. This first division has been hardly completed, when each secondary segment also divides into smaller spheres, the vitellus being thus changed after an extremely short period into a large number of globular bodies. When this subdivision of the vitelline disc has been completed, the transformation of each sphere into a cell begins. In the centre of each of these minute granular spheres can be seen a diaphanous globule, which Dr. Coste compares to a drop of oil. The spheres may be observed in the vitellus of mammalia, osseous fishes, batrachia, mollusca, insects, and worms, and it is at the expense of this that the blastodermic membrane is formed. M. Coste concludes from his researches that between the amorphous condition of living matter and the formation of cells a period elapses, marked by the transformation of organic substance into small spheres, the first manifestation of life.

The remainder of the meeting was taken up by subjects foreign to the natural sciences.

ACADEMY OF MEDICINE.

Meeting of December 16, 1845; M. CAVENTOU in the Chair.

Hare-Lip.—M. Beaudan forwarded a case of congenital hare-lip operated upon successfully on the fourth day after birth, according to the method proposed by Professor P. Dubois.

Accidents produced by Antimonial Solutions.—Dr. E. Boudet has frequently observed in the treatment of pneumonia, and other diseases, that antimonial preparations cause not unfrequently diphtheritic ulceration of the mouth, throat, œsophagus, and even of the mucous membrane of the stomach. This complication, produced by the medicine, adds to the febrile excitement belonging to the original complaint against which the drug was directed, and increases the difficulty of breathing. Dr. Boudet has observed twenty-five cases of this kind, in all of which the tartrate of potass and antimony occasioned the most distressing symptoms. He proposed to banish antimonial *solutions* from the treatment of acute pulmonary disease, and to replace them by the same drug in the form of *pills*. Fourteen times M. Fouquier has substituted the pills for the solution with advantage in pneumonia, and in five other cases M. Boudet has also obtained success. He recommends the following prescription:—℞ Potassio antim. tartrat.; Gum tragac. āā ʒ.ss; Pulv. rad. altheæ. q. s.; M. f. pil. xvj.

Injections of the Iodine Solution into the Joints in Hydrarthrosis.—Adjourned Debate.

M. Rochoux did not think that in hydrocele the iodine solution is deserving of any marked preference over the wine and water injection. In the Antilles, M. Rochoux had a great many opportunities of treating hydrocele; he constantly used wine, and the results he obtained were most favourable. Iodine injections are reproached with not producing a definitive cure of hydrocele, because it would appear that the tunica vaginalis is not obliterated under their influence. M. Rochoux considered that this objection would cease to exist for the treatment of hydrarthrosis by the new plan, and that it would be advantageous, in case the injection into the joints was adopted at all, to employ a liquid which would not produce anchylosis. M. Rochoux, however, had seen so many cases of chronic hydrarthrosis at Bicêtre, in aged subjects, cured under the influence of simple means, that he did not feel inclined to adopt the plan proposed by the learned reporter.

Dr. Gimelle, surgeon to the Invalid Military Hospital, looks upon hydrarthrosis in a more serious light than most practitioners, because it often produces weakness of the joint, stiffness, and sometimes atrophy of the limb. Dr. Gimelle is in possession of 130 cases cured by the exhibition of antimonial preparations in gradually increasing doses. For the treatment of hydrocele, Dr. Gimelle uses, excluding all other substances, the iodine solution, which he considers less painful; he has now employed it in twenty-two cases, in one only considerable pain was produced, and, indeed, nervous symptoms of an alarming nature followed the operation. Dr. Gimelle has observed two cases of relapse, one ten months, the other eight months after operation.

Professor Gerdy: The injection of the iodine solution into the joints is not altogether a new operation. A long time since, M. Lugol recommended this treatment in the arthritic diseases of scrofulous subjects. In most instances hydrarthrosis yields to methods of treatment which are not attended with danger; indeed, M. Gerdy has treated in the course of his life a great many cases of the malady, and he does not recollect a single instance in which he failed in curing the diseased joint. The first duty of the surgeon is "to do no injury;" now, injections into synovial cavities are certainly attended with danger. A case very lately occurred in M. Velpeau's wards, and the patient having died, the cartilages were found in a state of erosion, and adhesions had formed in the joint. This is a dangerous method. Professor Gerdy will unite with M. Blandin in predicting that M. Velpeau will meet with many unfortunate cases if he persists in these injections. As to M. Gerdy, he would not recommend a method which he would not be ready to employ on his own son. As to hydrocele, M. Velpeau recommends the iodine solution, because it may be used cold, because it can be absorbed without injury into the system, and because it exposes less than any other liquids to gangrenous inflammation. Professor Gerdy denies that the iodine can be absorbed into the system without injury. In 1844, M. Babaou, in his inaugural thesis, mentioned four experiments he made on dogs with a view of ascertaining the effects of the absorption of iodine. M. Velpeau's solution was employed, and, in all, local gangrene occurred, and symptoms of poisoning were manifest; three died, the fourth ran away. One case is on record of a man treated at Calcutta for hydrocele; the iodine solution was injected, and the patient died with symptoms of poisoning. Can this be said to be an inoffensive treatment? Relapses occur after all treatments of hydrocele, but Dr. Gerdy does not partake of the opinion that because hydrocele reappears ten months or two years after operation, it may not be said to have been perfectly cured in the first instance. A recurrence of the same disease must not be confounded with a relapse. Professor Blandin stated at the last meeting that no permanent cure of hydrocele could be obtained without obliteration of the tunica vaginalis. On this point Professor Gerdy believes the state of science to be very unsettled; but this opinion, he thought, was generally adopted, that relapses are as common after the iodine injection as after the injection of wine. The cure of hydrocele may be obtained with many liquids. Professor Gerdy had made successful experiments, so far back as 1834, for the injection of warm water at 38°+0 (98 Fahr.) A cure followed in twenty days. Three times M. Gerdy injected alcoholised water; in the two first cases the patients did well, but the third was under the necessity of being again submitted to the operation. Professor Gerdy has tried also water saturated with common salt, infusions of bark, and solutions of alum, and with all these liquids, more especially the last, he has obtained cures of hydrocele. These experiments could not, at any rate, be considered as dangerous ones. The professor concluded by stating that M. Velpeau had hinted at the possi-

bility of injecting the iodine solution into the peritoneum; the very thought of such an operation was, in the orator's opinion, unjustifiable, and he expressed a hope that the Academy would not sanction, by adopting the report, the rash and imprudent courses followed by some surgeons, in opposition to the wise and time-honoured precepts left by Desault, Boyer, Dubois, and other great men, whose names reflect glory upon the French schools of surgery.

Professor Blandin insisted that the patient whose case was the subject of the report, had been cured of hydrarthrosis of the shoulder, only after going through some dangers and considerable sufferings; and that not long since a patient operated on for hydrocele by the iodine solution, had been brought to M. Jobert's hospital with extensive gangrene of the scrotum.

Professor Velpeau observed, in reply to all that had been said at this and the foregoing meeting, that, being under the necessity of addressing the Academy at some length, he would this day only answer the most urgent and the most personal of the objections which had been made. With regard to the patient he operated on for hydrarthrosis by injection, and who died (see *Medical Times*, vol. 13, p. 92), Professor Velpeau said, that about two months and a-half after the operation he was suddenly seized with hæmoptysis, and subsequently died with the symptoms of typhoid fever, and with the anatomical changes usually accompanying that disease; the operation had no connection whatsoever with the cause of death. Professor Velpeau would understand the objection if it bore merely upon the fact that the injection into the joint did not altogether succeed in removing the original complaint, but he could not for a moment admit that the treatment of the hydrarthrosis had the most trifling influence over the disease which carried off the patient. M. Velpeau begged to assure Professor Gerdy that he felt quite as solicitous about the safety of the persons who entrusted their health to his care, as Professor Gerdy himself, and to say that he had hitherto never dared to inject stimulating solutions into the peritoneum; but that others had been more bold, and their attempts were recompensed by success. Thus, M. Dieulafoy, a distinguished physician of the city of Toulouse, twice injected the iodine solution into the peritoneum, in the human subject, for the treatment of ascites, and both patients were perfectly cured. At this late period of the meeting I will say no more; but I trust the Academy will not reject the conclusions of the report. Dr. Roux's case of injection into the shoulder joint is an interesting one, and it was followed by a cure.

Debate adjourned to next meeting

Meeting of December 23rd, 1845: M. CAVENTOU in the Chair.

Election of Office-Bearers for the Year 1846.—*President:* Seventy-nine members present. Seventy votes were in favour of Dr. Roche; five, Dr. Bégin; two, Professor Velpeau; one, Dr. Husson; one, Dr. Forestier. Dr. Roche was consequently elected president for the year 1846. *Vice-President:* Eighty-two members present. Dr. Bégin, seventy-three; Velpeau, seven; Jobert, one; Duméril, one. Dr. Bégin was elected vice-president for the year 1846. *Secretary:* Dr. Mélier, sixty-six; Dubois, six; Prees, three; Louis, two; Longet, one; Bricheteau, one; Bourdon, one. Dr. Mélier, having obtained a majority, was elected to the office of secretary for 1846. MM. Caventou, Delens, and Bouley, jun., were then elected to serve on the council. The meeting adjourned at an early hour.

LA CHARITE

We report the following case, which was considered to be one of "pellagre," on account of the uncommon occurrence of the disease in this country. In an early communication we will forward to the readers of the *Medical Times* a review of the interesting monograph published by Dr. C. Roussel on the subject.

S., aged twenty-five, a mantua-maker, a native of Vandeur, department of Yonne, was admitted into M. Rayer's wards on the 29th of August, 1845. Her father, a man of strong habit, died at the age of sixty, from the progress of a liver complaint. Her mother is still alive, and enjoys good health. Her brothers and sisters never presented any symptoms analogous to those from which she herself suffered. As the disease has been attributed to the use of decayed corn, it may not be improper to add that she lived chiefly on rye bread and vegetables, hardly ever tasting animal food, to which she had taken a dislike. The country she was reared in is remarkably healthy, and the patient never met with any person afflicted with a disorder resembling her own. She first menstruated in 1840, but the catamenial function was never regularly performed. Since the year 1837 she suffered much from rheumatism, particularly in the knees, the movements of which were very much impaired; the rheumatic pains having increased, and become complicated by pain in the lumbar region, she entered the hospital of La Charité in September, 1844, and remained in the hospital until April, 1845, when she left, complaining only of *weakness in the lower extremities*. In June *diarrhœa* appeared, and was followed in the month of July by the *eruption* of an *erythematous* affection on the dorsal regions of both hands, on which several thick and indented scabs formed in the vicinity of the articulations. She was re-admitted on the 29th of August, when a cutaneous affection was also noticed on the face, characterised only by redness and epidermic exfoliation of the nose and forehead. On the back of the hands the cuticle was also in a remarkable state of scaly exfoliation, and near the metacarpo-phalangeal articulations, thick dark crusts were manifest, surrounded by superficial lacerations of the skin. The cutaneous surface presented no other alteration; but the general health of the patient was very much impaired. She could not stand nor hardly sit upright; the movements of the legs were free in bed, but the arms could be used only with pain and difficulty. The organs of special sensation were apparently healthy, but vision was dim in both eyes, and tinnitus aurium was present; no cough, no physical signs of thoracic disease. The digestive functions were imperfectly performed; the patient had no appetite, and suffered from constant diarrhœa. Memory was preserved, and the intellect sound; she did not complain, but was constantly in a very dejected mental condition. The diarrhœa was arrested under the influence of opium; and carbonate of iron was exhibited without any amendment of the symptoms. On the 21st of September the first symptoms of acute pericarditis shewed themselves, and notwithstanding cupping of the præcordial region, and two blisters to the left breast, the effusion gradually gained ground, occasioning a friction sound to be heard on auscultation, and the patient expired on the 24th.

Post Mortem Examination.—The sheaths of the brain and spinal chord were healthy, also the cerebral matter itself; the spinal chord above the lumbar enlargement was considered to be rather harder than in the healthy state. The lungs were healthy, but the bronchi were red, and filled with frothy secretions. The pericardium contained about four ounces of sanguineous serum; but presented no false membranes. The left auriculo-ventricular valves were thickened from ancient disease. The gastric mucous membrane was softened to a considerable extent; and enteritis of the jejunum and ileum had left intense redness of their inner coating; no other alteration was detected. The nerves appeared in a natural state, and the anatomical appearances of the eruption on the face and hands were unchanged.

HOTEL DIEU.

CLINICAL LECTURE (concluded.) *Hydro-Pneumothorax.* By M. CHOMEL.

The sudden expectoration of a large quantity of pus is in itself a symptom which must forcibly lead to the diagnosis of perforation of the lung from purulent pleurisy. It was formerly believed that in similar cases of vomica, the pus originated in the lung. It is, on the contrary, extremely uncommon to meet with a pulmonary abscess of sufficient dimensions to furnish the quantity of pus which is rejected after a perforation consequent upon pleurisy. When a collection of matter has formed in any part of the system, nature employs herself in seeking an exit for that morbid production, and directs it by as short a road as possible towards the mucous or the cutaneous surfaces of the body. In pleurisy, the pus finds an easier egress through the lung, than through the parietes of the chest, defended as they are by aponeurotic structures, and it is on that account that purulent collections of the pleura are so much more frequently removed by expectoration than by any other natural process.

The progress of pneumothorax, as a consequence of tubercular consumption, or as a consequence of purulent empyema, is so totally different as to be quite characteristic. Thus, when phthisis evades the accident, *air* is first introduced into the pleura, and subsequently a fluid is therein secreted. When, on the contrary, pneumothorax results from pleurisy, a liquid effusion first forms in the chest, and air penetrates only when that fluid is suddenly rejected. Indeed, it sometimes happens, that on the liquid being expelled no air penetrates into the pleura, the lacerated membrane forming a kind of valve, opening from within outwards, and allowing the exit of pus, though it prevents the penetration of air.

The *prognosis* of pneumothorax must generally be unfavourable, the diseases which the pulmonary perforation is a consequence of, generally being of a fatal character. In itself, pneumothorax is not necessarily mortal, but the patients die of the progress of the primary affection.

In the post-mortem examination of persons who have been victims to pneumothorax, it is sometimes necessary to take the most minute precautions to detect the presence of air in the pleura, and, afterwards, the seat of the pulmonary perforation. When, on any subject, the pleural cavity is opened, a hissing sound is produced by the rush of air *into* the thorax. The anatomical investigation must be carried on in a manner different from that usually adopted to examine the organs affected with diseases other than that under consideration. The abdomen must first be opened in order to ascertain exactly the form and appearance of the diaphragm. The inferior face of that muscle, instead of forming, as usual, a deep arch, protrudes into the abdominal cavity, and a strong contrast may be observed between the two sides of the muscle, the portion corresponding to the healthy side of the thorax preserving its habitual shape, the other part of the diaphragm being, on the contrary, forced downwards by the accumulation of air in the affected pleura. It is then neeessary to proceed to the examination of the chest, and to begin by receiving the air contained in the thoracic cavity. For this purpose the following plan will be found convenient:—Place on the part of the chest which it is your intention to puncture, a *metallic* or *wooden circle* analogous to those employed at table to mark the napkins and keep them in fold; fill it with water, and perform with a narrow bistoury a puncture under water; the gaseous products contained in the chest will escape, and can easily be set aside for chemical analysis. The chest may then be laid open, and the anatomical signs of pleurisy will be found. The best plan—the only one almost—to detect the exact spot of the perforation of the lung is insufflation of the organ under water. The bubbles which escape from the opening become the safest guides to the local lesion.

In the treatment of hydro-pneumothorax, we should consider the treatment of the original disease which has occasioned the accident, and the means to be employed for the accident itself. Unfortunately we possess only palliatives against the symptoms of pneumothorax, mucilaginous drinks, opium to calm the cough, and to diminish the "besoin de respirer," venesection, or local depletion, absolute repose of the thoracic organs—such are the chief elements of the treatment to be instituted. In the case which has induced us to bring the subject before you, this method has been employed. The respiration is much relieved; instead of forty-eight inspirations which the woman presented in one minute, she now expands the lung only twenty times; but the emaciation and weakness of the patient, and the progress which tubercular consumption has already made, leaves us no hope whatever of the favourable termination of the case.

An Experimental Inquiry into the Degree of Animal Heat generated in the Body of Children, in Health and in Disease; by Henri Roger, M.D., Physician to the Hospitals of Paris, &c.—In the study of the heat of the body of children in a healthy con-

dition, Dr. Roger has felt the necessity of establishing a distinction between newly born infants and children arrived at a more advanced period of life. During the first hours which follow birth the heat of the body falls from 99 and a fraction (Fahr.) to 96, and even 95. But when the evaporation of the amniotic liquid from the skin has ceased, when the first impression of the passage from a warmer to a colder medium has passed away, the infant recovers the heat he had lost, and, singular to say, the influence of a quick circulation or frequent respiration on the quantity of heat presented by various parts of the body is very trifling. The energy of the heart's action seems, however, to have a more direct connection with the development of heat than the frequency of respirations; and the general strength of the subject appears to exert a greater sway over the production of caloric than even the central circulation. In the male infant the animal heat is slightly greater than in the female child: with reference to the comparative degree of heat in various parts of the body, Dr. Roger classes the different regions in the following order:—Axilla, abdomen, mouth, fold of arm, hands and feet. In disease, Dr. Roger, whose experiments are extremely numerous, finds animal heat increased in all affections attended with febrile excitement; unchanged from the standard of health in phthisis and neuroses, and positively diminished in gangrene, cholera, and œdema. Thus, in *synochus*, the animal heat was found raised to 101 and 105; in *intermittent fever* Dr. Roger notices the unequal distribution of caloric during the fits, the fallacy of the sensations of cold and heat experienced by the patient, and a slight fall in the thermometer during apyrexia. In *typhoid fever* the heat is intense (104), and remarkable for its persistency. In no disease does the elevation of the standard of heat afford such a striking contrast with the condition of the pulse; indeed this was so remarkable in the cases observed by our author, that he does not hesitate to consider it as a valuable sign in the sometimes difficult diagnosis of the typhoid fever of children; and as a practical inference from the pertinacity of extreme heat in this form of disease, he explains the favourable action, and recommends strongly the exhibition of cold or luke-warm applications to the external and internal surfaces of the body. In small-pox, the average of heat was 101·16, diminishing slightly after the eruptions and recurring with the suppurative fever. In scarlatina, the average degree of caloric noticed was 102·87. In measles, 101·43. Diseases of the heart (pericarditis and hypertrophy, chronic cases), offered a very small increase of the normal heat. In enteritis, the fluctuations of the thermometer between 102 and 98, giving, according to Dr. Roger, an important diagnostic sign between this complaint and true typhoid fever. In peritonitis the mean heat was 103 and a fraction. Meningitis presents a remarkable degree of inconsistency to thermometric observation, so much so that Dr. Roger looks upon a sudden diminution of animal heat, intermediate to two periods of notable increase of caloric, as a pathognomonic sign of the disorder. In *croup*, the pulse averaged 152, the respiratory expansions 51, and the thermometer 100·89: in pneumonia, the pulse 183, respir. 52, and heat 103·9 (forty-nine experiments). The temperature appears stationary in pulmonary consumption, when symptoms of local inflammation are not present. The same result was obtained in hooping-cough, chorea, dropsy, &c. The calorifying powers seem considerably impaired in œdema. In a case of general œdema, in which the patient recovered, the thermometer descended to 90·50; a fatal case presented only 71·6. Dr. Roger considers the disease to be produced by the influence of external cold on a naturally weak constitution, and attributes to passive congestion the condition of the lungs in sclerema, which has been by many referred to pneumonia. In conclusion, Dr. Roger does not think that any one of the three principal functions—respiration, circulation, or assimilation—can be looked upon as being the exclusive source of animal heat, but that they are all three concerned in its production, and that the nervous and digestive systems are also concerned in its development. Want of space has not permitted us to do full justice to the numerous details of this laborious publication; but we feel satisfied that it will be read with benefit by all those who take an interest in the scientific investigation of disease, and who appreciate the numerous difficulties which surround the diagnosis of the diseases of infancy.

Sigillary Stones of Roman Oculists; by Dr. Sichel.—Dr. Sichel has lately published a learned and interesting explanation of five sigillary stones, formerly belonging to Roman oculists. These "specialistes d'autrefois" were in the habit of engraving on the boxes or phials containing their collyria, their name, and the name and uses of the salve. For this purpose they used soft stones, bearing on their border the inverted inscriptions: many of these are still in existence, and have sorely tested the ingenuity of archæologists. One of these stones, belonging to the Bibliotheque Royale, in Paris, bears upon its borders the following inscriptions:—

1. *Lucii* VARi HELIODORI
   EVVODES·AD·CICA*trices*
2. L.V.HELIODORI
   DIAMYSOS·AD·ASPR*itudinas*
3. ELIODORI·DI·AL
   EPID·AD·CICATR.
4. LVARI
   PALLAD

We subjoin Dr. Sichel's explanation:—1. Lucius Varus Heliodorus perfumed (εὐωδες) collyrium against cicatrices (of the cornea). 2. L. V. Heliodorus Diamysos, ointment against asperities, *i. e.*, granulations. 3. Heliodorus's Dialepidos (oxide of copper), ointment against cicatrices of the cornea. 4. L. V. Heliodorus's palladium (a *patent* medicine, probably).

Dan M'Carthy, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals in Paris.

Great Britain.

Lithotrity in the Female—Fatal use of the Dilator.—A case of stone in the bladder in a female is recorded in the *Provincial Medical Journal*, by Mr Crawford, of Canterbury. The disease was of ten years' duration, and the bladder was in an irritable state. The pareira brava and morphia were exhibited in the first instance, after which the urethra was dilated, so that the stone could be readily grasped by a pair of lithotomy forceps, but was too large to be extracted. It was then crushed with the screw-lithotrite, and a large quantity of detritus came away. A few days afterwards the urethra was blocked up by a fragment of the calculus, which it was sought to extract by dilating the urethra, and the use of the lithotrope. Great pain was induced by the operation, which was followed by fatal peritonitis. The examination of the body showed that the peritoneal surface of the stomach and intestines was coated with recently effused lymph; the walls of the bladder were much thickened; its cavity contracted; its mucous membrane of a dark venous-red colour; and it contained *one* flattened irregular shaped portion of stone, weighing three drachms, but *no other fragments, or detritus*. The mucous membrane was not ulcerated, nor did it appear to have been injured by the instruments employed.

Imperforate Hymen.—A case of this malformation is described by Dr. Barclay in the *Provincial Medical Journal*. The patient was a girl, fifteen years of age, of a pale and chlorotic appearance, but very tall, large, and stout for her age, though the signs of puberty were not much advanced. The symptoms of which she complained led to the suspicion of the nature of the case, which was verified by the *toucher*. The hymen thick and vascular, with a kind of central raphe, was tense, and protruded between the labia. It was freely divided with a bistoury, and about eighteen ounces of menstrual secretion evacuated, being discharged with considerable force. The incision gave a good deal of pain, and the membrane was very thick and tough. The fluid evacuated was of the consistence of treacle, and had a faint smell. The incision was kept open with tents, and she since menstruates regularly, while the health is quite restored, and the complexion has become ruddy.

Poisoning by Mussels.—A case of fatal peritonitis is recorded by Dr. Barclay in the *Provincial Medical Journal*, from eating a large quantity of mussels. The first three days after the commencement of the disease, the patient was under the care (?) of druggists.

Fracture of the Leg and Thigh—Gangrene.—An emaciated sailor was admitted into the Newcastle infirmary under Mr. Greenhow, with dislocation of the humerus, and simple fracture of the femur and leg. Gangrene set in four days afterwards, and continued to make progress. Amputation was performed on the tenth day after the injury, the patient dying a week afterwards. After the limb was removed, it was examined. The line of demarcation was fully formed on the skin, that of the parts within was not distinct, but would have taken place two or three inches higher up; no suppuration was found; underneath the skin of the lower part of the thigh, knee, and leg, there was considerable ecchymosis; the ends of the bone were riding in the popliteal space, surrounded by a small clot of blood, and had the vessels lying loose and unconnected over them. The popliteal artery was impervious; it had been torn by the injury; the middle, with the inner tunic, was abruptly lacerated across, and the ends separated from each other for the distance of an inch and a half, but connecting them was the stretched and partially-lacerated outer coat, which had not altogether given way like the others; there was a discoloured coagulum plugging the upper extremity of the lacerated inner coats. The vein presented marks of having also been stretched; it was impervious, but was not so much lacerated as the outer coat of the artery. The knee-joint contained about two ounces of fetid sanious pus. The muscles of the leg and foot were nearly of their natural colour and consistence, as also the vessels, which were empty. After death an examination of the body was made. The dislocated shoulder presented nothing particular on external inspection, except that its movements were lax, and the skin slightly ecchymosed; the cellular tissue in the axilla was found infiltrated with bloody pus; the capsular ligament had, at its inner part above the insertion of the uninjured subcapsular tendon, a slit-like opening, formed by the separation of its fibres, and sufficiently large to allow the head of the humerus to escape; the joint contained about an ounce of pus similar to that in the knee, and presented no marks of inflammation; the long head of the biceps was natural; the supra and infra-spinatus, with the teres minor muscles, were detached from the humerus, and had torn off the bony surface of the great tuberosity; the posterio-inferior attachment of the capsular ligament was lacerated, and had allowed pus from the joint to lodge between the triceps and the bone. The liver was greatly enlarged from chronic disease, and several black tumefied glands were situated in the course of the left iliac vessels; there was no union of the tibia, and a bed-sore was on the sacrum.

Dislocation of the Spine.—A case of this injury is reported in the *Provincial Medical Journal*, from the practice of Mr. Liston, in the University College Hospital. The patient was a young man who had fallen from a high ladder in consequence of giddiness, and the next day fell down stairs from the same cause. On admission into the hospital there was a complete loss of sensation in all parts below the clavicles; the power of motion in the lower limbs also gone; sensation much impaired in the upper extremities, and though every movement could be performed by them, yet they were so much weakened as to be nearly powerless; no particular pain was complained of but a general sense of uneasiness and stupefaction. Respiration was purely diaphragmatic, not the slightest motion of the ribs being perceptible, and articulation slow, and during expiration, difficult. The bladder was distended, with paralysis of the sphincter vesicæ et ani. Heat of paralysed parts natural, as ascertained by the thermometer; no symptoms of febrile excitement. Reflex action in the legs could be excited by tickling the soles of the feet. The man died on the fourth day after the accident. The examination of the body was made twenty hours after death. The sixth cervical vertebra was found to have been dislocated forwards, the fibro-cartilage being torn from the inferior surface, and the anterior and posterior common ligaments, and ligamenta subflava, were torn across; the tip of the right inferior articulating process of the seventh vertebra was also fractured; the spinal cord was entire and uninjured,

but was pressed upon by the body of the seventh, and the arches of the sixth cervical vertebræ; there was but a slight degree of effusion on its surface; the lungs, kidneys, and brain, were all examined, and found engorged with blood, but with their structure healthy; the ventricles of the brain contained a small quantity of bloody serum; the bladder was distended, and its mucous membrane pale and softened.

Fracture of the Lumbar Spine.—At a meeting of the Sheffield Medical Society, Mr. H. Jackson exhibited a portion of the lumbar spine of a man, who, in supporting a large body of slates, was overpowered and bent forward, the mass pressing him almost double. He was admitted into the infirmary with every symptom of fracture, and after lingering some months died. On inspection, the lower portion of the body of the second lumbar vertebra was found to have been fractured, but was reunited. The spinous process had been separated, and also the transverse process. The union was not complete in the spinous process.

Periodical Hemorrhage from the Bowels.—At a meeting of the Sheffield Medical Society, Mr. Harrison narrated the case of a man, aged forty-seven, who, six or seven years ago, was affected with pain in the head and vertigo, which was relieved by an involuntary purging. He had not noticed the stools, although this occurred at periodical intervals, until his attention was called to them by a fellow workman. He then found that he had parted with a quantity of blood. This discharge came on monthly, and was always preceded by head-symptoms, which disappeared after the discharge, which amounted to from eight to sixteen ounces. Rather more than a year ago he had no discharge of blood for three months, and until it reappeared he was very ill. His health is generally good when the discharge is regular in its return. A sister was similarly affected after the cessation of menstruation, up to the time of her death, which occurred at fifty years of age.

Hydrocephalus.—Mr. Ray, of Sheffield, states in the *Provincial Medical Journal*, that he has cured two cases of hydrocephalus, by having the head cleanly shaved, and painting the scalp with undiluted tincture of iodine.

Lithotomy.—Mr. Ray states, in the *Provincial Medical Journal*, that he extracted a calculus from the bladder, formed on a pin as the nucleus, by introducing the finger into the rectum, after the requisite incisions had been made, and tilting up the calculus, so that it lodged in the bend of a finger previously introduced into the bladder. The boy recovered.

Scirrhus of the Gall-bladder.—A case is reported in the *Provincial Medical Journal* from the practice of Dr. Burridge, at the Taunton and Somerset Hospital. The patient was a female, forty-two years of age, the subject of green jaundice, and who had, besides, a small scirrhous tumour in the left breast, about the size of a nutmeg. At the time of her admission into the hospital, the gums, lips, and cheeks, were the seat of dark sloughing ulcers, the result of the previous administration of mercury. There was a sensation of sinking and anxiety at the præcordia, but no pain nor tenderness; no fulness of either hypochondrium, but a marked flatness of the abdomen. The liver could not be felt below the margin of the ribs, and rather severe pressure, exerted in an upward direction towards the diaphragm, elicited no expression nor sensation of pain or tenderness, nor was any discoverable over the abdomen. No headache; no rigors; slightly hurried respiration, but no cough nor dyspnœa; pulse soft, quick, and compressible; the bowels were obstinately constipated; the urine very scanty, and of a chocolate colour. The urine and fæces were found on inspection, and the application of the usual tests, to contain bile in small quantity. These symptoms, together with the existence of cachexia and great emaciation and debility, led to the suspicion of the existence of cancer of the liver, so far advanced as to cause obstruction of the ducts by pressure or spasm. The treatment was accordingly principally palliative. The patient survived her admission into the hospital a few weeks only. At the post-mortem inspection, the lungs were found perfectly healthy, and free from adhesions. The heart was remarkably small, pale, and flaccid, which Louis states to be the case in persons dying from cancer. The cardiac and pyloric orifices of the stomach were also free from disease. The duodenum presented no morbid appearance, except that the orifice of the common duct could nowhere be found. Attached to it, however, was a scirrhous mass of an irregular quadrilateral form, about two inches and a half long, by an inch and a half wide, to which the head of the pancreas was also firmly adherent. In this somewhat confused mass, the gall-bladder was completely lost, though the common duct was traceable at its duodenal extremity for nearly a third of its length. The liver was unusually small, and seemed to lie higher under the ribs than it usually does; but with the single exception to be presently mentioned, offered no external appearance of disease. On the concave surface of the liver, in the sulcus near the lower margin, was found a single carcinomatous tuber, presenting a surface rather larger than that of a shilling. Sections of the organ made in different directions, gave no other appearance than that described by Recamier as atrophous engorgement. The right kidney was of healthy structure, and the usual size; the left was also normal in structure, but of double the usual size. The ileum and cæcum were found perfectly natural, but the colon was stuffed with ash-coloured fæcal masses of ordinary fœcal consistence. The uterus and ovaria were not examined. The body, of course, retained its dingy olive complexion, and the emaciation was very marked.

Compound Fracture of the Fore-arm.—A case of this description is reported in the *Provincial Medical Journal* from the practice of Mr. Greenhow, at the Newcastle Infirmary. The injury, which resulted from an accident with machinery, was severe. There was a deep lacerated wound about two inches and a half long, situated obliquely a little above the wrist, on the external side of the front of the arm; the radius was broken a little below its middle, its inferior end was dislocated, projected slightly out of the wound, and on being laid hold of was found freely moveable, slight connexions only retaining the loosened part of the radius in its position; a small wound admitting the end of the finger existed at the inner part of the wrist, through which the bare end of the ulna was plainly distinguishable in its natural situation; the hand was much swollen, and on its back there was a bruised wound. Mr. Greenhow divided the attachments of the loose piece of the radius, and withdrew it from out of the wound; the hand and arm were then extended, and placed in the semi-supine posture, after which the edges of the wounds were brought together by straps of adhesive plaster, and over them were applied, with comfortable pressure, wet lint, two well-adapted pieces of cardboard, and a bandage, whilst the arm was suspended by a sling. The man had not a bad symptom afterwards, and was made an out-patient of the infirmary six weeks after the accident happened. At the date of the report he was beginning to use his fingers.

Puberty in Hindu Women.—From a paper by Mr. Roberton, of Manchester, published in the *Edinburgh Medical and Surgical Journal*, it appears that the average period of puberty in Hindu women at Calcutta is twelve years and six months, and at Bangalore thirteen years and two months, the average of both being twelve years and eight months. The average age at the birth of the first child is fourteen years and eight months at Calcutta, sixteen years and five months at Bangalore, and fifteen years and five months at both.

[The following are the only articles of interest to the profession in two numbers of the *Medical Gazette*.]

Position in the Treatment of Disease of the Hip-joint.—Mr. Aston Key, in a paper read before the Physical Society of Guy's Hospital, recommends the maintaining the straight position in every case of hip-joint disease, as soon as the nature of the affection is discovered. He says it is a position applicable in all stages of the disease. In the early stage, characterised only by a slight limping in the gait, or by an occasional slight pain in the knee or thigh, it possesses the advantage of maintaining the joint in a state of complete repose. The articulation being at rest, the muscles do not act, but remain in a passive state. On the contrary, when the limb is kept bent with a pillow placed under the knee, a position usually resorted to in the early stage, the pelvis and thigh in a child are continually in motion; little or no pain is felt by the little patient, and injunctions to preserve rest are made in vain. In the bent position, therefore, rest, one of the most important elements in treating a diseased joint, is not maintained, and the disease, therefore, fails often to be arrested. By a long splint applied along the outer side of the limb, and made to extend from the toe to the axilla, entire rest is given to the joint, and absolute inaction of the muscles preserved. Mr. Key believes, from what he has seen of this stage of the affection, that the arrest of the disease is greatly expedited by the entire tranquillity obtained by the straight position in conjunction with the mercurial treatment. The principal advantage of preserving the limb in a straight position is seen in the second stage of the disease, when, under the united effects of inflammation and ulceration of the cartilage of the joint, the tendency of the flexor muscles to contract induces such a degree of deformity in the lumbar vertebræ, pelvis, and hip-joint, as, when once allowed to take place, can never afterwards be wholly remedied. The position on the back is not irksome to the patient, nor painful, but is borne with cheerfulness and without complaint, because in the movements which the body undergoes the diseased joint is kept at rest. When suppuration occurs under such circumstances, it is usually directed to the front of the joint, on the outer edge of the iliacus, by the side of the tensor vaginæ femoris. In the advanced stage of the disease, the straight position prevents the dislocation of the head of the bone on the dorsum ilii; an occurrence, though by no means frequent, yet found sometimes to take place, and greatly adding to the deformity and shortening of the limb. It can only occur in the flexed position of the limb, which thrusts the head of the bone backward against the capsular ligament and posterior part of the acetabulum; and these structures, together with the head of the bone, being partly destroyed by the ulcerative process, the former gradually escapes from the cotyloid cavity, and becomes lodged upon the dorsum of the ilium. When anchylosis takes place in this disease, the straight position having been observed, the patient, when sitting, is compelled to drop the affected limb in a nearly perpendicular manner, and to sit with the pelvis resting on the side of the chair. This is the only evil attending the straight position, and is more than counterbalanced by the uniform length of the two limbs, and the absence of almost all lameness in the act of progression. The following caution concludes the paper:—Care should be taken to prevent the patient bearing too early upon the unsound limb during convalescence, when the straight position has been observed in the treatment of the case; for a sense of weakness, as in the first stage of the disease, induces him to raise the pelvis on that side in order to prevent much weight being thrown upon the weak limb. The effect of this elevation of the ilium is to curve the lumbar vertebræ in a lateral direction; and this distortion becomes permanent.

Placenta Prævia, with Distortion of the Pelvis.—Dr. Radford records a case of placenta prævia, accompanied with a contracted pelvis, to which he was summoned on account of excess flooding. He separated the placenta and brought it away, the hemorrhage ceasing. He then perforated the child's head, and broke down the brain, the body being extracted with the aid of the crotchet a few hours afterwards, that lapse of time being allowed in order to enable the mother to recover from the state of exhaustion to which she had been reduced by hemorrhage. She suffered afterwards for some short time from the effects of loss of blood, but gradually improved, and is now in a tolerable state of health.

Diseased Liver in the Rabbit.—Dr. Handfield Jones describes the microscopic appearances presented by a peculiar disease of the liver to which rabbits are subject, when they have long been fed on green food exclusively. The whole liver is not affected, but the abnormal deposit occurs in the form of definite masses of various sizes; it is of an opaque white colour, varies much in consistency,

being sometimes diffluent, at others almost of the firmness of cartilage: its aspect on the whole somewhat resembles that of certain forms of tubercle. If a portion of one of these masses be examined with a linear power of 200 diam., it is seen to consist of numerous large cells, surrounded and imbedded in a dark amorphous granular matter, which has rather the appearance of retrograding tissue; the cells are of an oval form, have a double cell-wall, and contain in their interior a circular mass of granular matter, which is probably inclosed in a separate membrane: in the centre of this a nucleus is sometimes perceptible: the space between the central mass and the double cell-wall is perfectly clear and transparent; each cell measures in its long diam. about 1-800th inch, in its short 1-1000th inch; these appear to be the most perfect form, and are by far the most numerous. Several varieties, however, may be observed among them: some, for instance, are circular, and almost filled with granular matter, but are of less size than the perfect cell; others, again, are as large or larger than the perfect cell, of oval or circular form, and completely distended by their granular contents, while occasionally some of much smaller size are seen, having very much the appearance of pus globules. Dr. H. Jones considers these as phases of the transformation of the epithelial cell, not induced by the inflammatory process, but by degeneration—a kind of hepatic phthisis. It is induced, he believes, by an unhealthy condition of the blood passing through the organ. It is a singular fact that cells identical in appearance with those of the perfect kind described, are always found when the ductus communis choledochus has been tied, and they are more numerous in proportion as the obstruction has longer existed.

The Effects of Obliteration of the Carotids on the Cerebral Circulation.—Dr. Norman Chevers, in an elaborate paper thus entitled, reviews a large number of the recorded cases of ligature of the carotid arteries, and from their details draws the following deductions:—That by far the larger proportion of those in whom the primitive carotid artery, on one side, is obliterated, recover; but that a considerable number of the individuals, so circumstanced, become hemiplegic, and perish from disease of that hemisphere of the brain which corresponds to the obstructed artery. The conclusion that obliteration of one carotid artery is never liable to be followed by impairment of the cerebral functions, must therefore be discarded. That the larger proportion of deaths after ligature of the carotid, occur from affections of the respiratory organs. That nearly the whole of the patients upon whom the operation of tying the common carotid artery is performed, suffer, more or less, from symptoms of irritation of the respiratory organs, arising either from compression of the trachea and nerves of the neck (this has frequently occurred from alteration in the condition of the sac, in cases of carotid aneurism, where the artery has been tied either above or below the enlargement), from irritation of the pneumogastric nerve, or from cerebral disease. That in the majority of those who die with brain symptoms, consecutive upon obliteration of the carotid, it is evident that the cerebral lesions discovered post-mortem depend upon the arterial obstruction, and that there are no grounds for assuming that the fatal result is occasioned either (1) by an obstructed state of the internal jugular vein, or (2) by inflammation conveyed backwards along the pneumogastric nerve to the brain, for the following reasons:—(1.) The form of disease, found in the brain after death, in several (four) of the cases related by Dr. C. was of a kind which is generally considered to depend upon local anæmia, not upon congestion. In some of these instances, signs of deficient supply of blood in the side of the brain to which the obstructed artery passed were strikingly apparent. The parts of the cerebral substance which were principally involved in disease were those supplied by the chief branches of the obstructed vessel. Obliteration of the internal jugular vein was not observed. (2.) There were not remarked any morbid appearances to indicate that inflammation had been conveyed backwards along the nerve to the brain. The part from which the par vagum arises is not shown to have been involved in the disease. That cerebral disease may be established in these cases quite independently of implication of either the vein or the nerve, is further proved by the facts that the paralysis has been known to occur almost immediately after the artery has become obstructed, before inflammation could possibly be established in the surrounding parts: and that organic lesions of the brain present themselves in cases where the vessel has become gradually obliterated by processes which are confined to its interior, and do not at all involve adjacent structures. That, although persons in whom the carotid is tied may suffer from slight cerebral symptoms, and yet perfectly recover, those who become completely hemiplegic have barely a chance of surviving.—Dr. Chevers concludes by remarking that the facts adduced in this paper, it is submitted, prove that the danger of cerebral disorganisation should have its weight in the consideration of cases where it is proposed to secure the common carotid artery; not, indeed, as rendering at all doubtful the propriety of the operation in the majority of the cases in which it is at present had recourse to, but as strongly discountenancing it in nearly all instances where the disease for which it is employed does not positively threaten the patient's existence, and in every case where other means of treatment can be employed. It is probable that, in some of the cases where it is thought necessary to secure the primitive carotid artery previously to removing tumours of the neck and head, it would be far better that the surgeon should make up his mind to contend with an active hæmorrhage, than that he should submit his patient to the chance of fatal hemiplegia, even although he believed that chance to be a remote one. These facts may also suggest to the surgeon the propriety of warning the patient's friends (before proceeding to tie one of these arteries) of the possibility that the operation may be followed by palsy of a dangerous character.

State of the Blood in Cancer.—Dr. Camps gives a brief notice of cases from Andral and other authors, from which it appears that in some cases the fibrine was present in the blood in its natural proportion, in others in excess, and in others again in less than the normal quantity. The excess of fibrine may be traced, he thinks, to the presence of an accompanying inflammatory action. In order to ascertain whether traces of the morbid product in cases of cancer could be found in the blood, MM. Andral and Gavarret examined, to means of the microscope, portions of this fluid taken from the bodies of persons who had died from various cancerous affections, and in many cases they found well-marked globules of pus in the blood. In one case especially of osteo-sarcoma, with subsequent production of a large cancerous mass in the anterior mediastinum, they found a very large quantity of globules of pus in the blood contained in the right ventricle of the heart. But besides these globules of pus, they found other bodies, offering a peculiar aspect, differing from these as well as from the globules of the blood. These were lemellæ, elliptical in form, granular on their surface, much larger than the globules of pus, and more regular in their form than the lamellæ of albumen. These lamellæ were not only found, mixed with the globules of pus, in the right ventricle of the heart, but in great number in the ichorous fluid taken from the substance of the cancerous mass in the anterior mediastinum. They have observed similar lamellæ in other cancerous masses, although not in the blood, except in the case mentioned above.

Ireland.

ENORMOUS HYPERTROPHY AND DILATATION AT THE LEFT SIDE OF THE HEART.

Dr. Croker King detailed, at a meeting of the Pathological, and also at the Surgical, Society, a case of this kind, connected with which are some circumstances of a very remarkable and peculiar nature. A gentleman, aged twenty-nine, above the middle height, of generally delicate conformation, dark eyes, fine delicate skin, like marble, and very bad muscular development, possessing altogether the aspect observed in one particular form of scrofula; had many years ago what he himself considered an attack of pleuritis, but which, upon Dr. King's seeing him a little more than three years since, he at once concluded must have been pericarditis; for, before making any examination, it was quite clear that the patient laboured under hypertrophy of the heart, inasmuch as the impulse it communicated to the patient's clothes could be distinctly seen at a considerable distance. This opinion, Dr. King observed, was confirmed by the results of the autopsy. There was dulness over the whole of the left side of the chest, extending from the second rib of the left side to the ninth, and as far back as a line dropped from the centre of the axilla. It also extended from the point first mentioned across the sternum, and occupied some portion of the chest at the right of that bone, the whole area of dulness being about thirty-six square inches. The ear, placed at the side of the chest, received a most unpleasant sensation resembling the blow of a bladder filled by fluid, and accompanied by a very curious sound like a deep muscular bruit, that might be imitated by placing a finger for an instant over the tragicus muscle, so as to close the external meatus of the ear, and then very suddenly withdrawing the finger. This bruit replaced the first sound of the heart, and was immediately followed by a back-stroke and double bruit, which was most distinctly heard over the aorta, a little above its valves, and which was sharper and shorter than the first. The pulse at the wrist was strong, vibrating, and incompressible, but occasionally intermitting. From the time of his original illness, about seven years before he came under Dr. King's care, he suffered until his death from temporary attacks of dreadful nervous excitement and palpitation of so extraordinarily severe and peculiar a character that he (Dr. King) had never witnessed any amount of suffering which bore the slightest comparison with them. They were preceded always by premonitory symptoms, such as tumultuous action of the heart, followed by aching pains down the arms and extremities, with a sense of fatigue, and desire to sit down; but this he dare not attempt, for fear of bringing on the paroxysm. After a length of time, perhaps two or three hours, spent in trying to ward off one of these, it fairly set in, and then came a sensation of constriction, referred to the sternum, so great that he felt as if that bone and the spine were forcibly approximating, and as if the heart was being torn out of the thorax. The aching pain in the limbs was replaced by a sensation as of hot wires extending down to the ends of the fingers; the blood-vessels felt as if injected with living fire; the heart beat with most extraordinary violence; the carotids, tremendously engorged with blood, appeared impatient even of the restraint of the integuments; almost every superficial vessel in the body could be traced; in fact, the whole person appeared to undergo a general dilatation, like one vast aneurism; the thyroid cartilages stood prominently forward, and perspiration flowed down the face and neck.

In assuming a position of relief during the attack, he used to throw his head back, and extend the neck in a line with the spine, as is observed in opisthotonos. The arms were stretched to the fullest extent, first downwards, and then raised above his head, so as to give the pectoral muscles a fixed point of action, in order to relieve the sense of constriction. When this great excitement had subsided he felt perfectly free from suffering, just like one relieved from some desperate struggle, and was full of wit, vivacity and humour.

The circumsaances that induced these paroxysms, Dr. King remarked, were also very extraordinary. When they came on at night he awoke with a sensation resembling night-mare, and started from the bed, and then the slightest muscular exertion was sufficient to bring on the attack—for instance, merely throwing the quilt round him—and on this account he had slept in his clothes hundreds of winter nights. After being worn out by these distressing palpitations he has fallen asleep, and fallen to the ground, from which he, of course, rose in a fresh attack. They had latterly become very frequent and severe, in spite of the strictest precaution, the slightest possible irritation being sufficient to produce them. If he only fancied himself so placed—travelling on a stage-coach, for instance—that he could not at will assume his accustomed position of relief—the paroxysm was at once induced. Merely being asked how he was by a friend had the same effect, so that he was, for some time past, unable to see almost

any one. Stimulants had always afforded him so much relief that, without any real desire for it, he had been in the habit for many years of drinking daily eighteen tumblers of punch. An attack of delirium tremens, however, determined him to substitute opium for some years past, and his allowance of laudanum he managed to restrict to one ounce and a-half per diem, which he considered, for him, but a small dose. None of the salts of morphia, or even the black drop, produced the sedative effect desired—from which it would appear, Dr. King observed, that the spirit of the tincture formed an indispensable ingredient. All medicines of a depressing character, such as digitalis, aggravated his sufferings. Saline purgatives had a similar effect. He had periodical attacks of partial suppression of urine every six months, accompanied by pain across the region of the kidneys, and for these attacks Dutch drop was the only remedy that gave him relief. Towards the close of the case anasarca supervened, but was confined altogether to the lower extremities.

There had never been any puffiness of the face, which was perhaps owing to his never having lain down, for he was accustomed to sleep on a chair, not on account of difficulty of breathing, but he found that lying down produced an impediment to the heart's action. One morning, after having passed an unusually good night, the servant arranged the bed clothes, and upon returning in a short time found his master dead. There had been during the whole illness not the least evidence of interrupted circulation, or local determination of any kind, no epistaxis, no hæmoptysis, no suffusions of the eyes, no headaches or frightful dreams, nor was there any cough or dyspnœa.

At the post-mortem examination, thirty hours after death, on throwing up the sternum, nothing was seen but the immense pericardium, with the heart lying unusually high up and adherent to the pericardium by old fibrous adhesions; the adhesions were universal, except at the point of reflection of the bag from the heart to the great vessels, and in this situation there was sub-serous effusion.

There was amazing hypertrophy and dilatation of the left ventricle; the weight of the heart when freed from the contained blood, being forty-four ounces and a-half; very far exceeding, Dr. King believes, any case yet on record. Many instances might be adduced of hypertrophy of both sides of the heart, together with fatty or other degeneration of considerable weight; but here the hypertrophy was chiefly confined to the left side, the left ventricles forming not only the apex, but all the lower part of the organs. Calcareous deposits completely filled the three semilunar valves of the aorta, and had even penetrated the whole substance of the posterior one, and effected an adhesion to the attached margin of the anterior division of the mitral valve. With respect to the double bruit referred to at the commencement of the case, the first was prolonged, but soft; the second abrupt and harsh. The softness of the former, Dr. King said, might be accounted for by the passage of the blood over the smooth cardiac surface of the valves, while the roughness of the second was owing to the regurgitation of the blood over their rough arterial surfaces, the calcareous deposit having taken place at the aortic aspect of the valves. The shortness might be attributable to the rapidity of the heart's contractions in this case, the pulse having generally averaged 120, so that the ventricle being so rapidly charged with blood prevented a long duration of the regurgitation. The aortic orifice was perfectly free, though the valves were inefficient; the trunk itself appeared to be thinned, and slightly dilated. On looking to the kidneys, they were found pale and mottled by a number of those asperities indicating one of the forms of disease of that organ described by Dr. Bright; presenting, therefore, quite enough to account for the anasarca that had existed. Whether the disease of the kidneys had any connection with that of the heart, he would not, of course, venture to say. The dissection revealed nothing to which the immediate cause of death might be attributed. The brain, carefully examined, presented no traces of extravasation. Taking into consideration the undisturbed position of the body, as shown by the servant having found it in the same position in which his master had lain a short time before, Dr. King thought that death had most likely been caused by syncope.

Dr. King had himself witnessed about five hundred of these paroxysms, the great precautions taken by the patient to avoid which were sufficient to show what he had suffered from them. One might naturally expect, he said, that, from the great size of the heart, there would be considerable prominence of the chest, but instead of this there was positive flattening.

Italy.

The Active Principle of Digitalis.—M. Pietro Peretti states, in the *Nuove Annali delle Scienze Naturali di Bologna*, that he has discovered in the expressed juice of the digitalis purpurea, a new substance which has hitherto escaped the notice of chemists. This substance, isolated from the yellow colouring matter of digitalis, is volatile, and soluble in alcohol. M. Peretti is of opinion that the active principle of this plant may consist of this substance, and of the resinate of potash which it contains, and which constitutes the bitter part of digitalis.

Valerianic Acid.—M. Peretti has confirmed by his researches the statement previously made by several chemists, that the valerianic acid which exists in valerian, and which is obtained by distilling the root with water, constitutes but a very small part of the acid contained in the plant, because by far the larger part is present combined with potash. M. Peretti has obtained the valerianate of potash from the alcoholic extract of valerian, and the valerianic acid afterwards by distilling the valerianate with oxalic acid.

Digitalis.—M. Falken states the Swiss digitalis is the most active. He tests its degree of activity by infusing the powdered leaves for an hour in boiling water, then straining, and adding a few drops of a solution of the ferro-cyanuret of potassium. If the digitalis possess the requisite degree of activity it will become turbid; if the change do not occur in from ten to fifteen minutes, the plant should be rejected.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON PRACTICAL MIDWIFERY,

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times by EDWARD RIGBY, M.D., Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Gentlemen,—You are aware that the subject entrusted to my charge for teaching in the medical college of St. Bartholomew's Hospital, is that of midwifery and the diseases of women and children—a subject of the highest importance and interest, not only as regards the peculiar class and circumstances of the patient to whom it refers, or the numerous branches of science which it involves, but also the deep responsibilities which it entails.

The very title of these lectures, at a single glance, shows that a wide and varied field of inquiry has to be entered upon by those who propose to attend them. "*Midwifery and the diseases of women and children*," three great classes of the healing art of the utmost importance, and presenting peculiarities which strikingly distinguish them from pure medicine and surgery. Let us, therefore, devote a little time to a short examination of those subjects which are to occupy your attention not only during this course of lectures, but also more or less during your future lives, and thus enable you to take a general view of their nature and peculiarities. Although this is not professedly an introductory lecture, as such would be unnecessary after the able and eloquent address by my colleague, Dr. G. Burrows, still it will be necessary for me to premise a few introductory remarks on the nature of the subjects we are about to consider.

I have placed midwifery first on my list; let us then consider its meaning, objects, &c. I define midwifery to be "the knowledge and art of treating a woman and her offspring during her pregnancy, labour, and childbed." In this short definition only observe what a wide, extended, and varied field of subjects for investigation and study are opened to you. Consider what a period of time during which you have to watch over your patient, extending throughout the term of pregnancy, and including her labour, and the recovery from it afterwards. What a vast succession of continually varying symptoms and phenomena must you be prepared to watch, to study, and to learn, as, step by step, or rather week by week, she gradually advances along this wondrous process of growth and development; what ever-changing relations will present themselves as to form and size, and structure of the organs specially concerned therein; and when, at last, you have safely brought her to the termination of her pregnancy, you find yourselves entering on a still more important field of observation, and an entirely new sphere of action, viz., that of labour.

After having watched her through so many months—after having anxiously guided her through so many dangers which beset her path—you find, after all, as is indeed *literally* the case, that she is only now at the beginning of her labour. And what a change is there! What new and startling phenomena burst into life! What change I say is there! from a state of passive quiescence to that of vigorous activity! From the uterus, which had hitherto been playing the part of a mere elastic bag to contain the fœtus and its appendages, now, as it were, suddenly endued with life, irresistible power, unwearied energy, exhaustless activity! and when all this time of suffering, struggle, and anxiety is past, you find that the most anxious time is still to come; whilst warily and cautiously you steer her through the shoals and quicksands of the childbed state.

Thus, then, you see that the definition of midwifery which I have just given you embraces the natural as well as the morbid history of pregnancy from its first commencement to its termination, and extends for a certain period beyond this termination, called the childbed or puerperal state, during which the system is recovering from the effects of parturition, and establishing, and becoming accustomed to the establishment of that process by which the child is to be nourished at its mother's breast for several months afterwards.

It is not my object to describe the development of the ovum and embryo, or to trace that series of wondrous and beautiful changes which mark its growth and progress; this now belongs to my colleague, Mr. Paget, and I cannot leave it in better hands. I shall then proceed to investigate the *effects* of pregnancy upon the mother, and describe the various changes which it produces in her system during its gradual advance. Under this head will come the diagnosis of pregnancy, a subject of great importance, and, occasionally, of much difficulty. The various deviations from the healthy standard to which pregnancy is liable will also require your attention. In a similar manner shall we have to treat the subject of labour; first investigating its natural and then its morbid history.

I define labour to be the expulsion of the fruit of the womb by the natural powers destined for that purpose. The active phenomena of labour consist of the contractions of the uterus, aided during a certain period of the process by those of the abdominal muscles and vagina. The passive phenomena consist of the child and the passages through which it advances. Labour is divided under the two heads of *eutocia and dystocia*—the one signifying natural favourable labour, the other denoting a faulty or unfavourable condition of labour. These two Greek words have come of late into general use, for we have no corresponding word in English to express the meaning of natural and faulty labour. The ancients used the prefix of δυς not merely to express difficulty, as is commonly supposed, but something untoward or unfavourable, *aliquod infaustum*.

The *manner* in which the expulsion of the fruit of the womb takes place, is called the *mechanism of parturition;* an accurate knowledge of this subject I hold to be of the utmost importance in the practice of midwifery; it is the ground-work on which the rules for the diagnosis and treatment of

natural and faulty labours are built; it is the A B C of a well-educated accoucheur; it is as necessary to your safe progress as a knowledge of geography is to the traveller, or navigation to the seaman.

This process must neither be too quick nor too slow; in other words, the active phenomena or expelling powers must just so far preponderate over the passive phenomena, or causes of resistance as to complete the labour within a certain time, and with safety to the mother and her child.

No process throughout the whole system exhibits such varieties *within* the limits of health as that of parturition. The difference in the weight and size, and form of the child; in the quantity and quality of the liquor amnii; the thickness and strength of the membranes; the size and situation of the placenta; the length, &c., of the cord; the dilatability of the os uteri; the strength and duration of the pains; the size and form of the uterus, &c., present endless varieties to our daily observation; and yet, with all this, we find that labour usually follows a healthy course, and that the child is born alive and well, and with perfect safety to its mother.

I have already stated to you that the responsibilities which midwifery practice entails are peculiarly great; indeed, I feel convinced that in no branch of the healing art will you find them so heavy, or the dangers which you will have to encounter so frightful and sudden, as in midwifery. At no time and under no circumstances can we feel secure from these dangers, for they burst upon us equally in the easiest and in the most difficult labours. On the other hand, in no department of the healing art are the rules for treatment more simple, and the good effects of prompt and judicious conduct more instantly and strikingly manifested than in midwifery. And yet to him who is either ignorant of its great laws, or at least imperfectly connected with them, midwifery presents an alarming confusion of dangerous symptoms, and unmanageable processes which threaten to set alike nature and art at defiance. The very circumstance of there being *more* than one life at the same moment depending on your skill, your knowledge, and presence of mind, necessarily enhances the responsibilities and anxieties connected with its practice; and it is in this respect, above all others, that midwifery is so remarkably distinguished from medicine and surgery.

You will recollect, Gentlemen, in giving a definition of midwifery, I said that it was the *knowledge and art* of treating a woman and her offspring during her pregnancy, labour, and child-bed. You must be all aware, that however different knowledge and art may be in the abstract principle, they must ever go hand in hand in practice; it is, in fact, the head to devise, and the hand to execute—mutually essential to each other, however admirable they may be *in* themselves and *by* themselves, yet without each other's aid they would inevitably dwindle down into comparative insignificance and uselessness. Above all, Gentlemen, I am particularly anxious that you should not fall into the common error of London students, of supposing that a little art, without science, is quite sufficient for the practice of this as well as other branches of the healing art; without science, art sinks into a mere handicraft, and in midwifery, above all others, would become positively mischievous. I surely need scarcely point out the fallacy of the oft repeated, and oft disproved advice which used to be (if not still is) so much in vogue with some of our London teachers, that reading is but of secondary importance, and that you must go to the bedside and observe for yourselves. What! is all the experience of former ages and generations to go for nothing? Are the results of successive lives zealously devoted with unwearied perseverance and ardour to profound research, and guided by the highest talents which have adorned the human mind, to be thrown aside as so much dust and cobweb? Is a young man of the present day, with a *very* moderate quantum of preliminary education to what was deemed necessary in former times, to be supposed capable, with his untutored mind and unpractised intellectual powers, of coming to the same results which it has taken men distinguished for their learning and genius a long life of patient study to arrive at?

To no branch of the healing art do these observations apply so strongly as to midwifery. Knowledge gained by your own unassisted experience would be indeed most bitterly bought, for in many cases it must inevitably be so at the expense of life; and as a large proportion of your observations must be made by touch and not by sight, it will be next to impossible that you can make them correctly until the various facts have been previously impressed upon your minds by study. "The faculty of observation," as Dr. Gooch has well remarked, "requires rather to be guided than to be sharpened; *the finger soon gains the power of feeling, when the mind has acquired the knowledge of what to feel for.*"

Study, I say it with regret, is seldom an acquired habit with the common run of London students; their preliminary education is but too often defective, and they have not gained that mental culture and discipline, and that respect for literature, which is necessary for the profession in which they are about to engage. Some admirable remarks on this subject have been made by the *British and Foreign Medical Review*, in the July number of the present year, and I need not apologise for quoting some of them, since they were elicited in the review of a recent work, of one whose name will ever be held in this place with affection and respect—I mean Dr. Latham.

"Did the profession," says the reviewer, "possess within its ranks even a reasonable proportion of members of the high mental culture of this writer, its position in public estimation would be very different from that it now holds. It is only reviewers and critics, men compelled by their vocation to read (or try to read) all that issues from the medical press, who can truly know the full extent of the deficiencies of the profession as to mental cultivation. They, in the course even of a few months, see enough to convince them, that however desirable, just, and necessary, medical reform, taken in its ordinary meaning, may be, there are other things more necessary still to emancipate, to elevate, and dignify the profession; and these things are to be found *in a good preliminary education.* It is is vain to bestow upon us titles and rank; to enrol us in colleges; to give us representative rights, and corporate equality; to throw around us the protection of penal statutes, and to compel the public to yield us our financial dues, if our education leaves us below the level of the literate classes of our time. If the feelings, tastes, and intellectual faculties are imperfectly cultivated, and the reasoning powers are undisciplined—if men neither know how to observe facts, nor to deduce inferences from them when observed—if they prove by the books which they write that they know neither their own language, nor any other—have they any right to expect that the world should spontaneously accord to them that respect, honour, and consideration, which the polished, the learned, and the wise compel the world to yield to them."

It is from a deficient preliminary education that medical students rarely acquire the proper method of reading, and, therefore, seldom feel its real value and utility. You may be surprised to hear me say so, but I can assure you that there is no little art in reading with advantage, nor is it an easy task to commence a course of reading, especially upon an extensive subject, so as to turn it to the best account; practice and experience are just as necessary to ensure success here as under other circumstances; and the uncultivated mind, unaccustomed to the training and discipline of mental exercise, finds itself at a loss *where* and *how* to commence the undertaking.

For many years, indeed almost ever since I was a lecturer, I have been in the habit of reading a passage on this subject from the introduction to Dr. Gooch's work on Some of the More Important Diseases of Females, which is of great value to a young student, and you must permit me, therefore, to read it on the present occasion.

"Keep a note-book; read the most esteemed original writers on the most important subjects of your art, and while reading them note down briefly those points which you wish to remember, so as to have no occasion ever to look into the book again; provided you get the points of the work, the more briefly you can do it the better. If you are skilful at this, you will find that a page will hold a pamphlet, and that twenty pages will often hold a bulky volume. If you read German, read Richter's Chirurgische Bibliothek, for he is the greatest master of the art of condensed analysis. Thus your manuscript will become a bibliotheca of your branch of medicine, and you will never afterwards have occasion to consult the books themselves.

There are some writers whom it would be wrong to abandon thus; master-minds whom we return to again and again, not merely for the knowledge they contain, but to observe how their minds worked; and the older we grow the fonder we become of them. Such in England are Harvey on Physiology, and Sydenham on Medicine; but few such minds appear in any branch of knowledge, and with most of them, when you have squeezed out the juice you may safely throw away the rind.

Having thus made yourselves acquainted with what was known by the most experienced writers on the most important subjects of your art, you are prepared to undertake the more difficult task of observing and reflecting for yourselves. Watch cases attentively, and take notes of their important particulars, not of every case, but only of the most important; and not lengthy notes, containing a diffuse description of unimportant trifles, which, from the time they occupy, will soon cease to be written, or, if written, are sure never to be read, but a short description of the leading circumstances, with an equally short mention of the reflections which they suggest.

It is no ordinary privilege, gentlemen, to be permitted by means of books to hold converse with the wise and great; besides the information which they communicate, we find that we imbibe their zeal, that we adopt their tone and methods of research, and discipline our minds to the same course of thought and reasoning. I consider a book of acknowledged value as more than a monument of a preceding age; it is a voice coming to us over the interval of centuries; I open it with feelings of reverence and respect; I look upon it as a voice from the illustrious dead of former times. Language, when written, as truly conveys to us another's mind as when spoken. It is a species of personal intercourse. By it the wise, and great, and good of former times give us their minds as really as if, by some miracle, they were to rise from the dead, and communicate with us by speech.

Of works on midwifery, I must begin with Dr. Smellie's, for it is of his admirable "Treatise on the Theory and Practice of Midwifery" that we have most reason to be proud. Though written nearly a century ago, its value is unimpaired; it stands as a first rate work, and is one, therefore, which I recommend most strongly to your careful perusal; this is one of the works to which we return again and again with increasing pleasure and profit; it is a work of singular veracity, combined with close and indefatigable observation, and his second and third volumes illustrate the first by an immense mass of practical experience in the form of cases. Dr. Denman's work is also well worthy your attention; and so is that of Dr. Burns of Glasgow, and the more recent publication of Dr. H. Ramsbotham; the two last especially combine the ample experience of their authors, with a great knowledge of the literature of midwifery. I may perhaps also be permitted to recommend my own system of midwifery, which forms the sixth volume of the library of practical medicine. I only hope that the matter is better than the type.

So much, gentlemen, for the few preliminary observations which I deem it necessary to make on the midwifery part of my course. I shall delay any remarks on the second division, viz., the diseases of women, until we come to that subject. In the mean time let me request you to attend me when treating the uterine cases among the out-patients every Saturday morning. As the number averages so high as forty each time, you cannot fail to see much interesting and instructive practice, and I make a point of devoting some portion of our Saturday's clinical meeting afterwards to observations on those cases which are most worthy of your attention.

With regard to the practical midwifery, for the cultivation of which you will have ample means when sufficiently advanced, I shall delay any remarks until our first clinical meeting next

Saturday, when I will put you in possession of the rules for attending and reporting the labour cases which in due time will be assigned to you. These regulations were drawn up some years ago by a committee of the midwifery class appointed for the purpose, and having been passed by unanimous consent, must be strictly adhered to.

At my next lecture I shall commence the diagnosis of pregnancy.

[We have omitted, at Dr. Rigby's request, a few lectures on the formation and structure of the placenta, as he has discontinued the physiological part of the course since the chair on general physiology was established, and considers the above-mentioned lectures as only a fragment].—EDS.

A COURSE OF LECTURES ON DISEASES OF THE SKIN.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

Chronic diseases of the skin, as wisely separated in the London Cutaneous Institution from the *eruptive fevers*, the true exanthemata will form the subject of the descriptive sketches, I purpose to submit to your kind attention.

These diseases form a numerous group or family, and are so prevalent in the present age as to constitute in one shape or other the most frequent maladies to which the human race is liable. They furnish characteristics indicating their existence at a glance, and usually present an aspect which sufficiently distinguishes them as the offspring of moral and physical uncleanness, squalid poverty, unwholesome food, repletion, hereditary or constitutional disease, and contagious influences, well known as their common parents. Happily the last mentioned origin is the least frequent.

From whatever cause they result, the morbid phenomena of eruptions on the skin show themselves at all periods of life, in every rank, and under all conditions of civilisation; though by a reference to the causes already briefly mentioned, we perceive that the lower classes of the community are chiefly exposed to their influence, and consequently it is among the poor that the greater number of our cases is found. The artisan in several trades finds a fruitful source of cutaneous disease in the dirt, dust, and irritating matters with which he is habitually environed, and from which he can neither protect himself or escape, unless by a change of the employment furnishing his daily bread.

It would appear at first sight, that in ancient times cutaneous complaints were either more common, or that the disgust and loathing with which they are commonly regarded had greater influence on the benevolence of individuals, and the community at large, than is at present the case. At the period of the establishment of our royal hospitals, St. Bartholomew, Bethlem, and Bridewell, "*the leper*," as the unfortunate individual afflicted with a skin disease was designated, had a place allotted to himself, "to keep him out of the citie." He was in a manner confined to a district, beyond the bounds of which he dared not venture, under the penalty of death; indeed so severe was the law in such cases (leprosy having been held one of the five plagues under the sanatory code, in most European countries, and we believe in our own), that any one convicted of having had communication with a leper, rendered his life forfeit to the state. Common sense in later times has long since exploded the belief that the affection we call leprosy is contagious in temperate climates. I am not able to assure you from observation, that this conclusion is equally true of the disease in the countries of the torrid zone; though my belief is decidedly that it observes the same laws there as in our own country, and that the accounts of its contagious nature are in all probability instances of exaggeration dictated by the fears of the narrators; at least, during a residence of some time in the northern part of Africa, where leprous diseases are not uncommon, I never saw an instance of contagion, though there, as in this country, the malady was hereditary, and often afflicted many members of the same family.

After the crusades, if we may trust the veracity of Matthew Paris, every disease of the skin became an object of suspicion, without discrimination or even a cursory inquiry into its nature. Under the general denomination of lepers, thousands of helpless wretches, whose only crime was poverty, were condemned to noisome imprisonment, and banishment from all ties of friendship and kindred; at that time the number of lazarettos in Europe amounted to 21,000; and we read that in Paris the façade of such a building exhibited a gibbet for such as dared either enter or escape without permission. The following extract from that agreeable book, White's History of Selbourne, also mentions a few of these "*lazar houses*," as they were then called "Some centuries ago," he writes, "this horrible distemper (the leprosy) prevailed all over Europe, and our forefathers were by no means exempt, as appears by the large provisions made for objects labouring under this calamity: there was a hospital for female lepers in the diocese of Lincoln, a noble one near Durham, three in London and Southwark, and many more in or near our great towns and cities; moreover, some crowned heads, and other wealthy and charitable personages, bequeathed large legacies to such poor persons as languished under this hopeless infirmity." It may be interesting to state, that the site of St. James's Palace was anciently occupied by one of these leper houses, and that the parks adjacent formed part of the domain whence it derived its support, until Henry the Eighth, in his kingly wisdom, converted this ancient charity into the palace it still continues.

Such being the charitable care of this suffering part of the community in ancient times, it would seem extraordinary to a mind possessing the least reflection, that until the last forty years cutaneous diseases scarcely attracted distinct or special attention from medical men in this country, unless Dr. D. Turner's book,[1] which appeared at the beginning of the last century, be deemed an exception; and that until four years ago, this great metropolis possessed no special institution where results might be collected from the numerous cases which would naturally flock thither for relief. Before the appearance of Dr. Willan's classification of these maladies they were absolutely a chaos, which his acute and enlightened mind could alone reduce to order; and as his nosology was the first deserving any attention for unity of design and arrangement, so it is the best for all practical purposes amongst the numerous modifications and variations of it, which, like many of the diseases they would describe, have made an almost annual appearance since its first publication. As Willan was the originator of this approved system, it may be naturally inquired, by what means he was enabled to collect his materials; for it is well known that the reputed incurability of cutaneous maladies prevented the sufferers from applying for medical aid, so that the proportion of cases coming under the notice of a private practitioner in medicine, or even in the practice of those more fortunate individuals who are attached to public hospitals or dispensaries, are comparatively few in number, and these, for the most part, of the more ordinary and less aggravated varieties. Dr. Willan was attached to the Carey-street Dispensary, which, though instituted for general medical purposes, was soon rendered by his talent in this department of the medical art, nearly a special institution for diseases of the skin, and a school to which, not only his countrymen, but his continental professional brethren, looked up as the source of the best information to be obtained in any case of unusual difficulty. It is true that, in the French capital, the Hôpital de St. Louis had existed since the 16th century; but then it was a lingering relic of the ancient leper houses already alluded to, where the miserable sufferers were left to their fate and the ravages of their disease, with little or no curative effort in their behalf; thus, these institutions are to be regarded rather in the light of prisons for the secure keeping of the afflicted, than as a means adapted for the cure of their sufferings; hence, until the day of my lately deceased master in this department of medical science, the Baron Alibert, if exception be made for a few lucid observations from Lorry, in his Tractatus de Morbis Cutaneis, 1777, no improvements emanated from this source. Since the time, however, when Alibert converted the Hôpital de St. Louis into a kind of garden for the blossoming of exanthematous affections, it has justly been regarded as the centre whence an extended practical knowledge of skin diseases has emanated. The names and works of the Baron before mentioned; of Rayer, a pupil of this school, but now attached to La Charité; of Biett; of Cazenave and Schedel, Gibert, Lugol, and numerous others of minor note, are sufficient evidence of this fact, and must prove to the least attentive observer that this excellence and advancement, as in the case of Dr. Willan, have arisen from the opportunities a special institution presents for the comparison of facts and consequent deductions and improvements in the treatment and arrangement of this still imperfectly understood class of disorders. In offering this honourable tribute to the French surgeons I must not omit to inform you, that many in our own country have done their utmost to advance and improve the position first taken by Willan. The names of Bateman, Plumbe, Thompson, Wilkinson, and latterly Wilson and Willis, will be handed down to posterity as not having laboured in vain for their own fame and the benefit of their fellow-men. But the sphere of observation in these parties was comparatively limited when contrasted with that possessed by the medical officers of a special institution: hence the results arrived at have been less important than those arising from the observations on diseases of the skin by Plenck (1776), Alibert (1822), Rayer (1826), and others at Vienna and Paris, where separate establishments exist for the cure of these diseases.

The outline of this class of affections is now familiar to all medical practitioners, the only differences of opinion being in the treatment proposed, in the classification, and in the arrangement of the different genera. Some dermatologists, after Willan, advocate an arrangement dependent on the external aspect of the disease; such as pimples, vesicles, redness, scurf, &c. Others, taking the anatomical structure of the skin as their guide, fix each class according to its real or supposed site in this complex organ. Others, again, have been guided by the more obvious constitutional effects in forming their classification; whilst a few have been content with stating the leading great varieties or subdivisions, which would be equally applicable to any other class of complaints. The object in these lectures will not, however, be to advance anything on this oft-trodden and comparatively useless path; but rather to take the well-known maladies of the skin, one by one, and by a sort of inverse march endeavour to throw any lights with which the practice of this institution has furnished me, on their description, physiology, pathology, and treatment. I, therefore, propose, in the present course of clinical sketches, to offer to my hearers,

1st, A familiar description of the anatomy of the skin.

2nd, To describe models and microscopic observations of the diseases under consideration in their different stages and varieties; and to bring forward complete and well-observed cases as they occur.

3rd, To reunite these facts from time to time, in order to discover, if possible, any traits which may elucidate the nature and treatment of these diseases.

4th, To give a complete and faithful exposition of the means employed for the cure of these affections, and the results obtained.

Such being the programme, in compliance with it, let us stop awhile, before proceeding to the consideration of diseases of the skin, to take a rapid review of its healthy structure and functions.

The soft, yielding, and elastic texture, or integument, forming the external covering of the human body, well known by the common designation *of the skin*, though apparently one membrane of evident complex structure, in reality consists throughout its whole extent of three layers one over the other, which, besides performing the important office of protecting the parts beneath from injury, constitute at the same time the seat of the *sense of touch*, and the organ for the elimination of the sensible and insensible perspiration—one of the chief agents in the regulation of the animal temperature; the apparatus for cutaneous absorption, "imbibition," as it has been more properly called; the three

[1] *De Morbis Cutaneis.* A Treatise of Diseases incident to the Skin, in two parts. By Daniel Turner, M.D., of the College of Physicians, London. 1712.

layers, besides, furnish a locality for innumerable *glands* or *bulbs*, producing the *hair* and the *down*, or pubescence, everywhere covering the body, and adding so much softness and grace to feminine beauty—for a class of little cavities which secrete an unctuous matter, to lubricate the skin, called the *sebaceous follicles;* and finally, for the sudoriparous or perspiratory glands. Yet with so great a variety of offices and parts, the extent and services of this interesting membrane are not confined to the outer surface only, for the skin is found to be continued inwards at all the openings of the body, and to become the lining of the viscera, forming what anatomists call the mucous membrane of the mouth, nose, throat, lungs, stomach, bowels, and other organs; so that the cutaneous surface may be said, like a circle, to have neither beginning nor end, but to form one beautiful investing membrane for the whole body, inside and out, which so admirably accommodates its services to the various parts, that perhaps no structure could be imagined more illustrative of divine arrangement, by combining unity of design with diversity of functional offices; and so gracefully adapting itself to the different and varied movements of the body without a wrinkle or inequality, as to have furnished Burke, in his "*Essay on the Sublime and Beautiful,*" with one of his happiest illustrations. Though the skin is thus surprisingly yielding and delicate, it is well constituted to resist external agencies, which property is marvellously increased by education or habit; to the horny palm of the smith, for example, the dew-drop and red hot metal prove nearly equally innocuous in their action. Yet so wonderfully sensitive is the organ of touch resident in the skin, that in the blind, deaf, and dumb, it has furnished a medium of communication which in minuteness of perception has nearly rivalled, while affording a substitute for the lost senses; I need only refer to the interesting history of Laura Bridgman, narrated by Dr. Howe, of Boston, her enlightened physician, and lately commented on by Dickens and others, in corroboration of this fact.

Whilst thus the skin may be said to connect each of us with the external world, it affords at the same time the safeguard and protection of the parts within, offering, according to their several necessities, great density of texture for a shield or defence, as before instanced on the hands and feet; or a delicate and wonderful tenacity, as on the lips and other organs, where exquisiteness of sensation constitutes the prominent function to be developed. The ends of the fingers may here perhaps present themselves as seeming exceptions to this statement; but when we speak of the anatomical arrangements of the skin, we shall at once perceive increased cause for admiration of these facts, and wonder at the contrivance for permitting the free exercise of the sense of touch in parts so thickly covered by cuticle.

Of the three layers or divisions of the skin. The first or outermost, that which meets the eye, is called the scarf skin, the cuticle, or epidermis; the second, in which the colouring matter of the different human races is deposited, is designated the rete, the rete mucosum, or (after Malpighi its discoverer) the rete Malpighianum; and the third is termed the true skin, cutis vera, the dermis, or chorion.

The epidermis or cuticle in its external aspect must be familiar to all, marked as it is with a multitude of lines and furrows, intersecting each other for the most part at acute angles, having quadrilateral spaces often of a rhomboidal figure; in some places these lines and depressions are turned spirally as at the ends of the figures and in the palms of the hands and feet, where also are deeper transverse grooves pursuing a somewhat varied course in different individuals; in the flexures of the joints and centres of motion, particularly in fat subjects such grooves or furrows are most remarkably apparent. The little eminences (best seen where the skin from exposure to cold is in the state called goose-skin) every where spread over the surface, on the spaces between these depressions, are called the *papillæ*, and considered to be the seat of *the organ of touch*. Although the epidermis, to an inattentive eye, would appear from its general smoothness and uniformity of texture to be void of any openings for the escape of the perspiration and other secretions, it is in reality every where perforated by minute orifices called *pores;* these are so thickly placed that the smallest wound could not be inflicted without touching some of them, so that the surface of the body has been compared to a sieve. When these pores are traced they are found to terminate in the small glands already mentioned for the secretion of sweat, or the unctuous matter lubricating the epidermis; they are distinguishable with the naked eye, or with very slight magnifying power, arranged in spiral lines on the summits of the ridges, winding round the ends of the fingers, and are found to present conical pits and foramina, where in hot weather little globular drops of perspiration may be commonly seen, proving them to be the termination of the ducts of the sudoriparous glands. At the end of the nose and elsewhere, the termination of the ducts of the sebaceous follicles may also be discovered, and their secretion exhibited by a little pressure. When carefully dissected off and separated from all adventitious matter, *the cuticle* in a middle sized man was said by the older anatomists (who delighted in such labours), to weigh about 1¾lb. It offers, in common with other coats of the skin, as already stated, very different degrees of density in different parts of the body—that on the hands and feet being, by constant pressure on those parts, the thickest and firmest in texture, being deposited in several layers, whilst that on the lips, lining the cheeks, &c., is excessively fine and delicate. The cuticle, when separated by blisters or other means from the living body, is found in all races of men, blacks as well as whites, to be a diaphanous, elastic, white or greyish-white membrane, rather darker, however, in the negro races, and, from the grooves intersecting it, apparently reticulated, the outer surface being somewhat convex, and polished from the oily matter thrown out upon it by the sebaceous glands or follicles alluded to, and to be hereafter described; the inner concave, rough and irregular, an appearance which, if regarded with a slight magnifying power, is found to arise from innumerable small points or processes, like the pile of coarse velvet; these are hollow tube-like continuations of the cuticle into the pores and inequalities of the rete mucosum, the second membrane of the skin, and into the dermis or true skin, the third membrane forming as it were the medium of communication between all these parts and channels through which pass the hairs and ducts of the sebaceous and sudoriparous glands; each of these minute tubes or processes being, like the inverted finger of a glove, the duct, hair, &c., perforating its apex something after this manner.

By a beautiful provision of nature, the cuticle may be said to be a sort of varnish perfectly insensible, which protects the more delicate parts of the skin and the organ of touch from injury. Were our bodies without this covering, not only might any noxious weed we crush in our progress produce lethial effects; but we could scarcely perform the common offices of life without risk. In the medical profession this protecting membrane daily and hourly exerts its preservative influence; with this safeguard we can handle with impunity, not only the deadly poisons, but the sources of contagion themselves. The lymph by which vaccination is accomplished, rests innocuous on the sound skin of the infant—a scratch, which does not draw blood, is sufficient to create constitutional effects by suffering the virus to be absorbed.

Thus we see the advantage, nay, the necessity, for our well-being, of bearing about us an inanimate exterior, and can admire the wonderful wisdom of its Divine Author, in this external adaptation of our bodies to the world without.

We will now, for the better elucidation of our subject, suppose we have a negro before us, and we apply a blister to the surface we have endeavoured to describe; in twelve hours, or in much less time, if modern improvements are used, a thin transparent greyish membrane is raised, under which we find a fluid. We have thus a portion of the cuticle separated from the parts beneath; but where are the three varieties of pores we have dwelt upon? for the fluid does not escape, and if we remove a portion of the raised membrane, the microscope fails to detect the minutest opening which might allow it to do so. How is this? Are the ducts of the glands and follicles and the sheaths of the hairs prolonged, and still preserve their integrity? I think not, for on examining the inner surface of the piece of cuticle, we find the numerous little processes before described pressed up closely against the under surface of the membrane, which would indicate that they had not only been broken, but that the fluid of the blister had pressed them into the position they occupy, and thus, as it were, closed the door to its own escape. Here, again, may be seen one of nature's provisions for the conservation of the body. A source of irritation, perchance of poison, is applied, and a rampart of fluid is interposed, which effectually cuts off the mischief. But to resume: on removing the raised portion of cuticle, a soft black membrane is discovered, to which anatomists have given the name of the rete mucosum, from its mucous nature; it is also called rete Malpighianum, from its first describer; this is the layer of the skin in which the colouring matter of the different human races is found to reside. On this occasion the negro has been selected, as the membrane in this variety of mankind admits of more ready demonstration, though even here its intimate connection with the cuticle, and, under ordinary circumstances, apparent identity with this part of the skin, renders it scarcely deserving consideration as a distinct layer or membrane. On close inspection of this layer, a few white spots will be perceived; these mark the openings of some of the sebaceous and sudoriparous ducts; they have been mistaken by certain anatomists for a peculiar set of glands, and called miliares, or, from their position beneath the cuticle, the endermoid glands. This error, it is believed, has arisen from the elastic spiral duct of the sudoriparous gland being torn asunder by the extension of the cuticle, when each extremity collapses into a small globular body, like a gland; one of these being seen on the rete, the other beneath the cuticle. The surface of the rete mucosum is found marked with depressions, lines, and eminences, corresponding to those possessed by the removed cuticle; indeed, it is now commonly considered the organ, or secreting surface, immediately concerned in the production of the part. With the exception of the colouring matter contained in its cells, the microscope would seem to prove the structures to be identical, the cells of the rete losing their fluid contents by evaporation, to become the flattened scabs of the cuticle, which are in a continual state of desquamation and reproduction—a fact that must be familiar to any person who has watched the disappearance of a stain from a portion of his cuticle.

The rete mucosum is not believed to exist in those portions of the skin which line the mouth, fauces, and œsophagus or gullet, the organ of touch, which it protects, being absent and unnecessary, and the cuticle in such situations produced immediately from the dermis or chorion; while the secretion from the salivary, and other glands, form a substitute for the offices of the sudoriparous apparatus, and the sebaceous glands of other parts of the skin pour forth a continued and plentiful supply of mucus, instead of their ordinary secretion; hence many varieties of cutaneous diseases which have their seat in these glands, or follicles, are never discovered within the mouth.

The rete mucosum forms an admirably soft cushion for the cuticle, and, besides, as I have mentioned, being with the chorion much concerned in its reproduction, it also very greatly contributes to the protection of the delicate ramifications of the nerves constituting the sense of touch, situated in the dermis beneath—an arrangement that in some degree resembles what obtains in the organ of hearing, the nerves there ramifying in a fluid. The injections of anatomists that have come under my observation have not appeared to penetrate the rete mucosum, but from its semi-transparence in the white, and dark colour in the black man, it becomes exceedingly difficult to be assured of this circumstance, as the papillary layer of the dermis is of such great and complex vascularity, that its vessels appear through a texture so soft and difficult of demonstration as the rete mucosum.

It should be mentioned, before closing the description of this layer of the skin, that it accompanies all the minute processes or tubes of the cuticle connected with the sheaths of the hair, the sebaceous

follicles, and the sudoriparousdu ub stance of the chorion, or true skin, and that i$_t$ is the constant attendant and tunic of this struc$_{ure}$. Nay, I would suggest that its dark colour in the negro races may be for the purpose of absorbing the sun's rays, that due stimulus may thus be eonveyed to the nervous papillary layer of the dermis beneath, whereby its producing or regenerating powers would be stimulated into the increased action required by the climate he inhabits, not only in the formation of the rete itself, and in that of the cuticle dependent upon it, but also in the perspiratory glands and the sebaceous organs which so abundantly supply the negro's skin with an unctuous secretion that prevents the evaporation of its internal white parts, which would otherwise take place, whilst it furnishes the external protection he so much needs, not only from the friction to which his naked condition exposes his body, but also from the attacks of the numerous animalculæ and insects with which he would be assailed without so efficient a defence; hence the masses of fat worn on the heads of the Numidian savage, which have excited disgust in the minds of the readers of Bruce, and other travellers, are, in reality, but a rude imitation of the admirable provisions of nature.

I shall defer the consideration of the dermis, the sudoriparous glands, the sebaceous follicles, the hair, nails, and the general functions of the skin, until our next meeting.

ORIGINAL CONTRIBUTIONS.

SOME OBSERVATIONS ON THE POTATO DISEASE.

By Dr. KNOX.

To Charles Stevenson, Esq., Redside, East Lothian.

My dear Sir,—When I had the pleasure of seeing you, about three weeks ago, in Scotland, I mentioned to you that I had been making a few inquiries into the disease now destroying the potato crops of Britain and Ireland. I mentioned to you that these inquiries were extremely incomplete; that they had been commenced, in my own opinion, too late (nine weeks ago); that I had unfortunately delayed examining the diseased potato whilst growing, or, at least, previous to its being taken up; and lastly, that I had seen the disease only in England. Your kind invitation to examine the potato, as it still stood untouched on the field, I regret much my not having it in my power to accept of, well knowing how much valuable practical information you would at the same time have given me. Still, as the matter is one of the greatest possible human interest, I beg leave to communicate, through you, to the public a few observations, the result of a careful inspection of the potato itself. Out of a multiplication of direct inquiries made by different individuals placed under different circumstances, some strong mind—some Brown or Humboldt—may discover the real nature of a calamity which even the most moderate must admit to be pregnant with frightful consequences, that is, presuming the evil to be as great as is reported. My first examination of the diseased potato was made in London on potatoes grown in a garden, or small field, of a stiff clay soil, and situated as near as may be on the top of Brixton-hill. The next very brief examination was made on some potatoes sold as quite sound by an extensive farmer occupying ground of varying quality and soil, about two miles to the south of Edinburgh. The third examination was made on potatoes grown on the south bank of the Tyne, some six or seven miles above Newcastle. A fourth examination I afterwards made at Birmingham. I do not recollect observing or hearing any one talk of disease having been seen in the early potato. It would seem, then, that the disorder, whatever it be, is confined to the *lates*—that great crop which still, most unhappily for human comfort and happiness, forms the great staple or grand article of food with two, at least, of the great branches of the Celtic race still forming a portion of the British empire—the Irish Celt and the Scottish Highlander—a lamentable reflection, that the existence of a people, though not a nation, should, in 1845, be dependant on a single crop, and that, too, of a kind which, when *used alone*, is perhaps the least nourishing of any crop grown for the food of man.

As early as *nine weeks ago* the disease, where it had appeared (at Brixton), had made extraordinary ravages. The potatoes I then examined were most deeply and thoroughly diseased, and broken up; a half at least of the whole crop on this little field, belonging to my friend, had been entirely destroyed, or were rendered totally unfit for the use of man or beast. Either then the disease had made rapid progress, or, having commenced long before, had not been observed, that is, the disease may have existed in a shape not readily recognisable; may have come on long prior to the taking up of the potatoes in August, September, or October, and been discovered only when, by disorganisation, it had destroyed by far the greater portion, and rendered even the portion seemingly sound of a doubtful character.

Now, to this latter opinion I lean, namely, that the potato plant was struck all over Britain and Ireland, some time in July, with an atmospheric change or influence which at once destroyed the hopes of the husbandman. I was myself in London at the period I allude to, and to which I, fancifully perhaps, ascribe all the succeeding mischief. From being extremely warm, the weather suddenly cooled down to freezing, that is, it gave me the feeling as if frost and snow prevailed in the atmosphere. From this period it may be truly said that the weather never recovered its usual mildness; weeks of cold rains succeeded, destroying, according to the view I take of the matter, all chance of the potato recovering its healthy state. From this theoretical consideration, which however is one of the highest interest could it but be determined, I now return to the examination of those potatoes grown at Brixton. I first saw them early in October.

In all those examined the disease seemed to me to commence uniformly on the surface, or rather immediately below the skin; from this it shoots inwards towards the centre irregularly; the parts in which it commences suffer most; disorganisation takes place; a whitish, friable looking substance appears in large masses; in other parts the structures become brown and dark coloured, with an extremely fetid odour; cellular fibres shoot across the broken-down structures, seemingly the vegetable fibre left untouched amidst the diseased mass; crystals, requiring glasses of very small power to distinguish, now appear scattered here and there in the diseased mass, and these processes going on with greater or less rapidity, and to a greater or less extent, produce at last a condition which, if it be not rottenness of the potato, at least greatly resembles it. From considering this latter condition alone, and forgetting, or perhaps overlooking, all the previous changes, must have arisen the idea or theory supported by some, and by none with more ability than by my much esteemed and talented friends, the Editors of the *Medical Times*, that the whole history of this potato murrain, potato disease, pestilence, epidemic, or famine, as it is now fashionably called by an amusing figure of speech, where the effect which is or may be approaching is substituted for its cause, may be summed up in two words—"rottenness of the potato"—"the potatoes are rotten," and nothing more is to be said on the subject. Nay, further, they affirm that all microscopic science, as applied to the investigation of this said rottenness of the potato (caused merely, as they think, by a long continuance of rainy weather), is absolutely worthless—ingenious trifling, without a shadow of truth for its foundation. That much nonsense has been written which had a microscopic origin, I can myself avouch, and freely admit; strange sights may no doubt be seen with the aid of strong lenses, and as there are telescopic minds, as I may so say, who disdain to look at anything on the surface of this paltry little globe of ours, so there are microscopic minds who can admire nothing but the "infinitely small." But nothing of this forms any real objection to the cautious use of the microscope, even admitting, as I do most readily, that hitherto it has given the public no useful knowledge in regard to this disease, its cause, its real nature, or its cure.

Up to the period I now speak of, diseased potatoes had not appeared at any of the tables where I had been accustomed to dine, that is, I had not seen them in hotels, coffee-houses, or at private tables but now they might be seen everywhere, not, indeed, in a very bad condition, but sufficiently touched to make it unpleasant for me to eat those portions of the diseased potato which appeared sound. This feeling I soon got over, at least to a certain extent, persuaded, moreover, that the sound-looking portions of diseased potatoes may be used as food with safety. The glasses used by me in my first examination of the diseased potatoes at Brixton were merely a common pocket lens, and a Wollaston doublet, such a glass as was recommended by Lord Stanhope. By means of this latter, and by continuing the investigation, other appearances soon presented themselves, which, at the time, I considered to be the essence itself of the disease, or nearly so; nor have subsequent inquiries made with superior glasses, but with negative results, dissuaded me from the belief that a foreign element, other than mere chemical change, forms a part, and no unimportant part, of the phenomenon. The appearance I speak of is simply this: in certain potatoes there might be distinguished, even with the naked eye, filaments shooting from the circumference towards the centre of the potato, and branching out like shoots, or sporules, of vegetable or fungi in various directions. These proceeded from the parts called the eyes of the potato, but I will not venture to say uniformly so. On touching these filaments with the knife or forceps they might be withdrawn from the grooves in which they lay; they were of a pale red colour when *first seen*, and retained this colour for some time. When spread out on a glass these filaments seemed composed of two substances: 1st, a soft thread, like filamentous tissue; 2nd, an infinite number of small vesicular bodies, perfectly microscopic, grouped in strings, and entangled in the filamentous tissue. Now, these bodies simply appear to me to be a parasitic fungus, which, finding in the potato of this season a favourable soil for its spontaneous development, appears accordingly, disorganising the tubers, or causing them to "rot," if this phrase please better. Or they may be viewed as the spawn of the fungus; I shall not dispute the point, but I have not been able to discover a parasite in any other form in the diseased potato than the one I now mention.

The conclusions I arrived at then, I may here state, subsequent inquiries have not altered. The potato crop of this season has extensively failed. Organic changes, dependent on atmospheric causes, have exposed the tubers to the attack of a parasitic fungus, destroying its substance, and unfitting it for the food of man or beast. The disease will not stop by any economical means we know of, neither by drying, nor exposing to the air, in any fashion, or, what comes precisely to the same thing, these means cannot be depended on. The potato crop cannot be stored with safety as *a potato* crop; they may be converted into starch, but will not keep as potatoes. Such an idea should, therefore, be abandoned at once. Were I a farmer I would bring my whole crop (potato crop) into the market at once, and sell it for what it might bring. There can be no safety, I think, in any other mode of procedure. Those who buy will, of course, either use them immediately or convert them into starch. If your present crop be excellent it will bring in the London market 140s. or 150s. per ton, so says the *Examiner* of last week; if the crop be bad it may bring only 40s.; but that is the best reason in the world for disposing of it at once; it will not improve, and may be entirely lost. I may now state to you the result of some subsequent inquiries.

2.—Subsequent inquiries, made some three weeks afterwards, confirmed to a certain extent what I had already seen in London, but the appearances were not so distinctly made out. At this time (commencement of November) the farmers in the neighbourhood of Edinburgh seemed to me eager enough in bringing their potato crops to market; they were selling them for *sound* potatoes, but in fact they were not quite so. Many were already diseased, and it seemed to me likely that the entire crop in the neighbourhood, or at least a great portion of it, would ultimately be lost. They acted wisely, in my opinion, who were disposing of their crops as speedily as possible.

3.—I next, towards the end of November, examined several specimens grown to the south of the Tyne, a few miles from Newcastle. In this examination

Dr. Embledon had the kindness to give me his valuable assistance. Possessing a microscope by Powell, of the very best construction and highest powers, and being himself perfectly skilled and intimately acquainted with the use of the instrument, he had the kindness to place the diseased specimens before me in every way calculated to bring out the truth. He showed me that, to all appearances, the starch globules were healthy. With this idea I coincide, as well from what I had previously seen, as from theoretical considerations. He showed me also that the fungus seemingly attached itself to the walls and interstices of the cells containing the starch globules. Still we did not observe that the fungus had that distinctly *sporule* form which I first observed; neither did it seem to be proceeding into the centre of the potato in the same manner as in those I had seen at Brixton.

Lastly,—By the kindness of Mr. J. Russell, surgeon, in Birmingham, and one of the best microscopic observers I have ever met with, I had a very favourable opportunity of observing the diseased potato growing in the neighbourhood of Birmingham. Here also Mr. Russell showed me the diseased specimens under a first-rate microscope constructed by Powell. The results were precisely similar to those observed at Newcastle. He compared for me sections of the *rotten apple* with the *diseased* potato; it was easy to see that there exist differences which would naturally have been much more manifest in September and October than in December. From these observations I would venture to draw this conclusion, that the great value of the microscope (which is altogether indisputable) is, to a certain extent, diminished by the difficulty of carrying on under it very extensive observations, made simultaneously in different places and under different circumstances.

The object of my letter being in no shape critical, I refrain from making any observations on the views of others. One remark, however, I cannot avoid making; it is this, in the *Pictorial Times* of December 6th there is a memoir on the potato, seemingly copied from, or perhaps inserted by, or at least with the permission of, Mr. Phillips. That distinguished observer advocates the chemical theory, and maintains that the disease consists in the *putrefaction* of the *tubers*, extending from the stolons. The theory is untenable; but this is not precisely the remark intended making. An excellent woodcut of a section of a *diseased tuber* accompanies the memoir, but in looking carefully over the drawing I find that *the disease has been omitted*. This must appear to you incredible; nevertheless, it is so. The peculiar granular, sporule spreading mass attaching itself to the walls of the cells, breaking them up, and with them the whole texture of the potato, is not represented in this drawing; nevertheless, I know that this fungus is present in every diseased potato I have examined, constituting, in my opinion, the very essence of the disease.

The seeming or real discrepancies in the observations made by me at different times and places arise, I am persuaded, chiefly from this, that in my first observations I had examined some specimens with the disease in the actual state of extending itself from the point where the stolon connects itself with and extends into the potato or tuber, whilst, in the other specimens, the diseased portions were not so situated. It is the opinion, for example, if I mistake not, of Mr. Phillips, that the disease uniformly extends to the potato from the *stolon*. I lean to this opinion, but so important a point as this in the history of the disease would require to be proved beyond all manner of doubt.

The descent of the disease from the stalk through the root and stolons to the tuber, I do not believe in; the stolons and tubers, as belonging, in some measure, to the same system, seem to me the only diseased parts.

From some hints in the preceding remarks you will guess, no doubt, that I do not consider the diseased potato as the *real national malady*. This I feel disposed rather to place in the lamentable fact that three or four millions of people are living within the pale of a seeming civilisation, but in a condition inferior to that of the New Zealander, the savage Caffre, or the wild Bosjesman. To what may this be owing? The question is easily solved. Feudality!—the *land* does not belong to the people. They are serfs, miserable slaves, serving Saxon and Celtic Hekis, between whom, as masters, there really seems to be no essential difference. So, at least, says the Commissioner of the *Times*.

Should diseased potatoes be used as food in their present form? To a question of this kind there can be, there ought to be, but one answer. They ought not to be used as food. Nature has bestowed on man an instinct sufficient to direct him safely in this respect, if the pressure of external circumstances allow him to attend to it. Every animal avoids, *when it has the power to do so*, what is unsightly and unwholesome as food. The naked savage Caffre and Bosjesman will spurn the flesh of lean and diseased cattle, unless driven to its use by sheer want, when, of course, a more pressing emergency—the calls of hunger, and the dread of death—overcome his natural instincts, which uniformly teach him to avoid what is unwholesome, unsightly, and unnatural. But the people, as well as the agriculturist, very properly say, to what extent can the present crop be used? 1. As present food; 2. as seed for the next harvest. Now, it appears from the preceding observations that the fungus, which is the really efficient cause in the *destruction* of the potato, if it be not actually the *disease* itself, does not attack, does not even alter, the *starch globules*, which constitute the nourishing part of the potato, or are presumed to do so, that is, if there really be any nourishment at all in the potato when used alone, which I greatly doubt; so that the reducing the potato *to starch* to be afterwards used as food is not only the most advisable course to follow, but the one pointed out by every inquiry I have made into the matter. Nor am I in a trifling degree confirmed in this opinion by learning from a noble friend of mine that an extensive highland proprietor had, I may say almost instantly, and as it were instinctively, on discovering the existence of the potato disease, made up his mind to convert the entire crop of his tenants, as nearly as may be, into starch. I admit that I have met with few possessing an energy, a capability to form a quick and sudden resolve, and the nerve to act on it, in the same degree as the gentleman to whom I allude; but his example will, I trust, not be lost in the district. A great benefit must accrue from following it: on the other hand, you, a lowland Saxon farmer, in the neigbourhood of good markets for all farm produce, purpose, if I mistake not, allowing at least a part of your potato crop to remain in the ground all winter. Allow me to dissuade you from so dangerous, or what seems to be so dangerous, an experiment. *Dispose of the entire crop at once*, or as speedily as may be. Trust not to the disease being arrested by any means hitherto discovered; nothing short of a miracle, I should think, can effect this. In Ireland they seem to be waiting for some manifestation of this kind; some interposition of Providence to save the Irish people. Miracles, which we Saxons believe to be as rare in modern times as "winged dragons and birds with four legs," do yet seem occasionally to occur amongst the Celtic races; *two*, we are assured, happened quite lately, and were communicated through the same channel, namely, Conciliation Hall; by the one (see the *Times* of last Wednesday) the Conservative Ministry were moved from office (a counter-miracle has brought them in again); by the other, the prison doors were opened to Mr. O'Connell and his friends. Of the miraculous nature of such events we Saxons doubt. In the meantime, our Celtic neighbours seem quietly to be looking forward to a third dispensation of Providence; hints are thrown out about a vote of a million or two from the Saxon English, and this possibly may be the miracle absolutely expected.

Dr. Tilly had the kindness to show me the result of an experiment he made at Birmingham: it proves, as far as it goes, that the disease of the potato may be arrested by chemical means, at least for a time, and this fact and discovery, for it is one, may prove of much value as regards succeeding crops; but my own opinion, which I offer with great deference to your better judgment and larger experience, is that you should plant as few potatoes as possible for a year or two. Is it not a lamentable consideration that a whole race of men should, like the beast of the field, be reduced to one description of food—to live on one root, however wholesome, however good? Here is a consideration for the political economist! A root, too, which cannot be preserve as food for a single year. Surely it is time tha some effort were made to put an end to so singular a condition in a civilised and Christian country. This insidious disease (I do not mean the disease in the potato, but the diseased state of society), which leads to the over-production of this one vegetable, has, I most seriously believe, been spreading into England, Belgium, France, and elsewhere, ever since I can remember. In 1821 I lived a year in Paris, and scarcely recollect eating or seeing potatoes anywhere; but now they seem to have spread even over France. In Prussia, too, where wheat ought to be so abundant, we hear of an alarm about the failure of the potato crop. In Belgium, where wheat and culinary vegetables so abound, there is talk of an alarm. All this proves to me that a much worse disease than the potato disease has been spreading throughout Europe—a disease threatening the destruction of all domestic comfort, of all civilisation, of all human happiness.

As regards a probable scarcity, I believe the existing fears to be groundless; but the alarm suits political and other purposes, and will, of course, be made the most of. Good may arise from this panic, such as the total abrogation of the Corn Laws, a simplifying of the relations between the tenant and landlord, and the placing on a healthier footing the relations of Britain to other countries. But a still greater benefit ought to arise out of it. The actual condition of Ireland and of a good part of northern Scotland has become clear and manifest to all the world—a race of men living on, depending on, a *single root!* Even the New Zealander, who never benefitted by Roman or Saxon example, is better off than this; he has abundance of good potatoes, and he has "the pig." The Irish Celt delights in the same food, "barring the pig," which belongs not to him, but to his landlord. With a fortified Pan or two in Tipperary, and a Heki bold enough to shoot at, instead of railing at, the Saxon intruders, the parallel, you must allow, would be tolerably complete. The Celt, like the New Zealander, has ever been fond of a fortified Pan. Even King Louis Phillippe, surrounded by forty millions of people, must have his "fortified Pan" to live in. Saxons, like you and I, who delight to live in unwalled towns, and to go out and come in when and how we like, may wonder at all this—at Paris being fortified in 1845. Yes!—converted into a fortified Pan, proving, as I told you long ago that Christianity and civilisation may modify, but cannot, or at least have not, altered the physical and moral qualities of the races of men.

To return from this digression on the evils resulting from too great a dependance on one kind of crop, permit me to trust that you will receive these theoretical suggestions of mine with your accustomed kindness. I shall be delighted to hear that they prove of any service, were it only by calling attention to the matter; and with a single remark on the means of alleviating the fearful effects of hunger, I conclude this rambling letter.

Next to the loss of personal liberty to the freeborn, the want of food is the most frightful calamity which can possibly befal man; no human civilisation, morality, feeling, can resist a famine. The establishing of fifty godless colleges in Ireland would be a mere joke to such a calamity as a famine. But short of a famine there may be a scarcity of food from a deficient harvest, and then comes the question, how is this to be met? Several solutions have been given to this question, of which the most natural, and the only one likely to be listened to at present, is to open the ports for *provisions of all kinds*, and upon this will cease all scarcity, and dread of scarcity. With the correctness or incorrectness of this view I meddle not; it is more complex than many suppose. But other contrivances and ingenious hints have been thrown out by scientific men, and even by noblemen, who have taken the trouble to weigh this matter, and have given to the public the benefit of their reflections. I shall pass over unnoticed the suggestion respecting Anna Moore, the fasting-woman of Sudbury, who lived some five weeks or so on very little food, as being rather inapplicable to some millions of hungry persons, and not likely to be acted on, more especially should there be in the fields at the same time large flocks of sheep, and oxen, and

horses (why not?), and in the granaries about Rotherhithe large accumulations of grain, which, under certain circumstances, all the dragoons in the empire could not protect from immediate spoliation. I shall merely notice the latest proposal I have met with, namely, the curry powders of his Grace of Norfolk, which will, I fear, immortalise the Duke. It is well that the people do not mind these jokes, which, taken up seriously, might lead to hard words, followed by hard blows between the gentry, and the people—between those *who have land* and those who *have not*; on the other hand, I think, with great deference to these distinguished persons, that the question may be viewed in a much more practical way. If the object be merely to satisfy hunger in any way, without a particular reference to the quality of the material used, to its nourishing powers, and to its accordance with the natural wants of man, there are certainly many remedies quite as easily to be got at as curry powder. To such persons I recommend, for example, a cup of coffee and toast, such as is now presented to you in most of the London coffee-houses, and if the person feel hungry for the next twenty-four hours it will greatly surprise me. Thanks to the duties on coffee. Again, there are pork pasties, sold all over London and elsewhere; I have no doubt any one of which would deprive a decent family, previously accustomed to wholesome and simple fare, of all desire for more food for at least a week. I remember eating a portion of such a pasty as those I now speak of in Paris; it deprived me of all appetite for about a week, so that in this sense it was extremely economical. Of the wholesomeness of such dishes I, of course, say nothing; their use, in the end, must lead to disease and death. But instead of devising means to prevent the coming on of hunger by such contrivances, would it not be infinitely more rational to point out to the people how the existing food may be made the most of, without detriment to health or comfort. Dr. Prout's celebrated papers in the Philosophical Transactions point out all this very admirably; they should be reprinted, and commented on by some practical person. Bread, for example, which in itself is not at all nourishing, becomes highly so when combined with a little animal food, or animal soups, or fat, or with milk, or with a little butter. Potatoes, which, used alone, contain scarcely any nourishment, become excellent when combined with herrings (the most nutritious perhaps of all food), or with milk or butter, or with a little animal soup, or with meat. This I take to be a more rational way of viewing such questions than those hitherto proposed. *Make the most of the food we have*, which the poor seldom do.

The turning the existing amount of human food to the best account always, and under all circumstances, is a subject worthy the deepest consideration. Of one thing I am thoroughly convinced by long and painful observation; it is this, the poor generally, and even large numbers of the middle classes of society, have neither the knowledge, nor the prudence, nor forethought to turn every article of food to the best account. Numbers of them are habitually deplorable wasters, and constantly render nugatory every effort made for them. In this respect they resemble the merest savage; "they take no thought of to-morrow;" it is with them "a hunger or a burst;" they have not the least idea of what the sound and healthy economy of a thorough Dutch or English house means. Economy they seem to think means a kind of mitigated and endurable starvation, and if you speak to them on this point you will find that economy with most of them has the same meaning as *meanness* or *shabbyness*. To destroy and waste they consider as proofs of gentility and a noble spirit. Let Dutch economy be carried to the domestic hearth of all the families of this country, and it is my fixed opinion that we should hear no more, at least for a time, of the "potato famine." In despite of the efforts of all the panic creators, the 4lb. loaf is only 8d., and tradesmen's wages are 19s. and 20s. Let the ports be opened for but six weeks, to prevent speculators in grain *creating a scarcity*, and we shall hear no more of the potato disease. I admit, however, that the *closing the ports originally* was a measure which every man in Britain should have resisted to the death.

TRANSACTIONS OF LEARNED SOCIETIES.

PATHOLOGICAL SOCIETY.

First Meeting of the Session 1845-6, *held on the 6th of December.*

D. O'Beirne in the Chair.

Dr. Law having been first called on, said the specimen he was about to exhibit was a very remarkable one of aortitis, there being very extensive disorganisation of the vessel, from very near its origin throughout so much of its extent as is limited by the thoracic region. It would be seen that the valves were not diseased, but a considerable deposition of atheromatous matter could be observed in the internal lining of the artery, the membrane also being detached to a considerable extent. The history of the case was as follows:—The man, seventy-three years old, had been an inmate of Simpson's Hospital, the qualifications for admission to which, Dr. Law observed, are either defective vision or gout. He occasionally complained of difficulty of breathing, with a sense of distress and palpitation of the heart; he had, however, never been in the doctor's hands—never had applied to him (Dr. L.), though ten years in the hospital. He had never been confined to the house.

The circumstances connected with his death, Dr. Law believed were peculiar. Two days before it occurred, it was remarked that there was something odd about him, though what that was, the person who noticed him could not well describe.

He first mistook Saturday for Sunday, and made preparations for going to church; but nothing particular occurred until the following night, in the morning of which, Sunday, he went to church, returned home to dinner, at which he eat a pound and a half of meat, afterwards eat his supper as usual, and went to bed, stripped himself, and lay down, but, in half-an-hour after, was dead. The occurrence was so sudden and rapid, that while a messenger went for Dr. Law the man died.

Next day, Dr. L. made an examination, at which he expected to find a rupture of some of the vessels connected with the heart. In the left cavity of the pleura a quantity of fluid blood was contained, in order to trace the source of which, both lungs, together with the aorta, were taken out; but on slitting up this vessel, no trace of rupture could be discovered in it. The left lung was much gorged with bloody serum, and the right one emphysematous. The bronchus contained no blood, so that death was clearly not owing to suffocation. A good deal of similarity, Dr. Law observed, existed between this case and one which he had laid before the Society during the last session, viz., an extensive aneurism of the descending aorta in which there had also been a quantity of fluid blood in the left pleural cavity, and in the left lung, but in which there had been no opening, or so small a one, at least, as to have entirely escaped detection.

Could the circumstance be accounted for, Dr. Law asks, by supposing that the more fluid part of the blood was deposited without any rupture at all? In the aneurismal case, Dr. Law observed the fluid had more of the characters of serum than in that which he now exhibited.

The condition of the heart, in the present case, he remarked, was precisely that which is presented by the organ in cases of death by hemorrhage; the cavity of the left ventricle was almost obliterated, its muscular substance being contracted upon the small quantity of blood contained within it. There was also a considerable fatty degeneration, and the right auricle was a good deal hypertrophied.

Mr. Hamilton presented a specimen of ruptured bladder, which occurred in the following manner:—Two men were drinking, at ten o'clock on the previous Sunday evening, at a public-house, and having quarrelled, went into the street to fight. Both fell; and the subject of this case was under his antagonist; he got up, and went to the side of the street, where he sat for a short time, during which he complained of intense pain in the belly, and was carried home to his friends; during the night, he suffered the greatest possible torture from pain in the belly, together with desire to pass water, but was unable to do so. In less than twenty-four hours after the accident, a gentleman saw him, and drew off three pints of water, slightly tinged with blood; but the man still continued to suffer extraordinary pain in the abdomen. On Tuesday, the 15th of November, he was admitted to the Richmond Hospital, and was first seen by Dr. Green, who described him as having been in a state of the most extreme debility, being unable to stand or walk; he complained of violent pain in the stomach, and there was great anxiety of countenance; the abdomen was found, on examination, swollen, and somewhat tympanitic, with decided fulness at the lower part. Three pints of apparently healthy urine were now drawn off, a turpentine enema administered, and fomentations applied to the abdomen; but he was little relieved by these remedies: the constant desire to pass water was still present, so that the instrument was again introduced, at twelve o'clock at night, and three-quarters of a pint drawn off. The violent pain continued all night, and at six o'clock in the morning he began to vomit; the pulse could scarcely be felt; the surface was cold, a prodigious quantity of pale watery fluid was thrown up from the stomach; a copious motion had also followed the injection. On Wednesday Mr. Hamilton saw him; he was then retching every now and then, but there was no swelling of the belly.

At the dissection all the intestines were found glued together, and the bladder lay collapsed in the pelvis; in its superior fundus there was a large rent through which the urine passed into a sort of *cul de sac* formed by the lymph, with which the intestines were held together, and which prevented the spreading of the fluid through the abdominal cavity. Its being confined here, too, Mr. Hamilton observed, accounted for the large quantity of water that came off on the first introduction of the catheter.

One might at first suppose that, in a case of ruptured bladder, no urine could be drawn off, and such was, of course, often the fact; but in many other instances the fluid becomes isolated, as happened in the present case. The rent in the bladder was in great part through the peritoneal coat, and exactly opposite the entrance of the urethra, thus accounting for the ready passage of the catheter into the urinary sac. This situation of the fissure, Mr. Hamilton observed, is that most frequently met with in cases of ruptured bladder, and is attributed by Dr. Harrison (by whom, as also Mr. Cusack, the best essays have been written on the subject, Mr. Hamilton observed), to the fact of the distended bladder in its ascent above the brim of the pelvis being placed between the force applied in front, and the promontory of the sacrum behind; the peritoneal covering of the organ, being the least elastic, is by so much the less disposed to yield. Hence rupture takes place at the part where that membrane most completely covers the bladder.

Dr. Beatty merely wished, he said, to demonstrate a fact with which the profession had been made acquainted some time since by Dr. Montgomery. The proposition before the society had lately come into his (Dr. Beatty's) possession, and illustrated in a very striking and beautiful manner the occurrence of spontaneous amputation of the limbs in the fœtus in utero, and the consequent absence of one or more of them in newly-born children. In the present case the arm had been surrounded by the umbilical cord, which had completely obliterated all the soft parts, leaving only the bone, which, no doubt, would in a little time have also been involved, and a complete separation of the limb been effected.

Dr. Banks said the person from whose body the specimen he produced had been removed, was admitted to the Whitworth Hospital on the 26th of November, at which time he was labouring under extreme difficulty of breathing, the face perfectly livid with the peculiar anxious expression of a person in the advanced stage of suffocative catarrh; the upper part of the left side of the chest was extremely tympanitic, and the lower part extremely dull on percussion. At the apex of the right lung a gurgling sound was heard; the chest generally was rather duller than natural, but at the upper part of its left side there was morbid resonance.

The man had been admitted after the physician's

visit; but Mr. Birch (Dr. Banks's clinical clerk) examined the case, and found metallic resonance under about the fourth rib of the left side, together with complete absence of respiration at the upper part of the corresponding lung. From the foregoing symptoms, particularly the extremely difficult breathing, and remarkable suddenness of its supervention, Mr. Birch at once concluded that rupture of the pleura had taken place. The left lung was found on examination to be adherent from recently effused lymph, and a gush of air followed the opening of the thorax, and perforation was then discovered at the point where it is usually said to occur, viz., about the angle of the fourth rib; in five-sixths of the cases recorded by Louis, Dr. Banks observed, this is the situation assigned to the rupture. The perforation was about the size of a fourpenny-piece, and did not appear to be very recent, as the edges were somewhat rounded. It communicated with a large cavity, on pressing which a large quantity of air and pus gushed out. The symptoms during life, Mr. Banks observed, gave unequivocal evidence of the nature of the case; indeed, the extreme suddenness of these occurrences in the advanced stages of phthisis, always enables one to decide at once on their nature, even before the physical signs come to be examined. These cases, however, Dr. Banks remarked, were rather rare, owing, he believed, to the usually strong adhesions between the pulmonary pleura and the costal layer directly opposite. The whole of the right lung was literally riddled with tubercular cavities, in the intervals between which dense tubercular matter was deposited. Dr. Banks regretted that he had not an opportunity of seeing this case earlier, and of ascertaining how long the disease had lasted. In many cases, he observed, death took place in twenty-four hours after perforation, while in this it did not occur for months after. Chomel relates the case of a man admitted to the hospital, who manifested on succussion undoubted signs of perforation, yet he lived for eighteen months with that condition of parts. A great deal, Dr. Banks believed, depends on the stage of the disease at which the rupture takes place, this occurring in some cases early, in others perhaps after more than a year.

Dr. Mayne presented a tumour, in the diagnosis of which, during life there had been, he said, some difficulty. The man in whom it had existed was about fifty-five or sixty years old, of broken-down constitution; he had been for a length of time, off and on, an inmate of the South Union Poor House with a bad chest. He came to the house with a bronchitic attack, and left shortly after. About five months since, Dr. Mayne believed, the man complained of a curious feel about his bladder; he passed water more frequently than usual, the calls were sudden, and he was obliged to obey them at once. For a considerable length of time there had been a tumour in the abdomen, which was thought to be connected with the bladder. It was about the size of a goose's egg, in the situation of the right rectus muscle; it conveyed a deep-seated sensation of fluctuation, and a strong impulse on coughing. Dr. Mayne at first thought it might be one of those sacculated dilatations of the bladder, but an instrument of full size was passed without the slightest difficulty, and the urine was perfectly healthy. The tumour was unaffected by evacuation of the bladder, and was free from pain or tenderness. No organic disease of the bladder could, of course, be supposed to exist under these circumstances. Dr. Mayne then began to consider whether the tumour might not be a hernial one, but, unfavourable to such an opinion, there was the history of the case: the tumour was situated too high up, the mode of its occurrence, and the deep-seated fluctuation, were all symptoms very unlike those of hernia; and it was certainly not acute abscess, for there was neither the pain or other marked symptoms of that affection. Blistering and iodine inunction somewhat diminished the bulk of the tumour; but at this time, as his chest got a good deal better, the man left the workhouse, and Dr. Mayne thought he should never see him again, but in three weeks he returned with an attack of typhoid pneumonia, accompanied by extreme dyspnœa and scanty expectoration; and of this attack he died. On examination, the disease turned out to be one with which the society was very conversant, namely, hydrocele at the interior of the rectus muscle, the cyst being between the back of that muscle and the peritoneum, only a little fatty cellular membrane intervening between it and the latter membrane. The bladder when distended came into close contact with the back of the tumour, the pressure of which consequently was the cause of the sudden calls to evacuate the organ during life. Had the nature of the disease been ascertained before death, Dr. Mayne asked, would it have been justifiable to have adopted means for its removal, such as a seton or other remedies? He thought not, because the inflammation so set up in the cyst would most probably have extended to the peritoneum.

Dr. Stokes said, the case which he was about to lay before the society was one illustrative of the pathological conditions attendant on slow pulse. The subject he observed was a very obscure, but useful one. Among the symptoms of diseases of the brain, all the members were aware that a morbidly slow pulse was enumerated; but the case before the society went to shew the existence of this phenomenon entirely independent of lesion of the brain, and with no cause to which it could be assigned but a morbid condition of the heart itself. The subject of the case was a man past the middle age, who had been brought to the Meath Hospital complaining merely of general debility and a certain amount of cough. Without any complaint having been made in reference to the heart, it was discovered that the pulsations were only from 38 to 40 in the minute, and the impulse very feeble; there was, as he had just observed, no symptom of diseased brain. The man remained a considerable time under observation; he was allowed wine, which did not appear to exercise any exciting action upon the heart until a short time—the day—previous to his death, and then the quantity allowed was considerably reduced. The physical signs, Dr. Stokes observed, were interesting, the case being, in fact, he believed, one of the first in which these signs had been accurately investigated in reference to this morbidly slow state of the pulse. The heart's action was regular, though the impulse was feeble. A well-marked bellows murmur accompanied the first sound, which led to the supposition that disease of the mitral valve existed; all the familiar phenomena of this affection appeared in fact to be present. A very similar murmur, however, was heard along the course of the aorta, and was heard more distinctly just about the insertion of the second rib of the right side into the sternum, than at any other part of the chest; there was dulness on percussion of the right infra-clavicular region, together with an obscure mucous râle; there was also the peculiar yellow aspect observed in some cases of senile phthisis. The physical signs, then, would at once lead one to say there was disease of the mitral valve; but what the cause of the bruit in the aorta was he would not attempt to say; from the anæmic condition of the patient, it might perhaps be looked on as one of those cases of anæmic souffle. On looking to the dissection for information, extensive fatty degeneration was found; but, Dr. Stokes observed, the heart is often found loaded with fat, without presenting, during life, phenomena such as had existed here. The mitral valve in the present case displayed no morbid condition whatever to account for the bruit to which he had alluded; but there was a peculiar narrowing of the aortic valves, their functions, however, being quite unimpaired, there being no regurgitation whatsoever, a marked proof of which was the circumstance of Dr. Stokes's clinical clerk having filled the vessel with water, yet not a drop escaped into the ventricle. The facts connected with the aorta in this case would, Dr. Stokes observed, tend to modify henceforth the subject of diagnosis as connected with the second sound, with which, though clear, aortic disease may yet exist, but of course not patency of the valves. Dr. Stokes here read a passage from a paper on diseases of the heart, by Mr. Adams, published in the fourth volume of the Dublin Hospital Reports, in which Mr. Adams attributes the occurrence of apoplexy, in one of his cases, to obstruction of the return of blood from the brain, or the retention of that fluid in a deoxidised condition, owing to the mechanical inefficiency of the heart, in which there was very extensive fatty degeneration. The pulse in that case was as low as 30 in the minute; but though Mr. Adams had known the subject of it to have had not less than twenty apoplectic attacks, there was no subsequent paralysis, a point which Dr. Stokes observes is peculiar to the particular form of apoplexy which occurred in Mr. Adams's case.

Dr. Stokes, in conclusion, said, the case to which he more immediately directed the attention of the society, went to prove, first, that slow pulse may exist without any disease of the brain, but depending on a peculiar condition of the heart itself. Second, that with this slowness of the heart's action there was a bruit with the first sound, without any disease of the mitral valve. Third, that with a perfectly normal second sound there was disease at the aortic orifice, but not patency. This man, he observed, a great many years ago had hæmoptysis and other symptoms of phthisis, and on examination, the cicatrix of an old tubercular cavity was found, together with dilatation of the bronchial tubes.

REVIEWS.

A Letter to the Right Honourable Lord Calthorpe, on the Corruptions and Abuses of the General Hospital and the Free Grammar School of King Edward the Sixth at Birmingham. By THOMAS GUTTERIDGE, M.R.C.S., formerly Professor of Anatomy to the Society of Arts. Printed for the Author, and sold by him at 6, Crescent, and by all Booksellers. pp. 23

"*Ecce iterum Crispinus!*" Behold Mr. Gutteridge again! We hope this is Mr. Gutteridge's *last*!. for a more *wooden*, heavy, dirty, affair we have seldom met with. Of this man's farragos we have had, we know not how many; whether he or his friends may have sent them we know not; but on referring to our rubbish list, we turn over sundry pamphlets from this nominal source: one to James Taylor, Esq—one to Sir Francis Lawley—one to Lord Dartmouth—sundry others to the Governors of the General Hospital, and now there comes one to Lord Calthorpe. We know nothing of the affair, except from facts gathered with some care and scrutiny, and we are sorry, for Mr. Gutteridge's sake, to be compelled to say that these facts are all against him. But were they not, we should certainly be inclined to say that, as he has belaboured something like 800 subscribers to the Birmingham General Hospital for nearly three years past with his writings, without getting a dozen voices in his favour, it is very unlikely he can have either truth or fairness on his side.

Of the pamphlet before us, we have only few opinions to express. Were it the production of an acknowledged quack, we should throw it aside as we treat all such things; but as there is an M.R.C.S. after the name, we feel that common courtesy demands something from us; Mr. Gutteridge, on his imposing title page, calls himself "formerly Professor of Anatomy to the Society of Arts." Our discipline in English grammar has always taught us, that "a noun without an article to limit it is generally taken in its widest sense" (vide Murray's Grammar); we conclude, therefore, giving Mr. Gutteridge some credit for scholarship, that he means he was once the Professor of Anatomy to the Society of Arts of England. Knowing this Society well, we can give a flat contradiction to the assumption. If there be any Society of Arts of Birmingham, and Mr. Gutteridge once discoursed to the boys in that, why did he not give a proper denomination to his status, instead of assuming a general title which does not belong to him? Again, Mr. Gutteridge ought to know that the term "professor" applies to men who hold certain offices in CHARTERED INSTITUTIONS; to assume such a title without any claim upon it, is to occupy a deserved level with a music teacher and dancing master.

At page 7, in this pamphlet, Mr. Gutteridge says, he has been "charged, *falsely*, with stealing, and uttering untruths." He simply says that the charge is false, but gives no more proofs in support of the saying, than any man does, who, at the Old Bailey, pleads "not guilty" to a charge he knows full well will come home to him. Whether Mr. Gutteridge

stole the things charged against him, in theft, or uttered the untruths said to be proved against him, or not, we neither know nor care, but it seems strange to us that he has given no direct or indirect proof of his innocence.

The pamphlet consists throughout of gross libels; the author denominates certain gentleman (who happened not to give him their vote and interest) liars, thieves, drunkards, extortioners, deceivers, and so forth, with a flippancy and fluency that would do honour to Billingsgate. These things call for no comment; they are sufficiently their own correction. And the more are they so, when we say that even the memory of the dead is not sacred from the virulence of the writer, for he drags forward to undeserved desecration the name of "George Barker, Esq," once one of the most esteemed and useful inhabitants of the town of Birmingham. If the innocent dead are thus maligned, why the no less slandered living may laugh at the impotent and malignant attempt to injure them. The pamphlet contains no printer's name, proof enough that no *responsible* man would be seen to have a hand in the affair. In conclusion, let us ask, is it in accordance with the propriety of our profession, that a man, who has been *beaten*, and *worthily*, by his *superiors*, should thus *clandestinely* and *covertly* print a libel, and *sell it at his own house, by himself*, to the attempted disgrace and dishonour of his professional brethren, whom modesty and courtesy should have taught him to regard in all honour and deference?

Mr. Gutteridge writes like a bewildered, desperate man, whom disappointment has rendered reckless. He is evidently playing at dice with Death—and he must not complain if he gets the dog's throw.

WESTMINSTER HOSPITAL PROCEEDINGS.

(Continued from page 253.)

Tuesday, December 16th.

MILES DOWDEN'S CASE.

Mr. Stockwell, examined by the Chairman.—I was present at the operation on Miles Dowden, a child five years and a-half old. He was admitted October 21st; he was operated on November 8th, and died November 10th. Messrs. White, Lynn, Phillips, and many others were present at the operation. Mr. Thompson operated. There was a difficulty in entering the bladder; some time elapsed before the bladder was entered. I do not know the exact time; I was told it was about eighteen minutes; the bladder was opened, the forceps introduced, and the stone withdrawn; much blood was lost. The child was put to bed. In half an hour after, I went to see him; he was asleep; he slept all the afternoon. Mr. Thompson saw him in the evening, and he was then quiet. Mr. Thompson said he had given him liq. Opii sed. *m.* xxv. He ordered more to be given at night, if necessary. In the morning Mr. Thompson saw him and found him pretty well, except that he had a slight rattling in the throat from mucus. Mr. Thompson saw him in the middle of the day and in the evening. In the middle of the day he complained of a sticking pain in the side, as if a pin were running in him. Mr. Thompson ordered what he thought proper. He died on the Monday afternoon. I made the post-mortem examination. The witness then read a written statement of the post-mortem examination as follows: "The abdomen was opened by an incision from the symphisis to ensiform cartilage. Between the recti muscles and peritoneum, for above an inch and a-half above the pubes, the cellular tissue contained pus and serum. On opening the abdomen, that portion of the peritoneum lining the inferior portion of the hypogastric region was much inflamed, as also that lining the iliac fossæ, the cavity of the pelvis and that covering the small intestines immediately in contact with the bladder. About half an ounce of yellow turbid serum was contained in the peritoneal sac, and a few flakes of lymph. This was removed with a sponge, and the membrane was found uninjured. On dividing the lateral ligament of the bladder, blood and serum were found infiltrating the cellular tissue of the left, and serum that of the right. The cellular tissue between the bladder and pubes contained pus. The bladder was carefully dissected from the rectum; the cellular tissue between the bladder and rectum was perfectly uninjured, as well as the bowel itself. The bladder was contracted and empty; its whole parietes were extremely thickened; the interior surface was fasciculated." (And then there is a mark representing the thickness which the bladder had attained.) "It was remarked that its appearance was much like that of an uterus from the thickness of its walls. Traces of recent inflammation on the mucous lining. The right ureter was much dilated throughout its whole extent, and its internal surface covered with lithic acid, and slightly injected. The kidney was loaded with lithic acid also. The other kidney and ureter were healthy. As the right ureter lay undisturbed it appeared about the same width as the mark indicating the thickness of the muscular coat of the bladder." The incision in the bladder was quite correct; it divided the prostate gland on the left side. The staff was withdrawn three or four times during the operation.

By Mr. Pennell.—I noticed that the bladder was not cut into as quickly as usual. It was some time before the bladder was opened. Mr. Thompson was examining the wound during this period. He had his finger in the wound. I thought that most likely the finger had passed by the side of the bladder, and had produced the effusion of blood about the lateral ligaments of the bladder. The finger might have passed between the bladder and pubes. It could not have reached between the recti muscles and peritoneum. The cause of inflammation might have been effusion of urine, and it might have been violence from the finger. The staff was introduced three times. I am certain that Mr. Thompson told me he had given the child 25 minims of Battley's solution of opium. Some more opium was ordered, but it was not found necessary to give it. (The card of treatment was not forthcoming.)

By Mr. Clarke.—I said the finger could not have reached between the recti muscles and the peritoneum, but there was no blood there. The extravasation of blood could only have taken place from violence. It might have been done by the knife. The bladder was thickened, and lithic acid was deposited in one kidney.

By Mr. Thompson.—Mr. Phillips was with you in the evening when you saw the child. You saw it next morning at eight. You then said the child was going on well. I remember your examining the child particularly in the evening, when Mr. Phillips was by. You predicted before the child's death that the ureter on the side of the pain would be found enlarged. You said you had had a case before in which it was so.

By Mr Brooke.—The child slept long and heavily. The skin was moist. I think if the child had not taken opium, it would not have slept so long nor so heavily. The child had no symptoms of poisoning by opium. There were not more incisions than were necessary in a difficult case. There was nothing in the patient's formation to prevent the knife going into the bladder.

Dr. Roe examined by the Chairman.—I was present at the middle and latter part of the operation on Miles Dowden.

By Mr. Cheere.—Was the operation, in your judgment, properly performed?—I refer that question to Mr. White. I think it a question on which a physician has no right to give an opinion. I consider myself, however, quite competent to give an opinion on a surgical operation.

Examined by the Chairman.—A casualty occurred—the not entering the groove of the staff sufficiently quickly; this might have happened to the most eminent surgeon.

Mr. White, examined by the Chairman.—I was present at the operation on the boy in November. A child apparently healthy, about six years of age, well formed, but delicate. Mr. Thompson was the operator, and he had previously made all the arrangements. The staff was introduced as usual; the first incision was made in the perineum, not with the exact direction proper. Two further incisions were made to enlarge the wound. Mr. Thompson then introduced his finger into the wound, and failed to find the groove in the staff. The staff was then withdrawn and reintroduced. This occurred two or three times. The whole proceeding took up about twenty minutes. The great difficulty was in passing the knife into the bladder, it might have happened to any other surgeon; I only know the subsequent treatment by hearsay.

Mr. Pennell.—I do not quite conceive the operation to have been properly commenced. I believe Mr. Thompson did not take the staff in his hand when he passed the knife in the bladder. It would have been proper to have done so. The dose of opium was a very large dose, totally unfit for a child. I should have given two or three drops only.

Mr. Clarke.—There have been different opinions about the length of the incision, what one considers good another has thought bad. I consider Mr. Crosse an authority, I am not aware that he has described two similar cases.

Mr. Thompson.—I can only say that it was a tedious and comparatively unsuccessful operation. Every operating surgeon in Europe has met with such cases. I have sent you a letter to that effect.

The letter was here read, as follows:—

Parliament-street, Nov. 14, 1845.

My dear Mr. Thompson,—I was present at the operation of lithotomy you performed last Saturday, at the Westminster Hospital, and I beg to observe that difficulties of a similar nature have occurred to many of the most eminent surgeons in this town, and in my presence, and that they are likely to happen again in the most skilful and experienced hands, and on that point I think it can form no ground of professional attack on you.

My dear Mr. Thomson,
Sincerely yours,
(Signed) ANTHONY WHITE.

I consider that the cause of failure of the operation was from your not having commenced the incision in the proper place. I have not known patients kept on the table an hour. I have heard of their being kept half-an-hour, three-quarters, or it may be an hour I have seen you operate for stone successfully, as far as regards the operation. I have seen you perform two or three operations for stone, and I thought you did them well.

By Mr. Freeman.—The opium would in all probability have thrown the child into a state of stupor.

By Mr. Cheere.—Comparatively, the operation was not properly performed. In my opinion it was not well performed.

By Rev. Mr. Milman.—I may have seen Mr. Thompson operate for stone three or four times. I do not know personally, only hearsay, that these operations terminated fatally. I do not think that a singe error of this kind is any ground for an attack on the professional character of Mr. Thompson.

By the Chairman.—I consider that the circumstance of the knife not entering the groove in the staff, was not owing to anything in the child. I consider the cause of death was referable to several circumstances. I believe the dose of opium was partly a cause.

By Mr. Pennell.—I believe the difficulty in entering the bladder was not owing to any peculiar formation in the child.

By Messrs. Clarke and Edwards.—The dose of opium was decidedly too large. I should have given only two or three drops.

By Mr. Scrope Ayrton.—I should certainly not have begun the operation in the same way, nor do I think any surgeon of eminence would have done so. A single unsuccessful operation is no ground for a charge against the operator.

By Mr. Thompson.—When I saw the child it had stertorous breathing. Its eyes were turned up, and the pulse was depressed. My opinion was, that this arose from the influence of opium. An overdose of opium may prove fatal in half an hour. *If* I found a patient with a moist warm skin, and good pulse with no difficulty of breathing, I should say that the patient would not be poisoned by a dose of opium taken twelve hours before.

Mr. Stockwell, re-examined.—I did not say the child was in a state of stupor. It was soundly asleep. There were no cold perspirations. The child slept all the afternoon, all night, and all the next morning, when it began to breathe stertorously.

Mr. Erichsen examined by the Chairman.—I was present at the operation, and had a good view; it was an ordinary operation for lithotomy. Some-

what longer than usual. There were difficultics. The principal difficulty appeared to be in entering the bladder. No one could say what the difficulty was except the operator. The staff was withdrawn three or four times. Mr. Thompson appeared to be feeling for the bladder. It is against the rules to withdraw the staff before the stone is felt.

By Mr. Baylis.—I never heard of the staff being withdrawn and reintroduced three or four times. The child was well formed, and the stone small.

By Mr. Clarke.—I don't think any single case ought to be brought against any professional man. I am not acquainted with the case mentioned as having occurred to Professor Lizars.

Mr. Cheere.—To the best of your judgment, was the operation in question skilfully performed?—I should be happy to answer that question before a purely professional committee, but before a mixed, or a lay committee, I must beg to decline, as it would involve me in explanations.

Mr. Pennell examined by Chairman.—I have nothing to add to the evidence already given. I believe the facts to have been stated correctly.

Examined by Dr. Brooke.—I had much the same impression on my mind as Mr. White about the incision. I stood by Mr. Thompson, and took the knife from him. When I did so, I said he would want it again, as he had not entered the bladder. The staff was withdrawn and reintroduced two or three times. Mr. Thompson introduced his finger into the wound at this period, and apparently carried it partly round the neck of the bladder.

By Mr. Clarke.—I have seen about thirty cases of lithotomy. I have never held the staff during an operation for lithotomy. It is quite impossible for me to say where Mr. Thompson's difficulty really was. I believe that a large stone may lacerate the bladder, but not a small one. I do not believe the stone in this case was of sufficient size to produce the injury described. I am not aware that any such cases are recorded. The extravasation might have occurred from inflammation. The stone was not entirely within the blades of the forceps. I believe skilful surgeons have fallen into the mistake of not entering the bladder.

Mr. Lynn examined by the Chairman.—I was present at the operation.

Mr. Cheere.—Do you, to the best of your judgment, consider it to have been skilfully performed?—That question has set me in a fix. If I am compelled to answer that question "Yes" or "No," my veracity compels me to say "No."

By Mr. Edwards.—I have not seen other operations conducted in this manner. My relation had seven unsuccessful operations for stone following a long series of successful ones. I do not consider the misfortune in the present case would have happened to any other surgeon of eminence. I should consider myself mad to give 25 minims of Battley's solution of opium to a child of six years of age. Five minims would, in my opinion, be the extreme dose that would be justifiable. In my opinion the dose given would narcotise the child.

Mr. Phillips examined.—Being situated here as a junior officer to give an opinion on a senior, I must really beg to be excused. I saw the child after the operation in the evening. I do not know, of my own knowledge, that it had had a dose of opium. When I saw it, it was just roused by the nurse. The child was evidently labouring under the effects of opium. I saw it on the Sunday; it had then a rattle in the trachea.

By Mr. Baylis.—I never gave a child of that age such a dose of opium, nor did I ever know anybody who did. I should certainly, under no circumstances in such a case, have given more than ten minims.

Mr. Brooke examined by Mr. Ayrton.—I do not recollect more than three operations for lithotomy by Mr. Thompson before the last. I am quite unable to form any opinion as to the cause of the death in this case. I saw one case of Mr. Thompson's in which the rectum was wounded.

Here Mr. Thompson interrupted the witness, making use of the words "grossest falsehood," and stating that the whole story of that case was an invention.

Mr. Brooke said that he had not intended to mention that case; but since Mr. Thompson had thought proper to attack him in such a manner, he felt it due to himself to state that he was present at that operation, and saw the fæces escape through the wound, and that the post-mortem examination had been made by Dr. Todd of King's College, who had verified the statement that the rectum was wounded. Dr. Todd and he had frequently conversed on the matter since.

Wednesday, December 17th.

Mr. Thompson stated that in reference to the case referred to by Mr. Brooke yesterday, in which the rectum was said to have been injured, he had had an interview with Dr. Todd, who had stated that he had never authorised any person to make any statement of the case. That he had found in one of the medical journals of the day a report of the case, in which Dr. Basham was referred to as having been present at the post-mortem examination, and which entirely contradicted the statement that had been made by Mr. Brooke.

Dr. Basham, examined by the Chairman.—Will you state what you know in reference to the case in question?—The time when this is said to have taken place was in 1835, when I held the office of clinical assistant here. A great many post-mortem examinations are made in the course of the year; and as this was not a case which came immediately under my own notice, I have no positive recollection of it at this particular moment, but I have not the slightest doubt that this report must be correct. I have not the most remote recollection of the case. If it had been any case on the medical side of house, I should have taken especial notice of it; but I have no doubt that the report here made, that the rectum was not wounded, must be true. If such a report had been about at the time, it would have been of considerable importance; and I have no doubt if it had been publicly stated that the rectum was not wounded, when it was wounded, such a public contradiction would have established the thing in my memory.

Mr. Miller.—You would have contradicted it yourself, your name being mentioned?—I have every reason to think that so notorious a falsehood as that would have been contradicted.

The following extract from the report in the *Lancet* was read.

"It has been reported that the rectum was wounded; but this is decidedly an error, arising from the circumstance of the rectum expelling its contents per anum at the moment the primary incision was made. The post-mortem exhibited the rectum unhurt by the knife."

Mr. Thompson (to Mr. Brooke).—Have you any notes of the case in your possession, or did the facts merely arise from memory?

Mr. Brooke.—I have no note whatever of any case that has occurred in the practice of this hospital since I was a pupil, and, therefore, not since Mr. Thompson has been attached to it, and I never made a note at the time. I must say that the fact I stated, made so distinct an impression on my mind at the time, that it is not at all necessary that I should have made a note to remember it. The circumstance was marked by many peculiarities. It was the first operation for stone Mr. Thompson performed in this hospital. I also quite agree with what Mr. Thompson has said that Dr. Todd never authorised me to make any such statement—it was a private communication, and I should not have brought it forward, had I not been pressed to do so by a remark from Mr. Thompson, that I had fabricated the statement. I am still positive that Dr. Todd did hold with me such a conversation; and I remember one occasion which is impressed on my mind by collateral circumstances, on which such a conversation took place. It rests, therefore, only on my single statement.

Mr. Thompson (to Mr. Dasent).—Do you agree with the sentence from the report?—I was so young at the time, being merely a pupil at the hospital, that I did not know so much about it as if it had happened only a few years since. I recollect that it was the first operation for stone that I saw, and I remember being much astonished at the celerity with which it was done. I was not close at the time, therefore I cannot say whether the rectum was cut or not.

Mr. Thompson (to Mr. Edwards).—I will put the same question to you?—I quite agree with that statement excepting the post-mortem examination, at which I was not present.

Mr. Clarke.—It is not my report. I have some private notes of it at home. I perfectly remember the fæces being on the table; and I perfectly remember that I was struck also with the remarkable celerity of the operation, which called forth applause, which I thought very improper in the theatre.

CASE OF MARY ANN DAVIS.

Suffering from laryngitis in Dec., 1843.

Mr. Clendon—Examined by Chairman.—The patient was admitted into the hospital soon after Mr. Thompson was appointed surgeon. I saw the patient, to the best of my recollection, about two o'clock in the afternoon. I believe she had then been in the hospital two or three hours. She had great difficulty of breathing. Dr. Basham, Dr. Roe, and Mr. Phillips were with Mr. Thompson in consultation on the case. Mr. Holt, I think, was present. The woman was Mr. Thompson's patient. Dr. Roe was most anxious to have the operation of tracheotomy performed. Dr. Roe offered to take the responsibility of the operation on his own shoulders. Mr. Thompson did not perform it. Mr. Phillips urged it also; Mr. Thompson said it would be no use. Mr. Thompson gave Mr. Phillips leave to perform the operation. Mr. Thompson said you may do it if you like; Mr. Phillips said, I do not do these things because I like them, but because I think them necessary. The operation was done by Mr. Phillips, and the patient was relieved immediately. She was comfortable about an hour afterwards. In the evening she died; she was operated on about half-past three. I should say that half an hour or three-quarters elapsed before the operation from the time that I heard Dr. Roe urge it, but, I believe, he had urged it before.

Examined by Mr. Thompson.—I have not stated that my recollection is very accurate as to the time of her being brought into the hospital. My impression is that she was brought in on the same day, but she might have been brought in some time before. She did not sink directly after the operation, but recovered a little, I believe. She died towards evening.

Date of admission, from the patient's book, Dec. 23, 1843, and died on Jan. 13, 1844.

Mr. Thompson stated that the patient had been under his care for some time in consequence of severe erysipelas, and that she was *in articulo mortis* when the operation was performed. [There was considerable difference of opinion on this case. Dr. Roe from his evidence appears to have urged the operation very much. There were no details, however, of the post-mortem examination. The case was by no means conclusive either in favour of or against Mr. Thompson.]

THE CASE OF JOSEPH KNOBLETT.

This was a case in which Mr. Thompson was charged with having misapplied the tourniquet during amputation of the thigh.

Dr. Derry examined.—I was present at the operation on Knoblett. The leg was taken off. Mr. Phillips was present. He spoke to Mr. Thompson, and Mr. Thompson altered the application of the tourniquet. The artery did not appear to be properly compressed. The pad seemed to be applied over the adductor muscles.

Mr. Ayrton.—You stated to us concerning the letter which you addressed to the board, withdrawing the charges against Mr. Thompson, that you were influenced in that act by a governor of the institution very high in the medical profession, and by another governor of this institution?—Not by two gentlemen—by one gentleman.

I beg leave to ask you, was Mr. Guthrie the gentleman to whom you allude?—I understand that it is publicly known, otherwise I told you I would not give his name. It was Mr. Guthrie.

Which Mr. Guthrie?—Mr. Guthrie, senior.

Did Mr. Guthrie at that interview state that Mr. Freeman had called upon him respecting the matter?—He did.

Did Mr. Guthrie leave an impression on your mind that if the charges were withdrawn, Mr. Thompson would resign?—He did.

Did he tell you any part of what passed between himself and Mr. Freeman?—He said that Mr. Free-

man called upon him asking him why he did not support him. He said that he could not support Mr. Thompson on the board-day.

Which Mr. Freeman?—He did not say which Mr. Freeman, but I suppose Mr. William Freeman. He gave me a letter addressed to Mr. William Freeman.

Did anything else occur at that interview?—Nothing beyond what I have stated before.

Was anything said concerning Mr. Thompson's resigning?—Mr. Guthrie said that Mr. Thompson must resign.

Rev. H. H. Milman.—You are sure that he said "must?"—Yes; Mr. Guthrie said that Mr. Freeman said so.

Are you quite sure upon that?—I am quite sure.

That Mr. Freeman said that Mr. Thompson must resign?—Yes.

Be very particular upon that point?—He said so.

Mr. Ayrton.—Was not a letter sent by you to the chairman of this committee, dictated by Mr. Guthrie, senior, at his own house?—It was; he wrote the letter down, and I copied it in his own house and sealed it with his own seal.

Have you the original copy which Mr. Guthrie made?—No; I did not bring it away with me. If the chairman will look at the seal he will see that it is similar to some letters I have in my pocket from Mr. Guthrie.

Has not Mr. Charles Guthrie given you particulars of every case in which he was to have appeared as evidence?—The cases that I wrote down in the memorial which was given to the chairman, were taken from Mr. Charles Guthrie's own mouth, and afterwards he read them over in my apartments, and said that there was one mistake in which the sound was said to have gone through the bladder. It ought to have been through the urethra.

All the charges which had been made by the pupils were in every case to have been substantiated by Mr. Charles Guthrie?—He told me that he witnessed those facts—all those charges against which his name is appended. This is the paper to which I refer (producing the same).

Chairman.—Has it been in your possession ever since?—I gave it to Mr. Baylis on Thursday.

Mr. Cheere.—Is that the paper which Mr. Charles Guthrie read over?—It is. That paper was lying on my table, and Mr. Charles Guthrie took it up and read it over.

Mr. Ayrton.—Then, we are to understand that Mr. Charles Guthrie himself read those charges at your rooms, and approved of them?—Yes.

All of them?—All of them, with the exception of the error I have mentioned, the sound passing through the bladder instead of the urethra.

Did not Mr. Guthrie tell you on the occasion now alluded to, that he himself could prove Mr. Thompson's incompetency?—Mr. Charles Guthrie told me. He said his father said so.

Mr. Charles Guthrie said that his father had declared that he could prove Mr. Thompson's incompetency?—Yes, and he found it out soon after Mr. Thompson was appointed to the office of assistant-surgeon.

Mr. Charles Guthrie told you that his father could prove Mr. Thompson's incompetency?—Yes, he said he could do so himself. He said if he came down here he could damn Mr. Thompson.

There are many of those important cases in which Mr. Guthrie and Mr. Charles Guthrie both appear, and in which the facts were taken from Mr. Guthrie's own mouth. Are you aware of that?—Mr. Charles's own mouth.

Were many of those cases taken from Mr. Chas. Guthrie's own mouth?—The cases I wrote down in the memorial in which Mr. Guthrie's and Mr. Charles Guthrie's names stand, were told to me by Mr. Charles Guthrie himself.

Mr. Ayrton.—Those cases to which the names of Mr. Guthrie and Mr. Charles Guthrie are affixed, were from Mr. Charles Guthrie's own mouth?—Yes.

Have you any doubt of the authenticity and accuracy of Mr. Charles Guthrie's statements?—I have no reason to doubt it. He told me that he witnessed those facts.

Mr. Miller.—You have already spoken of a certain list of cases which Mr. Charles Guthrie approved of as made against Mr. Thompson. I want to know whether Mr. Charles Guthrie presented the pupils with those cases at their request, or spontaneously?—He told them to me spontaneously.

Without the request of the pupils?—Yes; there was no request. When I was at the Ophthalmic Hospital seeing patients, and he told those things to me, and he told Mr. Brooke some of them.

Did he make out those cases voluntarily, or did he make them out at the request of the pupils?—There was no request whatever made. We were talking of the subject, and he told me of those cases.

I ask in reference to the written list of cases?—He never made out any written list, but he told me of those cases.

Voluntarily?—Yes; we were speaking on the subject, and he told me of those cases.

With whom did the charges originate against Mr. Thompson?—With the pupils entirely.

At whose suggestion?—I do not know at whose suggestion. I was not present at the meeting at which the first memorial was written.

Was this list made out before the cases originated with the pupils, or afterwards?—Afterwards.

Chairman.—I presume they had been matters of conversation before they were reduced to writing among the pupils?—Yes.

Mr. Maclean.—I understood you to say just now that those charges against Mr. Thompson originated with the pupils?—Yes.

With the whole who signed that list?—Yes; with the concurrence of the whole.

You were not present at the first meeting?—I was not till the latter part of it, when most of the names were signed. That will be seen by my name standing at the latter end.

And you went by invitation?—Yes; I received a note from Mr. Baylis.

Inviting you to this meeting?—I think it was Mr. Baylis, I am not certain who the note was from. It was in pencil.

Can you tell us who it was from?—No; I cannot speak positively. My impression is that it was from Mr. Baylis.

Have you got the note?—No.

In consequence of that you attended this meeting?—Yes.

You had seen no charges before that against Mr. Thompson?—What do you mean "seen no charges?"

Had you any written document delivered to you before you received that note?—No.

When did you first see the charges?—At that meeting.

Was that when you were requested to undertake the conduct of the cause?—No; that was an after part of the proceeding.

When was that?—It was after the letter had been delivered to the board and the committee appointed.

The first or second letter?—I think it was the second letter; but Mr. Cheere can tell you.

To which you consented?—Yes.

Mr. Freeman.—I think you have stated in your evidence that you had no communication with me upon the subject?—None whatever.

Upon no subject whatever?—No; I had not the pleasure of knowing you at all.

Mr. Freeman.—My name having been mentioned in these proceedings, it is right that I should state to the committee that a communication was made to me, not by my calling upon any person. I did not call upon any gentleman; but I was taken out of this room I think on the day the last general board took place, into an adjoining room, and a proposition was made relative to these proceedings. I stated to the individual who made the proposition to me as a friend of Mr. Thompson, that I should go into that committee with the strongest conviction that a person could have, that Mr. Thompson was a most competent surgeon, and that I never had advised him, and I believe that I never could advise him to resign, that I would not take the responsibility upon myself of receiving such a communication without advising with a friend; and though it was put to me in the first instance, that everything that passed was to be considered strictly confidential, I proposed to him that I should be allowed to consult a friend upon the subject. I did consult Mr. Joseph Carter Wood, who decided that it would be improper to make any communication whatever to Mr. Thompson, and Mr. Thompson remained ignorant of it up to the present time. I was requested by the individual referred to to communicate with him on the Thursday morning previously to the meeting of the committee. I did not communicate with him, and have never seen him nor spoken to him or any other individual upon the subject. It is perfectly true that I received the proposition, but it is not at all true that I paid any attention to it. I took the opportunity, which I will now mention, of putting the question seriously to the gentleman who made the proposal to me, as to whether, from what he knew of Mr. Thompson, he considered him a competent person or not; and he said that he considered him to be a competent person.

Mr. Cheere.—Will Mr. Freeman tell the committee with whom all this took place.

Mr. Freeman.—I think whatever other persons may do who have pledged themselves to confidence, I am not a person who am likely to give up the name of any gentleman who had a conversation with me, which I consider strictly confidential. I would not on any account whatever. If there should be any defect in my statement, or any gentleman in the room wishes to ask me any questions upon the subject, I shall be happy to answer them.

Charles Brooke, Esq. examined.

Were you present at this operation?—I was.

What did you observe?—The tourniquet is an instrument used to compress the artery; when it was applied it appeared to me that the pad of the tourniquet was applied too much in front, and my impression was that it would not stop the hemorrhage. If it compressed it at all, it would have compressed it against the adductor muscles. When the muscles were divided the artery pumped out; its bleeding was not arrested, and it was compressed by Mr Phillips. The bleeding of the artery was arrested by compression, but not by the tourniquet which had been applied. It appeared to me, at the moment I saw it, that the pad of the tourniquet was not applied in the right place.

Mr. Clarke.—Did you hear Mr. Phillips make a suggestion to Mr. Thompson about anything?—I cannot say that I did. I was certainly standing close by, but I cannot say I do remember any suggestion being made.

Mr. Pennell.—Do you, in your opinion, think that the manner in which the tourniquet was applied betrayed any want of surgical or anatomical knowledge?—I conceive that the previous answer is quite sufficient. The tourniquet did not appear to me to be properly applied.

Did you know the direction that the artery ran in?—Had you felt the direction?—No.

Does the femoral artery run precisely in the same direction?—With very little variation. I should say that the ordinary rules which are laid down in books and given in lectures, pointing out the position of the femoral artery, is a position from which there is very little deviation.

Mr. Edwards.—Have not you known that the profunda has been the main artery?—I have.

In such a case if the pad were put upon the superficial artery the bleeding would be very great from the deep-seated artery?—Undoubtedly it would be the case.

Mr. Maclean.—You have seen Mr. Thompson very often amputate since he has been surgeon to this hospital?—I should not say very often. I should not suppose I had seen him amputate above four, or five, or six times. I do not think more than that.

You have seen him performing amputations to that amount?—I should say four, certainly.

This is the only case of amputation that you have witnessed where you have thought it necessary to bring it before the Board?—I have not brought the case forward; I have nothing to do with it.

Mr. Baylis.—There is another case, but that case has been withdrawn in consequence of not being in the memorial.

Benjamin Phillips, Esq. examined.

Chairman.—Were you present at the amputation of the leg of Joseph Knoblett in 1843?—I was.

Who was that performed by?—Mr. Thompson.

Were you present during the whole operation?—I was.

Did you see anything amiss in the performance of that operation?—I am not prepared, or at least it i

unnecessary, to go over the same ground I did yesterday. If the committee require me to answer I may feel bound to answer, but if the committee ask me with respect to any circumstance which occurred, that is to say, the hemorrhage, or anything else, I am prepared to answer.

Did you, in the course of that operation, make any suggestion to Mr. Thompson about the application of the tourniquet?—I may have done so, but I do not remember whether I did or not.

Do you remember a considerable hemorrhage taking place?—I remember at the time the incision was made for the purpose of performing this amputation the great artery did not appear to be commanded, which is the term we use, that is to say, the flow of blood was not restrained by the tourniquet, and I immediately put my thumb upon the artery as it passed out of the groin. If the tourniquet had been applied upon the artery with sufficient force it ought to have been stopped.

Mr. Brooke.—Did you notice the position of the pad of the tourniquet?—I cannot say that I recollect it.

Did you notice from what vessel the hemorrhage took place after the vessel was cut?—The impression on my mind was that it was the femoral artery.

. The superficial femoral artery?—Yes.

Did you notice the appearance, after the limb was severed, of the divided arteries at all?—No, I did not

Are you prepared to say whether the superficial femoral was unusually small, and whether the principal part of the circulation occurred through the profunda?—No; I have already stated that my impression was that the hemorrhage took place from the femoral artery.

If the profunda had been of a very unusual size, and if the superficial femoral artery had been unusually small, would that have been a circumstance that would have attracted your attention, do you think?—I think it likely it would; at all events, the flow of blood was from a single artery, and it appeared to me to be the femoral artery.

Do you think, supposing the pad of the tourniquet had been properly over the artery, it would or would not have arrested the flow of blood from the artery, whether the profunda had been larger than usual or not?—It usually does so.

In the usual descriptions of arteries the tourniquet will press upon the artery above that point, where the profunda is given off?—I would not say that, because the profunda is usually given off high up.

Mr. Thompson.—Is it not the custom in every operating theatre in London for the operator to rely entirely upon his assistant for commanding the femoral artery in amputation?—I should say not. I should say there are many surgeons who always put on the tourniquet themselves; others do not.

When the tourniquet is put on, does not the operator entirely rely upon the assistant for its management in commanding the artery?—I think it is a matter always of arrangement, and I think when the operation is performed the operator commonly says, will you do so and so to those around him.

Does an operator, on taking the amputating knife in his hand, give up the entire control of the tourniquet to his assistant?—I have already stated, so far as I know, it is a matter of arrangement; that it does not necessarily follow that one course or the other is taken.

Did you ever see an operator, or is it the custom of any surgeon to take charge of the tourniquet when he commences amputation?—The tourniquet is put on before; if it be put on by an assistant or by the surgeon himself, either course may be followed; but whether the one or the other be followed, it is quite clear that when he is using the knife in removing a limb, he cannot be attending to the tourniquet himself.

Can you state who assisted me at this operation?—No, I cannot.

Did you assist me yourself?—I was present.

Were you my assistant?—I am not prepared to say that I was your assistant.

You cannot state that fact?—I cannot.

When a surgeon is amputating a limb, does he not rely entirely upon his assistant to control the artery?—I have already answered that question so many times, that I do not think the committee will wish me to do so again.

Mr. Edwards.—Is it an unusual circumstance that there should be bleeding when a limb is taken off?—By no means.

It may occur to the best surgeons?—Certainly, it is a thing by no means of uncommon occurrence.

No proof that the tourniquet is applied wrong?—No.

Chairman.—But though it occurs to the best surgeons, it is an accident?—It is so, because the tourniquet is put on for the purpose of preventing it.

Mr. Ayrton.—Was it applied in such a way as you thought judicious?—I have no impressions on my mind to make me recollect any thing in the way in which it was applied. I do not remember either way. If I had conceived that it was not, I think it would have made an impression on my mind.

Mr. Maclean.—You do not remember whether you assisted yourself, or who did so?—I have already stated that it sometimes happens, or that it commonly happens, that the operator says to one party, "I want you to do this," and to another, "I want you to do that."

Mr. Edwards.—Of course, you being assistant-surgeon upon such an operation being performed, if you had seen anything wrong, you would have felt it your duty instantly to interfere?—I have already said so.

Mr. Brooke.—You have been of course correctly informed that when an operation of amputation has commenced, the operator, having the knife in his hand, cannot have anything to do with the tourniquet. Supposing the operator, previous to the performance of the operation, applies the tourniquet himself; if that tourniquet is perfectly applied, does it want any other interference at all?—Certainly not.

Chairman—Do you know who applied the tourniquet in this case?—I do not.

The committee then proceeded to the consideration of their report.

Report of the Committee appointed by the Special General Board of Monday the 8th of December, 1845, to investigate the charges made by certain Students of this Hospital, against Mr. Hale Thompson, one of the Surgeons of this Hospital.

Your committee, in accordance with the duty they have undertaken, have used diligence in investigating the charges brought by sixteen students of the hospital under the notice of the weekly board, commensurate to the importance of the interests confided to them. They have sat from day to day with the exception of one only, and not less than four or five hours each day.

But before your committee enter into any statement of the result of their investigations, they take leave to submit to the consideration of the general board two preliminary observations.

First, they have deemed it inexpedient to entertain any of those charges relative to a case which occurred previous to the election of Mr. Thompson as one of the principal surgeons of the institution; partly because those who were the promoters of the proceedings were none of them cognizant of the facts; partly because they were of opinion that Mr. Thompson's subsequent election to the office of principal surgeon, with the recommendation of two of the medical officers of the hospital, and by the votes of a great number of the governors, may be fairly construed into an act of oblivion, as to any previous incompetency; and lastly, because had incompetency at a remote period been shown to exist, that would not be a sufficient ground for pressing that the experience of the intervening period had been thrown away without advantage derived from it.

Secondly, Your committee cannot refrain from stating that considerable embarrassment in the discharge of their duty arose from the receipt of a letter at the commencement of their proceedings, addressed to their chairman, from one of the promoters of the inquiry, who had been deputed to conduct it, stating that the students wished to withdraw the charge of incompetency. Upon investigation it was found that this proceeding was not authorised by the promoters of the inquiry generally, but was the act of one indvidual alone. The committee beg to refer the general board to the evidence received on this subject, and connected therewith, they have further to state, that during the progress of the inquiry, a letter was received by the chairman from Mr. Charles Guthrie, which will be found in the evidence. Nevertheless, in the evidence, it likewise appears that Mr. Charles Guthrie has taken a part in furnishing information on the charge contained in the second paper submitted to the board, and in one or more of the cases. The students appear to have relied on his testimony, which, in the letter alluded to above, he professed himself unable to give.[1]

Your committee will now proceed to state the result of their investigation of those cases into which they have inquired in detail, and to such paragraphs of their report as were not adopted by the unanimous opinion of the committee, they have appended the names of the members of the committee who voted.

Case 1.—James Graham, admitted 8th March, 1844.

Clause 1.—The evidence with regard to the operation on James Graham is contradictory, but the testimony of those present goes to show that there was nothing improper in the mode in which it was performed; and they have to add that the mode in which the post-mortem examination was conducted, makes it impossible to come to any decided conclusion as to the skill with which the operation was performed. Moreover, there is a doubt as to the identity of the bladder subsequently examined, with the bladder of the patient.

Clause 2.—With regard to the subsequent treatment of the patient, your committee are of opinion that, notwithstanding Mr. Thompson showed most commendable attention to the patient, he did not administer, at a sufficiently early period, those medicines which the other medical men, whose evidence has been received in the case, thought suitable to counteract the disease of which the patient died.

VOTED ON CLAUSE 2.

FOR	
The Hon. P. Pleydell Bouverie.	J. F. Miller, Esq.
William Ayrton, Esq.	Rev. H. H. Milman.
W. Whately, Esq.	Rev. C. W. Page.
Robert Cheere, Esq.	W. H. Furnivall, Esq.

AGAINST.	
William Freeman, Esq.	Lewis Powell, Esq.

The Rev. S. Martin did not vote.

Case 2.—Charlotte Cox, admitted 18th of April, 1845.

Clause 1.—The next case on which the committee received evidence, was that of Charlotte Cox, aged fifty-two, who was operated upon by Mr. Thompson, on the 21st day of April, for strangulated hernia, and died May 6, 1845. It has been proved that the operator punctured the intestine twice during the operation. There is no satisfactory explanation given to us by Mr. Thompson of these accidents, which are of very rare occurrence; neither was there any evidence adduced before us to show that they were the results of want of skill on his part, though two of the medical officers, who were not present at this operation, were of opinion that two accidents of that kind during the same operation, imply some want of care.

Clause 2.—The only complaint of Mr. Thompson's medical treatment of this case, was that an excessive quantity of wine was ordered to be given to the patient, but the patient had, according to her own statement, been in the habit of drinking wine, and the very low state of exhaustion in which she was must be fairly taken into consideration. Moreover, as medical opinions differ most essentially as to what quantity of stimulus is excessive in such a case, the committee refrain from expressing their opinion upon the subject.

Mr. W. Ayrton dissented from the foregoing clause.

Case 3.—Miles Dowden, admitted 21st of Oct., 1845.

Clause 1.—In the case of Miles Dowden the

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[1] Mr. Charles Guthrie explained this matter fully and satisfactorily at the general meeting held afterwards.

operation was tedious, and does not appear to have been properly conducted.

A division having taken place on the preceding portion of the clause, the votes were as follow :—

For	
The Hon. P. Pleydell Bouverie.	Rev. H. H. Milman.
	Rev. C. W. Page.
William Aryton, Esq.	W. H. Furnivall, Esq.
William Whately, Esq.	Rev. S. Martin.
Robert Cheere, Esq.	Scrope Ayrton, Esq.
F. J. Miller, Esq.	

Against

William Freeman, Esq.; Donald Maclean, Esq., M.P.

Clause 2.—In the after-treatment there is no difference of opinion among the medical officers examined, that the dose of opium administered after the operation, being twenty-five mimims of Battley's solution, was far larger than is usual or proper in such cases, especially in that of a child of such tender age.

Case 4.—Mary Ann Davies, admitted 23rd Dec., 1843.

In the case of laryngitis, that of Mary Ann Davis, in which Mr. Thompson was charged with improperly declining to perform the operation of bronchotomy, there does not appear to this committee that any blame can attach to Mr. Thompson.

Case 5.—James Noblett, admitted 23rd of Oct., 1843. In this case the charge against Mr. Thompson is that, during amputation of the thigh, he did not properly apply and regulate the tourniquet. The committee have found it difficult to come to any positive conclusion on this case from want of distinct and satisfactory evidence. It is clear that the tourniquet was in a position which did not command the artery, but how far this may have been the result of accident, or the want of due caution on the part of the operator, the committee feel themselves unable to decide.

Your committee having given their opinion on the evidence produced in these cases, desire to observe, that it was more than stated by Mr. White and others, that all, even the most eminent surgeons, are liable to casualties, and that a failure in an isolated case is no proof of want of skill, still less of general incompetency; but as cases of failure, or supposed failure, at least, are those only which have been submitted to the inquiry of the committee, and the number and nature of successful operations performed by Mr. Thompson have not come under their consideration, only a limited deduction can be made as applicable to the present inquiry.

Your committee cannot, however, but call the attention of the general court to the fact, that on some occasions when the colleagues of Mr. Thompson have been present at the operations, of which the details are given in the evidence, the committee could not obtain any distinct statement of their opinion of the skill with which those operations have been conducted.

F. Pleydell Bouverie, Chairman.

A general meeting was held on Saturday, at which the committee's report was read. Mr. Charles Guthrie said, that he felt some explanation to be due from him. Dr. Derry had made it appear in his evidence that he, Mr. Guthrie, had furnished charges against Mr. Thompson. He had done no such thing. The whole matter as far as he was concerned, had depended on a conversation at the Eye Hospital, when he had accidentally mentioned, that he remembered such and such a case of Mr. Thompson's. Dr. Derry had made it appear in his evidence, that he (Dr. Derry) had written the cases at Mr. Guthrie's dictation, and that he (Mr. Guthrie) highly approved of the charges. This was not correct. He had distinctly stated to Dr. Derry that two of the charges were false, and that he (Mr. Guthrie) had no evidence to give against Mr. Thompson's professional character. He could bring forward Mr. Roche and other persons, who were present at the time, to prove the correctness of his assertion, that he had at that time told Dr. Derry, that he had no charge whatever against Mr. Thompson. It was then moved and seconded, that the committee's report be received and entered on the minutes.

Mr. Freeman then made an able speech in favour of Mr. Thompson. He went through the heads of the evidence *seriatim*, commenting on each. We regret that our space has already been too much occupied by the evidence to permit us to give an abstract of this gentleman's arguments. Suffice it to say that his speech made a considerable impression on the majority of the governors present; he concluded by reading the following resolution :—"That it is the opinion of this board that, from the result of this inquiry, no imputation whatever rests on Mr. F. H. Thompson's professional skill."

Dr. A. T. Thompson said that from the *result* of the dose of opium in the case of Miles Dowden, it was evident that it had not been an over-dose.

After a few remarks from Mr. Guthrie, senior the resolution above given was put and carried by a large majority.

[It is right to add that Mr. Thompson, beyond calling Dr. Bird and Mr. Priest, whose evidence was devoted to the first case, did not make any defensive statement or offer any witness. It is understood that he adopted this course from a resolution not to acknowledge the competency of the parties preferring the charges.]

TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s. neatly bound.*

Mr. Deane.—*We are not aware. Apply to* Mr. Bailliere, *Foreign Bookseller, Regent-street, London. No medical books are sold at our office.*

Medicus, *aware of the importance in uterine hemorrhage of introducing a body* cold, *and touching every portion of the internal parietes with uniform pressure, suggests as follows :—"Provide a bullock's bladder, of the largest size, and a common enema apparatus, the neck of the bladder affixed to the end of the enema tube, and before use softened in warm water. When introduced into the uterus, cold water should be pumped into it. The direct application of cold will soon cause the open orifices of the bleeding vessels to close, and at the same time cause the uterus to contract, and in order that the water should escape in proportion to the contractile powers of the uterus, I would have the tube double, with a stop-cock, which could be opened to allow the water to run out; while, at the same time, the pump could be throwing in fresh cold water until the desired effect be attained.'.*

Mr. W. Spence *tells us that eight hundred married women of Carlisle have entered into a subscription for a testimonial to Dr. Reeves. The presentation and address are reported in the* Carlisle Patriot.

A Philanthropist and Constant Reader, Manchester, *should favour us with his name in confidence.*

We have been favoured with an announcement of Dr. Weir's appointment as lecturer on phrenology in Anderson's University, Glasgow. Dr. Weir will begin his course on the 7th of January.

A Country Surgeon.—*We are not aware of the precise proportion in which the practitioner, referred to, uses his preparation of sulphur. We are not acquainted with the subject of dental mechanics. The figure of the uterine sound will be given in Dr. Rigby's lectures.*

A Medical Student *should not buy a "pig in a poke." We have not seen Smith and Horner's* Anatomical Atlas.

Tegid *forgets to tell us what university his query is about.*

A Subscriber.—*A licentiate of the Apothecaries' Society can pass lunatics. Our correspondent, as indeed all medical practitioners, should possess Dr. Winslow's book on the New Lunatic Act.*

Delta *on the inconsistency of a rival journalist is potent, but the facts are a thrice told tale.* Delta's *opinion on the druggist question is sound.*

Mr. Harrison *complains of a practitioner in Birmingham, a M.R.C.S. London, and L.C.P. London, playing the part of Messrs. Perry and Co., and asks is there no redress. Of course there is. But the authorities of either college refuse to give it. Nothing effective for the well-government of the profession can arise till a more efficient body of medical governors be placed in power.*

Sir A. Clarke *surely is not serious in requiring a further elucidation of our opinion. The first practitioner he meets will answer his query.*

Our publication of the Almanac *as the number of the week, instead of being published and charged for as an extra number has led to some misunderstanding. The* Almanac *need not form any portion of the volume, being separately paged: and the number of Dec.* 27 *succeeds in due sequence that for December* 13. *The last number was, by a printer's mistake, called No.* 327 *instead of No.* 326. *In departing from our customary rule this year, we yielded (with loss to ourselves) to the suggestions of several subscribers who had expressed objections to the simultaneous publication of two numbers.*

We have received a circular from a Shrewsbury Committee of Medical Men. *We observe two names mentioned, but are not told what proportion they bear to the Committee—whether a part or the whole. Having recently seen documents with large titles published in the names of committees that have only existed on paper, we would suggest to the Medical Reformers of Shropshire an exact publication of the precise persons actually responsible for any public document. Without such frankness, addresses, manifestoes, and petitions look extremely suspicious. Where, by the way, did the Committee—i. e., Mr. Brookes—learn that the College of Surgeons owed its repute to its connection with* Harvey?

We regret that the advertisement from Medicus *arrived too late for insertion last week. Messrs. Lane and Rathbone, of John-street, Adelphi, are, we believe, highly respectable agents for the arrangement of such preliminaries as may be required by our correspondent.*

An Old Subscriber.—*We are unable, at present, to give any further information on the subject of our correspondent's inquiry.*

Mr. Abraham's *case is a common one, and has been treated in the way that all good English practitioners manage such matters.*

We have received communications from—

Dr. Rigby.
Dr. Knox.
Dr. Costello.
Dr. Clay.
Dr. Ure.
Dr. Wright.
A. W. Close, Esq. (reports of Mr. Walker's ophthalmic practice).
J. H. Tosswill, Esq.
Walter Yates, Esq.
Jackson Briggs, Esq.
J. Black, Esq., and several other gentlemen, *all of which will receive the editor's early and special attention.*

THE MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s; Quarterly,* 6*s.* 6*d. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

Saturday, January 3, 1846.

"Nihil est aliud magnum quam multa minuta."
"Hæc olim meminisse juvabit."

Entering upon the threshold of a new year, perhaps no better season than the present could offer itself for a retrospective consideration of what we have done during the last twelve months. Not that the reputation of the Medical Times renders

it at all necessary that its achievements should be recorded with panegyric—they are sufficiently well known, and sufficiently well rewarded, to deserve our best gratitude, and we cordially award it to our subscribers, contributors, and friends—but there is some satisfaction in looking back upon the ground we have traversed with an honourable footstep, and in dwelling upon the worthy companionship we have had in our pleasant and profitable journeying. For ourselves, we claim no credit beyond that which attests itself week by week, in the Editorial features of our periodical, and we are content to let the testimony, so offered, be our single claim upon the continued favour and patronage of the Medical Profession. But it becomes us not to forget the distinguished names which, during the past year, have graced our pages, and given a permanent and prominent authority to the many valuable communications we have been the honoured means of submitting to the whole medical world. Nor do those deserve to be forgotten, in gratitude, whose contributions, most kindly offered, yet, scarcely accorded with the calibre and character of the MEDICAL TIMES. These have been very numerous, and their rejection has invariably cost us a regret; but, of course, our public duty demands that a critical taste and just judgment shall determine our selections. We seriously feel the responsibility of our position, and how answerable we are for what we permit to be said through us; and, upon principles like these, it is aided by whatever sagacity we possess, that we are mainly guided in the admission or rejection of articles. In the discharge of the unpleasant part of our duty, we have ever taken care to treat our intentioned contributors with the courtesy due to well-wishers and to gentlemen. Because their productions have not exactly suited our columns, we have not published the names of the unsuccessful applicants to the world, with the stigma of intellectual incompetency, but have returned in private, whatever we would have gladly recorded openly, could we have done so to the credit of ourselves and our friends. Whilst, therefore, we have injured the reputation of no man, by revealing the secrets which, in an Editor's keeping, should be as silent and as sacred as in the grave, we hope, also, that the "rejected addresses" may furnish inducements to other and better efforts, which we may be permitted to testify our good opinion of by giving them a popularity through our commanding circulation.

To the contributors who have appeared in our columns during the past year, we offer our best thanks for their kind services, and give them the assurance of our willingness on future occasions, to add further to their reputation, by publishing whatever of their communications may possess an interest with the profession. Our space does not afford us the opportunity of glancing as we could wish at the chief articles which appeared in our volumes for 1845, but we cannot pass over, without notice, the following.

"The structure and functions of the brain, with new views on the nature, causes, and treatment of mental diseases, by M. Pinel.' These disquisitions, eminently practical, and at the same time illuminated by the shrewd conceptions of an original and metaphysical mind, derived an additiona onsequence from the pen of their accomplished translator, Dr. Costello. "Lithotrity, Lithotomy, and the Diseases of the Urinary Organs, by Dr. Costello." A compendious enunciation of valuable facts derived from large surgical experience, observation, and research; in which few men are more worthily celebrated than the distinguished Editor of the "Cyclopædia of Surgery," "Lectures on Select Points in the Theory and Practice of Medicine," "Lectures on Diseases of the Heart," and "Twelve Lectures on Skin Diseases," by Dr. Corrigan." The thorough bed-side tact and knowledge displayed in these discourses, we feel assured have commended them with every credit to whomsoever has enjoyed the advantage of their perusal. "Clinical Lectures on Surgery, by George James Guthrie, Esq." Mr. Guthrie's experience makes any communication from him very valuable; and very few of the many surgical lectures he has delivered have more abounded in his characteristic matter of fact than those which we had the pleasure of publishing. "Clinical Lectures on Surgery, by M. Lallemand, translated by Dr Waters." A valuable addition to our stock of surgical knowledge, and for which much praise is due both to the lecturer and the translator. "A course of Clinical Lectures on some points of Surgery, by Sir B. C. Brodie." Most of these lectures present features of considerable practical interest, and they have received every justice at the hands of their accurate reporter. "Clinical Lectures on Medicine, by Dr. Graves." The reputation of such an author renders praise unnecessary; but, for the credit of the *Medical Times*, we must say that the lectures of Dr. Graves, in its last volumes, have equalled any of those previous efforts which gained for him the distinction of eloquence, scholarship, and practical skill. We wish we could in any conscience, even for our own sake, say as much of "Lectures on the Theory and Practice of Medicine by Dr. C. J. B. Williams." We took them "for better for worse," and can only express our regret at having found them worse than we took them for. They were reported with every care and accuracy, indeed with too much, as it seems, but of course our object was to give the lectures as they were delivered, and not to alter or amend them, even in the face of the very obvious desirableness of doing so. "Clinical Lectures on Medicine delivered at the Great Charity Hospital, Berlin, by Dr. Schonlein." We were at much trouble and expense in obtaining an accurate report of the discourses of this celebrated German Physician, whose valuable clinical observations on certain obscure diseases, we feel assured, will be received as an important addition to our existent knowledge of pathology and practical diagnosis. "Lectures on the Physiology and Diseases of the Brain," of which we have had several from Dr. Bouillaud, have comprehended with much acumen, and good judgment, many interesting points in the physical and psychological nature of man. And the "Lectures on Physiological Anatomy, the Special Physiology of Man, and on the Anatomy of Tissues, Morbid, and Healthy, by Dr. Knox" have been everything that could be desired, even from a gentleman whose splendid reputatian would give considerable ardour to our expectancy.

These have been the chief Lectures published in the Medical Times during the past year, and whether we consider their number, the importance of their topics, or the celebrity of the names attached to them, we unhesitatingly say, that no periodical, either in this country, or on the continent, has produced anything equal to them in the same space of time.

Of original communications we have had a vast number, all of them possessing a good share of importance, and many of them being of great practical value. To enumerate only the leading ones, we have:—

"Reports on Diseases of Females, by Dr. Rigby." These have been as numerous as they have been able and interesting. They abound in those valuable practical facts which the vast experience of their author has peculiarly placed at his command. "Pathology of Expectoration, by Dr. Wright." This is probably one of the most remarkable courses of papers that have been published for a long time, in any medical journal. The author has fairly exhausted the subject, while treating it with an elegance, a power of discrimination, and a depth of research, that make the series a model to all future writers on similar themes. "Original Researches on the Frontal Sinuses, with Observations on their bearings on the Dogmas of Phrenology, by Sir William Hamilton." Not the whole history of anatomical investigation can furnish, in the space these learned papers occupy, anything like their equal in shrewdness of observation, or subtlety of reasoning. "Observations on the Effects of Humidity in Tubercular Consumption, by Professor Sheriffs," contain some excellent propositions, founded upon careful and very ample observation. "On the first and last appearance of the Menses, and the relation existing between the two periods, by Dr. Guy," is abundant in those valuable statistical truths for which this accurate author is deservedly distinguished. "Pathology of Tubercle, and Treatment of Phthisis, by Mr. Tosswill," though in many points at variance with our own pathological views, yet displays a very competent knowledge of the recent chemical theories on digestion and assimilation, and furnishes many excellent hints, some of them novel, for the management of phthisical cases. "State of Medicine in Ancient Egypt, by Mr. Clarkson," is a rare combination of learned research and entertaining detail. The papers by Dr. Clay, on "Menstruation," on "Various Debatable Questions in the Practice of Midwifery," and on "Asphyxia," are evidences at once of profound medico-chirurgical skill, and of extensive acquaintance with the literature of our profession. "Somnambulism, Catalepsy, and Magnetism, by Mr. Braid," of which we have had several papers, have revealed, with much ingenuity and cleverness, many important historical and experimental facts connected with the science of mesmerism. "Epitome of Recent Opinions on the Blood, Inflammation, and its Sequelæ, by Mr. Dermott," is one of the most compendious and complete papers on the subject that has appeared, here or elsewhere, since the late advances of chemistry towards the elucidation of the humoral pathology. "Experiments concerning the Gas evolved by Plants, by Dr. Hermann Hoffmann," is an admirable paper on a *quæstio vexata* amongst botanists. "On the Treatment of Hypochondriasis, by Dr. F. Michea," is an abridgment of a valuable prize-essay on this subtle, and often most perplexing subject. "Clinical Notes," and "Physic and Physicians in Brazil, by Dr. De Gumbleton Daunt," we have inserted with as much willingness and pleasure as our readers have perused them. They are very valuable additions to our English medical knowledge, and we trust they are only an earnest of what we have yet to come. Though last mentioned, not least important, are our Continental correspondents, who, with the most praiseworthy activity and zeal, supply us, week by week, with the latest medico-chirurgical discoveries and intelligence, and thus furnish to our pages the best possible information in the readiest possible form. We need not remind our readers that the MEDICAL TIMES is the only English journal which records, continuously and completely, the progress of Foreign medical science.

In the Review department of our business, we have pursued no hackneyed form of criticism ut have chosen a straightforward, manly scheme of

analysis and opinion, the fearless dictate of an honest, uninfluenced judgment.

The good opinion which our leading articles have obtained, we trust they will continue to command. It shall be our constant duty and desire to make them worthy of the wide patronage already bestowed upon them. In the forthcoming, as in the past year, we shall advocate the great principles to which we have faithfully committed ourselves, trusting in our own strength, and in the integrity and fidelity of our manifold supporters, for a triumphant achievement of our great end and aim. In every department of our enterprise, our plans are fully organised for the active business of another year, and we confidently hope, that in our next annual summary, we shall be able to say greater things in our behalf than even on this occasion we have said.*

In making this promise to our friends, we should be wanting in one of the best feelings of our nature, did we not close this article by wishing them, in all sincerity and good-will, A HAPPY NEW YEAR.

Non nobis solum, sed toto mundo nati.
ROKEBY MOTTOE.

THE opening of the new year, to be followed so soon by that of Parliament, naturally suggests a speculation or two on the political prospects of the Profession.

The return of Sir James Graham to power undoubtedly makes it certain, that a last Government attempt will be made to pass a medical bill. Will it prove successful? We believe it will. From the Profession it will receive a general, though not, probably, an enthusiastic support; and the few opposing must adopt other tactics, and offer other agents than we have yet heard of, to oppose it with success.

Apart from the knotty question of medical designations and medical institutions, there is, we fancy but one opinion about the benefit of the Minister's scheme as last proposed to the House. One or other of our three divisions of practitioners—one or other of our numerous collegiate bodies—may feel that sectional or corporate ascendancy or consequence has been politically interferred with; but with regard to the essential matter of the whole Profession's improvement by the new bill, nobody who has considered the matter now appears to entertain a doubt. A Council of Health, responsible to the country, and vastly under the influence of their professional brethren—a universal registration of all medical men,—an indirect, but not ineffective, State-check to quackery, now so rampant and barefaced;—these are vast innovations, which, taken into connection with the changes they must inevitably introduce in our system of teaching and examining future practitioners, must be vastly salutary to the future standing and repute of the Profession. Taken, therefore, as a whole we have little doubt that the great majority of our body will rejoice in the success of the measure. Certain physicians may complain that they will suffer as physicians; certain surgeons that they will lose caste as surgeons; certain general practitioners that their standing will, as general practitioners, be impaired; but the *conflicting* reasons by which these different persons support the same discontent are themselves proofs of their groundlessness, or demonstrate at least that if, as members of a grade, they will lose, as members of a profession they will gain. The injury of a part is here the gain of the whole. In the very proportion, then, in which the injured feeling of sectional, or corporate, or individual vanity will be active against the Ministers' bill, in that proportion, it is to be expected, will the good sense of the mass of the Profession determine itself for it.

The whole difficulty in getting the measure through Parliament will arise from the battle of sectional interests or prejudices. How far should the General Practitioners join in the work of obstruction? The answer will depend on the question how far they will be losers by the success of a legislative measure. The Physicians, it is clear, have nothing to gain by a bill; neither have the Surgeons; they now have, if not all they want, at least all they can have, and far more, corporately, than they ought to have. The General Practitioners? Can they lose by the bill? Are they in a position in which they have nothing to gain by it? Is it their best policy to continue the old state of things? To rely on the condescension of the College of Physicians? The justice of the College of Surgeons? If so, by all means let them unite to oppose the measure, defeat the minister, and perpetuate that misgovernment of which they have been complaining for almost half a century, and which, by the recent changes in the College of Surgeons, is at present grown more odious and intolerable than ever. Sir James Graham's measure will not be a final one; that is certain; and whatever its technical changes, its main effect will be to give extra importance to the body of General Practitioners. Whatever their connection with the Colleges of Surgeons or Physicians now—that they will retain. The whole mass of benefits that connection implies, is preserved to them. The only loss—the only injury—the only calamity—is that they are given also a connection with a new college, a college of their own, under their own guidance and power, with the privilege of electing their own chiefs, and choosing under their own eye the future associates of their body! Certainly this is very hard treatment of the class of General Practitioners, and the respectable committee who represent them, and who are responsible for the discharge of an important trust, deserve to be sadly rated (by *general practitioners!*) for consenting to accept, in addition to the College of Surgeons, the stigma of a college of their own!

Altogether it is easy to foresee, that though the Colleges of Physicians and Surgeons will not indelicately thrust themselves before the public in antagonism to the Government on which they depend, the only real opposition Sir James Graham's measure is likely to receive will be from them. Even in that event—the worst—we may yet hope that the session will not pass without giving us some legislative measure.

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* As a sample of the kindly feeling which greets our exertions, we take the liberty of publishing the following gratifying letter.

Thirsk, December 31st, 1845

DEAR SIR,—I beg to enclose an order for £1 1s 0d, being my subscription to the MEDICAL TIMES for the ensuing year. During the past year, I have received the Journal regularly every Saturday. The proprietors of the TIMES have, I think, ably performed their duty towards the Medical Profession in supplying them with an immense amount of information at so small a cost. The TIMES is one of the best, and the cheapest Journal published in the Kingdom; and I am sure its leading articles not only contain talent of a high order, but are fairly and honestly written. I hope the Profession does its duty to the TIMES, and enables the proprietors to meet the heavy charges necessary in conducting a journal so large and comprehensive. I heartily wish the TIMES success.

I am, Sir, your most obedient servant,
W. HALL RYOTT.

PROFESSIONAL AMENITIES.

[We extract the following from a highly respectable periodical.]

The *Lancet* is understood to be a widely circulated medical journal. Are we to judge of the style of writing most popular with the profession by the following items, which appear consecutively in the index to a recent number?

"Meeting of quacks and fools at the Hanover-square rooms, on the liberty of the subject!

"The falsehoods of the committee of the National Association—exposure of its proceedings—lawless committee *versus* railway frauds, or Old Bailey practices.

"Election of a physician to the Edinburgh Infirmary, another illustration of the shameless conduct of self-elected boards.

"Edinburgh Infirmary—an ugly job—the lawless committee," &c.

All these items, it will be observed, relate to the proceedings of brother-practitioners. It is for the profession, by whom the journal is supported, to determine if the tone is such as to give evidence of that calm and cautious spirit of philosophy to which medical men are prone to lay claim, and which, certainly, it is their especial duty to cultivate.

GOSSIP OF THE WEEK.

ROYAL COLLEGE OF SURGEONS.—Members of the Royal College of Surgeons of England, admitted to the Fellowship, on the 11th of December, 1845: W. P. Ormerod, Ely-place, Holborn, J. N. Heale. Staines, R. Denitt, 39A., Curzon-street, R. N, Evans, Hampstead Heath, E. Copeman, Cottishall, Norfolk.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, December 19, 1845: S. F. Gosling, G. Skrimshire, W. H. Garrington, A. Foote, R. S. Jackson, R. Boley, S. Bentham, G Thomas, A. Henry, W. B. C. Christy, R. Graham, W. B. Parker, D. Ruck.

APOTHECARIES' HALL.—Gentlemen admitted Licentiates on the 18th of December, 1845: James Self, Robert Dawson Harling, John Andrews Woolfryes, Daniel Ithiel Edwards, John Ody. On December 24th, 1845: John Growse, John Goldesborough Stockwell, William Richard Bridges.

Alexander Nasmyth, Esq., has been appointed surgeon-dentist in ordinary to her Majesty.

MORTALITY TABLE,

For the week ending December 27 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	910	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	206	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	81	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	130	155	159
Diseases of the Lungs, and of the other Organs of Respiration	298	323	292
Diseases of the Heart and Blood-vessels . . .	28	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	70	68	71
Diseases of the Kidneys, &c.	16	6	6
Childbirth, Diseases of the Uterus, &c.	10	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	6	6
Diseases of the Skin, Cellular Tissues, &c.	1	1	1
Old Age	47	74	70
Violence, Privation, Cold, and Intemperance . .	12	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of December 29, 1845 : M. Elie de Beaumont in the Chair.

The meeting was entirely occupied by the discussion of subjects foreign to medical science.

ACADEMY OF MEDICINE.

Meeting of December 30, 1845 ; M. Caventou in the Chair.

The various committees of the Academy having been renewed for the ensuing year, the adjourned debate on injection of tincture of iodine into the joints was resumed; but Professor Velpeau declined addressing the chair this day, on account of the advanced hour. The order of the day being called for, Professor Forget, of Strasbourg, corresponding member of the Academy, read a paper "On the Fistulous Abscesses of the Thoracic Walls in Consumption." The case which induced Professor Forget to make the present communication was that of a man who was admitted into hospital on the 4th of June, 1845. The patient had been ill for six weeks, during which he suffered from cough and pain in the chest. Three weeks before his admission into hospital a tumour had formed on the right side of the chest; the tumour was a fluctuating abscess, reducible to a certain extent into the thoracic cavity, and presenting a distinct crepitus when pressed with the hand. It experienced no remarkable change during the efforts of respiration or cough; the physical signs of tubercles were present—*i. e.*, dulness and mucous ronchi under the clavicles. On the 21st of June, the abscess, which occupied the seventh intercostal space, opened, and allowed the escape of a considerable quantity of pus mingled with air. On August the 15th a pleuritic effusion formed on the right side, and the patient died on the 27th of the same month, from the gradual progress of the disease. The post-mortem examination showed numerous pleuritic adhesions, particularly in the neighbourhood of the fistula. The lungs were in a condensed state, due to the presence of tubercles in various stages of development; from a bronchus of third-rate size a fistular communication led to the opening of the abscess, and the seventh rib was also affected with tubercular disease. M. Forget proceeded to state that he had sought in vain for similar cases, or even for a mention of facts of the same nature, in the works on phthisis; Portal, only, related a case analogous to that observed by M. Forget. The professor concluded his communication by some remarks on a case of empyema, complicated by a fistular opening in the pleuræ, which was cured by the exhibition of the oleum jecoris aselli (cod-liver-oil).

Professor Velpeau was surprised to hear from M. Forget that the disease referred to was so uncommon. M. Velpeau had always considered it as a well-known complication of phthisis. For his part, he had met with several cases, in which the diagnosis had been correctly instituted, and which had excited no sort of surprise. The first case which Professor Velpeau could recollect occurred in 1829, in M. Rayer's wards, at the hospital of St. Antoine. The abscess, evidently containing air, had existed a fortnight when Dr. Rayer requested M. Velpeau to see the patient, and express his opinion on the propriety of opening the tumour. An incision was made; frothy pus escaped; the opening remained fistulous, and the patient ultimately died. Tubercles were found in large quantities in the respiratory organs. At La Pitié M. Velpeau met with another case. The physical signs of pulmonary disease were present, and a tubercular abscess containing air formed in the right hypochondrium. This case was remarkable by the influence which the state of the fistula seemed to exert upon the condition of the lung; when the abscess closed for a few days the pulmonary symptoms were more severe, and *vice versâ*. The patient was unfortunately lost sight of. Some years after M. Velpeau saw a boy of fourteen with a similar abscess; after death a communication was anatomically demonstrated between a cavity in the lung and the abscess. Very lately M. Velpeau was called to examine a patient affected in the same manner in M. Rayer's ward. In his own practice, at La Charité, M. Velpeau had met with a very interesting case of the same kind. The abscess was seated in the neck near the mastoid process, and communicated along the neck by a long channel with a cavern of the lung. Professor Velpeau concluded by saying that he looked upon the disease as more frequent than Professor Forget's interesting communication would lead the Academy to suppose.

Professor Blandin agreed entirely with the observations made by M. Velpeau, and related three analogous cases which had lately fallen under his own observation.

The meeting adjourned at half-past four.

OPHTALMOLOGY.

Sparkling Synchisis, or Softening of the Vitreous Humour with Visible Sparks in the Eye; by Drs. Desmarres and Sichel.

In the "Journal de Chirurgie" for November, Dr. Desmarres inserted the following curious observation:—

Case 1.—A woman, aged fifty-eight, who had been for many years troubled with muscæ volitantes, became affected with double cataract, and was operated on by Professor Velpeau in 1838. The Professor couched the cataract, and operated on the left eye only. In 1842 Professor Bérard operated in the same manner on the right eye. The pupils again became opaque, and vision had completely ceased when she applied to Dr. Desmarres in September, 1845. An incision of two lines in extent was performed in the tunica sclerotica, on the external and inferior margin of the cornea, and through this division the opaque membranes were extracted with a very small forceps. Sight was restored, and the wounds of the fibrous envelopes of the eye-balls healed in the space of twelve days; but on examining the pupils, the left eye presented the following singular appearance:—An immense number of moveable brilliant specks could be distinctly seen in the posterior chamber of the eye. Their size was compared to that of particles of sand. Placed at different depths in the eye, they were entirely confined to the posterior chamber, none appearing, on any occasion, in front of the iris. The latter membrane *oscillated* in a very evident manner—a circumstance generally attributed to softening of the vitreous humour.

It is to this softening that Dr. Desmarres attributes the singular phenomenon under consideration; he conceives that the hyaloid cells less distended by their softened contents, and moving on each other, reflect the rays of light which they are intended to *refract*, and thus cause the extraordinary appearance of the eye. M. Malgaigne has met in the eye floating particles of cholesterine, and supposes that, in the present case, that cause might produce the symptoms—an opinion which seems in contradiction with the fact that none of these brilliant specks pass into the anterior chamber.

In the December number of the *Journal de Chirurgie*, Professor Sichel offers some remarks on this subject, and relates a case of the same kind observed by himself in the year 1841.

Case 2.—A child, aged thirteen, affected with hydrophthalmia and adhesive pseudo-membranous cataract on both sides, was presented to Dr. Sichel in 1841. The left eye, much larger than the right, still preserved the faculty of vision, and was even sometimes painfully sensitive to light. The right eye, which had been as voluminous as the left, was completely blind, and still preserved a size double natural dimensions. An operation was performed for the purpose of removing the opaque membrane which obstructed the pupil. The resistance of this membrane was very great, at last it yielded to the instrument with a crackling sound, and through the laceration a yellowish fluid, containing a large number of little bright gilt specks, burst into the anterior chamber, distended it, and became immoveable; at the same time, at the superior and external extremity of the anterior chamber, a more transparent liquid, agitated as if by ebullition, was whirled in and out of the posterior chamber through the narrow aperture of the opaque diaphragm. This singular appearance continued for several weeks. M. Sichel again saw the child in September, 1844; the right eye was atrophied, and on the inferior part of the iris,

which had protruded so much as to be almost in contact with the cornea, was noticed a greyish deposit of lymph, in the shape of a transverse band, presenting about one line in breadth at its middle; on the surface of this band, the little gilt specks could be very clearly discerned, impacted, as it were, in the plastic lymph. The hydrophthalmia on the left side had considerably increased.

M. Sichel has found a third case recorded in the *Revue Médicale*, 1828, tome 4, p. 203, by M. Parfait Landran.

Case 3.—A gentleman, aged seventy, complained very much of muscæ volitantes. On examining the eye, M. Parfait Landran was surprised to see through a rather narrow pupil a large number of little brilliant specks. Having caused the pupil to dilate by the application of belladonna he saw distinctly these little bodies, the brightness of which he compares to that of fine gold-sand. These corpuscles were thrown into action by any change in the position of the eye, and when the organ remained motionless they gradually fell, and accumulated in the lower part of the globe, whence they were again dispersed on any fresh movement of the organ.

The mobility of these corpuscles, their passage into the anterior chamber in the second case, the altered condition of the vitreous humour in the case of hydrophthalmia, and the more than probable morbid state of the same substance in M. Desmarres' case, led Dr. Sichel to differ from the explanation given by that gentleman of the phenomenon, and to attribute it not to any change in the refracting powers of the transparent media, nor to any optical delusions of the observer, caused by the play of the rays of light on the diseased vitreous humour, but either to a special deposit in the vitreous humour, or to the thickening and disorganisation of minute shreds of the hyaloid membrane.

Death of the Twins "Helene-Philomene."—In our communication of August 9th, 1845 (see vol. xii, p. 452), we mentioned the birth of twin children, united by a common abdomen and pelvis. The children expired from accidental illness on Sunday, December 28; they were born on the 6th of August. Helene survived her sister about two hours. The dissection of this interesting subject will take place in the museum of the Garden of Plants, under the superintendence of the commissions named for that purpose by the Institute and Academy of Medicine. We will forward to the readers of the *Medical Times* a full account of the anatomical investigation.

The Giessen Diploma.—A report having been spread that many of these diplomas, obtained without examination, were forgeries, one of the purchasers wrote to the dean of the faculty of Giessen to inquire if the diploma had been in reality conferred upon him. The following answer was received, and as it contains a caution of some importance to candidates for *cheap* diplomas we insert it:—

"Honoured Sir,—I hasten to inform you that the diploma of doctor of medicine which you have in hand, dated ——, has been granted by this faculty, and is perfectly authentic. The degree of doctor is yours, and *was conferred*, in consequence of the inquiries instituted, of the certificates handed in by your agent, and also of your excellent dissertation on ———. The medical faculty of this University has, I most distinctly assert, no agent for the sale or purchase of the degree of doctor, and if, instead of £25 sterling, the usual fee, you have paid £80, you have been *fleeced* by the person you employed.

"I remain, &c.,
"Dr. Just. Liebig.

"Giessen, December 16, 1845."

The Sigillary Stones of Roman Oculists; by Dr. Sichel.—We are favoured with a communication from Dr. Sichel, containing a short account of some inscriptions of the same nature as those we published in our last number. On the four margins of one stone are the following hitherto unexplained inscriptions:—

1. T.IVL.ATTALI
DIAELYDRIV

Diaelydrium eye-salve of T. Iul. Attalus. Diaelydrium M. Sichel considers to be a mistake of the engraver's, for the words δια ὕδρος, which Paulus Ægineta (vol. vii, p. 16) applies to a collyrium, or for *dialepidum* (copper).

2. TIA.
CRocbAL.

T. I. Attalus's saffron and copper eye salve.

3. TIVLATTAL
DIACYL

T. I. Attalus's diachylon eye-salve (extract of herbs).

4. PYX.TIA

Pyx for buxinum—eye-salve to be preserved in box-wood, the composition of the collyrium being such as to render it desirable not to use a metallic box.

The following inscription is even more complete than the preceding ones:—"C. Dàédemonis Ambrosium ad Epiphoras, ex ovo ter ad claritatem et caliginem." C. Dàédemon's Ambrosial eye-salve against epiphora; to be applied three times, mixed with albumen to restore clearness of vision and dispel weakness.

The word "Ambrosian" may either be referred to the plant Ambrosia (Betry S. Chenopodium), a resolutive and repelling medicine according to Dioscorides (iv, 119) and Pliny xxvii, c. iv, s. ii, or to one of those emphatic designations, such as *palladium, isochryson, &c.*, used to impress the mind of the purchaser with a strong sense of the value of the drug.

The signification of ex ovo is quite evident. We find it used in the same sense in the following inscription published by Richard Gough (Miscell. Tracts, London, 1789, p. 240).

LIVLIVENISD
OBALSAMTV
SMYRNESBIS
PETVEXOVO

L. Iul. Iuvenis opobalsamatum dia Smyrnes bis adimpetum (*Lippitudinis*) ex ovo.

L. Iul. Iuvenis's Arabian eye-salve, to be used twice at the onset of ophthalmia, mixed with albumen.

Dan. M'Carthy, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

Germany.

[from our own correspondent.]

Utility of Cochineal in Hooping-cough.—Some time since Dr. Strassberger recommended cochineal in hooping-cough, in doses of one-fourth of a grain, combined with doses like the quantity of carbonate of potass and cream of tartar. Dr. Rieseberg has lately had an opportunity of proving its utility during a severe epidemic of hooping-cough, after all the usual remedies had been tried without benefit. Dr. Rieseberg speaks in terms of high commendation of the beneficial effects following the use of this substance, which in most cases subdued the cough in a very short time.

Effects of Strychnia in a Case of Paralysis of the Arm.—Dr. Schmidt relates the case of a weaver, aged eighteen, of strong constitution, who in January, 1838, suffered from pleurisy, for the relief of which the right basilic vein was opened. This produced violent pain in the arm, followed by fainting, and, in the course of the night, chilliness and complete paralysis of the member. After the removal of the pleurisy, the arm remained œdematous and cold, without sensation or power of motion. Blisters, hot sand and bran, nettles, &c., were applied without benefit, so that it was feared that the paralysis had arisen as a consequence of apoplexy, and it was considered incurable. After passing fifteen months without using any remedies, this patient came under Dr. Schmidt's care. He suspected that the paralysis arose from injury to the internal cutaneous nerve, and ordered pills containing extract of nux vomica with arnica. No favourable change appeared after taking these remedies for a fortnight, and Dr. Schmidt ordered two grains of nitrate of strychnia, to be made into 24 pills, with extract of liquorice, one to be taken twice daily. After taking nine pills without perceiving any effects, the patient one morning took the fifteen remaining (containing one grain and a quarter of strychnia) at one dose. A few hours after the patient complained of vertigo, and in the afternoon trismus and tetanic convulsions came on, which lasted for six hours. A creeping sensation was then felt in the limb, and in four weeks motion and sensation were perfectly restored. The man has since worked as a wheelwright, and is now perfectly well. Dr. Schmidt has since employed strychnia in some cases of hemiplegia without benefit.

Caoutchouc in Toothache.—Dr. Rollfs, of Müllheim, has applied melted caoutchoue with much benefit in many cases of severe toothache. His application, if properly used, always stopped the pain instantly. It may also be used for stopping decayed teeth.

Savine and Secale Cornutum in Gonorrhœa.—Dr. Dupuis, of Mayence, recommends ten grain doses of powdered savine, gradually increased to an ounce, in red wine, every three hours, in obstinate cases of atonic gleet, indicated by relaxed scrotum, coldness of the genital organs, &c.; at the same time cold water is to be dashed on the parts three times a day. Under this treatment the disease is generally cured in eight or ten days. In cases of gleet, with local erethism, and a tendency to nocturnal seminal discharges, he recommends from a scruple to a drachm of ergot of rye, to be taken every four hours; the affected organs should be covered with bags containing camphor.

Italy.

Large Erectile Tumour of the Neck Cured by an Injection of Aromatic Wine.—M. Riberi, Professor of Clinical Surgery at Turin, states, in the *Giornale Della Scienze Medica di Torino*, that he was consulted by a countrywoman, forty-six years of age, subject to cerebral congestions, for an erectile tumour in the right side of the neck. This tumour was of the size of a turkey's egg; not painful, soft, elastic, without pulsation or discoloration of the skin; base broad and seemingly lost between the muscles and the large vessels of the region. By pressing it uniformly and gradually, it disappeared entirely, or distributed itself beneath the skin and muscles, and there then remained a few small isolated tumours between the muscles, and particularly behind the sterno-cleido-mastoid. When the pressure was removed, the tumour gradually reappeared. The tumour first appeared three years before; it was small, and after the lapse of twenty-eight months it had scarcely acquired the size of a walnut. At this period the patient confided herself to the care of a quack, who endeavoured to cure her by puncturing the tumour with a small stilet made of hard wood; this occasioned severe pain, and subsequently violent hemorrhage, which could only be controlled by the actual cautery. From this time the tumour increased rapidly in size, and then pain was experienced in it and the adjacent parts. These characters led to the inference that it was an erectile tumour, subcutaneous and intermuscular at the same time. The situation of the tumour precluded compression; its prolongations into the deep-seated tissues rendered vaccination, cauterisation, excision, the ligature, and the seton alike inapplicable. Professor Riberi resolved then to inject the tumour with aromatic wine, by the aid of Awl's syringe. He circumscribed firmly the base of the tumour by a ring of paste-board in the hands of an assistant; punctured it near the centre with an ordinary needle; inserted the mouth of the syringe into the puncture, and injected the liquid. He allowed the wine to remain in the tumour a few moments, and then forced it out by moderate pressure made all around the tumour. He used the aromatic wine in this case; the reaction which follows it being slighter than that which ensues after the introduction of ordinary wine. After the injection the tumour remained hard and tense. He directed bladders of pounded ice to be constantly applied to it. The next day the tumour was painful; the adjacent parts swollen, with a general febrile reaction; two bleedings were practised in quick succession, rigorous diet enjoined, and the ice was continued. On the third day, the volume of the tumour increased; progressive diminution in size took place on the following days. On the seventeenth day the whole mass had dwindled to the size of a small pea. The cure was complete. The author, who had before successfully practised this method, closes his essay with the following corollaries:—1st, The efficacy of vinous injection in erectile tumours is indubitable—it is surprising in some instances; 2nd, this efficacy is not limited exclusively to superficial or cutaneous

erectile tumours, it applies equally well to the deep seated. It is applicable, not only to erectile tumours of the face, but also to those seated in other parts of the body. 3rd, There are cases of this latter kind which it is useless to attempt to cure, excepting by the injections in question; 4th, the injection is more efficacious, if it is made with wine in which aromatic herbs, as lavender, rosemary, &c., have been boiled.

Penetrating Wound of the Abdomen.—A remarkable case of recovery from a most severe penetrating wound of the abdomen is recorded by M. Scaurffi in the *Gazeta Toscana delle Scienze Medico-fisiche*. The patient was a woman, twenty-five years of age, five months pregnant at the time of the accident. She was engaged in picking leaves from a mulberry tree, when the branch upon which she was standing broke, and she fell upon a stake placed near the tree. Some persons who were attracted by her screams, seeing her stretched upon the ground, endeavoured to raise her, but they experienced great difficulty, for the stake, which had penetrated very deeply into her thigh, riveted her to the ground. The first attempts at extraction served only to break the stick at a point seven inches within the substance of the thigh which it had entered. Having no longer any hold upon the stick, the physicians had the patient conveyed to the hospital, where M. Vannoni saw her. Her face was pale, eyes sunken and dull, surface cold, pulse small and weak, respiration feeble, speech hesitating, with nausea and vomiting; she had not been able to urinate since the accident occurred, fifteen hours before. On the posterior part of the thigh, and a little towards its inner aspect, just below the superior third, was a lacerated and contused wound four inches wide, involving the skin and muscles. Another wound of the same kind, but only four or five lines wide, and almost confined to the skin, existed in the left lumbar region, on a line with the exterior margin of the sacro-lumbalis muscle. Here a tumour was felt, hard, slightly moveable, traceable as far as the antero-superior spine of the ilium, and seeming at this point to disappear in the lower pelvis. If this was touched, the patient experienced pain extending from the wound of the thigh towards the tuberosity of the ischium, and more severely towards the wound in the loins. The removal of the piece of stake was commenced two hours and a half after the entrance of the patient. The stick was broken at a point too deep to be reached from the wound in the thigh; it was necessary to cut down upon the tumour which it formed in the lumbar region, first through the integument, then the muscles, and finally the peritoneum. The index finger of the left hand was then introduced, and a probe-pointed bistoury slid along upon it, by which the aperture was enlarged. It was necessary to push down the piece of wood in order to disengage it from the two lower ribs, which its superior bifurcated extremity had in a manner clasped on their inner face. It was then seized with a pair of stone-forceps, and thus extracted—a knotty stick eight and a half inches long, and between three and four inches in circumference. At the moment of its withdrawal one of its bifurcations was broken. Immediately M. Vannoni introduced his finger, to ascertain if there was any other fragment remaining, but he could feel only the uterus exposed. The edges of the incision were approximated by suture, and the wound in the thigh was closed by adhesive plaster. The reaction was speedy, and so great as to render bleeding necessary. Abortion occurred at the end of six hours; the placenta exhibited an extravasation of blood upon its uterine surface. The introduction of the catheter was requisite for several days. The next day, and the day following, the patient was bled twice, and was twice leeched. The cicatrisation of the wounds was retarded by an attack of erysipelas, and by the escape of two pieces of bark, which were discharged on the 3rd and 4th July. When the patient left the hospital on the 11th September, the exact distance between the wound in the thigh, and that in the loins, was found to be seventeen inches and two lines.

Spain.

Occlusion of the Os Uteri.—Dr. Thomas de Corral y Ona, professor of clinical midwifery at Madrid, relates, in the *Barcelona Medical Review*, the case of a lady, at the full term of pregnancy, in whom labour commenced, and proceeded so far that the fœtal head had entered the cavity of the pelvis, when it was discovered that the lips of the os uteri were united together, and that there was no means of delivering the patient save by vaginal hystorotomy. That operation was accordingly determined on, and practised by Dr. y Ona in the following manner:—An assistant first introduced two fingers, the index and the medius, into the vagina, the palmar surface being directed upwards, so as to compress the bladder against the arcade of the pubis, and so as to rest their extremities on the anterior region of the fœtal eminence. Dr. Ona himself introduced the index and medius of the left hand into the vagina, and as far as the fœtal tumour, the palmar surface turned downwards. The rectum and the bladder were thus protected, and a space of about an inch circumscribed on the most prominent part of the tumour by the four fingers. He then, with a bistoury, the blade of which was protected by linen until within a few lines of the extremity, made an opening transversely, six lines in width, in the region corresponding to the cervix. The incision was made carefully, by degrees, and was two lines and a half in thickness; nature was then left to herself. The labour-pains became more acute and continued, and soon afterwards the vertex presented at the artificial opening, surrounded by the membranes. In the course of an hour the membranes broke, the liquor amnii escaped, and the head passed through the new orifice. Two hours and a half afterwards the delivery terminated, without much hemorrhage, and without any other accident than incomplete laceration of the perineum. The child was born in a state of syncope, but was easily reanimated. The woman was prevented suckling owing to a slight attack of intermittent fever, which necessitated the administration of quinine. A month after she was quite well, although weak. The local discharge took place through the artificial os uteri, as usual. Two days after the operation, the circumference of the opening had a puckered appearance; its tranverse diameter was an inch and a half, and the antero-posterior rather less. It has since become still more reduced in size, but it admits with ease the extremity of the index. Beyond the orifice there extends a narrow passage, about half an inch in length, which may be said to represent the normal uterine neck.

Great Britain.

Cod-liver Oil in Chronic Rheumatism.—Dr. Bradshaw describes, in the *Provincial Medical Journal*, several cases of chronic rheumatism, some of which were severe, in which a cure was effected by the exhibition of train oil internally, in doses gradually raised from a teaspoonful to a wine glassful three times a day. He believes that the remedy acts beneficially by its stimulating effects. He considers the fine-drawn blubber oil obtained from the whale, when obtained pure, to be quite as efficacious as that procured from the cod's liver. He is in the habit of administering the remedy in various vehicles, as circumstances require, or the condition of the patient demand, such as cinnamon and peppermint waters, thin gruel, milk, and the alcoholic potions, but gives the preference to a thin infusion of linseed, flavoured with lemon peel, and sweetened to please the palate. The mode of giving the oil with this is in form as follows:—A small quantity of infusion is poured into a glass, on which is added the oil, and again another small quantity of infusion upon it. In this manner the dose may be swallowed, and will slip down without offending the palate, and generally is well retained even by irritable stomachs. Another mode has been successful when many have failed, and will be found equally valuable; it is the yoke of an egg beat up with boiling water and sugar, with which may be mixed a dessert-spoonful of brandy, and on this the dose may be given without producing that nausea so frequently experienced when conveyed by other vehicles.

Sacculated Calculus.—At a meeting of the Sheffield Medical Society, Mr. Storrs exhibited a calculus weighing nine drachms, removed from the bladder of a man, aged twenty-two, after death. He had shown symptoms of stone, but there was so much indistinctness as to its existence by sounding, that no operation was attempted. The stone was found in a large sac at the fundus of the bladder, which was divided by it into nearly two equal parts. The ureters were much enlarged and thickened, nearly to the size of the little finger.

Ossification of the Larynx.—At a meeting of the Sheffield Medical Society, Mr. Storrs exhibited the larynx of a female, aged fifty-six, who from an early period had suffered from a difficulty of swallowing and sore throat, from which she was seldom entirely free. About a year before her death she suffered from cough, with expectoration of glassy mucus, hoarseness, and great difficulty of swallowing, which increased so much, that for some days previous to dissolution she was unable to swallow even a teaspoonful of water. The larynx felt extremely hard, and was very immoveable; and the passing a bougie beyond the fauces, which was a work of difficulty, was followed by the emission of blood. On examination the larynx was found to be ossified; the pharynx was pressed upon the spine, and was very dark and soft, almost gangrenous.

Strychnia in Paralysis.—Dr. Favell, at a meeting of the Sheffield Medical Society, read a communication on the efficacy of strychnine in paralysis. He commenced by relating the particulars of several cases which had occurred in his own practice, in which strychnine had proved beneficial. In most of the cases the paralysis was of long standing, and in none was it of very recent occurrence. The dose in which the medicine was given at the commencement of the treatment, varied from one-eighth to a quarter of a grain, and was afterwards carefully increased. He had never given a larger dose, however, than three quarters of a grain three times a day. He also related the case of a child, aged twenty-two months, suffering from paralysis of the lower extremities, in which he had administered strychnine successfully. In this case he began with the one-sixteenth of a grain three times a day. He afterwards proceeded to notice some of the formidable consequences which occasionally result from the administration of strychnine. Amongst others he related the following particulars of the case of a woman, aged sixty-nine, who had been taking strychnine for twelve days:—She began by taking one-sixth of a grain twice a day, and the dose was afterwards increased to a fourth. Three days after having commenced the larger dose, she was seized one morning, shortly after having taken her medicine, with the following symptoms—the surface of the body was bathed in perspiration; pulse 160, small and feeble; pupils imperfectly susceptible to light; articulation exceedingly indistinct; breathing laborious, almost stertorous; the paralysed hand very hot, the other less so; great anxiety and distress. Dr. Favell contended that the forms of paralysis most likely to be benefitted by the administration of the medicine, are those depending on cold, poisons, and certain molecular changes in the brain and nerves, altogether inappreciable by post-mortem examination; and he also maintained that the most dangerous symptoms which result from an overdose are generally caused by the influence of the drug on the nerves supplying the heart.

[The following are the only articles of interest to to the profession in the last number of the *Lancet*.]

The Yellow Fever in the "Volage."—Mr. Birtwhistle gives a description of the advent and progress of the yellow fever on board the "Volage," in 1842. He ascribes its occurrence to the protracted stay of the vessel at Chagres, Carthagena, and Santa Martha, where the fever first seriously presented itself, and where all the sources of malaria are most abundant. Its persistence after leaving that station, and the manner in which it raged among the crew, first attacking the officers and servants residing in the steerage and afterpart of the vessel, and thence proceeding to the adjoining mess of the marines—only one of whom escaped—and afterwards forward to the seamen, he attributes to the existence of some fatal miasm in the vicinity of the pump-well, the source of which was not destroyed until the vessel had been thoroughly cleansed, dried, whitewashed, and fumigated, at Halifax, all the stores and casks being taken out for the purpose, and the holds being kept empty for

nearly a fortnight. Another reason in proof that the cause of the fever existed in the vessel is alleged by Mr. Birtwhistle. Two officers who joined the vessel, to render assistance, were seized with the fever in four days' time, and two others, who were on board for an hour or two, on a visit only, were similarly affected. Mr. Birtwhistle, although a non-contagionist, admits the possibility of the disease being communicated by the persons of the sick on board the "Volage," where so many cases of a malignant character were crowded in a small space, and where the air, in spite of every precaution, was impure and offensive. The plan of treatment he pursued consisted in the exhibition of a mild ipecacuan emetic, when there was reason to suspect the presence of indigestible matter in the stomach, and the employment of calomel in large doses, occasionally combined with antimonial powder, carried so far as to affect the system slightly. When this result had been obtained, and the febrile excitement had subsided, quinine was given with marked benefit. Bleeding was practicable in comparatively few cases; but Mr. Birtwhistle is of opinion that the application of leeches, could they have been procured, would have been exceedingly advantageous in some cases. Strict attention to diet, as might be presumed *à priori*, was also indispensable. Mr. Birtwhistle concludes by strongly recommending the adoption of Dr. King's plan of purifying the holds of ships, by having iron tubes opening into the pump-well, and along the bottom, leading to one or two main pipes, which are to pass through the galley fire to the upper deck, so that whenever a fire was lighted, the air within would be rarified, and ascend, and thus a constant current would be kept up from the lowest and foulest parts of the vessel.

Placenta Prævia.—Mr. Tweed, jun., narrates a case of unavoidable hemorrhage from placenta prævia, in which he practised plugging of the vagina. After the lapse of a few hours, both plug and placenta were expelled, and no further hemorrhage ensued. A still-born child was born an hour and a half afterwards. The mother, at the date of the report, was doing well.

A Needle passing through the Tissues of the Body.—Mr. Boult narrates the case of a lady, forty years of age, in whom a series of anomalous symptoms were induced by the gradual passage of a needle through the various parts of the system. It appears that the needle was introduced into the shoulder, when she was an infant in arms. The symptoms commenced at the age of twelve years, and first appeared in the form of weakness of the spine, with displacement of several vertebræ; this was followed by evidence of hip joint disease. Both these complaints she outgrew, but remained subject to spasmodic attacks, occasionally amounting to opisthotonos. When twenty-eight years old, she passed, with great suffering, the pointed part of a darning-needle. The uterus and bladder were next engaged, and, after a time, an abscess formed in the uterus, and a second portion of the needle was discharged. Symptoms of inflammatory action about the heart and lungs next set in, and ultimately another abscess formed in the uterus, but no foreign body was discharged. Convalescence from this attack was very protracted. Her symptoms, after this, were principally hysterical and spasmodic, and, after one or two partial recoveries, the remaining portion of the needle—the eye—was discharged in the contents of another abscess, which had formed in the womb. The three pieces, passed during a period of twelve years, having been put together, formed one perfect darning needle, changed only from what it might be supposed to have been originally, when it entered the shoulder forty years previously, by being somewhat blackened in appearance.

Syphilitic Affections of the Scalp.—Mr. Acton states that the earliest symptoms of syphilitic affections of the scalp usually consist in itching, attended by rheumatic pains, or the patient will complain of several distinct tender patches; on examination, no trace of eruption or affection can be detected, but if the patient has recently (say within six weeks or two months) suffered from chancre, or induration remains in the situation of the sore, the symptoms will not be confined to these, but will soon be followed by loss of hair. This commences very gradually. At first the hair becomes dry and crisp, loses its glossy appearance, breaks readily, and the surgeon will be told that the brush irritates the head, and that it is impossible to use a comb from the pain it produces. On examining the head, the hair will in many instances be found broken off close to the scalp, and patches here and there of partial baldness will be seen; in the most advanced stages it comes away with the bulb attached, and in considerable quantities. The surface of the head is not necessarily scurfy; and it is only in the later stages that pityriasis is troublesome. The colour of the scalp now begins to alter; various points become of a rosy hue, the more apparent, as the surface of the skin generally has a yellowish, unhealthy look. Slight febrile symptoms set in, attended frequently with spots of similar rosy colour on the abdomen. At this period the patient often complains of general rheumatic affection of the joints, with loss of appetite and debility. This affection of the scalp usually occurs within six weeks or two months from the occurrence of primary symptoms. This, however, is only true when no mercury, or only a moderate quantity, has been given. Alopecia is rarely a symptom of secondary syphilis. Mr. Acton states, for the comfort of the afflicted, that if the case be seen early, the falling off of the hair will gradually diminish, and it will ultimately grow again as strong as ever, although it will be some time before it will regain its usual gloss. In the next stage of the disease, the scalp may be affected by syphilitic lichen, lepra, or psoriasis. The sole distinction Mr. Acton draws between these diseases is, that in the first the eruption is papular, consisting of little rose-coloured elevations of the size of millet-seeds, in the apex of which slight pearly white scales are formed; in lepra the hair is scurfy, and the spots as large as fourpenny-pieces; and in psoriasis the same disease exists, except that the centre has healed, the circumference alone being diseased. Usually, however, the scales are thickest in the centre, and, if the entire scale be carefully removed, this little pyramid will be seen composed of a series of superimposed scales, the undermost in contact with the scalp, presenting a honeycombed appearance; when seen under the microscope, this mass appears to consist of laminæ piled one upon another, their edges forming dark lines; there is nothing characteristic in their appearance; the skin, upon which the scale is placed, presents an appearance like that of a recently blistered surface, and secretes a very small quantity of thin pellucid fluid; at other times it is quite dry, and surrounded with a white line caused by the detached healthy cuticle; this, by Biett, has been considered a diagnostic sign of syphilitic eruptions, but it is not always present, and may be found in common lepra. The same disease, when met with behind the ears, or in the folds of the neck of stout persons, assumes the form of mucous tubercle. The papulæ of the lichenous form, at an advanced period, are sometimes filled with a yellow fluid, which dries, and forms a crust; this constitutes impetigo. Eczema impetiginodes is a vesicular eruption, the fluid of which forms a scab, from beneath which a serous fluid oozes, the skin being unhealthy and excoriated. Tertiary, intractable ulcers, are also met with on the scalp. At this period there are tumours as large as horse-beans on the scalp, which at first are unattended with pain or redness; fluctuation may be detected in them, and if punctured, a thin, serous straw-coloured fluid exudes; if left alone, they become painful and red, ulcerate, and exposure of the bone follows, producing those necrosed skulls to be seen in museums, and happily seldom met with in the present day.

Rupture of the Stomach.—Mr. Allen narrates the case of a boy, who suffered for years from deficient nutrition, eating largely, but apparently deriving little benefit from his food. He died after a few hours' illness, his suffering being referred to the abdomen. The following were the post-mortem appearances found on examination:—The abdomen was enormously distended, the false ribs being pushed outwards, quite altering the natural shape of the body; the lungs were healthy; the pericardium so intimately adhering to the heart that it could not be separated. On opening the abdomen, a rush of fœtid air took place; the stomach was found collapsed, much enlarged, and stretching across the abdomen; the small intestines were also much distended with air and semi-digested food. On raising the stomach, a rupture was found to have taken place at its cardiac extremity, through which a portion of the contents had escaped into the abdomen; the stomach still contained about a pint of pulpy semi-digested food. On removing the contents, the mucous membrane was found to be soft, and presented a mottled appearance; the pyloric extremity was much thickened, and firmly contracted, inclosing in its folds two small pieces of potatoe; so close was the contraction, that when the stomach was filled with water, it would not permit a drop to pass. The cœcum was contracted, and throughout, the calibre of the large intestines was very small, in some places not being wider than a common quill; there were portions of the large intestine, each about an inch and a half in length, of a dull reddish colour; there was considerable congestion of the veins on the surface of the brain, but in other respects that organ was healthy. The stomach was afterwards examined with the microscope. The white spots which gave the mucous membrane a mottled appearance were found to be mucous follicles much enlarged, and distended with their natural secretion; the mucous membrane was soft, and loaded with fluid. These were the only morbid appearances that could be detected in the coats of the stomach.

Tubercular Meningitis.—A case of tubercular meningitis is reported from University College Hospital, which terminated fatally. The post mortem examination showed, besides the disease in the head, tubercles in the lungs, colon, and ilium, and in the bronchial and mesenteric glands.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette*.]

Eczema.—Mr. Erichsen narrates several cases of eczema affecting the face, ears, and tongue. The first case is that of a ladies' maid, in whom the disease affected the face, and was entirely local. It was cured by the internal exhibition of liquor arsenicalis, and the external application of the ung. hydrarg. prec. alb. In the second case the disease also affected the face, but was attended with symptoms of irritation of the tegumentary and mucous surfaces, and was cured by regulating the diet, the exhibition of Plummer's pill and salines, and afterwards the protracted use of the Harrogate waters. The ung. hydrarg. prec. alb. was also applied locally. Eczema of the ears is more tractable in children than in adults. In women it is connected with irregular menstruation. The ears, when attacked by eczema, become exceedingly red, tense, hot, and shining; a number of small vesicles then appear, which contain a clear transparent serum, of a reddish or pale yellow colour; when these give way, the fluid that is effused forms thin scabs or scales, which are usually cracked in all directions, and which are frequently curled up or project from the surface of the skin. If the disease continue, the pinna attains a very large size, becoming hypertrophied, and often fissured; sometimes, indeed, the swelling goes on to such an extent as to block up the external meatus, giving rise to temporary deafness. In this form the disease may either pass into a chronic condition, continuing for an indefinite period, or else, if proper means be adopted, it may be cut short, and speedily get well. When the disease is on the decline, all fresh eruption of vesicles ceases, the discharge gradually lessens, the scabs which are formed fall off, and are either replaced by some that are thinner, more scaly and lamellated, or else are not reproduced at all, leaving the cutis exposed, red, and glistening, on which thin scales of epidermis are gradually deposited, and which, in time, acquires a natural appearance. The treatment of chronic eczema of the ears occurring in the adult is to be conducted on the same principles that guide us in the treatment of this disease occurring in other parts of the body. Any irritation that may exist must be subdued by means of poultices and fomentations; if necessary, a few leeches may be applied. The zinc ointment, or the unguent. or ceratum plumbi comp., or the ceratum cretæ comp., diluted with elder-flower ointment, will be found the most eligible applications when a very mild astringent is required.

The general treatment must be conducted in reference to the condition of the system. If there be any disorder of the digestive organs, or uterus, that must first of all be remedied. If none exist, or after its removal, it will be necessary to have recourse to those means that are generally found to succeed in cases of chronic eczema, such as the dilute nitric, or nitro-muriatic acid, the tincture of cantharides (especially when there is amenorrhœa), either alone or in combination with the liquor potassæ, or the arsenical solution. A case of the disease affecting the tongue, the result, apparently, of its suppression elsewhere, is also recorded. The tongue was much swollen, and presented a tuberculated or soft warty appearance, the surface being of a greyish or purplish colour, uneven, and glazed; vesicles occasionally formed upon it, which soon gave way, leaving small excoriations. The mucous membrane lining the inside of the lips was also thickened, soft, and of a bluish leaden tint, with small excoriations and fissures towards the angles of the mouth. There was a considerable serous or watery discharge from the inside of the mouth, which was very annoying to the patient, and resembled a mild salivation; she had, however, never taken any mercury. The treatment consisted in the exhibition of salines, with dilute nitric acid, the application of a blister behind the angle of the jaws, and a liniment of balsam of Peru, with yolk of eggs, to the diseased part. Little benefit having been derived from this plan of treatment, the liquor arsenicalis was substituted for the nitric acid, with manifest benefit, but the patient was lost sight of before a cure was effected.

Accidental Hemorrhage.—Dr. Radford was summoned to a case of accidental hemorrhage, occurring at the eighth month of pregnancy, in which having failed to arrest the loss of blood, which, on the contrary, was increasing, he ruptured the membranes, and evacuated the liquor amnii. Uterine contraction not ensuing, he had recourse to the agency of galvanism, by which labour was induced, and a living child born after the lapse of six hours. The placenta was also expelled without further assistance. The hemorrhage ceased after the contraction of the uterus commenced.

Retained Placenta.—Mr. Thomson narrates a case of retained placenta, apparently from adhesions caused by previous inflammation, in which, after repeated attempts to remove it, portions only were got away. On the fifth day after labour, the remaining portion was expelled as a black putrid mass, of harder consistence than usual, with patches here and there, having a cartilaginous feel and appearance. The patient died three days afterwards. The friends refused to allow the body to be examined.

America.

Anchylosed Knee-joint.—Dr. Gordon Buck, surgeon to the New York Hospital, has published, in the *American Journal of the Medical Sciences*, a case of anchylosed knee-joint, in which he performed a formidable operation to remedy the defect. The patient was a healthy Canadian farmer, twenty-two years of age, and the injury resulted from inflammation and suppuration of the joint, produced by a wound inflicted seven years previously with an axe. The joint was immoveable, though the patient imagined he was able to produce a slight degree of motion. The condyles of the femur were prominent, and stood in advance of the tuberosity of the tibia, with the patella deeply and immovably imbedded between them. An irregular bony projection was observed over the inner condyle, where an extensive scar marked the situation of the original wound. Several other scars of openings were visible, from which matter had been discharged in the progress of the inflammation consequent on the injury—for instance, one on either side in the ham, and three on the anterior and lateral surfaces above the condyles. The tendons in the ham stood out in prominent relief from the limb. The skin and subjacent soft tissues enveloping the joint were supple and healthy. The operation, which was performed for the relief of this inconvenience, differed materially from Dr. Barton's, which consists in the excision of a wedge-shaped piece of the femur, above the joint. It was performed in the following manner:—the tendons of the biceps, semitendinosus, semimembranosus, and gracilis having been previously divided by two subcutaneous incisions, in effecting which the peroneal nerve was unintentionally cut across. The tourniquet having been applied to the upper part of the thigh, an incision was made from the outer to the inner condyle, across the middle of the patella, and a second incision from the middle of this, perpendicularly downwards to the tuberosity of the tibia. The ligamentum patellæ and the fibro-ligamentous tissues on either side were cut through on the same level to the extent of nearly two-thirds of the circumference of the bone. With the amputating saw a section of the tibia was made at three-fourths of an inch below the joint anteriorly, and directed with a slight obliquity upwards, so as to terminate at the margin of the articular surface posteriorly. Two-thirds of this section was accomplished with the amputating saw. The second section was then commenced through the upper part of the patella, parallel with the first, and on a plane forming an angle with it, less than a right angle, and continued to about the same extent as in the first section with the same saw. The remainder of the section through the tibia, as well as through the condyles, was completed with a metacarpal saw and chisels. The included wedge-shaped portion of bone having been removed, it was found that the section had not been carried far enough backwards, the posterior portion of the condyles still remaining consolidated with the tibia. To include this a new section was undertaken, commencing upon the cut surface of the femur, three-fourths of an inch anterior to the angle at which the sections already made met, and directed backwards and upwards on a plane more oblique in reference to the axis of the femur. This new section having been removed, the remaining points of connection were ruptured by cautiously flexing the leg on the thigh, after which the irregular prominences were pared away with the bone forceps. An attempt was then made to extend the leg upon the thigh, when it was found that the bony surfaces could only be brought to within a finger's breadth of each other anteriorly. The soft parts in the ham being tense, and opposing great resistance to the extension, the attachments of the ligaments were dissected up posteriorly from the tibia, while the leg was held in a state of extreme flexion, and, in addition to this, a further section of five-eighths of an inch thick was removed from the anterior two-thirds of the femur. The leg could then be extended to the required degree with the bony surfaces in contact at every point, and the soft parts posterior to the joint in such a state of tension as to give steadiness and solidity to the coaptation. The section of the condyles exceeding that of the tibia in its antero-posterior diameter, caused an overlapping in front of about half an inch. The hemorrhage was very moderate, and only two ligatures were required to small branches given off by the popliteal trunk. The soft parts posterior to the joint, and separating it from the artery, were very little disturbed. The angular flaps of integument being redundant in the new position of the limb, were pared away to the required extent and secured in contact by seven sutures. The limb was then placed on an inclined plane, with a slight angle at the knee, and after the patient was removed to his ward, adhesive straps were applied between the sutures, and a compress of dry lint laid loosely over the whole. The operation, exclusive of the dressings, occupied forty minutes, and though very painful, was borne with remarkable fortitude. Comparatively little febrile action and local inflammation followed this formidable operation; the most distressing symptom was muscular twitchings, referred by Dr. Buck to the previous accidental section of the peroneal nerve, and the subsequent stretching of the cicatrix during, and in consequence of, the operation. Anodynes proved most effectual in allaying this painful symptom, which gradually diminished in intensity, and entirely subsided after the cicatrisation of the wound and the soft parts. The man left his bed ten weeks after the operation, and walked with the aid of crutches. As the patient's general health improved, he acquired strength in his limb, so that for two or three weeks preceding his discharge, six months after the operation, he walked about the hospital grounds with the aid of a cane only. The difference in the length of the two limbs was compensated for by a stirrup-shaped frame secured to the sole of his foot by means of an iron plate. The bony union at the knee had become firm without any perceptible motion, and the cicatrix of the skin, as well as the subjacent tissues, was supple and moveable. The only uneasiness felt from exercising was referred to the calf of the leg and instep. The difference in the length of the limbs was about five inches at the heel, of which not more than one-half could be ascribed to the operation; the remainder depending on defective growth in the limb subsequent to the inflammation of the joint.

Molluscum.—Dr. Worthington describes a case of molluscum non-contagiosum, in the *American Journal of Medical Sciences*. The patient was a female, twenty-five years of age, labouring under mental imbecility from childhood. Her face, neck, body, extremities, palms of the hands, and soles of the feet were thickly studded with minute tumours of various sizes and different forms. The smallest were the size of a pin's head, others as large as a split pea. They were soft and elastic to the touch, and covered with cuticle, which did not differ from that of the intermediate spaces, which was natural in its appearance. The greater number of these little tumours were flattish, rising but little above the surrounding surface; others were prominent, and approached more nearly the globular form. One on the palm of the hand, and another on the sole of the foot, were more developed, equalling a filbert in size, and differing from the ordinary form of the smaller ones, in being nearly globular instead of flattish, and having a contracted base. These were soft, and seemed to contain a pulpy or semi-fluid matter. The tumours were not attended with pain, or other disagreeable sensation; they were perfectly indolent in their character, no sign of inflammation being observed in them. The skin over a few of the smaller ones was slightly discoloured and livid, owing to a defect in the capillary circulation. These tumours did not evince any tendency to suppurate or ulcerate, nor had any change taken place in them from their first appearance in childhood.

Puerperal Peritonitis.—Three cases of puerperal peritonitis are recorded by Dr. Sargent in the *American Journal of Medical Sciences*, in which free bleeding was practised. All the cases terminated fatally.

Varicocele.—Dr. Watson states, in the *American Journal of Medical Sciences*, that in those cases in which he operates for the radical cure of varicocele, he practises a modification of Sir A. Cooper's operation, and has been invariably successful. Sir A. Cooper's proceeding consists essentially in diminishing the size of the scrotum by the removal of a portion of integument, and in forcing the tissues to consolidate over the spermatic cord; thus permanently elevating and supporting the testicle, and at the same time compressing the varicose mass in such a way as effectually to diminish, if not actually to obliterate, it. His mode of performing the operation is as follows:—The patient being placed in the recumbent posture, the relaxed scrotum is drawn between the fingers, the testis is to be raised to the external ring by an assistant, and then the portion of the scrotum is removed by the knife, or knife-scissors. Any artery of the scrotum which bleeds is to be tied, and a suture is then to be made to bring the edges of the diminished scrotum together. The patient should be kept for a few hours in the recumbent posture, to prevent any tendency to bleeding, and then a suspensory bag is to be applied, to press the testis upwards, and to glue the scrotum to the surface. The only difficulty, in the operation of removing the scrotum by excision, is in ascertaining the proper quantity to be removed; but it adds but little to the pain if a second portion be taken away, if the first does not make sufficient pressure on the spermatic cord. It is of no use to remove a small portion of the scrotum. When the wound has healed, the varicocele is lessened, but not always entirely removed; but the pain and distressing sensations cease if sufficient of the scrotum be removed. In making the suture in the scrotum, its lower part is to be brought up towards the abdominal ring, to raise and support the testis, as does the suspensory sling when it is worn. Dr. Watson's operation differs somewhat from this. The course of the incision, instead of being transverse at the bottom of the scrotum, is made in an oblique direction with its

upper angle over the situation of the external abdrminal ring on the affected side, and its lower angle somewhat beyond the *raphé* near the bottom of the scrotum on the opposite side. The testis is not to be forced upwards against the abdominal ring, but to be drawn sidewise. The portion of integument to be removed, before commencing the incision, is to be drawn out between the blades of a long and slender pair of curved forceps, the convexity of which should face the line of incision. The whole mass thus secured is to be removed by a single sweep of the bistoury. The incision thus made removes only the integument. The diseased cord with its envelopes, and both testicles with their serous investments, are at once exposed. The retraction of the remaining portion of the scrotum is so great that, at first, the patient appears to have none of it remaining. The incision usually involves the external pudic artery, and sometimes a few smaller vessels, which require to be secured. The edges of the wound are to be drawn together—not transversely as recommended by Cooper—but in such a way as to allow the line of suture to follow the natural course of the cord, and so round below the testicle to the opposite side. This mode of procedure requires a greater number of stitches than Sir A. Cooper advises. And in order to cover the testicles, and to bring the edges of the wound into exact coaptation, there is at first considerable stretching of integuments necessary. But the integuments in every direction around the scrotum are so yielding, that there is no difficulty in obtaining sufficient covering for the testicles, even after removing nearly the whole scrotum. This fact Dr. Watson has verified in repeated instances of sloughing of the scrotum from infiltration of urine, as well as from the erosive action of the fluids used for injecting the cavity of the tunica vaginalis in the treatment of hydrocele. Finally, after the edges of the wound have been brought into coaptation, instead of applying a suspensory band, he has the parts well supported with strips of adhesive plaster. It is not requisite to obtain union by the first intention; indeed, says Dr. Watson, the parts are more effectually consolidated by the process of granulation and cicatrisation, than by that of adhesion, and the final union is quite as firm. Dr. Watson does not advise the operation to be practised when the varicocele is complicated with severe neuralgia.

Extra-peritoneal Dropsy.—Dr. Scott, in the *American Journal of Medical Sciences*, describes a case of dropsy in a female, who was repeatedly tapped during life, and large quantities of fluid drawn off. On examination of the body after death, the cavity containing the fluid was found to be seated between the integuments and the peritoneum, the muscles having almost entirely disappeared, and been replaced by cellular tissue. Besides this there were a large cyst containing at least two gallons of perfectly transparent serum in the posterior part of the left hypochondriac and lumbar regions, behind and partly covered by the peritoneum; another large tumour, weighing from twelve to fifteen pounds, in the right hypochondriac and lumbar regions, consisting of a great number of small cysts, containing either a fluid resembling cream, or a cheesy matter, or serum; and a third tumour, weighing eight pounds, in the right iliac, hypogastric, and pubic regions. The contents of this tumour were similar to those of the preceding. The case is rare, and interesting.

Ununited Fracture of the Femur cured by Seton.—Dr. Pope, in the *St. Louis Medical and Surgical Journal*, narrates a case in which he effected a cure of an ununited fracture of the femur, by passing a seton between the divided portions of bone, without previous incision. The first seton was composed of French tape, and was kept in for five weeks, but it caused so much irritation, that it was exchanged for a single thread of saddler's silk, which was used for eleven weeks longer. The patient recovered.

Increased Quickness of the Pulse, apparently resulting from Tumour of the Thigh.—A curious case of this is reported by Dr. E. L. Dudley, in the *Western Lancet*. The patient was a black man, of middle age, with a large tumour upon the inner half of the thigh. He had no pain in the limb, and the tumour might be freely handled without any inconvenience to him. There was nothing in the appearance or position of the tumour to justify the belief that it was of a malignant character, and yet the pulse of the patient, even after he had undergone a course of treatment for two months, was constantly at 140. The operation was finally performed by Professor Dudley, and a large tumour extracted, which involved three or four inches of sartorius muscle. It was remarkably heavy, and the greater portion of the interior converted into bone. In twenty-four hours after the removal of the tumour, the pulse of the patient fell to ninety in the minute, and in a few days to the healthy standard. The patient recovered rapidly without a single unfavourable symptom, and was, two years after the operation, one of the most active men upon his master's farm. If the tumour had been inflamed, or the patient unusually irritable under nervous impressions, the cause of this unusual phenomenon might be conjectured with some plausibility. The fact that it was situated immediately over the femoral artery, and admitting that it might have pressed upon the vessel (which it could not have done, in consequence of its superficial position, to an injurious extent), throws no light upon the case. The general health of the patient seemed to be good from the first, and the rapidity with which the wound healed proved that he was in perfect health at the time when the operation was performed.

Empyema successfully treated by Operation.—Dr. W. Sneed, of Frankford, Kentucky, has given, in the *Western Journal of Medicine and Surgery*, an elaborate report of a case of empyema, in which paracentesis was performed, and an astringent fluid injected into the pleural cavity, with a fortunate result. The subject of the case was a boy, thirteen years of age, who was attacked with pleuropneumonia, on the 8th of March, 1844. By appropriate remedies the symptoms were subdued in ten days, and everything seemed to promise a speedy convalescence. On the 1st of April Dr. S. was again summoned to see the patient, and found him labouring under difficulty of breathing, hacking cough, pain in the left side, considerable acceleration of the pulse, and, in a few days, all the evidences of empyema of the left side appeared. On the 8th of April, Dr. Sneed having drawn the skin upwards as tightly as possible, made an incision three quarters of an inch through it, between the sixth and seventh ribs, as near the angle as the margin of the latissimus dorsi would permit, and then introduced the lancet into the cavity of the chest. Upon its withdrawal, pus followed in abundance. Between this period and the 1st of July a catheter was repeatedly introduced and pus drawn off. At the date last mentioned the patient had much improved, the pus was less abundantly secreted, and more transparent, having then more the appearance of serum than pus. The absence of all inflammatory symptoms, and the change in the character of the secretion at this period, induced Dr. Sneed to believe much might be effected by the use of astringent injections into the pleural cavity. Accordingly he commenced injecting about half a pint of a weak decoction of oak bark into the cavity once a day, after having first drawn off the pus. The result was truly gratifying. From this time he improved rapidly; the secretion lost its fetor, and became almost serous in a few days. It continued to be secreted, however, until about the middle of August, when the amount became so small and serous, that the injections were discontinued and the orifice allowed to close. The emphysema gradually subsided after the use of the injections was commenced, and entirely disappeared before the orifice closed. From the commencement of the patient's illness to the time of the first operation, about thirty days elapsed, and from the day of the operation to the closing of the orifice, about four months transpired. During this time the instrument was introduced upwards of one hundred times, and Dr. Sneed feels fully assured that not less than fifteen gallons of pus and serum were taken from the chest of the patient little sufferer. Dr. Sneed reports on the 1st of April, 1845, that he saw the patient that day and found him in the enjoyment of good health. The heart was in its proper place, respiration could be heard through the whole of the left lung, and though the side was contracted, no inconvenience was felt from the diminution of the lung.

ORIGINAL LECTURES.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO, Principal of Wyke House Asylum Editor of the Cyclopedia of Practical Surgery, &c.

LESIONS OF THE VOLUNTARY OR CEREBRAL MOTILITY.

The lesions of voluntary motility, like most of the lesions of the intellect, occur either in the state of exaltation or of enfeeblement; but they occur also in the intermittent form, under which they comprehend very serious affections of the nervous system. In the state of exaltation we find the muscular, maniacal sur-excitation, tetanus, convulsions, chorea, and the partial movements of certain muscles; in the state of enfeeblement, the general paralysis of the insane, the common paralysis (hemiplegia and paraplegia), delirium tremens, and the tremor peculiar to senility or demency, and in the state of intermittence, epilepsy, and hysteria.

All these lesions of the voluntary motility are intimately connected with the lesions of the intellect, and may be alternately either their cause or their effect. Their dependence on each other is close and mutual, since their seat is in the same nervous centres. It has been said that in the insane intellectual derangement occurs always before that of the muscular or sensitive system. In examining these patients more closely we are led to form a different opinion. In the greater number of cerebral affections the disorders of all the functions are almost always simultaneous, only these disorders are more easily appreciated in the intellectual faculties, which are functions of expression, than in the motory or sensitive functions, the action of which is more obscure, and which we must explore with care and patience in order to appreciate their morbid modifications.

I

LESIONS OF THE MOTILITY IN A STATE OF EXALTATION.

In furious maniacs the muscular exaltation is still more violent than the intellectual. We see some of these patients carrying the heaviest weights, breaking the strongest bonds, and throwing down numbers of men who attempt to restrain them. In the brain, as in other organs, the first effect of inflammatory irritation is to exalt all its properties. This exaltation inspires the furious maniac with a feeling of strength, the more formidable from its exceeding all reasonable calculation, and from its conferring on them that consciousness of superiority the most formidable of all—that of power. Of all maniacs, epileptics, after their attacks, are those whose muscular energy is the most ungovernable, inasmuch as, being destitute of intellect, they do not allow themselves to be intimidated by number nor threats, as other furious maniacs do, and who are calmed at once by the demonstration of sufficient force.

II.

TETANUS.

In our opinion tetanus is nothing more than the result of a more decided inflammation in the motory nervous centres. The subsultus of the tendons, the contractile rigidity of the limbs or of certain muscles, whether flexors or extensors, the convulsive shocks by which the muscular masses are agitated, as, for instance, in the masseters—all these symptoms occur only towards the middle or termination of cerebritis, and they are always unfavourable as they indicate the most violent inflammatory congestion of the brain, constantly followed by prompt disorganisation and superacute softening. Traumatic tetanus is the result of wounds and external violence. The lesion or tearing of the nerves produces an inflammation, fatal when it reaches the nervous centres. There is no operation, however slight, which may not produce it in patients predisposed to it; thus it happens, after the applica-

tion of a seton, the extraction of a tooth, or the prick of a needle; but more generally it occurs in consequence of operations which affect the large nervous chords. I have seen it developed after the luxation of the little finger, and carry off the patient in seven days.

Symptoms.—The attack of tetanus is generally sudden; it may nevertheless be preceded by numbness, cramps, and attacks of rigidity following each other quickly. The wounded exhibit gaiety or terror without motive, sleeplessness, and maniacal agitation. It often begins by trismus, and then extends rapidly to the muscles of the neck, the body, and the limbs, which become stiff. The whole body is then immoveable, straight, or curved, and the muscles are convulsed, rigid, and, as it were, knotted in their centres. Slight intervals of softening, and even of general relaxation, occur, and the patient recovers the same power of motion for a short time; but the tetanic rigidity returns with greater intensity. It generally lasts a few hours or a few days, and generally terminates in death. The treatment in general up to the present time is reduced to the most empirical means; but the most severe antiphlogistic treatment, and the most energetic derivatives applied to the head, spine, or other parts of the body, are the only rational indications.

III.

CONVULSIONS.

Convulsions are spasmodic motions, with alternate contractions and relaxation, with or without loss of knowledge, without foaming at the mouth, and with which children and nervous persons are particularly affected.

Irritable children, with fine and white skin, and a weak muscular system, who sleep little, who dream, and awake suddenly, are very subject to convulsions. Let us add, that hereditary predisposition has much influence; the least contradiction, as a violent disappointment, throws them into convulsive attacks. Amongst the most direct causes masturbation may be reckoned, the periodical return of the menses in young girls, and especially acute and sudden emotions.

Convulsions may be general, with loss of consciousness, or partial, which is more common, with incomplete loss of consciousness. They consist of various motions of the muscles of the face, eyes, diaphragm, tongue, fingers, hands, fore-arms, and inferior limbs, of strabismus, inversion of the eyes, projection of the tongue, hiccup, strange cries, vomiting, and involuntary dejections.

The duration of convulsions is liable to changes, but, having once appeared, it is to be feared that they will return more and more frequently.

The first care in their treatment is to prevent or diminish the cerebral congestion, which generally accompanies convulsions in plethoric individuals; we must be very reserved in the employment of the stimulant substances, which we are in the habit of using in cases where the loss of consciousness is complete. We should principally direct the medicaments towards the skin and lower extremities; all revulsives are preferable to the pretended anodynes.

IV.

CHOREA.

Chorea, or St. Vitus's dance, is characterised by irregular, disordered, and irresistible motions in certain portions of the body, and must, therefore, depend on the lesion of the motory fasciculi; thus, Serres, grounding his opinion on certain pathological facts, places the seat of this disease in the tubercula-quadrigemina. He has published four cases. Other authors have placed it in the medulla spinalis. Andral, in a single case, has found tubercles in the brain and cerebellum. We think all these cases correct: there is necessarily lesion of motion wherever there are diseased motory fasciculi, and as they are disseminated throughout the different nervous centres, the lesion is always the same, though the apparent seat be different. In chorea, there can only be a slight super-excitation of the cords which pass to the limbs or muscles affected. Bouillaud considers chorea as nothing more than a disorder in the association, combination, and moral co-ordination of the movements.

The most frequent cause of chorea in children is a sudden fright. It is developed, like all nervous diseases, from irritation; masturbation is also a frequent cause of it. As to diseases of the digestive apparatus, the influence of intestinal worms, the suppression of sweat, we must admit these causes with greater caution than is done at present. Chorea is a disease of the motility especially, and, perhaps, also, somewhat of the sensibility; it is in the organs which preside over these two great functions that its real seat is placed, and its determining causes are those of all local or general nervous diseases.

Chorea is, in the small way, what epilepsy is in the great, that is to say, it presents, in abstract and in a little time, the lesions of motion, which are profound and incurable in epilepsy. It is generally confined to some separate muscles of the face, arm, or head. The eyelids are generally agitated with a continual winking; the lips drop and again become retracted; the head is thrown backwards or violently twisted upon itself; the arms obey disordered movements of extension, rotation, and flexion; the muscles of the inferior extremities bend, bound, describe semi-circles, and then exhibit sudden, short movements or impulses backwards, to run forwards, until some obstacle arrests the patient. The muscles of the larynx are the seat of spasmodic motions, which betray themselves by cries, barkings, short vociferations, and frightful fits of laughter; the sensibility and the intellect remain generally intact when the chorea does not last long. Its progress may be continuous, but it is rarely intermittent. In certain cases, the disordered movements are concentrated upon some muscles only, either continuously or with intermission. M. Andral, in his third volume of internal pathology, gives all the most interesting facts of these partial lesions of the muscular motility.

We often observe, says this author, slight convulsions in the eyelids, which constitute a spasmodic winking; these convulsions may extend to other muscles of the face, producing the most singular grimaces, and movements equally singular in the limbs. A young girl, of twenty-six years of age, was seized, during her convalescence, with a continual movement of flexion and extension of the left leg. This affection lasted three years, when she was attacked with acute ophthalmia, which was followed with chronic palpebritis. The contractions of the leg ceased as soon as the morbid symptoms were developed in the eyes. There are some rare cases in which all the muscles of the body share in the disordered movement. A woman, aged thirty-two, was seized with a sudden movement of extension, affecting her whole body every five minutes. The commotion was exactly similar to what might be produced from a strong discharge of electricity. There was no disturbance either of the intellect or sensibility. Two years had elapsed, and a multitude of remedies had been employed in vain, when frictions of tartrate of antimony were had recourse to; an eruption was thus produced. Six grains of sulphate of quinine were administered daily for six days. Under this treatment she was cured.

Frequently, however, the movements are confined to a certain number of muscles, the rest remaining unaffected, and hence arise changes of form, situation, and relation. This has been observed in the face, giving rise to a permanent grimace, and particularly to a distortion of the mouth. This remark is important, in order that we may not be led into error, for the deviation of the mouth being a symptom of very dangerous maladies, we should be aware that it may arise from other causes. Sometimes this contraction occurs in the muscle that raises the lower jaw, but more rarely the depressor muscles are affected, and when this is the case the mouth is opened widely, and all our efforts to close it are useless. Sometimes it is confined to the muscles of the neck, giving rise to torticollis. In the contraction of the muscles of the superior extremities we observe cases in which the shoulders are suddenly raised so as to produce distortion. This has been observed in young girls at their menstrual periods; it may also arise gradually. In other cases the contraction occurs in the flexor muscles, when we have flexion of the fore-arm upon the arm, and the hand on the fore-arm. Some cases of this kind are recorded in the eighth volume of the *Journal Hebdomadaire*. The patients were young girls from the ages of four to sixteen, and the symptoms seemed to come on while they were in perfect health. They first complained of pricking or numbness, then of cramp, extending from the elbow to the end of the hand, and then arose the contraction already spoken of. In attempting to bring the muscles to their natural situation the resistance was very great, and the effort productive of pain. The duration of the attack varied from a few minutes to some hours a-day, or even several days. And in some cases the symptoms disappeared, to return again after an interval more or less considerable. Symptoms nearly similar were observed in the lower extremities. One of the most singular of these cases is that related by M. Fallot. A girl, aged nineteen, had the catamenia suppressed from a fright. Every month, at the approach of the menstrual period, she was attacked with spasmodic contraction of the lower extremities. So strong was the flexion of the legs on the thighs, that the heels touched the buttocks. In the interval her health was perfect. Will it be said that this was a case of congestion? Certain it is, that as soon as the menstrual discharge occurred, the convulsions ceased.

These convulsions or contractions may take place in the muscles which pass from the trunk to the upper extremities. I have seen a young girl whose two arms were suddenly drawn to the trunk. When they occur in those connecting the trunk with the inferior extremities, the movements to which they give rise may simulate different luxations. Persons have been suddenly seized with shortening of one of the limbs from this cause. This shortening may be extended from half an inch to two inches. In such a case it is important to measure the distance from the patella to the anterior and superior spine of the ilium; to measure the distance between the crest of the ilium and the ribs; to see if this distance is equal on both sides. The direction of the limb may be normal; the foot may be turned inwards. This shortening ceases in general when the patient lies down. It ceases also upon a strong traction of the limb. On handling it we find it swollen and painful—a pain which is analogous to those of cramps or rheumatism. Sometimes it is permanent, sometimes it comes and goes.

There are cases in which the two limbs are simultaneously affected; other cases in which it alternates from one limb to the other, from day to day. This character, when it exists, suffices to distinguish it from luxations. It is especially with luxations of the symphisis pubis that it may be confounded.

Duration.—Very variable; a few hours, a few days, or even months. The attack may be sudden, or it may be slow and gradual.

Some circumstances may be coincident with these contractions; the most frequent is rheumatism. In one of the cases referred to, the patient became wasted and emaciated, and had fever and slight diarrhœa. It was discovered that he was previously addicted to onanism. In others there was nothing appreciable. A woman, aged thirty-seven, having had an attack of insanity, was admitted into the Charité, complaining of suffocation and palpitation to such a degree that an aneurism of the heart was suspected. The heart symptoms gradually disappeared. She then had an attack of the most excruciating pain in the head; this again disappeared, and was succeeded by a severe lancinating pain in the chest. This disappearing in its turn, the right arm was found to be paralysed. The intellect remained perfect. The paralysis disappeared, and was succeeded by a sudden permanent extension of the same arm, and subsequently by shortening of this limb. Anesthesia was at the same time observable in some parts of the skin. After a few days the shortening disappeared, and the patient went out cured.

Nervous or Convulsive Laughter.—In the seventeenth volume of the *Archives* there is a case of a young girl who was seized with a fit of convulsive irrepressible laughter. Her physician put a bandage over her eyes; and the laughter ceased.

Sneezing.—Cases are observed in which it lasts so long as to become alarming. There is a case in the twenty-third volume of the *Bibboth-Meol* of a young girl who was seized with a fit of sneezing which lasted eleven days. She was cured by the exhibition of an emetic.

Hiccup.—Sudden contraction of the diaphragm, accompanied with noisy introduction of the air through the narrowed opening of the glottis. It occurs sometimes as a symptom of certain dangerous diseases, in cases of peritonitis, pleuritis, and of wounds of the diaphragm. At present we are considering spasmodic hiccup only. This hiccup, when it is the sole morbid symptom, may occur without any known cause in the course of a nervous affection. It has been known to arise from imitation. It may last several days, or even longer; and some cases have been known to last for months and even years. In such instances the patient becomes habituated to it.

In some cases it is accompanied with dangerous symptoms. The patients complain of severe pain in the region of the diaphragm. If they eat, the hiccup returns so strongly after the meal that it causes vomiting. If they speak, the hiccup returns at once. In short, everything that acts on the nerves brings it on, and as it causes vomiting, the individual wastes and loses flesh from want of nourishment.

The following case is so extraordinary, that if it was not given on the testimony of a witness in every respect so worthy of belief as Dr. Helles, of Rouen, it might fairly be called in question.

A child, aged seven, the son of a farmer, was attacked in the back with a peculiar feeling, which he compared to the friction of a piece of silk stuff. From the back it ascended to the epigastrium, and he began to hiccup. This continued for three years. From the epigastrium it then ascended to the neck, and became diffused over the whole body. For a long time concentrated in the trunk, it now left it, going to the arms, and descending with a feeling of tickling to the tips of the fingers; at this period the hiccup began afresh. One day the patient unconsciously clenched his fist, and the hiccup ceased. This state continued for nine years, and if at any time he forgot to close his hand it returned; but he suspended it at once by shutting the hand. Under these circumstances he was placed under the care of Dr. Hellis, who applied a ligature round the wrist without effect. Other symptoms occurred during two subsequent years, after which the whole ceased, nodes supervening in the fingers, similar to those of old gouty subjects.

A COURSE OF LECTURES ON DISEASES OF THE SKIN.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

Anatomy of the Skin continued—Dermis, or true Skin—Papillæ—Sudoriparous Glands—Sebaceous Glands—Hairs—Nails—Functions of the Skin—Elimination—Regulation of Temperature—Absorption—Sensation.

In my first lecture, I described to you the anatomy and uses of the epidermis or cuticle, and of a layer of the skin beneath it, called the rete mucosum; to complete the subject there remain to be described the dermis or true skin; the glandular organs secreting the perspiratory fluid (the sudoriparous glands); others for the secretion of the sebaceous substance (the sebaceous glands); organs for the production of the nails, called by Sir A. Cooper the ungual glands; and, finally, the sheaths and roots of the hair (the hair bulbs or follicles). The dermis or true skin, like the cuticle, is of very various thickness in different parts of the body, at the same time it everywhere constitutes the great bulk of the external tegument, and, when tanned, as in animals, is alone concerned in the formation of leather, during the preparation of which the cuticle and the soft rete mucosum below it are removed. The dermis is found to be much thicker and stronger on the exposed parts of the body; whilst, on the inside of the limbs, on the eyelids, backs of the hands and feet, and other parts, not subjected to friction or pressure, it is thin and delicate; but, in whatever situation examined, it is found to consist of a close and intricate interlacement of two kinds of fibres, those nearest the surface bring chiefly what are called by microscopic anatomists the fibres of the areolar tissue, whilst the deeper portions are principally formed of contractile, fibrous, or tegumentary tissue. The name of areolar tissue is given to an irregular cellular structure, communicating freely with the termination of the arteries and the origin of the veins, and which contains, at different times and under certain circumstances, very variable quantities of blood; hence the frequent change of colour in the lips and cheeks, where this tissue is most abundantly situated. The term *elastic, fibrous*, or *tegumentary tissue*, is bestowed upon the complex arrangement of fibres, which, by numerous interlacings, forms the chief bulk of the dermis, and preserves its strength and integrity, at the same time maintaining a free passage between its meshes for the blood-vessels, nerves, ducts, &c. By means of the nerves, the sense of touch is manifested, whilst the blood-vessels seem endued with a circulation in a great degree independent of the rest of the body, much directed or influenced, however, by the arrangement of the nerves forming the organ of sensation—a fact most readily demonstrated in the white races by the phenomena of blushing, and rendered still more evident by many cutaneous diseases. But, perchance, if we revert to the blistered Negro's skin, already mentioned, in illustration of the anatomy of the cuticle or rete mucosum, the dermis will admit of a more intelligible and facile description. Let us imagine, then, that the blister has been either more violent in its action, or has been longer applied. We then find, that not only the cuticle, but the rete becomes detached—the latter exhibiting on its under surface an exact mould of the structure beneath, which, when held between the eye and the light, gives it a reticulated or net-like appearance; by this proceeding, a flesh-coloured, nervous, vascular membrane is brought into view (this colour being common to the black and white races), which can scarcely be touched without bleeding, or causing intense pain: this is the surface of the dermis, or true skin, which, from the numerous little conoid eminences, or papillæ, upon it, has been termed the papillary layer—a structure which, in an especial manner, may be said to be concerned in developing the functions of the skin—in fact, it is to the skin what the retina is to the eyes—not only the organ of a peculiar sense, but the source influencing many of the movements, secretions, and functions of the part, in health and disease.

The numberless papillæ of the dermis are scattered over the whole body; their distribution being somewhat irregular upon the trunk and limbs, but on the hands, fingers, feet, lips, and other parts particularly concerned in sensation, they are disposed in rows, causing the appearance of markings on the cuticle; they are found much larger, also, in these parts than in the rest of the body. On the hands and feet, where the cuticle is very thick, and, therefore, apparently unfit for conveying accurate sensations to the papillæ beneath, there is a beautiful contrivance, the object of which I am not aware has been before remarked; it is, that in each group of ten or twenty papillæ, one is found half as long again as the rest, and that, consequently, it approaches so much nearer the surface of the thick cuticle; this may be regarded as a sort of nervous sentinel, which is alive to the minutest impression, and may be imagined to lead the others surrounding it into the field of examination, or to announce a retreat if danger to the structure of the skin is to be apprehended. Each papilla is formed of a minute capillary artery and vein, a nervous loop or branch, and a duct from the sudoriparous gland, all of which are connected together and supported by what is termed areolar tissue. The capillary vessel, when examined under a microscope, is found to be much convoluted, or looped, and, consequently—when the blood is forced into it, either by the effects of fear, anger, cold, &c., producing a contraction of the fibrous tissues of the vascular dermis, and driving the blood into the papillæ—it will be raised up, or erected, as it is termed, so as to give the skin that appearance, known as the cutis anserina, or goose-skin.

Throughout its whole extent the dermis is perforated by the ducts of the sudoriparous or perspiratory glands, by the ducts of the sebaceous glands, and by the hair follicles. Three sets of pores which, with the exception of the latter, which proceed obliquely outwards, pursue a winding course through its structure.

The sudoriparous or perspiratory glands are situated deeply in the dermis, and even extend beneath it into the cellular adipose tissue, on which it rests; they are, for the most part, of an oval shape, and appear to me to be a collection of minute globular sacs, each being connected at one or more of its points with the capillary vessels which closely environ it. The efferent vessels of these sacs unite into one common trunk, which follows a tortuous course through the dermis towards the apex of one of the papillæ, when it would seem to pierce one of the descending tube-like processes of the cuticle and rete, which finally conducts its secretion obliquely to the surface. In some parts of the body, where the cuticle is very thick—the soles of the feet, for example—this duct forms a regular spiral, like a cork-screw; so that when the cuticle is separated from the dermis the windings become unravelled, and permit the duct to be demonstrated to the naked eye. This appearance was first described by Dr. Hunter in the first volume of the Medical Essays, though the cause was not then known. The number of the sudoriparous ducts opening on a square inch cannot be less than some thousands, and it has been discovered (by M. Seguin) that this apparatus, spread, as it is, over the whole body, amounting, in a middle sized man, to 2500 sq. in., separates an average of 24 grains of sensible and insensible perspiration per minute, which will make nearly 2¼ ounces per hour, or 3½ pounds per day. This is two-thirds more than exhales from the lungs, and will give a slight idea of the immense importance the healthy action of the sudoriparous glands must hold in the animal economy.

The sebaceous glands, though everywhere spread over the body, are not so numerous as the sudoriparous glands, except in a few situations, where their office is especially required from the moisture or friction to which such parts are exposed. Around the mouth, and other openings of the body, and on the face, they are most abundant. They penetrate the skin to various depths, and vary considerably in their structure, from the simple cavity or crypt to a conglomerate gland; in very many instances, indeed, I may say for the most part, the ducts of these glands open into the hair follicles, and sometimes several have one common opening. It appears from this circumstance either that they are in some way connected with the growth or nourishment of the hair, or that the motion of the hair is concerned in influencing the secretion of the gland. One fact is certain, that, in some of the diseases of the skin affecting these parts, the growth or appearance of the hair seems little changed by its passing through the diseased sebaceous follicle or duct, though a cure cannot be accomplished save by the abstraction of the hair. The uses of the sebaceous glands were described when speaking of the cuticle and pores of the skin; they pour out an oily sebaceous matter, which, by burnishing the cuticle, not only protects it from the effects of liquid and various other external agents, but also assists in moderating evaporation from within; hence the greater abundance of this secretion in the Negro races, augmented, as I before surmised, by the attraction the black rete mucosum naturally presents to the stimulating effects of the sun's rays on this set of glands placed below it.

The hairs, their follicles, and bulbs, are the last remaining parts claiming our attention in the anatomy of the dermis. Both the longer hairs and the pubescence or down which generally covers the human body have a common origin from small oval bodies called "bulbs," which are placed either deep in the substance of the dermis, or in the adipose and cellular tissue on which it rests. Each hair passes obliquely from its root towards the surface of the skin, the obliquity following different directions in the several parts of the body. The hairs resemble the cuticle very closely, not only in their chemical composition, but also in their insensibility; like the epidermis, too, they appear to be produced from a soft glutinous body, which exists at the lowermost part of the sheath or follicle, which, as before-mentioned, often serves as a common duct for several sebaceous glands, whilst it appears to be lined with a prolongation of the cuticle. The hairs have been described by some anatomists as tubular, the centre containing a sort of pulp, like that of a feather or the quill of a porcupine; others have

deemed this incorrect, but when we come to consider the change the hair undergoes in some diseases, and the well-attested sudden alterations of colour, vouched for by Bichat and others, where individuals have become grey in a night, I think you will incline with me to the former opinion. A transverse section of the hair, viewed under a microscope, shows it to be uniform, and it is said by Kostock to vary in diameter from 1-300th to 1-700th of an inch. The human hair is evidently fibrous, and also incased in a sheath composed of scales, which apparently envelop each other, and have the circumference rough; so that, under some circumstances, the human hair can be made into felt, like that of some animals. The hair from the arm-pits and other parts where it is exposed to friction presents a very curious, worn, and irregular appearance, whilst from the eye-brows, eye-lashes, breast, &c., it is comparatively regular and conical in shape. The bulbs of the hair are well supplied with capillary blood-vessels, and nerves can be traced in close connection with them. Hence the affection of hair soreness, which often troubles nervous or rheumatic persons. It is probable the growth of the hair resembles that of the cuticle, a cyto-blast being formed by the pulp, and thus lengthened out into fibres, which become united, the colouring matter being deposited chiefly in the exterior layer. The use of the hair is principally protective and decorative; its production and decay has been supposed by some authors to be connected with celibacy or incontinence. Eunuchs, I believe, never become bald, and old maids and barren women, from Shakespeare's witches down to our own times, have been remarkable for their crinous development.

To complete the anatomy of the skin, the nails only remain to be described; they are portions of the epidermis which exhibit a peculiar structure to fit them for supports and protectors to those parts of the dermis which are especially concerned in the exercise of feeling; by a reference to the section of a nail, it will be perceived that it is a product of a thickened and peculiarly arranged portion of the dermis, which Sir A. Cooper has called the ungual gland. The nails readily separate with the epidermis, either by boiling water, or by putrefaction, and when examined, present a convex and concave surface, which are thick and strong towards the circumference or apex at the end of the finger, and white, thin, and tender towards the root, where they are inserted into the reflected portion of the cuticle. Under the concave hollow at the root of the nail is placed a thick layer of a highly vascular and villous surface, which is the organ of the dermis producing the nail, and called the ungual gland; over this part the nail is thinnest. Beyond this secreting surface several laminæ appear, like the underpart of a mushroom, which form a contrivance for supporting the nail, and for increasing its thickness. The nails grow from their root towards the apex, and after their formation by the ungual glands, they are thrust or drawn forward by the peculiar arrangement of the parallel laminæ. This is proved by the laminæ becoming diseased in certain cases, when the nails assume a thickened, rugous, and foliated appearance, and manifest much irregularity in their growth. An examination of the nail on its convex surface exhibits a semilunar line, enclosing an area of a paler colour than the rest of the nail; this is called the lunula, and is held, when perfectly formed in a well-shaped nail, to constitute a great beauty in these parts of the body, having the denomination of the *filbert nail*. The nails participate in several of the diseases of the epidermis, and was, besides, often indicative of the change which takes place in the system in diseases of the thoracic viscera. Their uses have been already mentioned, and we shall have occasion to again refer to them when describing the maladies of these parts. The three layers of the skin, with the numerous parts dependent on it, now described, rest everywhere upon a bed or cushion of adipose and cellular tissue, which, like an atmosphere, surrounds every organ and part of the body, giving in the female that undulating roundness which enchances the beauty of the form; these structures are so intimately connected with the dermis as to be implicated in many of its diseases, and, therefore, must be held in remembrance in our treatment of cutaneous complaints; they also form a nidus for a number of small subcutaneous lymphatic glands, which are connected with the lymphatic vessels that everywhere permeate the dermis accompanying the capillaries, and performing a function in the economy not perhaps perfectly understood, though probably connected with the return of superfluous nutrition to the circulation. These glands are very liable to become enlarged in various ulcerations and affections of the different parts of the skin, particularly in cases of malignant disease, and in scrofulous or syphilitic affections; consequently their morbid states will often be brought under your notice.

With this brief sketch of the anatomical structure and uses of the complex tegumentary covering of the human body, before entering upon the description of cutaneous diseases, I shall conclude this division of my subject by a glance at the functions of the skin, and the important office it bears in the animal economy.

As it may be held a maxim in physics as well as theology, that nothing has been made in vain by the "Great First Cause," so we shall find that a structure which so pre-eminently manifests design as the skin, with its wonderful apparatus for secretion and sensation, has to perform a part perhaps second in importance to no other organ in the animal economy, and that consequently its healthy exercise must be of vital moment to the individual. It has been already shown, from the labours of Seguin, when describing the sudoriparous glands, that nearly two pints of liquid are insensibly exhaled from the cutaneous surface in twenty-four hours, which, with about one pint which passes off from the inflection of the skin, forming the mucous lining of the bronchial tree in the lungs, constitute a greater amount of discharge of useless and decomposed matter than passes from the system by any other channel; perhaps even than by the united excretions of both bowels and kidneys, although the latter organs are known to take an extra share of the office of the skin in cold weather, and *vice versâ*. Sanctorias, who lived in 1561, and was the medical professor of Padua, in a series of experiments, weighing himself daily for thirty years, with a view to determine the quantity of insensible perspiration, came to the conclusion that a man who took eight pounds of liquid and solid food into his stomach daily, excreted three pounds by stool and urine, and five pounds by insensible perspiration, and that in those who eat and drank less, the same ratio in smaller proportions was observed. It has been considered, however, that a slight error attaches to these experiments, from no allowance having been made for the cutaneous absorption from the atmosphere, and for the assimilation of any portion into the different structures. Cruikshank made similar experiments, and arrived at much larger results; he considers the daily cutaneous exhalation in his own person amounted to 8 lbs. 1 oz. and 36 grs. of which the evaporation from the lungs was little more than 1-15th; and he was followed by Abernethy, who considered 2½ lbs. the quantity. Although, therefore, the precise amount of this secretion may be the subject of much variety of opinion, yet, after making every allowance, enough remains to demonstrate that it is a function of no ordinary importance to the healthy condition of the body.

By the constant evaporation above referred to the human skin becomes one of the great regulators of the animal temperature; without this organ, a heat commonly used in this establishment for medical purposes, in the hot hair or fume-bath (140° to 180°), would be unsupportable, as would also many hot climates inhabited by man; my worthy friend and colleague, Dr. S. Smith, made some time ago a series of investigations and experiments on this subject, which afford very extraordinary results. He says, "Eight workmen employed in the retort-room of a gas-work, in this city, where the temperature ranged very high, were weighed before and after going to work. In the month of November, one man lost in weight 1 lb. 4 oz. in an hour and a quarter; in June, he lost as much as 5 lbs. in the same period; and I have known it for a fact, that Day, the celebrated jockey, on one occasion, was able to reduce himself 5lbs. during the night previous to a race, by means of a great fire and blankets." The patients of this institution using the hot-air bath, lose an average of 2lbs. to 4lbs.; hence its great utility in affections depending for their continuance upon imperfect action of the perspiratory apparatus. In addition to mere watery liquid, there can be no doubt that the skin is a cleansing apparatus which removes much that is noxious from the system; it has, besides, an absorbing power, by which it not only attracts moisture from the air, but probably assists the lungs in affording access to oxygen for the combustion going on in the capillary vessels. This absorption of the skin takes place by what has been called endosmosis, which may be likened to the mode in which leather imbibes vapours or fluids brought into contact with it; when the pores are open, this kind of absorption will naturally be increased, which is readily demonstrated by our well-known augmented susceptibility to take cold in hot weather, when a greater surface must be exposed to the exciting cause; and also our greater chance of catching a contagion of any kind under the same circumstances.

The immortal Haller has made mention of this absorbing power of the skin, and has cited the case of a lady who made 260 ounces of urine daily, without food, drink, or wasting of the body, "*sine cibo, vel potu, vel marcore.*"

This absorption is also well known to sailors, who suffer from drought. Thus Capt. Bligh, in his perilous voyage, mentions, that he and his men, when almost dying from thirst, found themselves relieved by wrapping their parched bodies in clothes, wrung out of sea-water. The newspapers have also, within the last few months, recorded a similar fact, where the individuals relieved themselves by standing in the sea up to their chins, on the shores of a barren rock, on which they had suffered ship wreck—thus we perceive, in addition to the office of excretion, absorption is an important function resident in the skin.

The last function of the skin claiming our present consideration is that of sensation, or the *sense of touch*—a faculty which, in the extent of surface over which it ranges, stands alone, whilst its delicacy is so remarkable, that the minutest point may be touched or influenced, so as to produce the most pleasing or painful impressions; it is, indeed, a portable telegraph, which, with electric rapidity, carries intimations of good or evil from the remotest parts of the body to the centre of intelligence, the brain. I need not remind you that much of our external happiness and comfort are thus regulated by this organ. When quite healthy, the human skin is lax, soft, and covered with a gentle moisture; its texture is exceedingly equable and elastic, yielding readily to the slightest muscular movement, occasioned either by the will or the unconscious influence of a transient emotion. The subdued polish, varied tints of health, and tender velvety pubescence which rest on its surface, constitute, together, the principal charm which feminine beauty presents to our notice and admiration. In all cases of derangement or irritation in this organ, its continuations into the lungs, stomach, or alimentary canal sympathise with it directly and powerfully; on the other hand, any disorder of these parts manifests itself on the skin or its appurtenances. Thus, sudden exposure to cold when the body is heated checks, for a time, the action of the sudoriparous apparatus, and most probably occasions irritation in the lungs by throwing upon the inflexion of the skin lining these organs a sudden increase of function, and requiring it to remove the excess of matter which should have escaped by the cutaneous pores; this produces irritation and a secretion of mucus in these parts, followed by feverishness, and what we call, taking cold; or the bowels, stomach, or kidneys may be affected in a similar manner from a like cause, producing diarrhœa, sickness, or various nephritic or rheumatic affections, according to the idiosyncrasy of individuals. As an example I may mention the case of my late friend the Professor Coleman, who could never expose himself to the cold air after eating a good dinner, of which he was very fond, without producing sickness and vomiting. On the other hand, the effect of disorders of the lungs, of the alimentary canal, the kidneys, the liver, &c., upon the skin is equally remarkable and apparent. Look, for example, at the profuse perspirations in

hectic fever, when the lungs are destroyed; and in syncope, where they nearly cease to act; observe the multitude of squamous and other maladies of the skin which follow the application of cold to the interior of the stomach, or the momentary interruption of the circulation from some mental emotion. Then, again, remark the effects of various substances taken as food or medicine in producing erysipelas in one individual, and urticaria in another, miliary or furunculous eruptions in a third, to say nothing of the roseolar flushings which assume so many evanescent forms, and often torment the delicate of both sexes.

Skin diseases appears to realise the favourite notion of some philosophers in the natural sciences, in furnishing an arrangement of a continuous series, every part of which, like the links in a chain, may be connected with that which precedes and that which follows it. The arrangement of the twenty-six well known cutaneous affections I have cited, in my short prospectus of these lectures, forms such a chain; but the fact is, that, instead of there being any continuous line, these diseases, like the complex structure in which they have their seat, present a sort of net work where several parallel series offer themselves, and are constantly joined by transverse and oblique lines of connection, furnished by their several varieties and anomalies. The difficulties, therefore, attending our researches are exceedingly great, and it will require all our zeal and industry to attain any result of interest. The leading principle, therefore, that I purpose to adopt as the foundation for our investigations is, to consider that each cutaneous malady constitutes an order in itself, yet having characters or attributes which form connecting links with others, either above or below it. So that by the application of certain rules deduced from the symptoms and characters of each affection, we may be enabled to ascertain with considerable certainty the nature and treatment of other diseases of the skin, which may appear to hold more or less remote connections with it. The successful solution of these difficulties will be my highest aim and best reward, my object being to acquire practical and useful knowledge on a subject to which none of us can be wholly indifferent, when we recollect that our future comforts and enjoyments—our powers of action—all that renders life desirable—nay, even life itself—are implicated in the physical condition of our bodily frame, and are wholly dependent on the minute circumstances which maintain it in a state of health—a condition that can never be coexistent with structural or functional disorder of the skin. This brief exposition of my views and objects, will, it is feared, prove but a tedious halting on the perystyle of the temple; my plea for indulgence, however, must rest in the desire to lay a broad foundation for future remarks on the diseases of that structure, the healthy state and appearance of which I have endeavoured to describe. In my next lecture I shall proceed to examine those cutaneous diseases which have received from dermatologists the name of "*lepra and psoriasis;*" in more common parlance they are usually known as "*the scurvy.*"

ORIGINAL CONTRIBUTIONS.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

RETROFLECTION OF THE UTERUS.

The next case of retroflection which I propose to detail, is that of a patient, who had consulted me in June, 1844, on account of dysmenorrhœa, with exudations and ovarian irritation. There was much gastro-enteric derangement, and hemorrhoidal congestion, which were relieved by appropriate treatment. The menstrual function became more healthy, and I gave a report of her case in this journal November 23rd, 1844. No examination per vaginam had been made, as the symptoms scarcely seemed to render it necessary.

Mrs. T. (continued), November 27th, 1844.

Two catamenial periods have passed since last reports, with no particular suffering; one or two shreds of exudation were observed during the first, but none at all in the last period. Appetite very bad; has a bitter taste in her mouth; bowels confined; headache; pain in the sacral region; abdomen large; but she has no pain of groins as before.

R. Sodæ potassio-tart. ℥ ij; o. m. ex aquâ.

January 24th, 1845.—Having expressed a wish to examine the state of the uterus, she came to day by appointment; the catamenia are just over, and the period has passed as favourably as in the former report.

Exam. per Vaginam.—Os uteri small, but quite pervious, until near the os uteri internum, beyond which the sound will not pass. I dilated it gently, and feeling a solid tumour behind the cervix, like the fundus of a retroflected uterus, I turned the point of the sound downwards and backwards, and it immediately passed to the full extent (two and a-half inches). On gently carrying up the sound into the usual position of the uterus, the above tumour disappeared, and on withdrawing it the fundus returned to its former state of displacement.

April 7th.—Fundus very slightly retroflected; os uteri small. I dilated it gently.

27th.—Catamenia appeared on the 16th (two days before the time), preceded for two days by much more pain than usual. The discharge came very freely, and continued so for nine days, with exudation and numerous coagula; the pain lasting throughout.

June 2nd.—Appetite bad; bowels confined.

R. Pil. Hydrarg; Extr. coloc. co. āā gr. v, o. n.

R. Acidi nitrici dil. *m.* xv; Infus. gentianæ co. ℥iss ter die.

4th.—I passed the uterine sound, which required to be much curved before it would pass into the fundus, owing to the sharp bend which the uterus makes backwards. The fundus was very distinctly felt through the posterior wall of the vagina. I raised it, and carried it upwards and forwards, and then fixed it upon Dr. Simpson's uterine supporter. The patient was desired to maintain the horizontal posture.

19th.—Has continued in the recumbent posture without any inconvenience, and all her former uneasiness about the sacrum depending on the retroflected state of the uterus has disappeared. Catamenia appeared last week *without pain or exudations*, and not more profuse than usual. Appetite good; feels well.

July 4th.—I removed the supporter, it having been worn a month.

14th.—She has removed to Brighton, and feels no return of her former symptoms.

August 9th.—Complains of much pain at the lower part of the sacrum, where she hurt herself last winter by falling. The catamenia appeared July 20th, lasting eight days, with slight pain previous to the discharge, and none afterwards; there were not more than half the usual quantity of exudations. She returned to town on August 4th, since which intercourse has taken place without the suffering which has hitherto attended it. General health good.

R. Linimenti camphoræ co. ℥iiss; Tinct. opii ℥ss; M. ft. linimentum.

September 9th.—Catamenia appeared on August 24th, without pain or exudations; has still a slight pain in the sacral region; bowels open.

Exam. per Vaginam.—Uterine sound passes easily to the fundus uteri in the right direction; there is no trace of retroflection; the os uteri is rather turned forwards.

October 13th.—Catamenia appeared about a fortnight ago, quite naturally and without pain.

November 11th.—Catamenia appeared October 31st, with slight pain, and lasted a week; no exudations.

December 7th.—Has menstruated since the last report; the period passed without pain or exudations.

Exam. per Vaginam.—Uterine sound passes easily and in the right direction.

In commencing the second part of this case, I gave the report of November 27th, to show that the ovarian irritation, and its effects upon the catamenial discharge, had been in great measure subdued; although there was still a good deal of gastric derangement, probably more or less connected with the condition of the uterus. I say "probably," because retroflection of the uterus does not necessarily produce derangement of health, or even ovarian irritation, since, in the case which follows this, not the slightest derangement of any function has been the result.

The circumstance of conception never having taken place induced me to request an examination, when the displaced condition of the womb was then ascertained. This was one of the earlier cases in which I had used the supporter, and at that time I deemed it necessary that the patient should remain in the horizontal posture whilst wearing it; since then, however, I have found from Dr. Simpson's experience, and also my own, that when once it is well-adjusted the patient may move about freely without inconvenience. At this moment I have one patient, who lives at Hackney, and comes occasionally to see me, and another who has made a journey to the sister island. In both cases I have used the flat ivory pin; in the former it is fixed to a species of pessary for the purpose, in the latter to Dr. Simpson's supporter. The displaced condition of the uterus seems to have kept up some degree of irritation, from the great improvement in the character of the catamenial periods which resulted; and it is satisfactory to find from the last report, which was taken in December, that the uterus still maintained its right position. Whether the retroflection in this case was in consequence of the fall upon the sacrum, which she had a year ago, is not easy to determine; although, in some instances, I have had reason to suspect that the displacement was attributable to an accident of this sort.

I quote one more case of retroflection of the uterus, as illustrating some of the points to which I have been alluding.

L. B., aged twenty-seven; married three years; does not suppose herself ever to have been pregnant. Tall and well-formed.

August 4th, 1845.—Catamenia have always been regular, lasting six or seven days; but since her marriage they have been rather more profuse, lasting eight or even ten days. Slight leucorrhœa during the intervals, digestion usually good; bowels confined; accustomed to active exercise; pulse very feeble; has a remarkably dry skin, which has been peculiar to her since her childhood; the feet have an irritable eruption on them which at times itches severely; when she perspires, which rarely happens, it seems to relieve this source of irritation considerably; urine always high coloured, and turbid on cooling; occasionally with red sand, but never scanty.

Exam. per Vaginam.—Os uteri looking almost directly forward; the fundus uteri can be felt behind the vagina. Uterine sound passed as far as the os uteri internum, the point being directed backwards, and by raising the fundus a little with the examining finger the sound passed into the uterine cavity to the full extent. I then raised the fundus upwards and forwards into its natural position.

States that a very slight appearance of the catamenia occurred shortly after marriage, that in about a fortnight afterwards she received a severe concussion of the brain, in consequence of being thrown from a carriage with great violence when it was upset. She went ten days beyond the next period, a slight show then came on, and again disappeared, but in twenty-four hours it returned very profusely with an unusual degree of pain, and with the expulsion of several large clots.

R. Extr. taraxaci cochl. min. ½ om. nocte ex. lacte.

R. Pulv. guaiaci; Magnesiæ carb. āā gr. x; ex. aquâ cum Sp. ammon. arom. ℥ ss o. m.

She left town immediately afterwards.

October 3rd.—She returned to London on Sept. 30th, in good health; the course of medicine which she has been taking seems to have agreed well, and to have diminished the lithic diathesis which formerly existed. I introduced an ivory supporter, fixed to a pessary as before described; it appeared to answer the purpose completely without producing any inconvenience; I, therefore, omitted to use an astringent lotion as I expected that the contraction of the vagina would be sufficient to retain it in position; on her rising, however, into the

upright posture, it slipped, and eame down the same evening.

4th.—Introduced an ivory pin of the same flattened form as yesterday, and fixed it to Dr. Simpson's instrument for supporting the uterus; it was adapted with much ease, the os uteri having been gently dilated previously, and the uterus raised into its natural position.

7th.—Rectified the instrument by slightly bending it, as it pressed more on one labium than the other.

10th.—Catamenia appeared without pain; health good.

16th.—Leaves town to-morrow to visit her parents at a considerable distance.

December 4th.—I visited her for the purpose of removing the supporter, but on my arrival I found that, two days previously, when rising from her chair, she accidentally trod on one of the tapes of the instrument and pulled it entirely out.

Exam. per Vaginam.—Os uteri open backwards and rather low down; the uterine sound passed easily in the right direction.

The above case presents several features of interest. In the first place, a considerable degree of retroflection is ascertained to exist without its producing any derangement or inconvenience whatever; the only change which could have been attributed to it was the circumstance of the catamenia having been rather more profuse since than before her marriage. No trace of dysmenorrhœa or of ovarian irritation had existed, not even the slightest degree of pain or uneasiness about the pelvis, nor was she at all aware of any difference in her feelings, either after I had replaced it or when it returned to its former retroflected condition.

The history of this patient, from the time of her marriage to the unusually profuse catamenial period which followed her accident, is interesting—"A very slight appearance of the catamenia occurred shortly after marriage," a circumstance, where this function had been so regular, which would favour the supposition that conception had taken place, the more so as she was in perfect health at the time; then came the accident, which was accompanied by so severe a concussion as to render her more or less insensible even for some days. She went ten days *beyond* the ordinary period, which is exactly the reverse of her usual habit, being inclined to have a return of the catamenia some few days *short* of the full time. The manner in which the discharge appeared was equally unusual. "A slight show came on—again disappeared; but in twenty-four hours it returned very profusely, with an unusual degree of pain, and with the expulsion of several large clots." The whole features of this period seem to me to indicate the occurrence of an extremely early abortion.

The necessary inference appears to be that conception had taken place very shortly after marriage; that she was exposed to a serious concussion of body as well as of the head, when advanced nearly three weeks in pregnancy, and when the uterus therefore was beginning to undergo that increase of vascular congestion, which is known to be one of the earliest changes it presents after conception, and by which its fundus being rendered more heavy and bulky than ordinary, would be peculiarly liable to be forced downward and backwards by the occurrence of so serious an accident as that which she met with.

As connected with this subject, I propose to offer next some observations on *anteversion*. This displacement of the uterus is not so commonly met with as the form which we have been just considering, and in the gravid state it occurs far more rarely than retroversion. It occurs under the two forms of anteversion and anteflection, although the latter, as far as my own experience goes, has never been so well marked as in cases of retroflection.

The *causes* of anteversion appear to be nearly the same as those of retroversion, viz., loaded bowels, shocks, whether from the abdominal muscles or external causes, especially if connected with the menstrual periods, early pregnancy, or abortion.

The *symptoms* of this displacement are different to those of retroversion. There is, it is true, dysmenorrhœa; but generally the pain and character of the periods rather resemble that form which arises from a contracted os uteri; the pain is chiefly referrible to the lower part of the abdomen, instead of the groins and lower part of the sacrum as in retroversion; there is usually also less ovarian irritation and consequent dysmenorrhœal exudations at these periods; but there is far more irritability of the bladder. There is frequent urging to pass water, and the patient is unable to retain more than a small quantity of urine in the bladder without considerable suffering; this arises from the fundus pressing against the bladder, and preventing its expanding beyond a limited extent.

On examination per vaginam, the os uteri is found unusually far back, being situated quite in the hollow of the sacrum, and being capable in most cases of being pushed upwards and backwards with so much ease as to make it elude the finger, and increase the difficulty of introducing an instrument through it. In front of the cervix a hardness is felt extending from its base in a direction forwards, and which may be felt distinctly enough if the finger be pressed against the anterior wall of the vagina. The introduction of the uterine sound is not always so easy as in retroversion, from the os uteri being so apt to be carried upwards and backwards on its point. When it passes the point, it takes a direction forwards towards the symphisis pubis, and the sound can be felt through the anterior wall of the vagina.

HEMORRHAGIC DIATHESIS—TEN DAYS' HEMORRHAGE AFTER THE EXTRACTION OF A MOLAR TOOTH.

By Dr. Clay, Piccadilly, Manchester.

Josh. B———, aged fourteen, applied to a druggist to have a tooth extracted on the 17th of Nov. last. Considerable hemorrhage occurred immediately after the operation. On the following day (Nov. 18th) the hemorrhage continued in increased quantity. The family became alarmed, and the druggist having failed to stop the flow of blood by plugging the parts with lint moistened with the tinct. myrrh. and other styptics, I was sent for. I found the boy bleeding freely, with the whole interior of his mouth cauterised by the nitrate of silver, which had been previously applied to such an extent that much unnecessary pain and inconvenience were caused in the after-treatment. The plugs applied at the time of my arrival not checking the flow of blood, I removed the whole, and had the mouth well washed out, and, with a strong light, ascertained, as well as I could, the injury the parts had sustained. I found that the third molar tooth of the upper jaw, on the right side, had been extracted, and the soft parts extensively lacerated, not only forwards but backwards, almost to the fauces, and also a deep laceration in the cheek; in addition to this extensively lacerated surface, the alveolar processes had been broken down by the violence used. As might be expected, blood poured out from different parts of the injured surface of a decidedly arterial character.

Before detailing the treatment of this case, I will give some particulars of the family to which the boy belongs, in many of the members of which the hemorrhagic tendency is much developed; this is entirely confined, however, to the maternal side, and the facts were only recollected casually during the treatment.

The boy's uncle (William) had a tooth drawn, which bled freely for some days. A second uncle (Josh.) had an injury of the head which bled for some days, and only yielded to very energetic treatment. A third uncle, when about the same age as the present patient, had a tooth extracted, which bled profusely for eleven days. An elder brother had a tooth extracted, which bled seven or eight days. Another brother had a cut finger, which bled for two or three days, and a tooth extracted which bled three or four days. Lastly, the subject of the present case, when about four years old, had a tooth extracted, which bled four days; when eleven years old he cut his thumb, which bled five or six days; when about twelve years old another tooth was extracted, which bled two or three days; thus, previous to the present accident, there had been no less than nine cases of prolonged hemorrhage from injury occurring to members of this family. No attention, however, seems to have been paid to these facts, which had been so far forgotten, that no care was used to select a competent person to perform the present tooth traction.

After having ascertained the extent of injury, as before stated, I replaced the plugs, saturated with the tinct. fer. mur., adapting them with great care to the injured parts. A well fitted piece of cork was then inserted in order to increase the pressure, and the mouth was closed, as the hemorrhage appeared to be checked. I left the patient, but was sent for again in three or four hours and found him bleeding quite as freely as at first. Considering that it arose from deficiency of pressure in some part of the plugs, I determined on removing them. I used the tinct. fer. mur. with a few drops of muriatic acid for the second dressing, and replaced the plugs and subsequent pressure with every care, but the extent of laceration was such, that it was impossible to produce pressure on all the parts at once. A second time all appeared quiet, but in a few hours the bleeding was as active as ever. Some particulars of the family tendency were now told me, and I determined on using the matico; first, by covering the parts with the powder, supported by pads of dry lint, adding a cork pad, and fastening the jaws close together, and, after a trial of some hours, without benefit, by using the moistened leaf of the plant with no better effect. The powdered secale cornutum was next tried, still the wound bled as freely as before. It now became manifest that the constitution was at fault in addition to the great injury by laceration, and it was also equally evident that unless some very determined course was taken the boy must sink. I was averse to the use of the actually cautery, and equally so to tying the external or common carotid, but these means, with an attempt at constitutional treatment, were the only ones left. I determined on taking another opinion before I proceeded any further. Shortly after Mr. Wilson met me in consultation, and it was agreed to give the matico another trial, but with no greater success than on the former occasion. Active purgatives were given, and, at a second meeting, it was determined to try the old fashioned remedy "*Ruspini's styptic*," not only externally, but in two teaspoonsful doses every three or four hours; no good, however, appeared; the matico was then placed on pads, moistened with Ruspini's styptic, but still the bleeding continued. At every opportunity, when new dressings were applied, as much nourishment as possible was poured into the system, consisting of milk, eggs, strong broths, jellies, &c. Ice was applied about the neck and throat, and whenever an opportunity offered, the mouth was washed out with iced water. Things proceeded thus to the end of the sixth day with little or no abatement of the hemorrhage, the boy's countenance became blanched with a wandering and anxious expression. It was now determined to use the actual cautery; this was freely and frequently applied, but not the slightest good resulted from it; it was no sooner burned in one place where the bleeding seemed most frequent than it burst out at another, and when that again was seared, the former eschar (if it could be called one) gave way and bled as freely as before. This cruel mode, which the boy bore with the most heroic fortitude, was finally abandoned as useless, if not productive of mischief by enlarging the abraded surface. It was equally evident that any operation of tying the artery would only be adding a fresh wound to contend with. Constitutional treatment alone remained. A consultation was held by myself Mr. Ainsworth, Mr. Thorpe, and Mr. Wilson, when it was determined to give internally the following mixture:—

R. Plumbi. super. acet. ʒss; Acid. acet. dil. ℥ss; Syr. Rhead. ℥ ss; Mist. camph. ℥v. M. ft. mist. ℥vi. Sumat æger coch. mâgn. duo omni tertia hora.

Thus five grains of the acetate of lead were given every three hours, or nearly so, in addition to which pads saturated with the liq. plumbi. diacet. were applied to the bleeding surfaces, with as correct a pressure as possible. Twenty-four hours passed under this treatment without improvement. At a second consultation with the gentlemen above named, in addition to whom Mr. Bamber, a retired practitioner, and formerly the medical attendant of the family, was present, it was agreed to persevere with the acetate of lead mixture until the day following, continuing also the pads of lint

saturated with the liq. plumbi. diacet., covering the pads also with finely pulverised matico. On the following morning, much to the satisfaction of all parties, the bleeding was checked; this was the tenth day, and up to this time he had taken nearly a drachm of the acetate of lead. The boy began to complain of pain in the stomach and head; it was therefore evident we could not proceed further with the acetate; and as the bowels had not been moved since its exhibition, it was determined to substitute the sulphate of soda, which the American physicians speak so highly of. A saturated solution was ordered to the extent of a wineglassful, every four hours, and in a very short time the bowels were acted upon. The bleeding was perfectly arrested from the tenth day, great care being taken for some time in removing the pads, and which were for several days moistened with the liq. plumbi. diacet. I have omitted to mention that the head was shaved when the constitutional treatment commenced, and that evaporating lotions were kept constantly upon it. From the tenth day the boy very gradually recovered, though extremely reduced. He is now (December 29th) comparatively well, and all the soft parts of the mouth are perfectly healed.

This case is an instructive one, as it serves to shew how very little dependance can be placed on styptics, or, indeed, on any local application; in cases of hemorrhagic diathesis, constitutional treatment alone is the best, indeed, the only, mode by which we can hope for permanent advantage. I have seen cases reported where abstraction of blood has been practised, but for what end I am utterly at a loss to understand, except that of ascertaining (by analysis) if the blood be deficient in fibrine; but surely it is unnecessary to do this, as it does nothing towards the cure, whereas the abstraction of blood adds to the difficulties of the case. If such cases were difficult of diagnosis, the test might be barely justifiable, but they are not; therefore to take from the mass of an already too impoverished system, cannot in my opinion be defended on any grounds. The actual cautery, I think, is equally to be condemned, fresh wounds should never be made, and this applies also to the tying of any artery, the common carotid being the only one likely to effect a check in hemorrhage from the gums; yet, as that has been done by the first English surgeons, and has failed, it ought never to be again resorted to. It will, perhaps, be unnecessary to inquire how the acetate of lead or the sulphate of soda effected the object sought in this case, *that is*, to restore the principle of coagulation to the blood. That the blood is deficient in fibrine will, I think, be generally admitted, but there is nothing in half a drachm or a drachm of acetate of lead, nor even in an ounce or or two of sulphate of soda, to which can be attributed the formation of a new supply of fibrine in a few hours. These means must act on some other principle, perhaps by abstracting a considerable portion of the serous part of the blood, the lessened mass which remains being more in proportion for the object of coagulation than heretofore, accomplishes the wished-for result. At any rate, it is fortunate to have two such remedies as the plumbi. sup. acet. and the sulphate of soda, inasmuch, as the first cannot be used long without producing very distressing symptoms, pains in the head and stomach, and obstinate constipation. But by pushing it rapidly in large doses until these symptoms come on, and then substituting a strong solution of the sulphate of soda, which, whilst it open the bowels, and relieves the pains produced by the lead, has an equally specific power in improving the tendency to a healthy coagulation, we possess a good means of treating cases of this nature.

CASE OF HEPATITIS, FOLLOWED BY ABSCESS CONTAINING HYDATIDS.

By E. L. Falloord, Esq., Surgeon, Liverpool.

I was sent for on the 19th of September last, to see Mrs. H., a spare, sallow, lurid-complexioned woman, aged thirty-eight, having never been pregnant; catamenia regular; complaining of lancinating pain, increased on pressure, over a space between the epigastrium and right hypochondrium, darting through to the right shoulder blade; retching; thirst; pulse 100; tongue red at tip and edges. On examination there was an evident fulness at this point; liver much enlarged; left lobe feeling indurated and uneven; universal and deep jaundice, which appeared after her husband had applied a sinapism in the night, before I saw her; stated that she had had a similar attack, though not so severe, once before, and never rightly recovered. She has been in the habit of driuking ale. She was cupped freely over the epigastrium and scapula, with the turpentine epithem afterwards. Calomel and antimonial purge, followed by a saline draught, which brought off some clay-coloured motions, with some relief. She had effervescing draughts, with hyoscyamus; during the day she had only intervals of ease; pulse 90.

20th.—I put her on calomel with morphine and ipecac.; small doses every fourth hour; bran poultices and fomentations frequently applied.

21st.—Pain very great; she can lie on the diseased side. Habt. acid hydrocyanic. gutt. j (Scheele's strength); 4ta q. que hora.

22nd.—Better night; tongue clean; pulse 80; rub in mercurial and tartar emetic ointment; continued tolerably well till 24th, when ptyalism was induced, and she was much relieved; bore pressure. Keep mouth sore, and allow a little light support.

27th.—Bears pressure well; disease quite chronic; I put her on small doses of hydriodate of potash and turpentine, and oil draughts occasionally; dark motions, with hydatids for the first time; some broken down, and others apparently alive, being about eight in each motion; from this day the stools assumed a more healthy character; much relieved; salivation still present; nourishing diet: thus she went on well till the 3rd of October, when she had a dreadful attack brought on by one of those frequent mistakes of druggists—the substitution of oxalic for tartaric acid—of which she partook pretty freely. I saw her about three hours after, and administered some chalk; she threw up a quantity of greenish matter, and next morning all ill effects seemed to have vanished; she continued for some days to have fetid stringy motions, averaging two daily with broken-down cysts, when on the eighth she became feverish, with black tongue; pulse 120; excessive pain; omit iodine; hot fomentations; put on nitro-muriatic acid with hyoscyanus, with great relief; blister applied; mouth healed.

10th.—A bad attack to day again; have poultices, and put on small doses of blue pill and rhubarb; and she did pretty well till the 13th, when the tumour in epigastrio began perceptibly to enlarge; doughy and quite elastic to the touch, which I looked upon as a distinctive feature of hydatids being its contents. Blister touched with nitrate of silver, and kept discharging, with apparent ease; mouth kept tender; still she had only a few hours of ease at any time, till I was obliged at last to administer morphia in large doses, just to palliate and soften down the pillow of suffering; towards the 1st of November night-sweats began, which were kept in check by the nitro-muriatic acid, and after some days anasarca set in, and she expired on the 18th of November. I was not permitted to do more than make an incision into the tumour; previous to my doing so, I passed my hand round, and found universal adhesions; the left lobe of liver extended over to the left side; on puncturing the tumour, I found the liver a mere sac containing fully three pints of pus having hundreds of hydatids floating in it, of all sizes, from the circumference of a salt-cellar down to that of a pea. They all maintained their transparency, although floating in a purulent fluid, some with cartilaginous patches and thick parietes, some distended like an orange, some adherent to the side of the abscess; previous to my opening the tumour, I detected a channel filled with pus, leading down towards the duodenum, and as the friends were present, I was not allowed to follow it, but I strongly suspect there was a communication from the abscess to the bowel, and hence the appearance of hydatids in the stools after the turpentine draughts and enemata.

Appointments.—To the Gladiator steam-vessel: Acting assistant-surgeon, D. H. Wright. William Carter Hoffmeister, M.D. and William Cass, Esq., surgeon, have been appointed apothecaries in ordinary to her Majesty, in the Isle of Wight.

HOSPITAL REPORTS.

MANCHESTER EYE HOSPITAL.

By A. W. Close, Esq., Grosvenor-street, Manchester.

Iritis.

Thomas Cooley, aged twenty-nine, admitted under Mr. Walker, Nov. 12. Has been ill and under the care of a medical man for a week; complains of great pain in the supra-orbital region and globe of the left eye; cannot bear the light; much lachrymation. On examination the pupil is seen to be contracted, rather irregular, and not normally dilatable. Pink zone is perceptible, but in some degree masked by the great vascularity of the conjunctival vessels. A deposit in the form of tubercles may also be observed on the centre of the left half of the iris. Has had syphilis several times; a copper coloured eruption and a little sore throat now present.

Hirudines viij; Pil. hydr. chlorid. c. opio ij, ter in die; Ext. belladon. cir. ocul. applic.; Haust. sennæ c. magn. sulph.

Nov. 15.—Has passed two better nights; less pain in the eye, but cannot bear exposure to the light; the other eye seems to be sympathetically affected, and he feels easier when both eyes are bandaged. Gums slightly affected. The vascularity of the conjunctiva and sclerotica and internal appearance of the eye about the same.

Hirudines vj; Pil. cal. c. opio. ij, nocte maneque Cont. ext. belladon. cir. ocul.

19.—Feels considerably better. The last bleeding by leeches gave him decided relief. Complains of the soreness of the gums, which are freely mercurialised. Can bear the eye to be exposed, and continues to sleep better. The pink zone now very visible, owing to the subsidence of the conjunctival vascularity. From the same circumstance, the white or arthritic circle is very distinct. The tubercles on the iris diminished.

22.—Improving; complains of the ptyalism; vascularity of the superficial vessels gone; that of the sclerotica slightly perceptible. Cont. ext. belladon. circ. ocul.

R. Solut. calcis. chlorid. ℥ ss.; Aquæ ℥ viij. Misce ft. Garg. frequent. utend.

26.—Mouth relieved by the gargle; tubercles disappearing.

Cont. gargarisma. Cont. ext. belladon. circ. ocul.

Dec. 6.—The patient has continued to improve. The pupil acts normally; deposit on the iris almost absorbed; all appearance of inflammation of the eye, together with the eruption and sore throat, have disappeared.

Ordered to continue the application of the ext. belladon. round the eye for some time longer, and to expose the eye carefully and gradually to the influence of light.

Margaret Street, aged forty.

October 29.—Has just recovered from an attack of iritis of the right eye. Now complains of the left, which presents a congested state of the superficial vessels, together with the pink zone and distended straight vessels of the sclerotica. Pain, deep-seated, in the supra-orbital region aggravated at night; pupil contracted and rather irregular; not much intolerance of light nor lachrymation.

Applic. cmp. lyttæ tempor. sinist. et fiat ulcus perpetuum ope ung. lyttæ; Pil. purgans; Ext. belladon. cir. ocul. utend.

Nov. 1.—Says the eye itself is not much easier, and the pain about the superciliary ridge is very distressing. The pupil is much contracted when compared with that of the other eye. The vessels apparently as much congested as before.

Hirudines viij, applic; Pil. cal. c. opio ij ter in die.

5.—Seemingly there is less vascularity but says she does not feel much relieved. Complains of the soreness of the gums.

Omit. pil. cal. c. opio; Capiat. tinct. colch. *m* xx, ter in die.

9.—Says she felt great relief the day after she was last at the hospital, after taking the drops; has passed three good nights; no pain; all appearance of inflammation is gone; and vision, previously indistinct, is greatly improved.

The patient presented herself two or three times after this date, the eye continued to improve, and she was dismissed, cured.

The first case narrated is one of syphilitic iritis.

Close observation leads me to agree with Mr. Walker in the opinion that there are no diagnostic symptoms which could enable a practitioner to say, by merely examining the eye, that such a case is syphilitic or otherwise. Some writers on ophthalmic surgery think the contrary. Mr. Morgan, for instance, states that a good diagnostic mark of distinction between common and syphilitic iritis is, that the colour of the zone of sclerotic vessels is not pink but cinnamon or rusty-brown red; also that the nocturnal aggravation of pain in the orbit, or in the globe, is more frequent in the syphilitic than in any other form of iritis. But the great diagnostic mark only to be relied on, is the existence antecedently or concurrently of other venereal symptoms, and whilst the condition of the system, indicated by the term syphilitic, may render the eye more disposed to be affected by disease, such condition does not plainly or importantly modify the character of ophthalmia in general, or of iritis in particular; and, moreover, in Mr. Walker's own words "the treatment admits of no further modification, so far as the eye is concerned, than that for 'common iritis,' and which relates more to the intensity and duration of the disease than to the exciting cause."

Margaret Street's case is one of *rheumatic* iritis. When she first presented herself at the hospital, owing to a recent attack of acute rheumatism, which had confined her to bed for several weeks, she was so lame as to need to be carried.

I apprehend this variety of iritis is more specifically affected or modified by the prevailing diathesis than the former. We may not readily comprehend the relation or special influence which secondary venereal disease, selecting as it does the skin and mucous membrane chiefly, may bear or exercise upon the muscular texture (as seems agreed) of the iris, or the fibrous structure of the sclerotica; but I can easily apprehend the influence which rheumatism may hold upon those parts, knowing the preference which it shows for them in other localities of the body. Though I demur to the proposition that "likes cure like," I believe, that like is exposed to like, or, in other words, that a disease set up in a texture in one part, is not unlikely to occur in the same texture in another part. As has been noticed in the report, the day after the exhibition of the colchicum, there was a decided improvement in the state of the eye, whether owing to the operation of that drug or not, is doubtful, as the same affection of the right eye had been previously cured without it. That may have been simply due to metastasis, which we know is not an unfrequent occurrence in acute rheumatic attacks, and had the colchicum been administered earlier the affection of the left iris might not have followed. However, I know Mr. Walker will be glad to test the value of any medicine of whose operation there may be doubt; and also afford every facility for the elucidation of any pathological or therapeutical difficulty connected with this particular branch of surgery. We will keep our eye upon a few of them. "*Facta non verba quæro.*

If the *Medical Times* were perused only by senior practitioners, any remarks on iritis might be unnecessary. But from the interest it evinces in their welfare by the offer of prizes, and from time to time the most valuable and praiseworthy advice, I am sure the day of its publication is gladly hailed by many a pupil and student. When in age or non-age I lived amongst their happy number—in study and the pursuit of knowledge I still dwell with them; for "whatever number of years have passed our heads, whatever may be the extent of our experience, every day brings its own knowledge; there is still something new to seek, some deficiences to supply, and some errors to correct" in medical science; and in the absence of this, all the world is a school, and every man a student in it—some are dull and idle, but each ought to be diligent and industrious, as upon his faithfulness depends his weal or woe.

> "Ignorance is the curse of God—
> Knowledge the wing wherewith we fly to Heaven."

I well remember the labour and anxiety it cost me to get at the diagnostic—the distinguishing—symptoms of disease, and certainly in its bearing upon a real acquaintance with disease and its treatment, all knowledge may be said to create in "diagnosis." I will, therefore, append to this article a few observations preliminary to others of a more definite kind, which may hereafter be made on iritis and other inflammatory affections of the eye having reference particularly to their diagnosis and treatment.

In order to satisfy ourselves as to the seat of the inflammation, whether it be simply the conjunctival membrane or the sclerotic, *a discrimination upon which the kind of treatment to be adopted materially depends*, we should ever remember. "The conjunctival vessels are known by their being somewhat tortuous in their direction, superficial, generally moveable with the loose conjunctiva, and of a bright red colour. By these marks we satisfy ourselves that the vessels are those of the conjunctiva in contradistinction to those which traverse the sclerotica; the latter being much less tortuous, indeed, nearly straight, as they approach the circumference of the cornea, seated under the conjunctiva, and, therefore, not moveable with it, and having a pink colour." (Vide Mr. Walker's Vade Mecum.)

As to the vascular zone of iritis, "The pink vessels observed in a case of iritis, are those which pass between the conjunctiva and the sclerotica, and perforate the latter structure just posterior to its junction with the cornea, which are called the anterior ciliary arteries. These vessels are few in number at the periphery of the eye-ball, and of moderate size; but as they approach the cornea at a distance of a few lines from it, they subdivide and become exceedingly numerous and minute, and have a radiated appearance. At the distance of about a line from the margin of the cornea, they cease to be visible, as at this point they perforate the sclerotica in their passage into the interior of the eye. These vessels, when fully developed, as I have said, are exceedingly numerous at the distance of from one to three or four lines from the margin of the cornea; and as they are discernible at the like distance all around the anterior part of the sclerotica, they form a ring or zone, which is exceedingly striking, and constitutes what is termed the *pink zone*. As they perforate the sclerotica at a little distance from the cornea, there is consequently a clear white space intervening, forming the white circle or zone, which by some writers has been erroneously termed the *arthritic circle*. The red zone which occurs in some cases of corneitis, is formed by a band of red conjunctival vessels running upon and around the margin of the cornea."—*Idem.*

There has been amongst ophthalmic surgeons, as to the nature and character of these zones, a great deal of squabbling. The whole matter is very succinctly and satisfactorily set at rest by the following observations, which I extract from the same source: "In some instances these different circles are well marked and very striking; in others they are but partial, and therefore less obvious. In the more acute cases of iritis, the pink zone is generally well defined and clear, but in those of less intense character it is not so apparent. The white circle depends for its existence upon the presence or absence of the red conjunctival vessels. If there be conjunctivitis present, the superficial vessels reaching to the border of the cornea, it is obvious that the white circle will be imperceptible. If the conjunctivitis be partial, we may then find that the upper or lower half of the circle is observable, whilst the remaining portion is obscured by the red vessels; and thus we may notice either a complete or partial circle, or an absence of it altogether. Indeed, conjunctival inflammation sometimes occurs to such an extent as completely to mask the appearance of the vessels underneath. So, also, if sclerotitis exist in conjunction with iritis, it will be seen that the coloured and vascular condition of that texture surrounding the cornea, will prevent the white circle from being apparent." And these, I believe, to be the conditions which determined the presence or absence of these different zones, about which so much has been said.

TRANSACTIONS OF LEARNED SOCIETIES.

PATHOLOGICAL SOCIETY OF DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

COMBINATION OF CEREBRAL AND CARDIAC DISEASE.

Dr. James F. Duncan presented, at a meeting of the Pathological Society, the recent specimens of two cases of heart disease, as also drawings illustrative of one of them. They were both examples of contraction of the left auriculo-ventricular opening, which, in one of the cases, had advanced to a very great degree; but the remarkable circumstance connected with their history was the great dissimilarity of their relative symptoms during life, so much so that no one, judging from those alone, would imagine the affection in each to be identical. The subjects of the cases had been inmates of the North Union Workhouse, where Dr. Duncan had an opportunity of watching their progress for some time before death. The physical signs were the same in both, viz., increased dulness of the præcordial region, particularly in the situation, and beyond the base, of the heart towards the origin of the great vessels on the right side. A soft bruit, with the first sound, most audible at the apex of the heart, and a normal double sound at the base near the arterial orifices. Such were the signs observed at first, but towards the termination of the cases the sounds underwent a modification, which the post-mortem appearances easily explained, but which derives considerable interest from its bearings on the question of the sounds of the heart in general.

The history, in reference to the first case, was as follows:—Eliza Mills, aged thirty, about two and a-half years before her death received a blow of a stick on the back, previous to which she had enjoyed excellent health. About three months after she began to complain of palpitation of the heart, and about the same time a cough set in, accompanied by frequent attacks of hæmoptœ upon the slightest exertion, so that, from merely stooping, mouthfuls of blood were spit up. This palpitation gradually increased in violence till she was unable to ascend a flight of stairs. This latter aggravation of symptoms being observed about twelve months since, and accompanied by pain in her head, so severe that on one occasion she fell down insensible, and remained in that state for two or three days. On recovering consciousness she found herself paralysed on the right side, which continued during the rest of her life, though she regained in a few months a slight degree of power over the corresponding leg and arm. The wrist and arm were both flexed, the former extremely so, but she was able to raise her hand to her head, though not to use it. Her speech was unaffected; vision of the right eye was not so good as the left. The pulse at the wrist was feeble as compared with the stroke of the heart in the præcordial region. Her face was remarkably pale, though it occasionally presented a small patch of colour on the centre of the cheek. She had also a semi-jaundiced hue, and suffered constantly from vertigo and a fixed pain in the left temple. There was a distinct *fremissement cutairre* on the application of the hand over the region of the heart, and on one occasion a slight, but distinct, pulsation could be detected in the jugular veins. The heart's action, as well as the pulse at the wrist, was exceedingly irregular and intermitting. Towards the close of life a change in the sounds took place, very distinct from what was observed in the beginning. The bruit de soufflet, previously audible with the first sound over the ventricles, was completely lost, but the sounds did not resume their original and natural character. There were two sounds audible, and perfectly distinct from each other, but the first was not so dull nor so prolonged as in the healthy heart; it was shorter and more abrupt. In fact, both the first and second sounds had very much the character of those of the fœtal heart. The patient lingered a considerable time in this state, and at last died of gradual exhaustion, without the development of dropsy or general anasarca.

The post mortem appearances were as follow: the pericardium distended, and containing about four or five ounces of clear serum; both the auricles and the right ventricle of the heart were enormously distended; the left ventricle remained of the natural size, presenting a marked contrast to the

strength and thickness of the muscular structure of the right. There appeared to be hypertrophy as well as dilatation of the left auricle, on making a section into the cavity, of which, a large, firm, yellowish-white coagulum, about the size of a walnut, was discovered adhering to the parietes; the remainder of the auricle being filled with semi-fluid dark blood. The orifice of the mitral valve was found contracted to a mere slit, incapable of admitting the passage even of the little finger, owing to the deposition of a whitish semi-cartilaginous substance uniting together the chordæ tendineæ. The two lips, however, fitted so closely as to prevent regurgitation taking place. The right lung contained several nodules of pulmonary apoplexy. The brain was peculiarly pale, and free from vascularity. On removing the upper part of the left ventricle, the corpus striatum of that side was observed to be discoloured and soft to the touch. The colour was of a light brown hue, and, on making a section of it, the central substance was found so disorganised that it flowed freely out, leaving a cavity which would about contain a small hazel nut. There was no evidence of softening anywhere else on that side; but on the right, the optic thalamus was a good deal softened, though not nearly so much as the corpus striatum of the left, thus accounting very satisfactorily for the difference in the power of vision of the two eyes.

Mary Saynes, the subject of the second case, was a young girl, aged fifteen, of whose history nothing satisfactory could be learned. She merely stated that she had had palpitation at the heart for so long a period that she did not recollect ever having been free from it; she stated, also, that she never had rheumatism. Over the præcordial region there were marks of cupping, which she said had been performed on her at Cork-street Hospital. The physical signs were dulness on percussion in the præcordial region, particularly at its upper and inner portion; distinct double bruit of a rough character heard over the situation of the ventricles, and not audible over the arterial orifices. The pulsations at the wrist, as contrasted with the heart's action, were feeble, though not remarkably so, in consequence of the former not being much increased. Her face was of a dusky hue; the lips livid and thick, as if the blood circulating there was imperfectly arterialised; the jugular veins were distinct and turgid. She had dispnœa so intense that she could scarcely control her breathing for a moment to let the heart be examined; but the dyspnœa did not compel her to sit up in bed for relief, as in the case of Mills. On the contrary, she seemed to prefer lying down on her left side, with the chest bent forward, and wished to be left as quiet as possible. Œdema set in early, involving, not only the lower extremities, but the head and face also; ascites ultimately became established. Towards the close of life, the sounds over the heart, in this case, as in the other, underwent a change, though a different one; the bruit de soufflet, which was at first rough, became soft in the situation corresponding to the ventricles, and over the arterial orifices, where there had previously been none, a distinct double sound of a rough character was heard.

The post-mortem appearances were, general anasarca, effusion to a great extent into the pericardium and peritoneum. The lungs remarkably small and adherent to the ribs, the left by old adhesions, the right by recently formed lymph. The pulmonary texture was sound. The right cavities of the heart and the left auricle were considerably enlarged, but the right auricle particularly. There was considerable contraction of the mitral orifice; immediately above which there was, on the auricular aspect, a good deal of roughness from the springing up of cartilaginous vegetations. One patch of distinct bone, about the size of a sixpence, was observed below the lining membrane of the left auricle. The calibre of the pulmonary artery, at its insertion into the right ventricle, was somewhat dilated, though the valves were sound—a certain but limited degree of regurgitation was thus admitted, as proved by pouring water into the vessel.

Dr. Hutton exhibited a specimen of softening of the spinal marrow; it occurred in a sailor, aged thirty-six, of regular habits, who left Lisbon in tolerable health on the 3rd of Nov. in a small vessel laden with fruit. A storm arose on the 7th, which continued three days, during which time he was obliged to remain on deck, exposed to cold and wet, and exhausted with fatigue. On the 10th the storm ceased, and that night, on going to his berth, he was seized with severe pain in the lumbar region, which continued for about an hour, and he then fell asleep. On the following morning he was surprised to find his limbs numb and powerless, and he was unable to pass water. The captain gave him some purgative medicine, which acted freely, but his motions escaped without his knowledge or control. On the 14th the abdomen was observed to be greatly distended, and the urine began to dribble away slowly. In this helpless situation he remained until the arrival of the vessel in Dublin on the 25th of Nov., when he was conveyed on a pallet to the Richmond Hospital, and presented the following conditions:—His complexion was sallow, and the expression of the countenance dejected and anxious. The extremities were cold; pulse 60, and very feeble; voice faint; tongue dry and furred, with a red margin; thirst excessive; respiration natural. The abdomen was very prominent, and the outline of the over-distended bladder could be distinctly seen extending to the umbilicus; the prepuce has excoriated from the constant dribbling of the urine, which flowed in a stream when pressure was made upon the abdomen, and was of a dark colour with an ammoniacal odour; the fæces also passed involuntarily; there was complete paralysis of the lower extremities, with loss of sensation extending up to a level with the umbilicus. A large slough, about five inches in diameter, covered the left trochanter. No reflex action could be excited in the paralysed limbs, which were passive and flaccid The patient complained chiefly of weakness, and a sense of pain and constriction at the præcordia. The treatment, which was directed to the raising of the vital powers, was of no avail. The catheter was passed frequently, the secretion of urine being excessive. These symptoms continued with little variation till the 30th of November, when he was seized with vomiting accompanied by some discharge of blood from the stomach, a considerable quantity also escaped with the urine. On the following day the pulse could hardly be felt, and mucus began to accumulate in the bronchial tubes. He died next day.

At the autopsy, the spinous processes and laminæ of the vertebræ having been removed, the theca vertebralis was found to contain between two and three drachms of serum slightly tinged with blood; but the membranes presented no appearance of inflammation. The medulla spinalis seemed healthy externally, but when laid open by a longitudinal incision, its central portion was found quite softened and pulpy from its lower extremity up to the third and fourth dorsal vertebræ, at which point the morbid condition terminated; the softening was most marked at the lower point, but was apparent throughout the whole of the above-mentioned tract. The bladder was much enlarged, and presented, on its internal surface, signs of intense inflammation; the mucous membrane at its inferior fundus was of a deep purple colour; the sides and upper part were covered with a thick layer of lymph intermixed with pus. The whole surface was dotted with ecchymosed spots; the kidnies were very much congested, and in their pelves were found particles of lymph mixed with urine, which had an ammoniacal odour, and was tinged with blood. There was also considerable congestion of the liver. The other viscera were healthy. It seemed to Dr. Hutton worthy of observation that though this patient lived twenty-two days from his first seizure, yet the paralysis seemed to have been complete in less than twelve hours. Was this effect produced by the effusion of a larger quantity of serum than was found after death, and which was absorbed in the course of the disease?—or was the softening of the bulbous extremity of the medulla spinalis the commencement of the disease, and the immediate cause of the paralysis? The membranes of the spinal marrow presented no appearance of previous inflammation, nor did the patient complain at any period of that rigidity of the muscles of the back and lower extremities said by Ollivier and other writers to indicate this form of spinal disease. The loss both of sensation and motion, taken in connection with the softening of the central portion of the spinal marrow, whilst the external surface of the chord indicated no disease, was also worthy of observation. With respect to the urinary organs, it is to be remarked, he said, that the kidneys presented signs of inflammation as well as the bladder. The inflammation of the latter viscus in cases of diseased spine has been attributed to the irritation of retained and altered urine—a circumstance which Dr. Hutton believes had some influence; but having observed in one or two cases that the disorganisation of the bladder, and the tendency to slough in the paralysed limbs, occurred nearly at the same time, he was inclined to regard the affection as mainly depending on the impaired or interrupted innervation. The respiration in this case was not sensibly affected till the last day or two of the patient's life, though, as already observed, the softening of the medulla had extended to the fourth dorsal vertebra.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

December, 1845.

Dr. Hensley, Vice-President, in the chair.

Mr. H. B. Johnson read a paper on the "Symptoms, Causes, and Treatment of Phthisis Pulmonalis." His introductory remarks were directed against those who, for the sake of gaining notoriety or profit, pretend to a more accurate knowledge of the nature of phthisis than has yet been attained to, and thereby hinder the advancement of our knowledge of this disease, which beyond all others is most interesting to those who in the practice of medicine feel a truly philanthropic enthusiasm. He did not believe in a tuberculous cachexia. Cachexia means that which the system suffers from the irritation of a local malady, and is the same whether that malady be tubercle or aught else. Tuberculous cachexia is a consequence of, not an antecedent to, phthisis or tubercle. He entirely agreed with the rule laid down by Louis, that if there be tubercles in any part of the body, there are sure to be tubercles in the lungs; the lungs appear to have a great "elective affinity, so to speak," for tubercle. He could not see the grounds upon which hereditary influence was said to have so large a share in the causation of phthisis; it was so frequently found that individuals were attacked with consumption, neither of whose parents, and none of whose forefathers, had had it, that everybody felt themselves compelled to acknowledge that it may be produced by exterior circumstances independent of hereditary predisposition. Thus, therefore, there was no necessity to look for hereditary predisposition, and to infer hereditary transmission of tubercle, from the fact that the parent died of consumption. This appeared to him no more reasonable than to infer the hereditary transmission of the small-pox, from the fact that father, son, and grandson had been similarly afflicted.

He enumerated various causes of consumption; and amongst them parasitic animalcules. In examining, by the microscope, the bronchial tubes of persons who had died of phthisis, he found numerous parasitic animalcules adherent to the cilia, in form somewhat resembling spermatozoa. In another case he had found another species of parasite; and in one case he had found globules, which, he thought, might be ova, on the cilia of the trachea, in a case of croup. In cases where persons having lived in the same circumstances, and followed the same occupation, for years with perfect health, become, without any other apparent cause, attacked with consumption, he would be strongly inclined to look for parasites as the cause. The tuberculous deposit is sometimes confined to the bronchial glands; as an instance of which, he cited a fatal case of Dr. Alison's. He thought that, most probably, such cases are more curable, than those in which the tubercle is deposited in the pulmonary tissue.

Mr. Webb said, we have good proof of the hereditary transmission of tubercle in the fact, that tubercle has been found in the lungs of the fœtus in utero; no external causes or parasites being sufficient to account for them in these instances.

Mr. Rhodes inquired if the animalcules seen by Mr. Johnson, might not have been those which are always developed in putrefaction.

Mr. Johnson replied, that in each of the cases,

the observation was made within a few hours after death.

Mr. Reid said that it was not to the point to argue, that there is no necessity for hereditary predispositon where we see a great number of members of the same family cut off by consumption, whilst those living in exactly similar circumstances escape it. It is impossible to doubt the fact that hereditary influence has often a great share in causing consumption, although there may be no absolute and constant necessity for it.

Mr. Arlidge remarked that the author had omitted to describe the minute structure of a tubercle: it was cellular, and, therefore, of the nature of a secretion.

Mr. Reid remarked that the cellular structure of tubercle was an old and exploded opinion.

Mr. Arlidge replied that, on the contrary, it was somewhat new, and established by indisputable authority.

Mr. Wilson made some practical remarks on several points of treatment.

Mr. Smith said that long and feeble respiration was a very important diagnostic symptom in consumption. The general symptoms were very vague, and no great reliance should be placed upon them.

In answer to a question from Mr. Smith, the author said that he had only found parasites in the two cases he had mentioned; out of twenty cases in which he had looked for them, the two in which they were found were a groom and a gardener.

Mr. Pritchard had seen ten out of eighteen cases of consumption cured in the latter stages by oleum animale fætidum.

Mr. P. M. Duncan thought that the influence of light on the human body had been overrated by the author: as we were always clothed, we were always barred from the influence of light. He had seen consumption treated with naphtha in a great number of cases at King's College Hospital, whilst he held the office of clinical clerk, and it had signally failed in every unequivocal case, without exception.

Dr. Hensley, vice-president, said that one symptom of diagnostic importance had not been sufficiently insisted upon in the paper or the discussion, namely, hemoptysis.

Dr. Williams regarded tubercle as the product of chronic inflammation; a deposit very similar often occurred on the pleura in chronic pleurisy.

REVIEWS.

A Treatise on the Tonic System of Treating Affections of the Stomach and Brain: Comprehending an Account of the Causes and Nature of Impairment of the Constitution, Indigestion, Determination of Blood to the Head, Impairment and Morbid Excitation of the Brain, Paralysis, Apoplexy, and Insanity. By HENRY SEARLE. London: Richard and John Taylor. 8vo., pp. 308.

The "glorious uncertainty of physic" is in nothing more clearly shown than in the numberless works that are written in advocacy of opposing medical doctrines. In the very dawn of our *practical art* we find the *theory of healing* the great dictator of bed-side duty. Even immediate and most urgent symptoms were overlooked in consideration of the particular dogma which was allowed to determine what should be the precise plan of treatment. As far back as the Chinese can go in medical history, and it is no small distance, serves to tell us that their famous Hoangti started the hypothesis, that every disease acts successively upon the heart, liver, lungs, and veins—that the crisis of the disease is its transmission from one organ to another, and that the great object and difficulty of treatment consist in determining the precise time for safely diverting and weakening the morbid action, or leaving it altogether to the unaided powers of nature. Two thousand years before Christ that was the leading theory in the pathology of the Chinese; and we blush to think that, after all the aid which medicine has received between that time and the present from multiplied observation, and from the auxiliary sciences, it is almost as far as ever it was from deserving the denomination of "exact." Nay, perhaps its principles are less near the truth than ever they were, for assuredly the sources of confusion are vastly multiplied, and are still on the increase. Our imaginative forefathers were satisfied with a theory concerning disease in general, or rather, concerning what they believed to be the single occasion of it; but now-a-days, we have diseases without end, and conflicting crotchets without number to account for them. To take fever as a solitary example, there are conjectures, from even learned sources, about it, as deliberately at variance as the "material" and "immaterial" sects of metaphysicians. The doctrine of the Greek schools was, that it arises from a concoction and critical evacuation of some morbific matter. This started with Hippocrates, was learnedly advocated by Galen, and, in spite of Paracelsus and Van Helmont, was fashionable down to the days of Sydenham, in whom it found the last advocate of any importance. The microscopical researches of Leuwenhoeck suggested to the sagacious mind of Boerhaave the notion of *lentor* and *error loci* of the blood; and, aided by the theories which the corpuscular pathologist derived from the Cartesian philosophy, he propounded his celebrated theory of fever, which well deserved Quesnay's designation of "*la médécine collective.*" Stahl, again, attributed it to spasm of the extreme vessels; Hoffman improved upon this theory by introducing into it certain views of *organisation* and *function*, which his contemporary had omitted; and from these elements Cullen framed his great hypothesis, the chief originality of which is his imputing to the brain's action that spasm of the extreme vessels (producing the cold fit) which Stahl had treated of rather in metaphysical than physiological terms. Upon this came the theory of Dr. Brown, the *sthenia* and *asthenia*, which, to say the least of it, offered a very plausible, if not pathologically correct, notion of fever. Then we have its modification by Dr. Darwin, who represents the excitability of the system not as producing itself, but as being a secretion of the brain, and fever to be the heat developed by an undue accumulation of the sensorial power. Finally, we have other theorists giving to fever a "local habitation and a name"—Broussais fixing its cause in the gastro-intestinal apparatus; Clutterbuck in the brain; and Armstrong and Marcus, like many in Haller's time, charging it upon an inflammatory state of any internal organ, as the case may be.

In common with these theories, of course there has been a correspondent variety of practice in every extreme of antiphlogistic and phlogistic treatment. The former has generally had the lead, and, but that the grave reveals no secrets, we should find a pretty amount of mischief laid to its charge: we could enumerate some awful things that we have known it to do, and appeal to the opinion of every candid practitioner for the truth of what we might say. Happily, however, under the influence of an improving pathology, the rabid adherents to the excessive depletion system are on the decline, and we hope soon to hear of them only as amongst the things that have been. This desirable consummation has been chiefly brought about by the opposition party showing, both that many inflammatory and febrile affections can be cured without bleeding, and that, in many instances, depletion has produced either immediate or remote mischief. The work before us is one of this class, and by no means inferior to many that have preceded it. The great fear of these counter-statements is, lest they should go too far, and thus be productive of mischief, little short of that which they are intended to prevent. At the best, human nature is fallible, and one of its characteristic faults is its tendency to extremes; thus we often find it affecting to counteract an error by the substitution of a greater one. We are not for a moment intending to charge this wholesale fault against Mr. Searle, whose book, for the most part, is very candidly and consistently written; but we cannot pass over the prejudices of the following passage without expressing our variance with them:—

"In medicine, morbid anatomy has, of late years, been made the basis of a sort of Baconian philosophy, and medicine has been rather pompously styled an inductive science. The ultimate effects of disease, as brought into view by morbid anatomy, are taken as correct data, the inquiry ascends to the supposed causes of the disease, and its nature is then supposed to be unequivocally determined. Unfortunately, however, for this mode of investigation and reasoning, the physician overlooks the possibility, or rather the great probability, of his having treated the disease under prejudiced views, and therefore improperly; he accordingly starts upon the false premises of the ultimate being the legitimate effects of the disease, instead of their being rather the effects of the treatment."—(p. 8.)

There is a very palpable sin against logic in this sentence, which, however, we will pass over, and express our unequivocal dissent from the assumed incompetency of morbid anatomy to contribute faithfully to general pathology. In a succeeding part of the work the author repeats this assumption, bringing it especially to bear upon the fact, that inflammation may be increased by bleeding, and that the inflammatory products of this depletion, as seen after death, may be supposed to be due to the original disease rather than to the doctor. Whilst we fully subscribe to our author's denunciations against indiscriminate and profuse bleeding, and believe with him, that it has often been a cause of serious mischief, we cannot, for a moment, enter a protest against the practice under special circumstances, or credit that morbid anatomy may be much in error as to whether bleeding were called for or not. We have always considered that post-mortems, in cases of local inflammation, are the only resources left to the sound practitioner against the assurances of the empiric. Signs and symptoms may deceive the best diagnosticator; and after death, if the body be intact, one man's opinion is as good as another's concerning the cause of death; and thus it is that we look to morbid anatomy to confirm or confront our pathological views and treatment. And how our author can suppose that a man may die of inflammation *consequent upon bleeding*, and that the affected organ shall exhibit *all the specific characteristics of inflammation*, we cannot for a moment imagine. We have known local congestion and dropsy, to a fatal extent, to follow indiscriminate depletion; but never anything approaching to inflammation! Who ever heard of *genuine pus*, or *genuine plastic lymph*, to be directly consequent upon bleeding? We admit that the blood may be so impoverished by *depletion*, and the blood-vessels so attenuated and relaxed, that effusion may occur, such as an inaccurate observer might attribute to pure inflammatory action. But a good pathologist would very easily see between the two. It is not long since we reviewed a book, in which the author declared *sanguineous congestion* of the lungs and *hepatisation* to be synonymous! Such pathology is really too bad in this day of anatomical and microscopical precision. And we cannot help thinking that our author, in classing the post-mortem appearances in death from *inflammation* and *bleeding*, has committed an error not unlike the one we refer to. At any rate, he cannot rightly understand the difference betweeen *pus* and *ichor*, and *fibrine* and *flaky albumen*, and the relations which they hold to certain pathological states. Nor are we without regret that we have not space to point out to him these nicetics, so vastly necessary to any authorship which implicates them. The passage we have quoted is one amongst several in which Mr. Searle's enthusiasm gets the better of his judgment. He wants more *exact knowledge* for treating certain subjects he has ventured upon. In his more matter-of-fact business, he is quite at home, and utters many excellent truths, which we should all be the better for observing. On the whole, we think there is much judicious advice contained in the volume, and we willingly commend it to our readers.

We have received (with several works which require, and will obtain, more elaborate notice), the following:—

Dr. Brett's Chemical Table of the Urine and Urinary Deposits, which contains, at one view, a description of the principal effects produced on normal and abnormal urine by heat, and the various chemical reagents. This table is simple and well arranged, and, we think, will prove useful to the student and junior practitioner.

A Descriptive Catalogue of Chemical apparatus Tests, &c., by Charles Button. This pamphlet contains a full catalogue of chemical and philo-

sophical apparatus, with the prices attached, and must be very useful to the chemist and pharmaceutist.

Douglas Jerrold's Shilling Magazine, for January. A very excellent number of a very excellent journal.

G. â Beckett's Almanack for the Month.—Abounding in polished wit and humour.

The Union Magazine, No. I. London: Madden and Malcolm.—This new monthly magazine is understood to come out under the direction of a very powerful corps of contributors. The present number—all the disadvantages of a first publication considered—is highly creditable both to contributors and publishers. The articles are well written, and judiciously varied, and the entire number is produced with much good taste. The magazine throughout takes a more useful form than that generally adopted by such periodicals, and on that account deserves a higher commendation. It is, in fact, a "first-class" magazine.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week.*

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s. neatly bound.*

J. Q. R. *inquires what privileges of practice are possessed by a member of the College of Surgeons not an apothecary? The* real *rights of practice depending on the diploma of the London College are, we believe, at present no greater than those possessed by every man, woman, and child in the British Empire. We think that any person, qualified or otherwise, may recover, in the present anomalous state of medical law, for surgical attendance as for work and labour done. Certain public bodies, however, make the membership of the College of Surgeons a necessary qualification for admission to their offices, and this, in reality, constitutes the chief advantage to be derived from the diploma.*

J. E., a Subscriber.—*Most of the epispastic papers depend for their blistering properties on the acetum lyttæ.*

Mr. Morris's *article on homœopathy shall appear next week. We must plead the crowded state of our columns as our apology for not having given it earlier insertion. To* Dr. George Johnson *we must make the same excuse for having so long delayed the publication of his note. From* Philo *we crave forgiveness on the same plea.*

A Medical Creditor *asks information respecting the recovery of small debts. We extract the following from the* British Almanack *for* 1846:—

ABSTRACT OF SMALL DEBTS ACT.

The act 8 and 9 Victoria, c. 127, for the better "Securing the Payment of Small Debts," gives power to the Courts of Bankruptcy, and a number of inferior courts, on the application of a creditor by a brief note in writing, to issue a summons against any debtor, on balance of account or otherwise, for a sum not exceeding £20; appointing a day in which he is to appear in court. It is not necessary for either party to employ counsel, attorney, or solicitor. The Judge may examine witnesses and documents, and he may also interrogate the parties; and thereupon pronounce a summary judgment. The act empowers him to decide without the intervention of a jury. Where undefined damages are sought, there may be an indirect advantage in saving the Judge from reflections that partisans are sure to make; but in questions of settled accounts, and of bills—in short, in all questions dependent on mere legal skill—the jury is better dispensed with. The Judge may order payment at once, or by instalments; may order execution on the debtor's goods and chattels, tradesmen's tools and other necessaries being excepted; and in the case of a contumacious or fraudulent debtor, imprisonment for a term not exceeding forty days.—Provision is made in the act for extending its benefits to the whole of England. One of the clauses empowers the Queen in Council to enlarge the jurisdiction of all inferior courts for the recovery of debts, to demands whether on account or otherwise, or to damage arising out of any express or implied agreement, not exceeding £20. Such an Order in Council is not to take immediate effect in the case of any court not having a Judge qualified as above described; but it is enacted that the persons entitled to appoint a Judge in such court shall, within three months after the issuing of the order nominate a qualified Judge, or that if they fail to do so, the Queen shall appoint one. The same section of the act empowers the Queen in Council to extend the district of any such court; and where any part of the extended district is within the jurisdiction of another court, to contract its district. The act 8 and 9 Victoria, c. 127, therefore enables the Executive Government to give every part of the country the benefit of local courts, with efficient judges and cheap and expeditious forms of process, for enforcing payment of all debts not exceeding £20. The boon is an important one; as is testified by the eagerness of tradesmen in those Metropolitan districts which are not within the jurisdiction of any court specified in the act, to have them annexed to the district of the nearest court.

If Mr. A. Normandy *will favour us with his address he shall receive a private communication.*

Mr. John Nicholson's *essay shall receive early attention.*

Mr. Toswill's *concluding paper on phthisis shall appear in our next.*

The Medical Times' Almanack *is the only medical almanack published this year.*

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THE MEDICAL TIMES.

SATURDAY, JANUARY 10, 1846.

THE SYSTEM OF HOSPITAL MANAGEMENT.

WE have received not a few complaints against the authorities of the Manchester Infirmary. They are charged with not making the utilities of that splendid Institution either as accessible, or, when accessible, as agreeable, as they might be to the objects for whom they were intended. This originates partly in the system, which appears to be bad, and, secondly, we grieve to say it, in the repulsive bearing and conduct of some of the officials themselves.

In the Infirmary, as in too many of our hospitals, the system of admitting none without subscribers' orders is maintained, and, as we are informed, with great rigidity. We object to this plan of supporting hospitals, both in reference to the subscribers and the destitute sick. The former lose by it all merit for their charity. Their subscription is, in fact, but a tax for their vanity—a sum paid to keep up social consequence, just as one pays more for a house in an aristocratic neighbourhood, or for a menial in livery. There is something rotten in any system which allows the consolations of the thousand destitute to be dependent on any such unworthy foundation. Hospitals are more than private charities—more even than public boons; they are social necessities. As such they ought never to be dependent on the contingency whether or not some two or three thousand respectable people of both sexes shall feel it worth their while to contribute as many or twice as many guineas—whether, in other words, they shall continue year after year to be convinced that the advertisement of their names and possession of influence as "recommending subscribers," are cheap at the cost of an annual guinea or two. The contribution as a charity is a farce; as a tax it is an injustice. The hard-hearted, the miserly rich pays not; he throws the burden he should himself largely share on the vain lover of appearances, the nervous utterers of yes to every demand, and those susceptible to an eleemosynary call even beyond their means.

On the side of the patients, the system of turning an hospital admission-order into patronage is far more serious. It is a mode of enacting, long, dangerous, in some cases awful procrastinations where life is at stake, and haste is everything. It increases the disease in most cases; it puts it beyond remedy in others; and the effect of it psychically on patients, in one case begetting irritation, impatience, and alarm—in another a difficulty of even seeking an order, must be far more seriously mischievous than is generally fancied. In fact, there is something hideous in it, for it turns even the instrument of charity into one of torture—torturing *the most* those whose utter destitution, while giving them greater caims for relief, cuts off the customary and fixed modes of obtaining it.

The Manchester Infirmary suffers under a double calamity of this kind of mal-arrangement, exactly because it has, fortunately, a second mode of giving medical advice not known in most other hospitals. The plan of visiting out-patients at their houses, adopted by this institution, seems to us under certain limitations most excellent; but why should so useful an arrangement be fettered, we had almost said nullified, by insisting—we depend on one of our informants—on a recommendation which must be brought on one day to secure attendance on the next? The delay of finding a subscriber, and then influencing him to give an order should be surely enough; why, then, an arrangement which is equivalent to twenty-four hours' further delay? There is really something frightful in the thought of the mischief that may be brought about by a system so full of procrastinating agencies.

With free medical attendance, as with other things, if worth giving at all, it is worth giving well. The Infirmary should be so provided with a staff that all postponements of this kind—always so unfortunate—sometimes so fatal—should be quite unnecessary.

A final complaint that has reached us has been against the conduct of some of the under-authorities to the out-door patients. It is described as too generally rude and uncivil. We place implicit credit in the accusation, and invite to it the attention of the superior authorities. The applicant for medical aid, condemned to receive it as an ostentatiously protruded charity, surely suffers enough under the sense of his condition, if of a well constituted mind, without being further reminded of it by sub-official brutality. Gifts—it is an old maxim—receive much of their charm from the manner of the donor; and it would be policy to shield a noble institution from an abuse so ill-timed—so needless—so mis-placed—as that which we now chronicle.

"Veritatem cum eis ipsis qui docent quærimus."
SENECA.

"Aversion from reproof is not wise. This is a symptom of the disease. Why should he want this hushing up of the disorder? This is a mark of a little mind. A great man can afford to lose; a little insignificant fellow is afraid of being snuffed out." CECIL'S REMAINS, p. 56.

OUR readers will recollect, that, about a month ago, we had an article upon the "disgraceful circumstances" under which the clinical surgery chair of the Edinburgh University was obtained by its present possessor. That article was written with the threefold motive of defending our correspondent, Dr. Lewins, who was rudely, and anything but logically, attacked by Mr. Syme; of repudiating the system of obtaining, by purchase-money, certain responsible situations to which merit, moral and

intellectual, should alone elevate men; and of giving Mr. Syme an opportunity of explaining away certain facts, which exhibited rather an ugly prominence upon his professional character. We unwillingly bent ourselves to the painful task of correction, for we are charitable enough not to desire to chastise offenders, how much soever they may deserve correction; but, as we have said, duty to our correspondent and to the public, and, moreover, pity towards the implicated party, outweighed our private scruples, and we uttered our sentiments accordingly. After having removed certain of the obfuscations which clouded Mr. Syme's letter of explanation (?) to the Editor of the *Medical Gazette*, and leaving, to our judgment, greater difficulties than ever for him to get over, we proposed sundry queries which we expressed an inclination to hear him answer creditably. In a feeling regard for his reputation, which we are sure he can ill afford to lose, we *desired* to find him giving the explanation requisite, but we confess we had little *hope* of his doing so. Week by week we found him trying the "Open, Sesame" scheme with the *Gazette* and the *Lancet*, but to no purpose—his communications "could not be admitted." At last we gave him up for lost, and ceased to think of him, until he was again brought before our notice in the pages of *Cormack's Journal*, of January 1st, of the current year. There we find him figuring away, more, we fear, to his reader's amusement than his own credit. We learn from his unfortunate correspondence, that, before addressing his explanatory (?) letter to the *Gazette*, he sent a copy of it to Liston, "authorising him to see the statement with the view of suppressing any part of it that might be disagreeble to him, provided the imputation of having obtained his (Syme's) appointment by dishonourable means were effectually silenced." Bravo, Mr. Syme! Not a bad effort at diplomacy, for a little one! He wanted Liston privately to communicate with the Editor of the *Gazette*, so as to "*effectually silence*" the "imputation" against the *modus operandi* of getting a surgical chair; and for doing this Liston was to suppress any other part of the letter he thought fit! Is this the way to deal with the unblushing materials of truth? Does a transaction, not dishonourable, require to be explained by personal influence, whisperings, cancellings, courtesies, and so forth? What had Liston to do with Mr. Syme's explanation of his own conduct? Liston is fully able to take care of himself, and does not wince at a *trifle*, and why should Mr. Syme be afraid of hurting him? Moreover, Liston had nothing to do with the business. The question was not how *he lost* the chair, but *how* Mr. Syme *got* it. All the latter had to do was to account for his own conduct, and not to interfere with his competitor's. It is very strange, again, that this uncommon courtesy should have crept upon him lately; for we remember the time when he would as soon have thought of operating upon his own person as of putting himself out of the way to aid Liston's reputation. The time we refer to was when Liston's importance in Edinburgh gave Mr. Syme such a fit of the fidgets, as to prompt him to certain funny little deeds, for which he was promised such an extemporaneous reward by his superior, as to induce him to take the earliest and most legal means of personal protection. "Alas! how altered now!" Mr. Syme writes a letter, with which Liston has no earthly concern, sends it to the latter to peruse, and expunge anything offensive to himself as an individual, provided he will *secure* to the offending party, through the public press, an "effectual" *silencing* of the charges against him! Liston, as we have said, had no business in the matter at all, supposing the explanation were what it ought to be. But Mr. Syme, fearing that Liston might make a counter-statement, thought the best way of neutralising him would be to affect a care for his reputation, and make him his confidant! But there wanted no whisperer to say to Liston:

Hunc tu, Romane, caveto.

He had had sufficient experience in Edinburgh to make him "canny" enough in London. He therefore returned, for answer, to Mr. Syme's most considerate note—

Dear Syme,—It so happens that I do not know the editor; and if I did, I would not interfere with your lucubrations. How was it, if not by purchase, that you obtained the chair of clinical surgery?

(Signed) Faithfully,

Nov. 8, 1845. ROBERT LISTON.

That is the sort of answer a man generally makes, who is fearless in the face of a consciousness that he has done no wrong. We are not intending to compare the two men together, but we cannot help contrasting the delicate subtlety and slyness of the one, inviting his friend to *help them both*, with the open-hearted daring of the other, calling, in the boldness of conscious truth, upon his *soi disant* admirer to do his utmost.

Notwithstanding this rebuff—so well merited, and so unhesitatingly inflicted—Mr. Syme sends his letter to the *Gazette*, carefully suppressing the fact that Liston had refused to curtail an item of it, or to influence the Editor to give it an insertion, or to see that the imputation against its author was "effectually silenced." All this Mr. Syme kept in his own heart; trusting to good luck, and the letter, to pull him through the business. That letter, however, no sooner appears, than Liston hurls an indignant lie at it in the following uncompromising language:—

To the Editor of the Medical Gazette.

"Sir,—I beg to say that the statement made by the late Professor Russell, of Edinburgh, and re-published in your last number, by Professor Syme, that an offer to purchase the chair of clinical surgery was made on my part, is utterly false. The assertion was contradicted by me in the public journals of the period, and Mr. Syme knows that to be the case.

I am, Sir, your obedient servant

Nov. 21, 1845. ROBERT LISTON.

How Mr. Syme's constitutional pliability enabled him to "sit down" (as old women say), with that unmistakeable sort of contradiction, we do not pretend to explain. At any rate, we are assured that "Greek" did not "meet Greek" in the affair, or to a *dead certainty* there would have been a "tug of war." Mr. Syme, however, bore the indignity with the patience of martyrdom, and failing to get a further hearing in London, affected to defend himself in Edinburgh, by printing a correspondence between Liston and the *late* Professor Russell. There are two letters on each side, not worth quoting in full, for the summary lies in the smallest compass. Liston, on hearing that a *certain* gentleman had charged him with attempting to buy Russell's chair, wrote to Sir Gibson Craig, denying utterly the truth of the insinuation. Upon this, Mr. Russell, no doubt with the *best intention*, wrote to Liston to say, that, if *he* did not offer to buy the chair, somebody did for him. To this Liston again answered, that his previous statement was quite true; that he had, moreover, *never authorised any individual to purchase the chair for him*; and that it was a little surprising *Mr. Russell had never personally mentioned to him the circumstance!* To this Mr. Russell makes reply, that he in "no way recommended Mr. Syme," and "for his appointment can neither be praised nor blamed." Liston closes the correspondence by saying, "I beg to repeat that I never authorised Sir Robert Liston to make any offer to you of the description to which alone the communications between Sir J. Gibson Craig and me relate; nor do I believe that Sir Robert ever made any proposal of the nature referred to." In this sentence, Liston emphatically gives the lie to Mr. Russell's assertions, and the latter, instead of bringing proof of the truth of what he had said, quietly retires from the controversy, and utters not another word. But is this the way in which facts are defended? If Mr. Russell could have disproved Liston, would he have permitted him to give so unqualified a contradiction to a statement upon which reputation was hanging? The very fact of the man not bringing evidence in favour of his assertions, was proof enough that those assertions were all gratuitous! and why not also the assertion that he had not recommended Mr. Syme? It is a logical argument that such should be the case, but we have a much better argument than logic to bring to bear upon the subject, viz., the incontrovertible argument of matter of fact; if Mr. Syme will invite its utterance, we can prove how, and in what way, and nearly at what cost, he was helped into the chair of clinical surgery. Moreover, in testimony to the purity and truth of the late Professor Russell—we speak this freely, for we are accustomed to say, De mortuis nil nisi *verum*—we can bring a witness, *bonâ fide* alive and faithful, who can *prove*, that whilst the chair was pending, *Russell told him if he would go five pounds above the other bidders, he should have the place*! So much for the simple, disinterested integrity of Professor Russell, and for the value attachable to his word.

We are not for party; Syme and Liston are alike indifferent to us. We are contending for *principle*, and we will never let chicanery interfere with it, so long as we wield the editorial pen. We neither care to clear one nor convict another—we only want truth. As far as we have gone, we think the inferences are pretty clear. Before going further, we wait Mr. Syme's answers to our queries.

MEDICAL TIMES PRIZE REPORTS.

WE have great pleasure in being enabled to announce that we have received the opinions of Dr. Gregory physician to the Small Pox, and Fever Hospital, Mr. Lane surgeon to the Lock Hospital, and Mr. Ancell the Lecturer on Medical Jurisprudence,—the gentlemen who kindly undertook the laborious duty of examining the papers of competitors for the MEDICAL TIMES PRIZES, and we are happy to state that their awards are unanimous. We shall announce the mottoes of the successful competitors, with some editorial comments, next week, and immediately commence the publication of the series first in order of merit.

ENCOURAGEMENT OF SCIENCE AND OF SCIENTIFIC MEN BY FOREIGN GOVERNMENTS.

(From a Correspondent.)

A Parisian correspondent has directed our attention to the following notice in proof of the continued regard bestowed by the French Government on the cultivators of pure science. It would appear that the Faculty of Medicine and the School of Medicine, properly so called, of Paris, has thought fit to establish within its walls a Museum of Comparative Anatomy, in addition to the Museum Dupuytren and Museum of the Faculty already

existing there, but which, no doubt, have a reference more to human than to comparative anatomy. A very splendid Museum of Comparative Anatomy exists at the Jardin des Plantes, rendering, we had thought, the formation of another in Paris supererogatory. That of the Garden of Plants is unquestionably chiefly Osteological; the new museum now being founded at the Faculty, may probably be intended to represent the *internal organs*, as well as the mere osseous frame-work hitherto forming the chief part of all comparative anatomical museums. This we conjecture from seeing the name of Dr. Thibert put prominently forward in its formation. However this may be, it offers another proof of the anxiety of the French Government to assist science and scientific men in every way. The notice of this new scientific movement in Paris we copy from the French journals:—*

"Interior, Paris, 7th November.

"M. the Minister of Public Instruction visited the School of Medicine of Paris, the 30th October last, for the purpose of examining the new Museum of Comparative Anatomy. He was received by the Dean of the Faculty of Medicine, Councillor of the University, who presented to him those *savans* who had the most efficaciously contributed by their labours or by their gifts to the formation of the collection. His Excellency afterwards examined in detail every part of the museum.

"On departing, the Minister thanked warmly the Dean, and all who had assisted in the formation of this fine collection.

"'Gentlemen (he said) I know not whom most to congratulate, the head of the establishment who is thus supported, or the scientific men, and those devoted to it, who are thus directed. Your labours, gentlemen, do honour to science; nay, more than this, which is of more importance, they will benefit it. I shall report to his Majesty all I have seen here.'

"Next day the Minister of Public Instruction wrote to the Dean of the Faculty that the King, at his request, had named 'Chevaliers of the Legion of Honour' the following gentlemen:—MM. Dr. Hyrtk, of Vienna, Maissiat Associate of the Faculty of Medicine of Paris; Felix Thibert, Doctor of Medicine, Paris. At the same time the Minister announced his intention of providing funds on the next budget for a new chair of comparative anatomy.

"His Excellency was further pleased to signify his intention of adopting measures for the securing to the students of the faculty the full benefit of its library, already so favourably and conveniently placed, by directing the library to be kept open until eleven at night. He takes on himself all the additional expenses of this step."

A perusal of such notices as the above cannot fail to bring into strong contrast, in every reflecting mind, the French and English Governments in respect to science and scientific men. Even in the metropolis there is no *central library* for the use of medical students and medical men. Some paltry collections of books exist, we believe, in connection with some of the so-named schools, totally unworthy the name of libraries. The library of the "*far-famed*" University of Edinburgh is shut to all students after *four* in winter and *three* in summer; that is, it closes when it should open, and opens when, as regards the *student*, it might close. The same may be said of the library of the College of Surgeons in London, which, besides, is *not open to students*.

As regards science, and the encouragement of science, and of scientific men, the contrast is still more striking—unquestionably disreputable to our Government. The wants, the requests, the advice of scientific men are in France listened to, and attended to, by their Government without the least delay or difficulty. In most regions of the globe scientific Frenchmen in the pay of their Government traverse the ground, enriching the literature of France with the most valuable information. Britain, on the other hand, with all her colonies, shipping, and commerce, scarcely ever sends out a scientific traveller. That her armies and navies possess men of ability and observation neither we nor anybody else propose to deny; but officers have their own duties to perform, and it is surely too much to expect from them laboured scientific reports, seeing that neither leisure nor means are granted them for this purpose. At the moment we now write there may be some twenty or thirty British ships of war on the African coast, directed ostensibly against the slave-trade, which their own officers admit can never be put down by any such force. An opportunity like this for the examination of the African continent never previously occurred, and may never occur again; yet not one of these vessels carries a single scientific man on board, excepting always their own officers. Beyond *the service* our Government never looks; they cannot even imagine any necessity for it, and hence English books of travels have become a subject for ridicule not only with foreigners, but even with ourselves. But a few months ago a frigate was dispatched by the English Government ostensibly to explore scientifically the coasts of California. We say ostensibly, inasmuch as we do not believe the *avowed* object to have been the *real* one. But granting that it really was so, the vessel was on the eve of departure without a single scientific man on board, and would have proceeded to sea without one but for the interference of a high personage, who expressed to Lord Haddington his astonishment at such an arrangement. Whereupon the Admiralty, ashamed of this, but not having the smallest idea in what the qualifications of a scientific traveller really consist, and imagining that this high personage must mean a young botanist or bird-stuffer, to collect weeds and sea-shore shells, actually looked out for a *young person* of this kind, and *sent him out as a scientific man* to explore scientifically the *unknown land* of California! Such extreme folly surely never existed in any other body of men. Has Britain, then, no highly educated, experienced traveller whom she might employ with advantage to herself, and credit to the country? Are such persons to be found only in France, Germany, Prussia, Sweden, &c.? Not so; but "*the service*," "*the service*;" our scientific men do not belong, it would seem, to either of *the services*, and so the Government cannot possibly notice them, neither can it employ them. Here is the real incubus—the real difficulty. A candid and seemingly dispassionate writer in a monthly magazine of high reputation has lately† called the attention of the public to the matter. He considers the blame to be with our mode of education, and especially with the Universities of Oxford and Cambridge. No such persons as the eminent continental travellers can possibly be found in Britain, he thinks, so long as education is conducted as it is at Oxford and Cambridge. But herein, we feel assured, after the deepest reflection on this point, that the writer of that article is certainly mistaken, and that the fault does not lie with the Universities, but with the Government. Britain, we are assured, abounds with men quite equal to the task of examining, in every point of view, any country, ancient or modern, known or unknown; *but her Government has constantly refused to employ them.* We speak advisedly on this point. Prussia, Bavaria, France, and Russia, uniformly send out on scientific commissions their best men—men of the *highest reputation* as original observers. The British Government or Admiralty looks out as explorers of unknown lands for some clever young naturalist, that is, herbarium collector and bird-stuffer.

But why should the Admiralty, who have not even yet learned the sailing qualities of vessels, which is surely their duty, be supposed the competent persons to decide on the qualifications of scientific travellers? Look at the expedition to the Niger under Lord Russell's management! No commission like that, now or lately, in Egypt, sent there by the present Prussian Government, ever left the shores of Britain; nay, what is more, persons like Spix, Von Martius, Lipsius, Niebuhr, Ehrenberg, Parrot, never yet were sent from Britain as travellers under any circumstances whatever.

Again, we say, the fault is not with the universities, but with the Government. To be employed as a traveller a *man must belong to the service, military or naval.* A recommendation was lately, we are given to understand, made to the Colonial Secretary to direct a small scientific commission to examine the extra tropical portion of Southern Africa, and the most cogent and even urgent reasons were assigned for such a commission. The Secretary (Lord Stanley) took no notice of the recommendation. What mattered it to him that the British were pursuing a policy there, both as regards the white and the coloured population, perfectly indefensible on any principle of justice or common sense? His lordship holds all previous acquaintance with any country perfectly supererogatory, it being sufficient to send British bayonets to it, when required. It availed nothing the pointing out to his lordship that the British colonists and British arms were advancing into an unknown country, driving before them a host of desperate slave-holding lawless borderers, who must, should this policy be persisted in, carry a lesson into Central Africa, rendering the British name odious in all future time. Nothing of all this had the smallest influence with the Colonial Secretary, who contented himself with sending *more troops* to the colony. 2nd, In the face of his own declaration that European labourers were not required, he now offers a *free passage* to any number. So much for his consistent opposition to Mr. Buller's motion in the House of Commons; and 3rd, he sends out a *service-man* to sell lands at Natal at £1 per acre, which lands no more belong to the British Government than do the plains of Patagonia.

Lest our comments on the brief notice quoted at the commencement of these remarks extend too far, we shall prefer returning to this matter on the appearance of Professor Moll's (of Utrecht) work, which we find announced in a late list of promised publications.

* The magnificent Museum of Pathological Anatomy now in Bridge House-place, Southwark, is also the handiwork of Dr. Thibert. Pathological changes are there represented by models in relief, of the greatest fidelity, and which in time must, to a great extent, supersede all other modes of representing diseased appearances and diseased structural changes, enabling even the pathological anatomist to preserve, in a much less expensive and much more useful way, morbid structures themselves.

† Blackwood.

MISCELLANEOUS CORRESPONDENCE.

THE NATIONAL ASSOCIATION AND ITS OPPONENTS.

To the Editor of the Medical Times.

SIR,—I seldom step out of my way to notice either political or professional controversies, and have only been tempted to do so now in sheer indignation which every man of right principle must feel at the abusive articles that have weekly appeared in the *Lancet* against the secretaries of the National Association. Surely, sir, some means should be taken to stop such unwarrantable language. The best and only plan would be *to cease to take in the journal in question.* Let us *give it up* at once and for ever, and thus show our detestation of such filthy personalities against men of high character. Week after week have the secretaries of the National Association been accused of all sorts and degrees of offences, and nicknamed in the choicest Billingsgate of Bedford-square. I personally know nothing of these gentlemen, but I believe them to be men guided by integrity of principle, and utterly incapable of the deception which has been charged against them.

Why does not the pen of some ready writer defend these gentlemen? As a reader of your journal, I have been looking out for another of the masterly letters from the pen of Mr. Ross, whose elegant and searching style has made him the Junius of medical politics, and the merciless dissector of hypocrisy and selfishness. I knew him well when a member of the committee of the Medical Protection Assembly, and felt great satisfaction in his acquaintance, and was certainly never more surprised than when I read the stupid and vulgar attack upon him in last week's *Lancet.* As open, generous, and intellectual, as his appearance bespeaks, who could suppose that the fancy sketch in the *Lancet* was intended to represent him? It is a gross libel, as much like are the two as "Hyperion to a satyr."

I feel satisfied, sir, that this gentleman has always acted in a straightforward way in his political movements; though I feel that I should

make but a bad defender of his merits. As a member of the committee of the late Medical Protection Assembly, I remember the circumstances that led to the publication of the letter, quoted against him, by Mr. Ross. I remember also, and the fact is recorded in the *Lancet* of that date, that about a fortnight after, at a public meeting of the National Association, Mr. Ross, regardless of all personal feeling which had drawn from him that letter, declared in a frank and candid way his desire to promote the objects of the association of which he had always been an advocate. I have not the *Lancet* by me, nor do I remember the language used on the occasion; but the fact I distinctly remember on account of my association with the opposing party; and I remember, too, that his good sense and manliness was a matter of general praise among all temperate men. I dare say this open and generous conduct is incomprehensible to the eel-backed editor of the *Lancet*.

A word, sir, about the Transactions lately issued by the National Association. I rejoice to see that they have at last given a demolishing blow to the factious M.P. They have written in a candid argumentative strain that must *tell* upon professional feeling. How will the bold-faced editor now conduct himself? Will he reiterate his falsehoods and his accusations?

If there should be a new election for Finsbury, he must be opposed and turned out. The medical men might make a committee, and start some liberal candidate of better character than himself against him. *Get him out of Parliament, and drop his Lancet*, and the decorated jackdaw will appear, without disguise, in his own humble suit of dirty skin dyed black.

I am, sir, your constant reader,

PHILO.

Finsbury, Dec. 22nd, 1845.

[This letter was in type, and should have been inserted last week, but was omitted for want of space.—ED.]

A PROFESSIONAL QUERY.

To the Editor of the Medical Times.

SIR,—Through the medium of your widely extended journal, will you allow me to inquire of my professional brethren as to their experience in the treatment of the subjoined case?

I have a patient, the peculiarity of whose temperament, &c., I deem it superfluous to mention; but of whom it may be said that nothing remarkable in his physical character distinguishes him.

Some years ago (twelve he says) he contracted, by an indiscretion, pediculi pubis, which disease, despite various applications, and the consultations of men, eminent in their treatment of cutaneous disorders, has continued even to the present time.

He has been under my care now about three months; at times I have thought him getting well; and he has also had hopes of speedy estrangement from the parasitical tribe with which he is infested. But though improving, as he apparently is for a time, I can perceive in him no chance of a continued amendment. I may say that his health is good, the functions in unison, and his appetite excellent. All he complains of is the itching of the parts *at times*, while occasionally in the pubic region a small, dull, *gnawing* sort of pain is felt momentarily, and as quickly recurring. This latter symptom may continue a minute or so, and then for a time disappear. On examination, I find the hairs studded with these animalculæ and their ova, leaving no doubt whatever respecting the character of the complaint. Amongst the remedies tried, may be mentioned the hyd. am. chlorid.; hydr. chlor.; also the bichlorid, even so strong as to blister, as grs. x. to ℥j.; ung. hyd. fort.; infus. tabaci; Scotch snuff; kreosote *alone;* the strong hydrocyanic acid, &c.; but these and many others to no purpose.

Could any of your readers furnish a substitute for any of the above vaunted preparations, and suggest any other plan of treatment? By so doing he would much oblige,

Sir, your obedient servant,

A SUBURBAN PRACTITIONER.

BRIGHT'S DISEASE.

(To the Editor of the Medical Times.)

SIR,—In your journal of December 12, 1845, I observe a communication from Dr. W. H. Willshire, in which he endeavours to show that my views of the nature of Bright's disease have been anticipated by Dr. Constatt, of Erlangen. This he attempts to prove by quotations, printed in parallel columns, from an abstract of Dr. Constatt's Essay in the *Gazette Médicale de Paris*, June 7, 1845, and from an abstract of my own paper, which appeared in the London medical journals of November 22.

Allow me to suggest for the consideration of your readers a comparison of the two following passages, in which are stated, as exactly as possible, that is, in the reported words of the respective authors, the views which Dr. Willshire so hastily considers identical.

CONSTATT.

"In brief, according to M. Constatt, Bright's disease would consist in the transmission of a very large proportion of albumen through the urinary passages, and in this case the kidney would present no alteration; or, again, a part of the albumen, before reaching the medullary portion or the pelvis, would coagulate and adhere to the walls of the urinary tubes, whilst another portion of albumen, contained in the plasma of the blood, would transude through the blood-vessels, and become deposited in the interstices of the cortical substance. These views, as the author remarks, might influence the treatment of the disease. In fact, if we cease to treat it as an inflammation we must have recourse to therapeutic agents of a different nature, and we may perhaps discover some which will oppose this peculiar alteration of the liquid blood, the nature of which is unknown."—*Gazette Med.* June 7, 1845.

JOHNSON.

"Bright's disease, the author considers, may be described as *primarily and essentially an exaggeration of the fat which exists naturally in small quantities in the epithelium cells of the healthy gland*—a fatty degeneration of the kidney analogous to the fatty degeneration of the liver, as demonstrated by Mr. Bowman. This accumulation of fat in the secretory cells necessarily leads to the engorgement and dilatation of the tubules which they line. * * The frequent connection of albuminous and bloody urine with Bright's disease, and the atrophy of the kidney, are attributed by the author to the mechanical operation of the above described fatty accumulation. Having alluded to the circulation of the gland, as described by Mr. Bowman, he entered into a minute detail of the reasons which led him to the conclusion that the presence of albumen and blood in the urine is in this disease a secondary phenomenon dependant on the previous morbid changes.

* * *

"The author then dwelt at some length on the frequent coincidence which he had observed of the disease in question with a similar fatty degeneration of the liver, arteries, and valves of the heart."—*Medical Times*, November 22, 1845.

The above passages from Constatt are suppressed in Dr. Willshire's quotation—passages which would have clearly shown to every unprejudiced reader that the views of Dr. Constatt as to the nature of Bright's disease are *totally and essentially* different from my own; and while Dr. Willshire has *suppressed* what would have established beyond a doubt the independence of my views, he has not scrupled to *invent* for Dr. Constatt the axiom that "deposit of fat globules takes place in the urinary tubules, which, becoming enlarged, exert compression on the adjacent blood-vessels."

Now, Sir, this communication from Dr. Willshire must surely be the result either of *gross ignorance* or of *wilful misrepresentation;* of gross ignorance, if Dr. Willshire is not sufficiently acquainted with the elements of pathological science to discriminate between opinions so adverse; of wilful misrepresentation, if this assertion has been made with even the most rudimentary knowledge of the subject.

It is hoped that these expressions may not be thought too harsh; but should they appear so to any of your readers, I would earnestly beg of them to consult the number of the *Gazette Médicale* in which Dr. Constatt's paper is condensed, and to compare the views there set forth with the garbled extract of Dr. Willshire.

I may take this opportunity to mention that the only circumstance which afforded an apparent pretext for Dr. Willshire's hasty insinuation is that in *one* case Dr. Constatt saw fat globules in the expressed juice of Bright's kidney. With respect to this, I would take leave to remark, 1st, that no such observation either anticipates or interferes with the views which I have communicated as original to the Medical and Chirurgical Society; and 2nd, so far as the mere vague occasional sight of fat is concerned, Henle, Eichholtz, Hecht, and Gluge, have preceded Dr. Constatt. But it is not the mere casual detection of fat in a Bright's kidney that gives the interpretation of the disease; the material in question being a well-known frequent constituent of various morbid products, inflammatory, malignant, and scrofulous, essentially different from each other. Nor need I impress upon you, Sir, or upon any of your readers, who are acquainted with the literature, as well as the facts and phenomena of the disease in question, how vague and unconnected have been the observations referred to, and how unworthy to be considered additions to exact pathological knowledge.

I am, Sir, your obedient servant,

GEORGE JOHNSON, M.D.

King's College, December 12, 1845.

HOMŒOPATHY.

SIR,—On re-perusing that portion of my former letter which related to the want of confidence in medicine displayed by some of the physicans in Vienna, the idea struck me that possibly I had unintentionally made it appear that this is more universal than it really is, and that I had not sufficiently explained that, in the long run of cases, the treatment based upon it was found to be as successful as that of the more orthodox medical men. I *had*, therefore, made up my mind to append a postscript to the foregoing observations before I saw Mr. Hind's letter in today's journal which clearly showed me that it was necessary.

It is notoriously true that this scepticism prevails to a great degree, and that some physicians do not ever, or scarcely ever, prescribe for their patients any thing more than a mere placebo; still there are many, and more especially among the older men, who continue to physic their patients *secundum artem*. In speaking with such censure of the Vienna physicians, Mr. Hind seems to have overlooked the all-important fact which I stated, namely, that the mortality was certainly not greater in those wards where this system prevailed than in the others; nay, that in certain instances it was less. I stated that Skoda (who must be considered an authority) had found by experiment that pneumonia cases did far better when left to nature or decoction of grass than when treated according to any one of the most approved allopathic methods. If, then, he finds more patients in proportion recover with this remedy than when tartar emetic is used, can any one blame him for discarding the one and adopting the other? If he did not, would he not deserve the name of a "cruel physician," without being called a "sage" one?

The only comparative statistical fact which I am able at this moment to refer to, as likely to throw light on this subject, drawn from our own hospitals, is the report of the pneumonia cases treated in the Edinburgh Infirmary from July, 1839, to October, 1841, as given in Dr. Henderson's recent work on Homœopathy. I am not acquainted with the particular practice at that institution, but I have no doubt, from the character it has always enjoyed, that the medical staff are well worthy of the posts they hold, and consequently that his patients have all done for them that allopathy can do. Now, it will be seen that in this institution, of 222 cases admitted,

just 80 died, that is, the treatment there adopted involved the loss of one patient in every 2—3; but Skoda's "decoctum graminis" involves the loss of only 1 in 9; Fleischmann's phosphorus involves only the loss of 1 in 31—32; therefore, instead of 80 patients dying out of the 222, the former would have lost but 25, and the latter but 7. This is a serious consideration, and it must be remembered that Dr. Fleischmann's statement has never even been attempted to be contradicted, and I think I showed in my former letters that fraud, even if desired, is *impossible*.

It may not be uninteresting to mention, while on this subject, that I am informed that Skoda is now trying corrosive sublimate in very small doses with his pneumonia patients. With what success I am unable at this time to say.

I apprehend that Mr. Hind means to infer (from his insinuation that these physicians are bonâ fide Hahnemannites in disguise), that the homœopathic dilutions are not in truth more active than the acknowledged inert preparations I stated that they were in the habit of prescribing. If this is the case, and he has the liberality to examine evidence which all must confess is impartial, let him refer to the 362nd page of the Curiosities of Medical Experience, by Dr. Millingen, and then candidly answer whether *that* is not strong testimony in favour of the opposite opinion to his own.

From the remarks I hear made by medical men, and also from the letters which have appeared in this journal on the subject, I am inclined to believe that the vital importance of it is not justly estimated. Let those who only read my letters, to smile at the credulity which perhaps they think I display in advocating what they consider the height of nonsense, remember that those who held the same opinions with myself *positively assert* that they can not only cure many diseases *with ease*, which are absolutely incurable by the ordinary practice, but that we can treat many acute affections with comparative certainty of a successful issue—affections which constantly baffle all their skill, and in spite of the most anxious care not unfrequently terminate fatally. Let them remember that croup, cholera, scarlet fever, dysentery, rheumatism, pneumonia, pleurisy, peritonitis, &c., present a far less terrible appearance to the homœopath than they do to the allopath. I speak from experience, for I have tried both symptoms. Perhaps some who may read this will shortly be called to attend in a family where scarlet fever has broken out; they may see one, two, or three children suddenly removed at one stroke from their broken-hearted parents, then let them think that there are many hundreds of their professional brethren equally well educated, and able to form a correct opinion with themselves, who conscientiously believe that had a different system of treatment been adopted, in all probability not one would have been lost; nay, that had belladonna been properly administered, nearly all might have been preserved. Let them think that they have had abundant opportunities afforded them of proving for themselves whether these things are so. If such a visitation should befal their own families, and hereafter they should become convinced of the truth of homœopathy, what would be their feelings? Pause, then, and reflect, my allopathic brethren, on the awful responsibility you are incurring in thinking of this subject only to laugh at it. In this journal you will shortly see sufficiently strong evidence to warrant you at once putting it to the test of experiment. If you are not convinced, you will at least have the satisfaction of thinking that you have not blindly and heedlessly despised them.

I am, Sir, your obedient servant,

GEORGE HILBERS.

Crescent, Norwich, December 13, 1845.

MEDICAL REVIEWS.—A weekly print states that some "chevaliers d'industrie," connected with a medical journal, are obtaining books from authors on the pretence of giving favourable reviews. The system is vile, and should be strongly reprobated by every journal pretending to any decency of character. We hope for the honour of the medical press, however, that these "practitioners" pretend to privileges which they do not possess; in which case they should be handed over to the law to be treated as impostors.

GOSSIP OF THE WEEK.

OBITUARY.—On the 12th inst., at his residence, 3, Cambridge-terrace, Regent's-park, Samuel Dyer, late superintending surgeon on the Madras Establishment, aged 65. On Saturday, the 1st ult., John Randles Esq., surgeon, late of the Pymrhydd, near Marchwheel, Denbyshire. At St. Helens, aged 47, Mr. Mercer, surgeon. On the 20th, inst., at his house, in Blandford-square, Halliday Lidderdale, Esq., M.D. On Tuesday, the 16th inst., at Seotton-house, near Richmond, Yorkshire, aged 32, Mr. R. L. Kilburn, surgeon, Litherland. On Saturday last, aged 66, Mr. Jones, surgeon, Brecknock-road. At Demerara, October 18th, Dr. William Paton. At sea, in September, on the passage from Calcutta to England, for the recovery of his health, Arthur C. Macnish, assistant-surgeon 80th Regiment. October 3rd, at Hong-Kong, China, John Duggan, Esq., M.D., Royal Artillery, eldest son of the late Dr. Duggan, of Merion-square. At 16, Bath-street, Glasgow, 22nd ult., Dr. John Andrew, aged 50 At 15, South Tay-street, Dundee, 18th instant, Mr. Patrick Nimo, surgeon, eldest son of Dr. Patrick Nimo. On the 2nd inst., at 21, Grove-end-road, St. John's-wood, William Fergusson, Esq., M.D., inspector-general of military hospitals, in the 73rd year of his age.

NEW AND ECONOMIC MODE OF GENERATING STEAM.—A French engineer, M. Leonard, now in London, has discovered an exceedingly simple means of curtailing the quantity of coal hitherto required in the generation of steam. His principle, for which he has taken out a patent, is that of putting whale or other fish oil into the boiler, unmixed, or with more or less water. When the oil is at a temperature producing steam, water is thrown in, and steam is produced as fast as required by the machine, without the oil passing off in vapour, or decomposing. Various experiments have been made, and the saving in fuel is stated at from forty to fifty per cent.

The Medico-Chirurgical Society of Montpellier propose to award a gold medal, of the value of 200 francs, for the best essay "On the Nature and Treatment of Chorea." The papers are to be transmitted before the 15th of June, 1846, to Dr. Hubert Rodrigue, No. 20, Rue Aiguillerie, Montpellier.

The Paris Tribunal have recently decided that no person can practice as a dentist without having previously obtained a medical or surgical qualification. Several persons have been fined fifteen francs and costs. An appeal has been entered to the Cour Royal against the judgment. If some such decision could be given in this country, it would serve to diminish the ranks of the quacks, many of whom are now practising as dentists.

WAR OFFICE, December 16.—10th Light Dragoons: T. Fraser, M.D., to be assistant-surgeon, vice Anderson, promoted in the Rifle Brigade. 17th Light Dragoons: H. Kendall, M.D., to be assistant-surgeon, vice Anderson, promoted in the 77th Foot. 43d Foot: Assistant-surgeon R. Lawson, from the 47th Foot, to be surgeon, vice Miller, promoted to the Staff. 47th Foot: G. Sanders, gent., to be assistant-surgeon, vice Lawson, promoted in the 43d Foot. 77th Foot: assistant-surgeon G. Anderson, from the 17th Light Dragoons, to be Surgeon, vice Burrell, promoted on the Staff. Rifle Brigade: assistant-surgeon A. Anderson, M.D., from the 10th Light Dragoons, to be surgeon, vice White, promoted on the Staff.

WAR OFFICE, December 19.—15th Foot: Assistant-surgeon J. A. Wilshart, M.D., from the Staff, to be assistant-surgeon, vice Braybrooke, appointed to Staff. 79th Foot: H. D. Fowler, gent., to be assistant-surgeon, vice H. C. Reade, who retires upon half-pay. Royal Canadian Rifle Regiment: Staff assistant-surgeon P. W. Maclagan, M.D., to be assistant-surgeon, vice Blakeney, promoted on the Staff.

HOSPITAL STAFF, December 16.—To be Inspectors-General of Hospitals: Deputy-Inspector J. Gillkrest, M.D.; Deputy-Inspector T. Kidd, M.D.; Deputy-Inspector A. Stewart, M.D. To be Inspectors-General of Hospitals, with local rank: Deputy-Inspector M. M. Mahony, M.D.; Deputy-Inspector H. Franklin. To be Deputy-Inspectors-General of Hospitals.—Staff-Surgeon of the First Class J. French, M.D., vice Gillkrest; Staff-Surgeon of the First-Class A. Stewart, M.D., vice Kidd; Staff-Surgeon of the First Class W. Henry, vice Mahony; Staff-Surgeon of the First Class J. W. Watson, M.D., vice Franklin. To be Staff-Surgeon of the First Class.—Surgeon J. Miller, from the 43d Foot, vice Stewart; Surgeon Moses White, M.D., from the Rifle Brigade, vice Steward; Surgeon W. H. Burrell, M.D., from the 77th Foot, vice Henry.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, January 2nd, 1845: J. H. Budd, A. Davies, J. R. Holman, T. B. Thwaites, J. B. Gilpin, J. Welch, L. C. Heslop, S. S. Sidebottom, J. Broadbent, W. A. Harland.

MEDICAL APPOINTMENTS.—Dr. Page has been elected Physician to St. George's Hospital, in the room of Dr. Macleod, resigned; and Dr. Bence Jones, Assistant-Physician, in the room of Dr. Page.

TEST OF MESMERISM.—An eminent surgeon has lodged at Ball's bank, Dublin, a sealed envelope containing a £100 note, which he purposes to bestow upon any mesmerist who can tell the number of it by clairvoyance.

ROYAL MARINES.—MEDICAL OFFICERS.—Surgeons: John Bayne, 1791; Peter Cullen, 1793; George Butt, 1798; James Johnson, M.D., 1800; George Birnie, 1819; John Maconehy, 1838; Alfred G. G. Tucker, 1841; Henry H. Hammond, 1842; James Philips, 1843; Gawin M. M'Clure, 1845; Sidney Bernard, 1845. Assistant-Surgeon.—Lawrence Campbell, 1838; Walter Traill, 1838; Charles Hartman, 1840.

APPOINTMENTS.—Surgeon: Charles Paget Blake, M.D., to the Phœnix. Assistant-Surgeons: L. Cazey, to the Myrmidon; R. Wallace, M.D. (acting), to the Victory; D. H. Wright, (acting), to the Gladiator steam-frigate; F. J. Brown and G. A. Hallion, to Haslar Hospital; D. M'Bride, to the Calypso; P. Digan, to the Carysfort.

An advertisement has appeared in several of the French newspapers for two persons to undergo experiments in physiology and therapeutics! The remuneration offered is 600 francs per annum, with board and lodging. A fine opportunity for acquiring a correct knowledge of the functions of the spinal nerves.

The municipal council of Paris has just granted five millions of francs for the erection of a new hospital, to be called L'Hôpital Louis Philippe, at St. Lazare, between the Faubourgs Poisonnière and St. Martin.

MORTALITY TABLE,

For the week ending January 31, 845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	1153	1020	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	229	201	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	106	109	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	189	155	159
Diseases of the Lungs, and of the other Organs of Respiration	305	323	292
Diseases of the Heart and Blood-vessels . . .	47	27	24
Diseases of the Stomach, Liver, and other Organs of Digestion	75	68	71
Diseases of the Kidneys, &c.	13	6	6
Childbirth, Diseases of the Uterus, &c.	15	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	6	6
Diseases of the Skin, Cellular Tissues, &c.	8	1	1
Old Age	54	74	70
Violence, Privation, Cold, and Intemperance . .	95	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of January 5, 1846: M. ELIE DE BEAUMONT in the Chair.

ELECTION OF OFFICE-BEARERS FOR 1846.—The Vice-President for the past year, M. Mathieu, succeeds, *ex officio*, M. E. de Beaumont in the office of President. The ballot, therefore, only took place for the election of a Vice-President. M. Adolphe Brongniart and Professor Roux were the favourite candidates; but at the first poll, neither having obtained a majority of the votes of the members present (55), the ballot-box went round a second time, when M. A. Brongniart, having obtained 37 votes, and Professor Roux 17 (one vote was a blank), M. A. Brongniart was declared duly elected to fill the office of Vice-President for the year 1846. M. E. de Beaumont then expressed in a few words to the Academy, his gratitude for the support he had received in the discharge of the duties of the presidency during the preceding year, and vacated the chair, which M. Mathieu immediately occupied.

DISCOVERY OF A NEW PLANET. — Professor Arago communicated to the Academy the intelligence that a new planet had been discovered, on the 28th of November, 1845, by M. Hencke, of Driessen. This luminous body, of the size of a star of ninth rate magnitude, is situated between Ceres, Pallas, and Juno, on one side, and Vesta on the other. The new star was observed on the 14th of December, at Berlin, by the celebrated astronomer Encke, and on the 17th, at Altona, by M. Petersen; it was seen on the 11th of January, in Paris. M. Hencke, having transferred to Professor Encke, director of the Berlin Observatory, the right of giving a name to the new planet, it will most probably receive that of "*Astrea.*"

ACADEMY OF MEDICINE.

Meeting of January 6, 1846; DR. ROCHE in the Chair.

Dr. Roche opened the meeting by a short address, and claimed the assistance of the Academy. He trusted he would be supported by the members in the discharge of the sometimes arduous duties of the new office he had been honoured with; he proposed the warmest thanks of the Academy to M. Caventou, the late president, for his conduct in the chair during the year 1845. M. Nacquart also moved, that the warmest thanks of the Academy be granted to the late secretary, M. Dubois d'Amiens, for the untiring industry and the conscientious talent with which he had acquitted himself of the onerous office of secretary. These two motions were unanimously carried.

The adjourned debate on *iodine injections into the joints*, was then resumed. Professor Roux requested permission to add a few observations to those he had already made on a former occasion. Twelve or fifteen years ago, no difference of opinion seemed to exist in the profession as to the treatment of hydrocele by the wine injection. It was universally considered efficient, when a sudden outcry was raised against that hitherto successful treatment, and the solution of iodine was proposed by M. Velpeau. Professor Roux was inclined to fear that this sudden change of opinion was less to be attributed to a very mature experience, than to the natural partiality of the inventor for the plan he had introduced into practice. Hydrocele is, like cataract and aneurism, one of those few complaints which are susceptible of a radical cure; adhesions which obliterate the tunica vaginalis render the return of the disorder physically impossible; but M. Roux does not consider the iodine injection capable of producing the obliteration of the serous cavity, and of giving any degree of security against a reproduction of the original malady. The wine injection, when it passes into the cellular structures of the scrotum, gives rise to gangrene; but this arises only from the neglect or clumsiness of the operator. The learned professor concluded his remarks in saying, that, although, he had no personal experience whatever of the good or bad results of the iodine injection in hydrocele, still he felt convinced that M. Velpeau's partiality for it would before long undergo a notable diminution.

In answer to Professor Roux, M. Velpeau observed he felt no surprise at being told that other surgeons had been obliged to operate, with wine, on hydroceles which had resisted the injection of tincture of iodine; but he could also state that the converse was not unfrequently the case; thus he had himself, when he succeeded Professor Roux, at La Charité, successfully operated with the solution of iodine on two patients, with whom Professor Roux had in vain employed the wine injection. In confirmation of the statements laid down in his reports, M. Velpeau begged leave to read two passages from an author, who would surely not be suspected of partiality to iodine; the first referred to the intense pain occasionally experienced by the patient when the wine injection enters the tunica vaginalis. The sensation was described as very distressing, and as giving sometimes rise to nervous symptoms of a serious character. The second passage stated that after the wine injection—abscesses, gangrene, suppuration of the penis, and peritonitis had occurred The name of the author being loudly called for, M. Velpeau named Professor Blandin as the writer (laughter). Now, continued M. Velpeau, I have never myself treated the wine injection with such severity; in my writings I have, on the contrary, always set it forth as the best of all methods, with the single exception of tincture of iodine. M. Roux misunderstood M. Velpeau, if he conceived him to have said that obliteration of the tunica vaginalis was never produced by iodine. M. Velpeau only asserted that the hydrocele might be considered perfectly cured without obliteration taking place, and he was further induced to believe, that in some cases the obliterated cavity might be formed anew. M. Velpeau could not at all admit, with M. Roux, that the destruction or removal of any organ was the only certain method in the surgeon's possession for the cure of diseases. What! if after hydrocele, the patient found himself in the same anatomical condition as *before* the malady had ever existed, might he not be looked upon as perfectly cured? Besides, the removal of the crystalline lens in cataract was certainly not a positive guarantee that the disease would not be reproduced; is there no such thing as pseudo membranous cataract? It seemed to M. Velpeau, that throughout the discussion relapses had been confounded more or less with recurrence of the same disease. Thus a patient affected with pneumonia or pleuritis, may twelve months afterwards be again assailed with the same disorders, and yet this cannot be considered as a relapse. Why then should not the same chain of reasoning apply to hydrocele? The cases in which months or years of health intervene between two hydroceles, could not in his opinion be said to be relapses. It was only after years of experience, that M. Velpeau had decided upon preferring the tincture of iodine to the wine injection, and he did not believe he would be easily led to modify his opinion on the subject.

M. Jobert: Three objections chiefly have been raised against the local exhibition of iodine, viz:—1. The frequency of relapse; 2. The production of gangrene; 3. The fear of producing symptoms of poisoning by the absorption of the drug.

1. With regard to the first objection, M. Jobert begged to say, that it was most positively contradicted by the results of his own practice. He has operated for hydrocele seventy times with the iodine, and in *one* case only a relapse took place; and even this solitary instance was one of induration of the tunica vaginalis which ought to have been treated by excision. After the injection of wine, on the contrary, relapse is not uncommon. The following is an instance of the fact:—A young Englishman, aged nineteen, was operated on in London, by an eminent practitioner of that city; *three* times the wine injection failed, and the patient, having come to France, was successfully operated on with tincture of iodine.

2. As to the production of gangrene, M. Jobert did not think the iodine injection was more open to blame than on the score of relapse. On one occasion, M. Jobert injected the tincture in an undiluted state. The patient having unexpectedly shifted his position during the performance of the operation, a small quantity of the fluid passed into the cellular tissue of the scrotum. Limited gangrene took place, and the slough did not exceed in size a two franc piece. On the contrary, every surgeon has met with cases of extensive sloughing of the integuments of the scrotum after the wine injection,

When the tincture is diluted—when it penetrates only into the tunica vaginalis—M. Jobert does not think that a singe instance of gangrene can be adduced.

3. The symptoms of poisoning are never observed after the injection. This M. Jobert can say not only from the results of the practice of others, but from personal experience. The persons who introduced the solution of iodine into the surgical pharmacopeia, seem to M. Jobert to be deserving of the highest commendation for having enriched therapeutics by the addition of a valuable instrument.

Thus, in chronic abscess, M. Jobert has often used the drug with the greatest benefit. A boy, aged nineteen, presented a chronic abscess of the arm; a puncture was performed, and seven ounces of the undiluted tincture were injected, not only without producing any accidents, but with the most satisfactory results; the boy speedily recovered. For another case of chronic abscess of the left side of the neck, a simple puncture having proved ineffectual, 200 grammes of the pure tincture were injected, and a rapid cure followed the operation. The same favourable termination had been observed in a chronic abscess of the right side of the thorax. The same quantity of tincture was used, and the patient is now almost well.

In tubercular cysts, again, M. Jobert had employed the same method with much advantage. He would record one case only:—It was one of scrofulous testis, attended with numerous fistular ulcerations. The amputation of both spermatic glands was in contemplation; but a small quantity of fluid having been detected in the tunica vaginalis, the injection of pure tincture was made, and the patient was very soon completely restored to health. In the year 1830, M. Jobert had made experiments on the use of this medicine in hydrarthrosis and in ascites; the conclusions he drew from his observations were most favourable; in one word, the object of the injection of iodine is not, as has been said, to obliterate serous cavities, but chiefly to modify their vitality.

Professor Gerdy: In his defence of iodine M. Jobert has gone much farther than even M. Velpeau. The person who first introduced the method under discussion into practice was Mr. Martin, of Calcutta, who employed it to an immense extent; but he employed a diluted solution, and, strange to say, it is exactly in the same proportions as Mr. Martin that M. Velpeau uses the solution. In seventy cases, M. Jobert met only with one relapse; M. Blandin and M. Gerdy had not had the same good fortune; neither had Professor Fricke, of Hamburgh, who showed that the injection of iodine caused intense pain, and permitted frequently a relapse of the disease. In M. Fricke's cases, also, symptoms of poisoning had been observed. Finally, Professor Gerdy could see no reason to prefer this dangerous method to any other in the treatment of hydrocele: in forty or fifty cases he had obtained success by passing a thread seton through the tumour. As to injections into the joints or serous cavities, it is an imprudent and rash practice, to which he must give his most unqualified disapprobation.

Professor Velpeau stated he was perfectly aware that many other methods might be employed for the cure of hydrocele besides the injection of iodine; thus, he had himself tried the injection of many liquids, even the serous effusion of the hydrocele itself, and had succeeded. That was not the question: the question was, what liquid was *most* successful; and, in his opinion, it was the tincture of iodine. This substance is acknowledged by all to be possessed of valuable resolutive properties, and hydrocele, being frequently attended with indurated epididymis, or chronic enlargement of the testis, was it not a natural inference that the drug would at once act upon the serous membrane and upon the diseased gland? M. Velpeau now possesses four hundred detailed cases, and surely that is a considerable experience. Professor Roux states that he has operated on upwards of one thousand five hundred cases, and that four only proved fatal; a somewhat large proportion in the treatment of a disease which amounts only to a deformity. At the time of the first introduction of this tincture of odine in the therapeutics of hydrocele, M. Gerdy wrote a book, avowedly, as it was then stated in the preface, to moderate the enthusiasm of the profession with regard to the method; this fact would account for the excitement displayed by Professor Gerdy on the subject. Professor Fricke's experiments on iodine are of no value whatever; they were instituted under the following circumstances: M. Openheim, a professor of the same faculty as Fricke, had adopted the plan and was satisfied with its results, Professor Fricke, doubtless, also with the view of moderating his colleague's enthusiasm, instituted an inquiry into the matter. Starting with this unfavourable and hostile disposition of mind, he expected that the cases of hydrocele operated upon with iodine should be cured in twelve days, and repeated the operation at the end of that period, when it was hardly fair to judge of the result of the first injection. Was this an equitable, a reasonable trial? M. Velpeau would leave it to the Academy to decide. There is no doubt now, but that the pain produced by the injection of iodine is much less severe than that resulting from the injection of wine; and if this consideration appears to some surgeons of little value, the patient considers it, by no means unimportant. As to the accusation of producing symptoms of poisoning, it was really a most futile objection. The injection used by M. Velpeau hardly ever exceeds four ounces, one-third of which only is formed by the tincture; and the injection is not allowed to remain more than a few minutes in the tunica vaginalis; the quantity absorbed during that space of time must surely be very trifling, and totally incapable of producing any unpleasant consequences; besides, do we not know that immense quantities of iodine are daily exhibited *internally* to patients without evil results? Have we not heard Dr. Jobert state he had often injected eight ounces of undiluted tincture without damage to the patient? A distinguishod veterinary surgeon of Paris, M. Leblanc, has injected frequently iodine in the cavities of the joints in horses, and even in the pleuræ without accidents. The accusation of temerity and imprudence which M. Gerdy brings against those who employ this method, is one which I cannot allow to pass unanswered: if it remained unnoticed, it might be used at all times to crush every progress of science, and besides it is a personal method of argumentation which cannot sufficiently be deprecated. M. Gerdy has divided surgeons into two classes—the rash and the timid: does he not think that a third class might very fairly be established, comprising those gentlemen who will neither do anything themselves, nor allow others to endeavour to advance the interests of science? Finally, it is not without some degree of surprise, that the Academy has heard the reproach of rashness come from M. Gerdy, who instituted, not long since, for the radical cure of hernia an operation which he performed sixty times—which did not succeed once—and was four times followed by death.

The hour being advanced the debate was adjourned to the next meeting.

HOTEL DIEU.

CLINICAL LECTURE. *Articular Rheumatism.* By Professor ROSTAN.

Some days since a girl was admitted into our wards presenting all the attributes of the most decidedly lympathic constitution. I beg to draw most particularly your attention to this fact, because it has, in my opinion, no inconsiderable share in the production of the very violent attacks of rheumatism which she has undergone. The patient was confined without accident about seven weeks ago: she was able to go out three weeks after her accouchement, and was in all respects doing well; when, having been obliged to remain for several hours with her hands and arms alternately immersed in cold and warm water, she was seized with a chill, a general sensation of faintness, and pains in the joints, slight at first, but which gradually acquired considerable severity. The knees and ankles were first affected, and after a few days the pains left them and fixed upon other articulations. Under these circumstances she was admitted on the 27th of December, 1845. The wrists and fingers were then the principal seats of the morbid symptoms; the right shoulder was also painful and tumefied. The skin of the integuments was red; over the affected joints the slightest touch occasioned extreme suffering. The skin was hot; pain, redness, heat, and tumefaction, these four characteristics of inflammatory disease were therefore present. The apex of the tongue was red, its basis covered with a whitish coating; the thirst was intense; no sickness was present, nor was the abdomen painful; the bowels were open. Pulse 100; respiration 40 per minute. The respiratory murmur first deceived us, and induced us to believe in the existence of a bruit de soufflet in the heart, which we afterwards ascertained did not exist. We may here say that we do not consider that complication of acute disease of the heart occurs in more than one case out of every seven at most; it constitutes, therefore, an exception—not, by any means, a rule. The urine of this patient was tested with care, and found strongly acid. Venesection was performed five times without any diminution in the symptoms; we exhibited Dover's powders at the dose of ten grains almost without any benefit. A sixth venesection was performed yesterday; but we dare bleed the patient no more.

Two opinions divide the profession as to the nature of acute articular rheumatism. The first is the following:—Rheumatism is not an inflammatory disease but a malady, sui generis; it is not an inflammation, for pus has never yet been found in the affected joints. The cases in which pus is reported to have existed are doubtful, or complicated with phlebitis and other inflammatory maladies; the swelling and redness are, besides, not so intense as they would be in a complaint of a purely phlogistic nature. On the contrary, some believe that rheumatism is a pure inflammation. The general symptoms, the fibrinous condition of the blood extracted from the veins, the local conditions of the diseased articulations, all serve to support this view and give it strength.

We have ourselves met with a case of articular-rheumatism some years since, in which pus was formed at the tibio-tarsal articulation, and was evacuated during life. We have often seen the synovial fluid clouded with albuminous deposit, and the ligaments red, soft, injected; this certainly proves that there is most undoubtedly an inflammatory element in the disease. But that it is a particular kind of inflammatory disease, we must also admit. The migrations of the pain from joint to joint would be in themselves sufficient to demonstrate the fact, that in rheumatism as well as in hooping-cough, measles, variola, or scarlatina, the malady is under the influence of a special cause Disquisitions on the nature of the disease are interesting only inasmuch as they lead to peculiarities of treatment, and it is for that purpose we have called your attention to the study of the nature of articular rheumatism.

We are of opinion that neither the views of those who reject bleeding altogether in the treatment of this affection, or those of the persons who recommend blood-letting "*coup sur coup*," should be exclusively adopted. The conduct of the physician must be regulated by the progress and intensity of the disorder, the strength of the patient, &c.

*** We much fear that the above lecture will not inspire British readers with any other feeling than considerable surprise at the manner in which one of the most celebrated of the French professors understands the treatment of rheumatism. It is perhaps necessary to say, that other and more rational methods of management are used in the French hospitals, although it is certain that the deplorable method of venesection "coup sur coup" is still in considerable use. The unfavourable results of repeated bloodletting in the treatment of acute rheumatism might indeed be, à priori, premised; in *all* the cases of rheumatism in which Professor Andral analysed the composition of the blood, it was found *deficient in globules.* (See his Traité d' Hématologie.) Most persons affected with acute articular rheumatism are, therefore, more or less, in a chlorotic state at the time of the invasion of the disease; and yet these patients are bled five, six, or seven times during the first days of their admission into hospital. M. Gendrin, one of the physicians to the Hospital of la Pitié, has introduced into practice a method which is frequently successful. It consists in the daily exhibition of immense doses of nitrate of potash. Dr. Gendrin

has often given more than half an ounce daily; and at this dose the drug seems to act powerfully on the circulation. The treatment by opium, proposed by Dr. Corrigan, of Dublin, is not unknown in France; in the hands of Dr. Requir it has produced the most satisfactory results.

Clinical Lecture. *Pleurisy*. By M. Chomel.

The subject of this lecture is a woman, aged twenty-nine, of a delicate constitution, and weak health. Six months ago she was affected, without any known cause, with uterine hemorrhage, and the loss of blood lasted at least six weeks. On examining the uterus per vaginam, M. Chomel felt distinct granulations, but delayed the further examination and treatment of her uterine complaint until her present thoracic complaint shuold have been entirely removed. His reasons for postponing the introduction of the speculum were, first, to spare the patient in her present delicate condition the emotion inseparable from the examination, and, secondly, the fear of exposing her to cold during the exploration of the womb. Three months before admission into hospital the woman was affected during three weeks with daily febrile attacks, which ceased spontaneously. Her health seemed quite restored, when, a fortnight ago, she complained first of headache and loss of appetite, followed by a stitch in the left side of the chest. The pain persisted several days, but was not sufficiently severe to oblige the patient to remain in bed or abandon her household duties. Ten days since the pain ceased, and was followed by the appearance of fever. Four days ago she was brought to the Hotel Dieu. On examination her face was flushed; her skin hot; the pulse 100. The two inferior thirds of the left side of the chest were dull on percussion, and the respiratory murmur was absent in the same region, but was replaced by a bronchial souffle, and the voice was œgophonous. A brisk purgative and diuretic drinks were ordered, with strict diet. The next day, when I saw the patient for the first time, I found the face calm, and the countenance did not indicate a serious disorder; the number of inspirations was not increased, a fact which I consider of very great value for the diagnosis. Let us examine into the symptoms, and draw from them some inferences.

The dulness of the chest could be attributed only to one of two causes:—effusion of fluid in the pleura or condensation of the pulmonary parenchyma. Now, from the single fact, that extensive dulness of one of the sides of the chest is not accompanied by increased frequency of respiration, and no very serious physiognomical expression of disease, we conclude, almost without hesitation, that this was a case of pleurisy. Hepatisation of an extent of lung corresponding to the dulness existing in the present case would, undoubtedly, be attended with general symptoms of great severity. The affected side is slightly bulged, and is, as we previously have mentioned, the seat of bronchial respiration. I need not say that this variety of stethoscopic sound is not special to condensation of the lung, but that it is frequently also met with in pleurisy, one of the most characteristic signs of which accompanies the souffle in this case—it is œgophony. We do not, however, believe that œgophony can only be detected when fluid is found in the thoracic cavity; a considerable degree of doubt surrounds the mechanism of its production; but when the symptoms above enumerated combine in any particular instance, we must say the diagnosis is not doubtful; it is pleurisy with effusion.

We have not attempted to obtain further certainty by endeavouring to displace the liquid, and examining the patient in various positions; we do not approve of the plan, because it exposes the newly formed false membranes to laceration; it tends to increase the extent of the inflammation by placing pus, perhaps, in contact with portions of the serous membrane hitherto healthy; besides, the diagnosis is sufficiently accurate without using this method, which we very seldom employ for the stated reasons, except in cases of extreme uncertainty.

In pneumonia the lung is not always *condensed* by the local inflammation; its tissue is occasionally *softened;* in these cases there is no souffle, and no bronchophony, as you can easily suppose. Hardness and solidity of the lung are necessary for the transmission of the souffle or of resonance of voice. In the present case we have none of the symptoms of pneumonia: the rusty sputa are absent, and the signs of general reaction have been comparatively trifling. We refer the origin of this effusion to the stitch complaint of some days before admission, and it is because we have had frequent occasion to see pleurodynia followed by pleuritic effusion, that we constantly recommend a vigorous treatment against it. It is not uninteresting to remark, that in one patient pain appeared before the effusion, and has completely ceased now that the effusion is complete. This frequently happens; the first acute stage of the disorder passing by a gradual transition into the subacute or chronic stage.

The prognosis of pleurisy varies according to its cause; primary pleurisy is less to be feared than that which is the consequence of an organic thoracic disease; and amongst the primary forms of pleurisy we may distinguish two, the serous and the purulent variety, the second of which is far more dangerous than the first.

Dan. M'Carthy, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

England.

[The following are the only articles of interest to the profession in the last number of the *Lancet*.]

Ovarian Dropsy.—Mr. Isaac B. Brown narrates a case of ovarian dropsy of four years' duration, successfully treated by pressure, mercurials, and diuretics. The patient was a lady, twenty-seven years of age; her disease had been pronounced to be ovarian dropsy by Dr. Little, Dr. Ramsbotham, Dr. Blundell, Mr. Ray, and Mr. Rutley. When seen by Mr. Brown there was a large tumour with circumscribed edges, filling the abdomen and pressing up the umbilicus, evidently containing fluid, and its walls feeling thicker than usual, although the surface of the whole cyst was smooth and regular, with no protuberance or enlargement at any part; it appeared to come more from the left than the right side, but both sides were so much filled that it was difficult accurately to determine which ovary was really diseased. On examination per vaginam the os uteri was found to be perfectly healthy, but pushed back and almost lodging on the recto-vaginal septum, and the fundus was pressed forwards, and pressing up under the pubes, coming in contact with the bladder; there was nothing abnormal in its structure. Menstruation had always been regular as to period, but too profuse in quantity. Mr. Brown soon got his patient under the influence of mercury, exhibiting diuretics internally, and using pressure to the abdomen by bandaging. Nearly a month after she placed herself under his care he tapped her, and drew off ten pints of fluid of a bright amber-colour, and perfectly transparent, but not very albuminous. The abdomen was afterwards carefully bandaged, napkins, carefully doubled up, being so placed over the abdomen as to fill up the pelvic cavity. Suppurative inflammation of the ovarian sac followed, attended with considerable suffering. Seven weeks after the first operation the patient was again tapped, and ten pints of pure pus, tinged with blood towards the end, drawn off. A few days afterwards purulent matter began to drain away with the urine, and continued so to do for some time, the patient meanwhile gaining strength and flesh. The cyst collapsed, and the patient recovered. The cure is attested by Mr. Lane and Mr. Rutley, of Dover, her usual medical attendant. The efficient agent in promoting the cure evidently was the accidental suppurative inflammation, and not the plan of treatment adopted by Mr. Brown.

Uterine Hemorrhage.—A case, related by Dr. Hall Davis, strongly demonstrates the necessity of an examination in midwifery for medical practitioners. It seems he was consulted by a practitioner as to the treatment of a case of uterine hemorrhage, occurring at the fourth month of pregnancy. He heard no more of the case until the evening of the second day, when he found the patient apparently moribund from the continued hemorrhage, which was still going on, the ovum expelled, the placenta partially separated, while *the doctor had disappeared, and did not return to his post for two or three days afterwards.* It appeared also that the practitioner in attendance (?) had neglected the use of the plug. Dr. H. Davis accordingly took charge of the case. The patient ultimately recovered, but suffered a tedious and protracted convalescence. Dr. Davis, we think, should have published the name of the surgeon who left his patient to die without assistance. He merits the most severe reprobation for his conduct, which was neither professional nor manly.

Traumatic Tetanus.—Dr. Sandwith describes a case of traumatic tetanus, successfully treated by bleeding, mercury, antimony, and purgatives. The bleeding was practised freely, and the mercury pushed to salivation. He is opinion that, in traumatic tetanus, there is not only hyperæmia of the spinal chord, but absolutely inflammation, having found, on examining the medulla spinalis of tetanic patients under the microscope, increased vascularity in the grey and medullary matter, and also a greater degree of softness and sponginess than is met with in the healthy texture.

Scirrhus of the Duodenum and Pancreas.—Dr. Roberts details the case of a man, aged sixty-two, of convivial habits, who was in the habit of exciting the pharyngeal end of the œsophagus, so as to produce vomiting, whenever the contents of the stomach caused any uneasiness. He became the subject of severe jaundice. The skin was of a deep yellowish-green colour, the conjunctiva nearly of an orange tint, the urine as dark as porter, and the stools clay-coloured. He never complained of pain in either side, nor did strong pressure in the region of the liver cause any inconvenience. From the large quantity of fat on the abdominal parietes, and also from the tympanitic state of the intestines, no satisfactory examination of the liver could be made during life. He lingered several weeks, and died. On opening the body the liver was found gorged with green bile, and the ductus communis choledochus was obliterated at its exit from the gall-bladder. The duodenum and pancreas were scirrhous; the other organs were healthy. The usual mode of treatment, with mercury and counter-irritation, had been employed unavailingly.

Chlorine in Scarlatina.—Dr. Maitland states that if chlorine be exhibited in the treatment of scarlet fever at the same time that calomel is given, the bichloride of mercury will be formed in the primæ viæ. To ascertain this point he took two grains of calomel, and at the same time six minims of Dr. Watson's solution of chlorine. The next morning he had slight coppery taste, looseness of the teeth, and a little grey edging of the gums—symptoms which were never before produced by a similar dose of calomel. The caution is of value.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette*.]

Vascular Tumour of the Meatus Urinarius.—Dr. Lever describes a case of vascular tumour at the orifice of the meatus urinarius, occurring in an aged female. At the time of her admission she had constant calls to void her urine, the passage of which occasioned her great pain; occasionally the pains were of a shooting character, extending upwards to the abdomen, outwards to the hips, and backwards to the perineum. On separating the external labia a vascular tumour was seen protruding through the meatus urinarius, of a florid red colour, and about the size of a kidney bean. On minute examination, which was with difficulty accomplished, on account of the exquisite sensitiveness of the growth, it was found that it passed some little distance into the urethra, and was sessile; it bled upon the slightest touch, and the suffering occasioned by the examination was considerable. The patient was placed on her back, and the tumour, with the lining membrane of the urethra attached to it, was removed. Arg. nit. was then applied. Considerable pain followed the operation, but gradually subsided, and after two more applications of the nitrate of silver the patient got well. In some clinical remarks on the case, Dr. Lever says these growths appear to consist almost entirely of vessels, and their connecting cellular tissue; they must, however, be abundantly supplied with nerves, from the exquisite suffering they occasion. They vary in shape and size, being sometimes like a small mulberry, having a slender stalk protruding through the meatus;

sometimes not being larger than a pea, and in some cases passing inwards along the urethra, as far as, and even into, the neck of the bladder. They seem to have their origin below the mucous membrane, from the sub-mucous cellular tissue. They must not be mistaken for simple polypoid tumours, which are occasionally found arising from within the urethra, and protruding through the meatus; it is true, the latter dam the flow of urine, the water passing in a small and stifled stream; there may be great efforts to empty the bladder, and if the tumour be long overlooked the bladder may become thickened, and vesical irritation may ensue, but there is not that exquisite sensibility which is present where there are vascular growths, neither does the polypus so readily bleed. Malignant disease is also met with at the orifice of the urethra, unaccompanied by malignant disease of the uterus and vagina; then will there be difficulty in micturition, pain and scalding during the passage of the urine, occasional bleeding, and a mucous discharge. Ocular examination will readily detect the one from the other; in malignant disease there will be found a hardened lobulated tumour, or a cluster of lobulated tumours involving the urethra to a greater or less degree, diminishing its capacity and almost closing its external opening. If, in addition to this, malignant disease of the vagina be present, it will greatly assist the diagnosis. Frequently, too, the inguinal glands are enlarged, and the aspect of the patient is charactistic of malignant cachexy. There is another disease to which this part of the female urinary apparatus is liable, viz., thickening of the cellular membrane around the urethra, with an enlarged and varicose state of the vessels, in which there is a dilated state of the blood-vessels with an hypertrophied condition of the cellular membrane; the urethra for an inch or more behind the meatus is frequently so dilated as to hold some few drops of urine, which may be pressed from it, and which cause continued irritation. This state of parts is accompanied by constant uneasiness; there may be pain in sexual intercourse, although for the most part females labouring under this malady have their sexual desires exalted. The uneasiness is increased in the erect posture; there is frequent inclination to evacuate the bladder both by night and by day, a small quantity of urine flowing at a time, and the patient generally feels as if there was more fluid to pass. There is also a slight mucous discharge. The finger passed into the vagina feels the urethra to be swollen and spongy, and if the disease have lasted for some time there will be a part from which a few drops of urine may be pressed. When inspected the part will be found of a dark red colour, and in some cases there is tenderness. Warts growing from the vestibulum cannot be mistaken for the vascular tumour, as they are insensible, and are accompanied by a mucous discharge. With respect to the treatment of these tumours, Dr. Lever remarks that when they are of the form of a cherry or mulberry, the better plan is to tie a piece of dentist's silk waxed around the stalk, and snip off the tumour below; the silk should not be too thin, or it will cut through, neither should it be tied too tightly for the same reason. When the ligature comes away the stalk must be destroyed in the same way as in the case related; if the mucous membrane itself and the sub-mucous tissue be not destroyed, the vascular tumour will most certainly reappear. The most troublesome forms of the complaint are those in which the tumour not only peeps through the meatus, but runs along the urethra, and in some instances passes into the cavity of the bladder; in such the symptoms of irritation are intense; the stream of urine is as fine as a hair, and the suffering patient attempts to pass her water every three or five minutes. If the disease go on unrelieved she wastes, becomes dispirited, dyspeptic, and may at last die worn out by her long-continued and aggravated sufferings. In such cases the vascular growth within the urethra cannot be removed by the scissors or knife; the first thing to be done, therefore, is to pass a small sound or catheter to establish a canal for the passage of the urine. However painful this may be, and agonising it most certainly is, it must be done; some arg. nitras must then be passed along the track of the urethra, and by its agency the vascular growth must be destroyed; the sound or catheter must be passed every day, or every second day, according to circumstances, and the argenti nitras repeated as soon as the slough occasioned by its use has separated. It is as well to let the patient keep the sound or bougie in the bladder for half an hour after the application of the caustic. The patient must be carefully watched the while, as cystitis may supervene.

PASSIVE MENORRHAGIA.—Dr. Lever describes a case of passive menorrhagia of considerable duration, the extensive loss of blood having been productive of anemia, in which a cure was effected by the exhibition of gallic acid in eight grain doses, followed, when the hemorrhage had ceased, by chalybeates.

CALCULUS.—Mr. Phillips reports a case of calculus, with albuminous urine, in which he operated successfully. The perineum was of the usual (query, unusual) depth, the prostate large and hard, and the bladder so intolerant of fluids, that it could not be made to project. In addition to which the stone was lodged on the symphysis pubis. Notwithstanding these impediments the operation, although somewhat delayed, was successfully performed, and the patient afterwards discharged cured, the urine being free from albumen.

ECZEMA.—In this paper, Mr: Erichsen treats of eczema affecting the scrotum, penis, arms, and scalp. Eczema of the scrotum and neighbouring parts occurs in childhood, and in old age. In the former it is more tractable, and is often accompanied by an intertriginous affection of the parts. The eczema which is met with in the middle or more advanced periods of life is not uncommonly attended by more or less pruriginous disease. It is peculiarly obstinate and annoying. The appearance presented by chronic eczema of these parts in children is very remarkable. The scrotum and integuments covering the pubes, the inside of the thighs and penis, are of a vivid red colour, inflamed and oozing; occasionally covered with soft, moist, greyish, or yellowish scabs, from under and between which a serous fluid exudes in tolerable abundance. At other times they are dry, glazed, and chapped in all directions, being merely covered here and there with thin flimsy scales. These two conditions, the moist and the dry, alternate with one another, being evidences of the greater or less activity of the disease. The parts affected are sometimes bounded by a very abrupt line, and there is always a degree of intertrigo and excoriation from friction between the fold of the thigh and the scrotum. There is also much itching, and considerable distress is occasioned by the occasional dribbling of a few drops of urine down the inflamed surface when the child makes water. The gait of a child afflicted with this disease is usually "straddling," the legs being kept asunder, and there is much pain and inconvenience in walking. Exacerbation of the disease taking place from time to time, the vesicular element becomes manifest in the neighbourhood of the affected parts. When occurring in individuals past the middle period of life, eczema attacking the scrotum usually presents the ordinary characters of that disease in its chronic furfuraceous or squamous condition. The scrotum is much wrinkled, red, dry, rough, and glazed, or covered with thin, peeling, curled, laminated, and dry furfuraceous incrustations of a whitish or greyish colour, which rub off in considerable abundance, exposing cracks and fissures, from which a thin, ichorous, or bloody discharge oozes. The itching, which is intolerable, and is more complained of than anything else, is much aggravated by any excess of diet, or when the patient is warm in bed. Every now and then, under the influence of some exciting cause, the disease assumes a more active condition, revealing its vesicular elementary character, and thus enabling it to be readily distinguished from prurigo of the region affected. Eczema of the anus is characterised by occasional vesicular eruption, excoriation, fissures, and chaps, which bleed, and are excessively painful on the passage of the fæces, more particularly if these be hard and lumpy. There is always excessive pruritus, more especially when the patient is warm in bed, or after standing for any length of time. It generally occurs in persons who have passed the middle period of life, and is not uncommonly connected with piles. The most useful local applications in cases of eczema of the scrotum are, after any active inflammatory action that may be present has been subdued by poultices, fomentations, or, if necessary, leeches, the application of lint dipped in warm lead lotion, and covered with oiled silk, or unguent. zinci, either alone, or mixed with the cerat. plumbi comp. or ceratum plumbi acetatis, or the unguent. plumb. comp. In cases of eczema about the anus the addition of the extract of belladonna to one or other of those ointments, but more especially to the unguent. plumbi acetatis, is a very efficient means of allaying the irritation. The general treatment must be conducted on the principles that generally guide us in the treatment of the more obstinate varieties of eczema. Most dependence is to be placed on the diluted nitric acid, or on the liquor potassæ arsenitis, or Donovan's solution, given carefully. Every means will, however, fail, unless strict attention be paid to diet and general hygienic measures. Chronic eczema of the scalp is a common disease in childhood; it becomes more rare towards the adult period of life. It is very obstinate and intractable. In early life it is generally connected with dentition, and it is also supposed to be one of the results of late weaning, more especially when met with in the form of crusta lactea, the eczema impetiginodes. After puberty females are more liable to it than males, and in them it is almost invariably connected with amenorrhœa or dysmenorrhœa, or, when occurring at a later period of life, with the cessation of the menstrual function. The eruptive fevers also prove an occasional cause of eczema, and it is sometimes hereditary. Chronic eczema of the scalp, although presenting considerable variety in its characters, seems to resolve itself naturally into the three following species:—1. Simple chronic eczema, which may assume either a moist or a dry form; 2. Eczema furfuracea, corresponding to the porrigo furfurosa of Willan; 3. Eczema amiantacea, which is an extreme condition of the last variety. In the moist variety of the disease there is always a very copious discharge of a thin serous fluid from a number of small openings, the remains of former vesicles, that lie closely scattered on the inflamed and tender surface of the scalp; this discharge, which is of an acrid and iritating nature, is apt to increase the inflammation in that part of the skin over which it flows. If it be very abundant the hair looks as if it had been soaked in a thin solution of gum arabic, being matted together in locks, which have a dirty yellowish-grey moist appearance, and between and under which the inflamed scalp may be seen pouring forth the discharge. As this lessens in quantity, soft yellowish-grey scabs will be formed, which, gradually losing their moist appearance, will be found to resemble those that characterise the dry variety of the disease. In the midst of this, acute attacks of eczema, attended by a great evolution of vesicles, by increased heat and redness of the scalp, frequently occur, adding very greatly to the severity and obstinacy of the disease, and the distress of the patient is very often greatly increased by a chronic inflammation of the eyes and ears, which is a common complication of this form of eczema. As the discharge lessens, and the inflammatory action subsides, the moist passes in many cases into the dry variety of chronic eczema. The extent to which the scalp is affected in the dry form of chronic eczema varies considerably; there may merely be a few scabs in a few scattered situations, or the whole head may be thickly coated with them. This variety of the disease is characterised by whitish, yellowish, greyish, or yellowish-green scabs or scales, usually of a very irregular figure and degree of thickness, separated from one another by cracks and fissures which allow the dry red inflamed scalp to be seen. These incrustatious are always more or less lamellated, and are usually thinner at the circumference than in the centre, which is the part last separated from the scalp. They are loosened from the skin by being gradually pushed up by the growth of the hairs that traverse and are entangled by them, the part that is farthest from the vertex being first raised up; the sides are then separated, and when the upper and middle parts are detached the scab falls off, leaving the subjacent skin dry, glazed, and of a dull red colour. These scabs are most numerous about the vertex, the sides of the head, and the ears. The hair is frequently not at all affected in this disease, and never permanently so, although it may become dry, thin, and brittle; bu as it returns to its original strength and appearane e as soon as the disease is cured, no permanent bald

ness ever results. It is only in particular instances that the two varieties of form in which simple chronic eczema of the scalp occurs, are separated by characters as well and as clearly defined as those above-mentioned; in general they run insensibly into one another, varying as any cause may occur to increase or diminish the inflammatory action going on in the scalp. The moist, indeed, has a tendency in all cases, in its progress towards a cure, to pass into the dry form of the disease, and this again into eczema furfuracea, which is of very common occurrence, and is characterised by a number of thin scales, varying very considerably in size, and which are either moist, adhering to the hairs, or dry and loose. When slight and of but trivial extent, this disease appears in the form of a few thin laminated scales of a whitish or greyish colour, the remains of vesicles that have either shrunk without effusing their contents, or else have contained such a minute quantity of serum that when it has dried up it has been insufficient to form a scab. Eczema amiantacea is not a common affection, and when it does occur it is most frequently as a consequence of eczema furfuracea. As the scales of eczema furfuracea gradually become more numerous they are collected into thicker masses, which dry on the surface, and assume that peculiar grey, pearly, striated appearance which is so characteristic of the disease, and which resembles sufficiently closely coarse asbestos. In the mass thus composed of an agglomeration of hairs, of serous discharge, and of scabs, the individual hairs cannot be discovered, as they are collected into bundles, which may often be subdivided into smaller ones, but which it is impossible to resolve into their separate component hairs. When these locks are cut off, and the scales removed by poulticing, the scalp will be seen to be more or less red and inflamed, exuding the serous discharge that binds the hair together.

Dracunculus, or Guinea Worm.—Dr. Robinson gives a general description of the guinea-worm, and of the local mischief which it causes in the system. He believes that if any of the fluid contents of the worm touch the skin or an ulcerated surface it will occasion the disease. On squeezing a broken or cut worm a whitish fluid oozes out of the injured end; it consists of minute white granular bodies, floating in a clear fluid. When examined by a microscrope the granules are seen to be either ova, or more frequently little worms, and occasionally both together. When the parent worm has been recently removed from the body the young ones are usually alive, and move briskly for several minutes. The head is obtuse, and the tail tapers to a fine point, but is not curved or hooked. They are quite transparent, and when highly magnified they appear from one-eighth to an inch long, about as thick as a strong thread, and tubular; most probably a very high magnifier would show that the ova are mere minute worms. The external character of the full grown worms varies according as they are alive or dead; if the former, they are nearly transparent, about as thick as a violin-string, or fine twine, tortuous or straight, according to their position in the body, elastic, and slightly annular. They retain vitality for upwards of an hour after removal from the body. When dead they are opaque and flaccid, with the cuticle corrugated; they have varied from several inches to two or three feet in length; the head is always obtuse, and the tail tapers to a fine point, which, contrary to what is observed in the young, is hooked at the extremity; occasionally, when drawn out alive, both head and tail have a dark horny appearance. There is a prevalent, and Dr. Robinson thinks a well-founded, opinion at Cape Coast Castle, that persons labouring under the disease may communicate it to another during sexual intercourse. The symptoms indicative of dracunculus are either local inflammation, followed by abscess, or merely itching, and the formation of a bulla; there is rarely much constitutional fever. In treating these cases care must be had in the extraction of the worm, as, when it breaks, and part of it is left in the limb, violent local inflammation and severe constitutional fever set in, caused, in Dr. Robinson's opinion, by myriads of young ones being effused into the sinus. If the worm be extracted by incision, the skin must be drawn a little on one side of the incision, so as to avoid injuring it. The protruded parts of the worm may be rolled round a piece of lint or calico, and a poultice, or water-dressing, applied. Small abscesses often form in the course of the sinus after the removal of the worms; bandaging is useful after they have been opened. Constitutioual remedies are of no avail.

Cancer.—Mr. Kirk describes two cases of ulcerated cancer of the breast. The first terminated fatally, the death of the patient being hastened by spontaneous fracture of the femur. In the second case, in which the disease had already existed fourteen years, violent inflammation and sloughing of the breast ensued, causing the removal of the whole of the diseased gland, except a portion about two inches long, and one broad, stretching across the upper part of the mamma. Healthy granulations sprang up, and filled up the chasm left by the removal of the sloughs, and at the date of the report, cicatrisation had so far advanced that there was only a superficial ulcer of the size of a crown-piece.

Affusion of Cold Water in Hanging.—Mr. Noyce, in a case of hanging, in which respiration had ceased, the heart's action continuing, although feebly, had recourse to cold affusion with success. On the first affusion there ensued a gurgling in the throat; the operation was therefore repeated; a slight inspiration directly succeeded. The affusion was frequently practised, and was followed each time by an inspiration, each more perfect than the last, until the lungs were fully inflated; respiration then continued regularly, accompanied by frequent yawning and sighing. Consciousness was then restored by venesection, and the patient did well.

Dislocation of the Patella upwards.—Mr. Moore reports a case of this accident from Queen's Hospital, Birmingham. The examination of the limb showed that the natural sharp prominence of the left patella was lost, in lieu of which a diffused swelling occupied the anterior part of the knee-joint; a short distance above the knee, on the anterior part of the thigh, was situated a well-defined tumour of about the size of a hen's egg, and continuous with this tumour, above the integument, was, for the space of two or three inches, considerably raised in the mesial line; the natural rotundity of the upper part of the thigh was but little, if any, interfered with. The swelling over the knee-joint was soft and fluctuating, and neither the patella nor any portion of it could be found there. The ligamentum patellæ could be traced upwards, from its attachment to the tuberosity of the tibia, for about three-fourths of an inch, when it abruptly terminated in a rough irregular margin. The patella was discovered to lie upon the anterior surface of the femur, about two inches above its condyles; continuous with it below was felt the upper portion of the ruptured ligamentum patellæ, whilst above could be distinguished the rectus muscle and tendon, strongly contracted and tense. The dislocation was not reduced until the resistance of the rectus had been overcome by the free exhibition of tartar-emetic, and it was afterwards found that ordinary bandages were insufficient to keep the patella in its proper place. Mr. Moore consequently devised an apparatus consisting of a broad piece of strong leather, lined with chamois leather, by which the thigh was encircled, and which buckled on the outer side, having a semicircular piece removed at its lower end, for the purpose of receiving the upper portion of the patella. This was prevented from moving upwards by a strap, which was secured to the foot-band. The limb below the knee was surrounded by a leather band, connected to the thigh-piece by straps on either side of the patella. This answered the purpose for which it was designed very well, and the patient was ultimately discharged cured.

Scotland.

Post-Partum Hemorrhage.—Dr. Simpson, in a paper published in the *Northern Journal of Medicine*, offers the following suggestions on the occurrence of post-partum hemorrhage. First, uterine hemorrhage after the separation of the placenta in any of the stages of labour is not arterial in its character. The utero-placentar arteries are numerous, but so long and slender as to become readily closed; 1, by the tonicity of their coats; 2, by contraction of the uterine fibres upon the course of these vessels themselves as they pass through and amid the uterine structure; and, 3, and principally, by the changes in their tissues produced by the mechanical rupture of their coats—torn arteries being little if at all liable to bleed—and the placenta being separated by a true process of avulsion. Secondly, hemorrhage, therefore, under the conditions supposed is venous in its source and nature. Further, it is specially important to mark that it is venous hemorrhage by retrogression. The forward course of the uterine and utero-placental venous circulation is from the dilated maternal capillaries or cells of the placenta towards the periphery of the uterus, and the ovarian and hypogastric venous trunks. In uterine hemorrhage, the blood that escapes, instead of flowing onwards, regurgitates backward into the uterine cavity. Thirdly, the mechanism by which, after the separation of the placenta, this retrograde course of the venous circulation towards the cavity of the uterus, so as to lead to hemorrhage, is prevented, is probably of a compound character, or is effected by different means. Each of these means may be more or less efficient under different circumstances and at different times. Fourthly, the most powerful of these preventive measures consists in the uniform and regular contraction of the uterine fibres. By this contraction the canals of the supplying arteries are constricted, and the venous tubes or sinuses which more immediately yield the discharge, are directly compressed. The facility of this compression of the sides of the veins, and the consequent diminution of their cavities, is promoted by the naturally thin, flattened form of their canals, and by the fact that the proper contractile tissue of the uterus forms their second coat—the uterine veins ,consisting of the usual lining membrane of the venous system placed in direct contact with the muscular tissue of the uterus. Fifthly, the structure and mutual relations of the venous sinuses of the uterus seem calculated to obstruct and prevent such a retrograde flow of blood in their tubes as to cause hemorrhage. The uterine veins are large, but of a compressed flattened form, and arranged in several planes or floors above one another in the uterine walls. Sixthly, one cause contributing to prevent hemorrhage after the total separation of the placenta, is the abstraction from the vascular system of the derivative or sugescent power of the maternal circulation in the placental cells, and the consequent tendency of the blood to flow in the more direct and freely communicating channels that exist between the uterine arteries and veins. Besides, the general and direct forward current of the blood along the course of these larger uterine veins diminishes, and, in a measure, destroys the tendency which it might otherwise have either to flow backwards, or to escape by any existing lateral apertures of the vessels. Seventhly, among the other remaining means by which hemorrhage is more or less prevented after the detachment of the placenta, may be mentioned, 1, the occasional presence of tufts of fetal vessels left in the orifices of the uterine veins, forming not only immediate mechanical obstacles, but nuclei for the ready coagulation of the blood; 2, the formation of coagula in some of the collapsed venous tubes and orifices; and 3, the presence for some hours, or even days after delivery, of the collapsed decidua over the apertures seen in the veins on the interior of the uterus.

Hill Opium.—Dr. Sutherland, in the *Northern Journal of Medicine*, describes a variety of opium by this name. It is collected from the papaver somniferum, grown on the Himalayan chain, and appears to possess a larger quantity of morphia, and less narcotine, than is the case with the ordinary specimens of East India opium. It is as hard as bees'-wax, of a dark brown colour, a bitter, somewhat spicy, not disagreeable taste, an aromatic opiate odour, and a somewhat shining and homogeneous fracture. It has been found very serviceable in Indian dysentery in Europeans and Moslems, in the dose of from one to four grains.

Puerperal Fever.—At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Peddie, after detailing several cases of the disease which had occurred in his practice, which followed each other in succession, and also several cases of other diseases, apparently resulting from the

puerperal affection, such as erysipelas, fever, and phlebitis—the latter occurring in a person who had been bled—concludes: 1. That a specific virus, of an animal nature, is produced under certain circumstances, and in turn generates a peculiar form of fever in the puerperal state. 2. That a virus frequently originates from erysipelatous inflammation. 3. When once generated, it may be communicated from one lying-in patient to another with extraordinary virulence, quite independently of locality or epidemic influence, either by direct intercourse, or through the medium of a third person; and that this is more likely to happen when the predispositions of a weak body and a depressed mind exist. 4. That it may also produce disease of various kinds in non-puerperal individuals, more especially of an erysipelatous and phlebitic character. 5. That the treatment of a contagious puerperal fever, whether directed by theoretical opinions, or the indications of physical signs, proves of little avail; but that if any theory is to be entertained respecting this malady, it should be that something of a specific and morbific nature requires to be thrown out of the system, and the powers of life at the same time sustained; and that the practice which holds out the greatest prospect, small at best, of this being accomplished, is the adoption of the diaphoretic and stimulant plans, according to the stage of the disease. 6. That the principal concern of the medical man should be (seeing that a cure is so rare) to adopt every conceivable precaution against the occurrence of a single case of the disease, or to lessen the risk of its propagation when once established in his practice. And to attain these ends, patients in childbed should either not be attended at the same period with cases of malignant or severe erysipelas, or proper caution should be observed as to ablutions, more especially after contact with any discharge from such patients; and when a case of puerperal fever does occur, chlorinated ablutions should be used; and if a second occur, he should withdraw from obstetric practice for two or three weeks if possible; and in the interim attempt, by removal into the country, warm-baths, and other alterative and purifying means. and by the exposure of clothing to a free atmosphere or high temperature, to rid himself of the subtle and powerful virus which adheres to him so tenaciously.

Cæsarian Section.—Mr. Lyon narrates, in the *Monthly Journal of Medical Science*, a case of Cæsarian section, which terminated fatally. The patient was a young healthy woman, in labour of her first child. The labour-pains were slight, but frequent. The pelvis, from one sacro-sciatic notch to the other, and from the junction of the sacrum with the coccyx to the brim, was occupied by a tumour of the size of a child's head. It projected so far forwards at the brim that two fingers placed side by side, and the one side directed forwards, and the other backwards, could with difficulty be passed between it and the pubes; and it diminished in size below, or receded so much into the hollow of the sacrum, that three or four finger's-breadth intervened between its inferior part and the arch of the pubes. It was globular in front, and laterally, gradually merged into, and apparently united with, the pelvis; it felt all over very firm,—at some parts superiorly, of osseous hardness, and at others obscurely elastic. Strong pressure on it occasioned pain, but whether in the soft tissues covering it, or in the body of the tumour, could not be ascertained. In various positions of the patient, it felt quite immoveable, though strongly pressed in every direction; and it could not be influenced by depression, elevation, or any other motion of the uterus and child. The rectum passed in *front* of the tumour, and the posterior part of the bladder touched its anterior surface. With some difficulty the os uteri could be reached—of course above the pubes and superior and anterior part of the tumour. The os was soft, oblong, in the transverse direction of the pelvis, dilatable to the size of a shilling, and was very slightly affected by the occasional pains. No circumstance existing which required immediate interference, the case was left to proceed until the evening of the next day, when a consultation was held. The tumour was then considered to be osteosarcoma connected with the pelvis, and ultimately the Cæsarean section was determined on and performed. The child was ascertained by the stethoscope to be living. The bladder having been with some difficulty emptied by the introduction of the catheter, the preparations were in a few minutes completed. While the patient lay on her back in bed, and a large fold of skin was held over the lower half of the linea alba, Mr Lyon pushed the scalpel through the fold, and allowing the skin to resume its place, there was an incision six or eight inches long in the median line of the abdomen. He then carefully divided a small portion of the tendinous tissue over the projecting fundus uteri, and perceiving through the translucent peritoneum, that no portion of intestine intervened between the membrane and the uterus, he opened the abdominal cavity, introduced two fingers, and holding them apart, to act as directors to the knife, and so as to feel if any of the abdominal contents were in the way, carried the knife downwards to within half a hand-breadth of the pubes, and had thus an incision through the entire parietes, of eight or ten inches in length. The whole was the work of a few seconds. The anterior part of the fundus of the dark red uterus being divided, the circular fibres contracted strongly, and drew widely asunder the margins of the copiously venous-bleeding wound, which, by a few touches of the knife, was deepened until the uterine cavity was entered; when carrying the fingers as before, the incision in the uterus was made of nearly equal size to the wound in the abdominal parietes. Observing that there was little, if any, liquor amnii, the membranes were quickly ruptured, and the limbs and body of the child taken hold of; but so rapidly and forcibly did the uterus contract around the head, that it was not until he slid down the left hand behind and below the head, that he was able to lift up and extract the large, and immediately vigorously crying child. Dr. M'Farlane grasped the uterus as the head of the child was being withdrawn, when the placenta was almost instantly extruded and removed. At this time portions of intestine protruded over each side of the abdominal incision, and were covered with soft towels wrung out of tepid water, which, in anticipation of being required, had been kept in readiness. Only small quantities of blood escaped from any of the incisions, not more than three or four ounces being altogether lost. Dr. M'Farlane continued to grasp the uterus until the portions of intestine were returned, an act which was easily and expeditiously effected. The margins of the divided abdominal parietes were then held together, and retained by seven or eight points of interrupted suture, so inserted as not to include the cut edges of the peritoneum, and the sutures were supported by strips of adhesive plaster, compresses, and a broad bandage. A copious oozing of blood ensued during the night, and the patient died thirty-six hours after the operation. The examination of the body was made forty-eight hours after death. No adhesion of lips of wound in abdominal parietes; no blood in peritoneal cavity; no appearance of inflammation having existed. Uterus about the size of a cocoa-nut, lay with the os immediately above and behind the pubes, and fundus directed to left ilium. The wound, diminished by contraction of the organ to four or four and a half inches in length, was seen anteriorly; its external margins were separated a quarter of an inch, and the internal were in contact, but not adherent. On drawing aside the uterus, the brim of the pelvis, from the promontory of the sacrum to the symphysis pubis, was found almost entirely occupied by the superior surface of the tumour, there not being more free space (about three quarters of an inch), than permitted the open hand, held with its dorsal and palmar aspects anteriorly and posteriorly, to be pushed downwards behind the bladder. On pressing the tumour strongly, and grasping it to ascertain its connections, it felt *indistinctly* moveable, but could not be displaced. The vagina, so much elongated as to permit the os uteri to remain at the upper part of the narrow space between the pubes and sacrum, was therefore cut across, in order to obtain a better view of the tumour and interior of the pelvis; but on drawing the uterus upwards, the fundus was found to be held down by the left lateral ligament, and upon closer examination, the left ovarium could not be perceived. The enlarged and thickened left lateral ligament was traced downwards, when it was found to wind to the outside, and then behind the lower part of the sigmoid flexure of the colon, and superior portion of the rectum, where it was attached to the tumour filling the pelvis. Considerable traction was made, by taking hold of the uterus; but the part to which the left lateral ligament was attached could not be brought into view. Guided by the stretched ligament, the hand was passed behind the rectum, and behind and before the tumour; where, lacerating adhesions, and at same time pulling by the uterus, the tumour suddenly, and with a clunking sound, slipped out of the pelvis. It was of irregular ovoid form, as large as the full-grown fœtal head, and of firm, almost cartilaginous consistence. On dividing its thick cartilaginous parietes, several cysts, also with cartilaginous walls, were exposed, and likewise a considerable thickness of *solid*, homogeneous structure, probably the normal substance of the ovarium. The main bulk of the tumour was formed by a large cyst filled with a mixture of adicopere-like matter, hairs, bones, and part of the foot, of a seemingly full grown fœtus, covered with normal integuments, and with two of the toes and their metatarsal bones attached. The cavity from which the tumour had been withdrawn had well-defined limits, and was narrowest at the neck or entrance, much like a hernial sac. It was bounded posteriorly by the pelvic fascia, anteriorly by the rectum, and in front and at the sides of that intestine by the peritoneum, forming the meso-rectum. It appeared as if the ovarium, having slipped behind a fold or depression of the meso-rectum, had gradually fallen downwards between the two layers of that membrane, and pushed the rectum to the front. The tumour had been retained in the situation which it has been described as having occupied, by forming adhesions with the internal surface of the peritoneum forming the meso-rectum, and also with the surface of the pelvic fascia. Mr. Lyon speculates as to the origin of the fœtus in the diseased ovary in this case, and seems inclined to believe that the matters found in the ovarium were the remains of an irregularly and imperfectly developed ovum, vitalised consentaneously with the fœtus in utero; or, that they were not the effect of impregnation at all, but produced by some partial and abnormal action; or, like the masses of hair, teeth, &c., not unfrequently found in the ovaria, and other organs; or the fœtal remains in the abdomen and testicle of the male, and like them, proofs of the presence of an ovum by inclusion, at an early period of intra-ovarian, or in some of the cases it may be of intra-uterine life. He considers it inconsistent with the confidence reposed in the surgeon by his patient, to discuss the question as to its being the result of a previous impregnation, as that would call her chastity into question; but we must say we think his objection rather fine drawn, and without at all implying that we believe the presence of the fœtus to have been caused by previous conception, we hold that the question admits of full discussion without any breach of professional confidence.

Idiopathic Tetanus.—Dr. Watson describes, in the *London and Edinburgh Medical Journal*, a case of idiopathic tetanus, in which he had recourse to cupping in the loins, laudanum, purgatives, wine and spirits, calomel, prussic acid, and cannabis Indica. The case did well, but out of so large a number of remedies, it is difficult to say to which of the drugs the credit of the cure is due.

Poisoning by Strychnia.—A case of poisoning by strychnia is also recorded in the *London and Edinburgh Medical Journal* by Dr. Watson. The patient, a heedless girl, a patient in the Glasgow Infirmary, stole three pills, each containing a quarter of a grain of strychnia, and swallowed them. She was dead in an hour afterwards. The autopsy is interesting. Face placid, abdomen tympanitic, much lividity of depending parts. Post-mortem rigidity of body in general moderate, but fingers and thumbs very livid, half-flexed, firm, and somewhat elastic. Integuments of scalp bled freely on being cut. Brain and its membranes quite natural, excepting turgescence of velum interpositum and choroid plexus. Spinal cord healthy,—its investing membranes rather vascular. Lungs much congested with venous blood. Muscles of heart quite stiff. The right ventricle was flattened into a sharp edge, and was quite empty. The left ventricle was also collapsed and empty. The auricles were in a

similar condition. The stomach contained a half-digested meal. Its mucous lining was pale and natural. Other viscera normal.

Italy.

Traumatic Tetanus.—In the *Annali Universali di Medicina*, M. Piétro Labus describes the post-mortem appearances in several cases of tetanus. In the first case the body of the last cervical vertebra was fractured, and dislocated on the adjacent upper and lower vertebræ; a splinter adhering to the intermediate fibro-cartilage projected into the interior of the spinal canal. The second was a case of spina ventosa of the ring finger, affecting the joint of the first and second phalanges. Tetanus suddenly supervened, without any appreciable cause, and terminated fatally. The examination of the body showed the ulnar nerve of that side streaked longitudinally with veins. The neurilema of the two collateral nerves of the finger was distended by a gelatiniform substance of a yellowish-white colour; they were twice as large as the corresponding nerves in the other hand. On the back of the hand there was a nervous filament in the same diseased condition, the extremity of which was immediately directed on the sharp edge of a bony splinter situated in the fleshy substance which filled the interior of the tumour. The third was a case of herpetic ulcer of the left leg, in which tetanus ensued, and the patient died. A branch of the internal saphena, which was healthy till within three fingers' breadth above the ulcer, at that part was tumefied from the deposition of an orange-white matter. The neurilema from that part was of a reddish tint. Near one of the edges of the ulcer a small ganglion was found, which was traversed by two striæ of a whitish-yellow matter like pus, and which M. Dubini, who was present at the autopsy, believed to be pus. The fourth and last case of fatal tetanus was consequent on a compound fracture of the lower third of the humerus. The upper fragment of the bone projected through the wound; the neurilema of the median and radial nerves at the part where the injury had been inflicted was of a reddish-yellow tint. On examining one of the filaments of the median nerve under the microscope, it was seen to resemble a kind of gelatine of an orange colour, and possessed a density and power of resistance similar to that of the nerve. It was contained in a sheath of an uniform reddish colour.

Cantharides in Pneumonia.—M. Mendini, in the *Annali Universali di Medicina*, states that he has given cantharides successfully in the treatment of pneumonia. Its action he considers to be that of a contra-stimulant, and more powerful than antimony. Venesection, nevertheless, is not to be dispensed with. It is indicated when the disease is really inflammatory, the patient plethoric, and the reaction well-marked. If there be evidence of gastro-enteric irritability, it is contra-indicated. M. Mendini exhibits the cantharides in the following manner:—From twelve to fifteen grains of the fly are boiled in 250 grammes of water, strained, and 500 grammes of almond emulsion, and 180 grammes of gum arabic mixture added. This quantity to be taken at intervals in the twenty-four hours.

America.

Volvulus and Strangulation of the Intestines.—Dr. Gordon, in the *Southern Medical and Surgical Journal*, describes a case of intussusception, which terminated fatally in thirteen days. At the post-mortem examination the ileum was found dark-red (almost black), which appearance extended through all the coats of the bowels, and also to the mesentery. There was an intussusception of about an inch and a half in length, at about four inches above the termination of the ileum. So firmly had the coats of the intestine become agglutinated, that they presented the appearance of a fleshy tumour, blocking up its entire calibre. It was also observed that the ileum had made a complete revolution upon itself, with the peritoneum as an axis, so as to strangulate a knuckle of intestine five inches in length. The first point of strangulation was immediately above the intussusception, and the second twelve inches above the last. They were twisted around each other so as to form a *knot* which was with difficulty relieved, after the morbid specimen had been removed from the body. The incarcerated noose of intestine presented an almost black colour, and was greatly distended with gas. About twenty inches of intestine were involved in the congestion. The points where the intestine passed around itself were of a dull-white colour, presenting a striking contrast with the surrounding parts.

Iodine in Diseases of the Chest.—Dr. Barbour, in the *Missouri Medical and Surgical Journal*, states that he has found iodine of great value in most of the chronic diseases of the chest, particularly in chronic bronchitis, asthma, incipient phthisis, pneumonia with hepatisation, and chronic pleuritis with effusion. In chronic bronchitis he gives the solution of iodine, with hydriodate of potassa, in combination with an expectorant syrup made by boiling squill, senega, and lobelia, of each one ounce in half a gallon of water, down to a pint, then straining, and adding to the infusion a pint of honey, and again boiling down to a pint. In incipient phthisis he administers the aqueous solution of iodine, with tincture of digitalis, thrice daily; extract of cicuta at night, and nitric acid in infusion of wild cherry bark as a tonic; with counter-irritation with croton oil. In pneumonia, with hepatisation, and pleuritis with effusion, he regards the following combination of great value:—Hydriodate of potassa, pulverised squill, and extract of cicuta, of each 3ss; ipecac. gr. xv. Make into twenty pills, of which one should be given every four or six hours.

Extra-Uterine Fœtation.—Dr. Blackman describes, in the *American Journal of the Medical Sciences*, an interesting case of extra-uterine fœtation. The patient, a negress thirty-five years of age, when in the ninth month of pregnancy, experienced most of the symptoms of incipient labour, which were, however, of short duration. Eighteen months afterwards the leg and foot of a full grown fœtus protruded at the anus, and was removed by Dr. Schenck. The thigh of the child was also extracted without difficulty. Dr. Blackman was called in consultation, and on examination, the body of the child could be distinctly felt, lying across the abdomen. Although nature was making an effort to discharge it by the rectum, it was evident, from the appearance of the woman, that she must soon sink exhausted. Its extraction through the abdominal parietes was, therefore, determined on, and attempted; but the fœtus proved to be enveloped in so vascular a sac, that it was feared proceeding in the operation would place the patient's life in immediate danger, and the operation was abandoned. She sank in forty hours. At the examination of the body after death the wound was reopened, and the incision was carried to the sternum. All traces of the omentum had disappeared. The small intestines appeared unusually large, were agglutinated together, and adhered firmly at various points to the sac containing the child. From the transverse arch to the sigmoid flexure, the colon had become greatly diminished in size. On laying open the sac, which was about one-third of an inch in thickness, there was found a full-grown fœtus in a very putrid condition. The fetor for some time was absolutely intolerable. At the sigmoid flexure of the colon there was a large perforation, through which the leg of the child had been discharged. At several points where the small intestines adhered to the sac, the process of ulceration had already commenced. Although the woman had borne several living children, the uterus was remarkably small and perfectly healthy; it adhered by the whole of its posterior surface to the sac, and no traces of the Fallopian tubes or ovaries could be discovered.

Scirrhus of the Colon.—Dr. Blackman narrates, in the *American Journal of the Medical Sciences*, the particulars of a case of scirrhus of the colon, the most interesting feature of which is, that after purgatives and enemata had been used in vain, the exhibition of half a pound of quicksilver induced fecal evacuations.

Absence of the Uterus, and Obliteration of the Vagina.—In the *American Journal of Medical Sciences*, Dr. Blackman records the case of a female, aged twenty-two, in whom there was complete absence of the uterus, and obliteration of the vagina, the latter attributed to excess in sexual congress when sixteen years of age. She always menstruated by the mouth. Dr. Blackman operated on, and restored the passage. The dissection terminated in a cul de sac, and there was not the slightest trace of the uterus to be found.

ORIGINAL LECTURES.

CLINICAL LECTURE.

Delivered by Mr. GUTHRIE at the Royal Westminster Ophthalmic Hospital, January, 1846.

Gentlemen,—It was not my intention to have given a lecture which could readily have been published until the days should have been lengthened, so as to afford a little more daylight, and then only on some of the more important points of surgery, in which British as well as foreign surgeons appear, from what I read, not only to make no improvement, but on some points to retrograde, and even to neglect the past. I will take the earliest opportunity of fulfilling this intention. My first lecture shall be on the proper treatment of injured and wounded arteries.

On the 13th of December two cases of gonorrhœal and purulent ophthalmia, which occurred in this hospital, were published in the *Medical Times*. They were given by the house-surgeon to the reporter through inattention to my instructions that they should not be published until I had commented upon them, and for want of this commentary they are valueless. All that I say and do, or that is done here by the assistant-surgeons, is at the service of the public. From the first lecture I delivered in London, now near thirty years ago, until the present, no one has ever been refused admission; no one was ever asked by what authority he came, although many attended every lecture of the season without permission. They did not want a certificate, and I had no objection to their gaining such information from me as they thought they could obtain. I have never objected to any one reporting my lectures. I have always offered to correct any point, on the sense or the nature of which there might be a doubt, and if the *Medical Times* alone publishes them, it is because the editor of that journal thinks them worthy of his attention.

I have the vanity or self-sufficiency to think that there are few diseases which come to this hospital, the nature and treatment of which I do not understand as well as my neighbours. I can in most instances point out the proper treatment to be pursued, and predict what will be the effects of the remedies prescribed. There is one disease in which I can do no such thing, and that is gonorrhœal or purulent ophthalmia. I am obliged to wait and see what the effects of the remedies will be, instead of predicting them. I have therefore much to learn. I am aware that many modes of treatment, said to be almost infallible, have been recommended by others as well as by myself; nevertheless, they all fail, every one of them without exception; so much so, that no one plan can in the slightest degree be relied upon for its efficiency in the generality of cases. To remove this great defect, if possible, I have desired that every case of purulent inflammation in the adult should be immediately taken into the hospital. It is impossible when poor people are out-patients to determine whether the remedies have been duly administered, or whether adventitious circumstances have not interfered with their effects, whether the disease has been indomitable, or the remedies inappropriate or inefficient. When in the hospital the case is different, and as I am desirous of clearing up the difficulty, and if I can of establishing a less empirical or doubtful mode of treatment, I shall be obliged to all medical men who may read the report of this lecture who will send persons afflicted with this disease to the hospital for admission. The purulent inflammation of infants we always cure in any reasonably early stage, whatever may have been its cause; but if the child, although easily cured, should have communicated its own disease to the nurse, she will very easily lose her eyes, in spite of all the treatment hitherto recommended. There is, then, a marked and essential difference in the course and effects of the disease in the infant and in the adult, and there is as

much difference in the nature of the disease in different persons. In some cases it runs its course in two or three days, almost indomitable by any remedies; in others, although apparently as severe and intractable, it is amenable to treatment, and more readily subdued.

The four cases published, and there are several others, were all treated more or less differently. The first is the most important, because the whole truth does not appear, not from any intention of concealing it, but that it was not known at the time the case was written, and that you can hardly expect a house-surgeon to write himself down a person deserving the severest reprehension. If you refer to the first case, that of Harriet Barns, admitted under Mr. Dasent, for the in-patients as well as the out are under the immediate care of the assistant-surgeons, subject to my superintendence, you will find on the 7th, after the bleeding, the application of the nitrate of silver ointment and the alum lotion, ordered on the 5th, that the eye was much better. It was, in fact, in a very favourable state, although stationary; I therefore recommended a repetition of the nitrate of silver ointment, the lotion, and a purgative. On the 8th the woman was very much worse. It was manifest that the ointment had done a great deal of harm. I acknowledged to Mr. Dasent that I was thoroughly puzzled; that I did not understand the why and the wherefore, and that these cases were becoming more incomprehensible. The truth afterwards came out, although it was not known at the time. The nitrate of silver ointment is made of ten grains of the nitrate of silver, rubbed down to an impalpable powder, and sixty grains of lard; in cases of purulent ophthalmia it is always used newly made, and melted in a pot placed in warm water, so as to be easily applied by a small camel-hair brush to every part of the conjunctiva. The house-surgeon (not Mr. M'Grath) thoughtlessly melted his ointment in a pan of boiling water, and allowed it to acquire nearly that temperature, and in this state applied it to every part of the conjunctiva. The pain was immediate and intense; the eye was in fact scalded, and the case ceased to be one of purulent ophthalmia. Without this explanation no reasonable man can fail to attribute the mischief which followed to the remedy, whilst it was in truth the consequence of the undue heat with which it was applied. These things happen to a young surgeon but once, although it is very unfortunate for the sufferer that they happen at all. I shall look forward to a future lecture with the hope of clearing up this at present doubtful subject.

The Pharmacopœia, or list of remedies in use at this hospital, will be printed next week. It has been long delayed on account of some things apparently trifling; one has been the manner of making the citrine ointment, the ung. hydr. nitratis. I found that we never made it here twice alike—that the gentlemen could not make it, nor the surgery man, who has seen it done for years, nor could I always do it myself, nor could I buy it, nor could some very intelligent druggists make it either. It was too hard or too soft—too yellow or too brown—too strong or too weak. The methods and propositions recommended by everybody have been tried, and I give the preference to the proportions and mode of proceeding in use at Apothecaries' Hall; the ointment made there I consider to be the best. Mr. Dasent has taken great pains about it, and he says that much depends on the strength of the acid, and on the manipulation of the materials. It is composed of mercury, one ounce; nitric acid, eleven drachms; lard, six ounces; olive oil, four ounces. The mercury should be first dissolved in the acid, and care should be taken that the acid is of the specific gravity 1·50. The lard and oil should be melted together by the gentle heat of a sand-bath. The two solutions should then be mixed by constant stirring with a spatula made of hard wood, until quite cold, when it should be exposed to the air on a marble slab to allow the nitrous vapour to be given off, without which the strength and colour of the ointment will be affected.

In October, 1843, I stated to you in this room that it was not my intention to take the trouble to edit another edition of my work on the "Diseases and Operations on the Eye," but to leave it, with all other parts of this subject, to the assistant surgeons, with the hope that they would in due time produce a book, or books, which should show the practice of this hospital, in a manner worthy of themselves and of the public. In order to encourage them to do so, I gave them the charge of all the patients, being above 4,000, in the year, with the greater part of the operations, and all the fees which might accrue from the students attending the practice of the hospital. I further informed them that whenever they could fairly show that from their attention they had merited advancement to the rank of surgeon, I would recommend them to the committee and the governors accordingly. That everything depended on themselves, for they knew I had no other wish than to do that which might be for the interests of the hospital and the advantage of the public. In order to make a good book, I desired they would give their observations first in the form of lectures, and then reprint them in the shape of a book. Mr. C. Guthrie did this, and I gave him some assistance in the operation of extraction. The lectures were reported, with the exception of the two last, in the *Medical Times*, and they were reprinted in the shape of a book, for the use of those who might wish to have the whole subject before them at one view, in the smallest possible compass, and at the least possible expense.

The Editor of the *Foreign Medical Quarterly*, has fallen foul of this book full sharply, and rather, I opine, in a manner unworthy of his character. The verbiage I shall not notice. Into what he calls facts, I shall inquire. With the view of depreciating the book, he informs his readers that it is made up of parts taken from my lectures on the Operative Surgery of the Eye, published in 1827, and from a pamphlet on Cataract, in 1836, and that any new matter which may be added is *rubbish*.

The editions of my book above alluded to have been long out of print, and contain matter on the subject of the operation for cataract which I do not now approve, nor of all the recommendations of the pamphlet of 1836, however useful and valuable they might have been at the time they were published. The two cost £1 7s. 6d., and are not now worth twopence to a practical surgeon, compared with the book the reviewer abuses, although the historical and controversial parts of the old books may be worthy of attention. The original matter which has been added, which Dr. Forbes calls rubbish, and which is not to be found in any of my books (to say nothing of the parts omitted as obsolete in modern practice), is the real matter and value of the new book, from which it principally derives its interest, and is that which can make it, and does make it, worth the money of any one who may buy it, and what, perhaps, is of more importance in the eyes of the reviewer, worth the while of any person suffering from that complaint, to consult the writer personally, a piece of good fortune which might have befallen him, if the editor of the *British and Foreign Medical Quarterly Review* had fairly quoted, and honestly commented on, some of the rubbish, instead of publishing what he calls a review of a practical work, entirely made up of condemnatory matter, without *one*, even *one* practical remark. No man, be he layman or surgeon, can have the most remote idea of any mode of treatment, of any operation alluded to, condemned, approved, or described in the book said to be reviewed, from reading the review. The writer implies, that to have done this would have been a matter of supererogation, inasmuch as the new book is only a transcript of the old. This, to say the least of it, is a very grave error; the useful part of the old book was retained, although it had been made use of by everybody, and the rubbish was added as the more valuable part, because it is in a great measure unknown to those whose object it is to make themselves acquainted with the operations it describes and commends.

It may be asked why I did not publish the new book myself, and why the part only on cataract has yet appeared? The answer is simple. There is a limit to human labour, as well as to human life, and although I can do as much work as most people, I could not do more than I have done during the last two or three years, or even what I have done, without so far endangering my own health as to render it necessary for me to leave London for four or five weeks each autumn for its recovery. I am now pledged to do more than I can accomplish under the next two years, and why I should not call upon the assistant surgeons to give me that assistance they are capable of doing, I cannot divine. So far, in my opinion, from its being a matter of reproach to them or to me, I should have applauded, if I had been a reviewer, the feeling which had induced the surgeon of an hospital to endeavour to bring forward his assistants, and to give them every assistance in his power. I do not do this to one, because he is my son, but to both. I make no distinction between them. They may pick my brains if they can find anything to pick, appropriate my observations, and select from my papers whatever they please that suits them; all I require in return is, that they shall write a good book, worthy of being considered a record of the practice of this hospital, with a reasonable acknowledgment of my portion of the labour. That acknowledgment Mr. C. Guthrie made in the following words:—"The following observations contain the substance of that part of the lectures on surgery which have been for years delivered by Mr. Guthrie to the medical officers of the public service, and to the students of the Westminster and the Royal Westminster Ophthalmic Hospital, as well as of those clinical lectures given by me at the hospital during the last winter, which relate to the treatment of cataract." It was, in my opinion, sufficient.

The reviewer has permitted himself to suppose that the colour of the irides was intentionally made different in the engravings in the new book from those in the old one, in order that the plates might not be supposed to be the same, and the engravings are fiercely reprehended accordingly; instead of supposing a little more charitably, and with truth, that the difference is due to a negligence which led to the destruction of the first 250 plates, and which was not sufficiently obviated in the second supply, although twice the sum was paid for them than is usually allowed. It is matter of much regret to me that the reviewer should have recorded the indulgence of so mean a suspicion. It renders it, however, the more unnecessary for me to comment upon it.

I have performed several operations during the last fortnight, the weather being mild and the sufferers impatient. Their cases are interesting.

Dr. Brooke operated sometime back in the Westminster Hospital on a woman who laboured under a urethro-vaginal fistula of some size, by a process he has invented, and which appears to me to be a good one, and likely to give much relief, if not to be thoroughly effectual. The operation succeeded to within a point not larger than a small pea. She has since become blind from cataract in both eyes, and I operated on one eye by extraction, in order to restore her sight, previously to his completing the cure of her fistula. The committee were pleased to allow me to take another woman into this hospital with the same complaint. The operation was done by Dr. Brooke, but failed, although the opening has not been increased, and the woman is desirous of another trial. They shall both be done on the same day, and I hope they will be successful. I have taken these patients in, because there is a difficulty about allowing Dr. Brooke to operate in an hospital to which he is not surgeon, a piece of etiquette which I condemn, and have therefore been glad to have the opportunity of serving him, and, I hope, what is of more consequence, of benefitting two poor women in their distress, and through them, I trust, many others.

There have been six cases of that particular kind of congenital cataract which I first described, and which you will find noticed in Mr. C. Guthrie's book, pages 115—118. The method he has there recommended has been carried into execution in three of these cases, and they will be, I have no doubt, eminently successful. A fourth has been operated elsewhere some time ago; the lens was removed, but the capsule remained; it had become tough, and difficult of displacement by depression. It may yet be seen at the under side of the eye when the pupil is dilated. This capsular remains is an inconvenience, you will not, I hope, see follow the operation recommended for, and performed in, the other cases, and if it should occur, the capsule ought to be broken up or removed at the earliest possible period.

The two eyes of James Webb offered some re-

markable and unusual appearances. There were the same kind of small congenital cataracts; the capsules were, however, distinctly like parchment in appearance and proved to be tougher, with a very small piece of lens, like calculous matter, within. The circle around the small lens, which is commonly quite black or transparent, was of a dull ash colour, and crossed at equal distances by six small dense white bands, passing, apparently, from the ciliary processes to the edge of the capsule. The man scarcely distinguished light from darkness. The capsule of the right eye would not yield to the point of the curved needle, except as a whole, and separating from the surrounding parts, was depressed; he has recovered the sight of that eye. In the left, which contained a more siliquose capsule and a harder piece of lens, depression did not succeed. The hard capsule reascended and turned round upon the needle until it was placed in the anterior chamber, whence it was removed. I made the incision with the German triangular shaped knife, invented for the purpose of making an opening sufficiently large, by its mere entrance and withdrawal. They rarely cut well on both edges, and require great care in setting, without which they are useless.

The case of Daniel Sullivan goes a step further. He was admitted with chronic inflammation of the eye-ball, occasioned by a small lens enclosed in a shrunken pea-shell-like or siliquose capsule, rolling about in the anterior chamber before the iris, and occasioning much pain. This lens and capsule would have remained a cause of great evil without being absorbed, and although its removal was likely to render the inflammation acute for the time, I opened the cornea and removed it. He has been bled twice, and has taken both calomel and opium; he has now a good eye, although some inflammation still remains.

Mrs. Christie is a good instance of the fact stated in Mr. C. Guthrie's record of the practice of this hospital on the subject of cataract, that a lens rendered opaque in consequence of a wound, requires twelve months in general for its dissolution and absorption in situ. She came into the hospital, now seven months ago, with cataract in both eyes, approaching to, but not being actually so hard as to require extraction. I operated by the simple division mentioned in the operation advised (page 126) for such cases, where time is not important, and ease and freedom from inflammation are of consequence. I repeated this slight operation three months ago, and you saw me break up the remaining portion last week. She can now see with both eyes, but the lens and capsule are not yet quite gone, although they will soon disappear, aided as the process of dissolution has been by the last operation. I have kept her so long in the hospital on this simple plan that you might see it, her friends in Scotland having subscribed a sum for her support until she should be restored to sight.

A COURSE OF LECTURES ON PRACTICAL MIDWIFERY.

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

DIAGNOSIS AND TREATMENT OF PREGNANCY.

GENTLEMEN,—The first subject which claims our attention in the practical portion of a course of midwifery lectures, is the diagnosis of pregnancy. Of its great importance, you will recollect, I said a few words at our last meeting; indeed, I cannot sufficiently impress upon you the difficulties and responsibilities which you must expect to meet, in determining the presence or absence of pregnancy, and, therefore, the absolute necessity of your being well acquainted with its various symptoms.

"Few questions in medicine," says Dr. Montgomery, "whether considered in a merely professional point of view, or in reference to their relation with criminal law, impose on the medical practitioner a more delicate duty, or a more trying responsibility, than the determination of the existence or absence of pregnancy—placed before him, as the question generally is, under circumstances by which all its natural difficulties are increased an hundred fold. It usually happens in such cases that he cannot rely on a single statement made by the individual who may be the subject of examination, but, on the contrary, he must be prepared for every species of falsehood and misrepresentation; and yet, on the correctness of his opinion frequently depends the claim to fair fame and honour—the succession to property and the rights of legitimacy—the judicious treatment of disease, and, in criminal cases, the condemnation or acquittal of one arraigned for a capital offence, or the preservation or destruction of the unborn innocent."

The diagnosis of pregnancy in the early months is confessedly a subject of great difficulty and uncertainty, and I know of no one symptom which can be considered to distinctly indicate its presence, still less to prove that conception has taken place. I am aware that many symptoms have been enumerated by works on midwifery, which are considered to indicate its existence at a very early period, but they are for the most part exceedingly vague and uncertain.

You can easily understand that such a process as that of pregnancy cannot take place in the system, without producing certain changes and effects, which, however inappreciable they may be at first, gradually increase, as this process advances and becomes more distinct. In early pregnancy, therefore, we must not look for its presence in any one peculiar diagnostic sign, but in the mass of evidence which we collect by observing the alterations which it is beginning to produce in the system. Although we shall not obtain any positive proof by this means, that the patient is really pregnant; yet we shall possess a number of symptoms which, although not one of them, taken by itself, is actually certain, will, when viewed conjointly, enable us to form a tolerably accurate diagnosis.

In examining the condition of the nervous, circulating, and gastric systems, we shall observe a variety of changes worth noting. Thus, in the nervous system, there is usually an increase of irritability, as well as of susceptibility to external impressions. The patient has occasional flushings of heat or attacks of chilliness; she is liable to a variety of spasmodic affections, the nature and treatment of which we will consider as we advance into the subject. The temper is variable, and, when not under due moral control, she shows it by irritable fretfulness, low spirits, &c.; in other cases it is just the reverse; she never felt so cheerful, her spirits so buoyant, and on such good terms with herself and all around her as now. Dr. Montgomery has given a rather amusing instance of this favourable change produced by pregnancy. "A gentleman," says he, "lately informed me that, being afflicted with a stepmother naturally more disposed to practise *the fortiter in re*, than adopt the *suaviter in modo*, he and all the household had learned from experience to hail with joyful anticipations the lady's pregnancy, as a period when clouds and storms were immediately changed for sunshine and quietness."

Among the changes which may be observed in the nervous system, as produced by pregnancy, may be enumerated the morning sickness, headaches, tooth-aches, &c., which occasionally annoy patients during the earlier months; although, perhaps some of them may be more or less connected with the gastric system.

With respect to the circulation, we find that there are evidences of general activity; the volume of blood appears increased; the pulse is fuller, quicker, and stronger; the warmth of the extremities and surface is greater; the colour is usually heightened; although, as I shall soon point out to you, it is occasionally the reverse. The vagina is more vascular and warm, secreting a larger quantity of mucus, which occasionally amounts to a pretty copious leucorrhœal discharge. The appearance of the blood itself is altered, approaching to that of inflammation, and showing a buffy coat when drawn; these changes, however, do not take place during the early months of pregnancy, and, therefore, for this period are valueless as evidence. The condition of the blood in pregnancy has lately been carefully examined by the celebrated Andral and M. Gavarret; the following quotation, which I read to you, is from a review of his work on the pathology of the blood, as quoted in the *British and Foreign Medical Review*, January, 1844:—"In connection with the account of his researches on the blood of inflammation, M. Andral notices the influence of utero-gestation in elevating the proportion of the fibrin. Having analysed with M. Gavarret, the blood of thirty-four pregnant females, he has found that from the first to the end of the sixth month, the quantity of the fibrin is always below the physiological mean (3 in 1000) The mean proportion of the fibrin during these six months having been 2·5; its minimum 1·9; its maximum 2·9. But during the last three months of pregnancy, the mean of the fibrin was found above the physiological standard; it approached 4, and presented a maximum of 4·8. In the last month of pregnancy the increase of the fibrin appeared to have attained its greatest amount; the mean having been 4·3. To this increase of fibrin, along with the diminution of the globules, he ascribes the occasional occurrence of the buffy coat on the blood of pregnant females."

"The blood then manifests a remarkable tendency to assume the character of the blood during inflammation, and, without doubt, we have to reflect on the relation which may exist between the kind of modification which the blood then undergoes, and the development of those special accidents, generally of an inflammatory appearance, which affect, so often, females recently delivered. Ought we to regard the slight excess of fibrin, which in them exists in the blood, as a predisposing cause of these accidents?"—page 104.

Many changes are now observed to take place in the digestive organs. Some women are troubled with nausea and vomiting, which, from occurring chiefly in the morning, has received the term of "*morning sickness*;" others have peculiar longings for certain articles of food, and these are frequently what they are not partial to at other times; occasionally the craving rather resembles what is occasionally observed in chlorosis; in most instances where these longings go to any extent, they are the results of deficient moral control in an ill-regulated and unemployed mind. Some patients suffer from constant acidity and heartburn, in some rare instances we see it take the form of salivation. Generally speaking, the condition of the stomach and bowels is the reverse of what they hitherto have been. Thus, a woman with a good appetite and active healthy digestion at other times, now loses all relish for her food, and what little she takes brings on more or less dyspepsia; on the contrary, we see those who ordinarily have a spare appetite and such weak digestion that they are obliged to be very cautious in diet, and restrict themselves to the simplest and most digestible food, have now a large appetite, feel constantly hungry, and can eat freely of the most indigestible food with perfect impunity.

The bowels are usually confined; in other cases there is irritable diarrhœa, in some cases amounting to dysentery.

In the skin or the dermoid system many changes are observed upon the occurrence of pregnancy; those who usually perspire freely and have a moist skin now perspire scarcely at all, and the skin is unusually dry; on the other hand, those who have generally a dry, rough skin, and rarely perspire, now perspire frequently and copiously, and this is occasionally attended with a strong rank or acid odour. The colour of the skin varies a good deal; women who at other times have a good complexion and high colour, now become sallow, blotchy, and pallid; this is seen remarkably in those with light hair and fair skin; there is frequently an old, haggard, wrinkled-look about the face, much to the detriment of the patient's good looks; whereas in those of a brunette complexion the prevailing sallow tinge and pale face give way to a clear skin and bright colours. Mole spots become darker, and coppery blotches or maculæ appear on the face and forehead. The hair in some cases becomes dry and of a lighter colour; in others it is moister, softer, and more glossy than usual, and somewhat darker. We not unfrequently observe a quantity of strong dark hair growing on the breast during pregnancy, and a growth of downy hair is not

unfrequently seen about the upper lip and side of the face, but usually so light coloured as to escape notice. I have at this moment a patient shortly expecting her confinement, whom I have attended several times before—a brunette with remarkably handsome features, and in whom a considerable quantity of downy light-coloured hair makes its appearance in every pregnancy on the upper lip and sides of the face; it is so light that, when looking directly at her, you can scarcely perceive it, but if you catch the side of the face between you and the light it becomes very perceptible. The most singular instance of these changes in the dermoid system is quoted from Lecat, by Mr. Erasmus Wilson, in his Lectures on Diseases of the Skin (published in 1841). "Lecat," says he, "mentions the case of a fat lady, whose face during her pregnancy became of a most brilliant black colour. Her hair was naturally black, but a part of each hair, to the extent of one or two lines above the surface of the scalp, assumed a swollen appearance, and was distended with a secretion still more black than the rest of the hair. The colour disappeared two days after her confinement, and left behind it a stain upon the linen which she had worn." The changes in the colour of the skin around the nipples of the breast are also very remarkable, but I will reserve these for future and special consideration.

Morning sickness is a symptom which has attracted a good deal of notice with patients, and also medical men; but, although it is so frequently observed during the early months of pregnancy, it is one which cannot be looked upon as possessing much value in a diagnostic point of view. Sickness in all its different forms and degrees, from the slightest sensation of nausea to severe vomiting, may arise from such a variety of causes, entirely independent of pregnancy, that you should be very cautious how you rest an opinion upon it. Morning sickness varies greatly in different women, and also in the same individual in different pregnancies; generally speaking it commences in a few weeks after conception, and disappears again about the third or fourth month; in some it is scarcely perceptible, in others it becomes a serious evil, threatening even to injure the health and to interrupt the process of pregnancy; in some it continues much beyond the ordinary term, and occasionally lasts the whole time. With all this, however, it seldom does mischief, and, when within moderate bounds, is generally looked upon as a favourable symptom, from its tending to prevent the formation of too much blood, and thereby, the disposition to plethora which is so frequent a cause of abortion in the early months; thus it has became a sort of preverb, that "a sick pregnancy is a safe one."

It has been supposed that morning sickness was produced by the pressure of the uterus on the stomach or intestines, producing an anti-peristaltic motion; but if this were the case, it ought to become more severe in proportion as pregnancy advances, which is not the case, but the reverse.

Mauriceau, so early as 1668, pointed out the true cause of this affection, and that it was the result of sympathetic gastric irritation produced by the first alterations of the uterus in form and size, during the early periods of pregnancy; a similar view was entertained by Dionis, and afterwards by Dr. Smellie.

As regards the treatment of morning sickness, this must be conducted on general rules; in nine cases out of ten you will find that attention to the state of the chylopoietic viscera will lead to the most successful practice; and that when these organs perform their functions healthily and with sufficient activity, the irritation arising from the pregnant uterus seldom produces any serious degree of annoyance. There is a great disposition in these organs to become torpid and sluggish during pregnancy, and nothing is of more importance than to thoroughly unload the bowels from time to time. Medicines specifically directed to allay gastric irritability, as tonics, sedatives, &c., are seldom necessary or proper; opiates especially are injurious here, for they only tend to constipate the bowels and derange the stomach still more. If the patient be plethoric, and there be uneasiness or even pain about the pelvis, with sense of heat, weight, &c., a venesection may be necessary, and this condition will occur more frequently to those of you who are to practise in the country, than to those residing in the metropolis. Bleeding is at all times a powerful remedy, and in the present case should be cautiously used; the patient should not be exposed to the risk of fainting, but should be bled in a reclining or even recumbent posture, and blood should be abstracted slowly from a small orifice, so as to avoid producing any sudden or considerable effects. For acting on the bowels, your main object must be to choose those remedies which act gently, and yet effectually. You will, of course, be guided a good deal in your selection by existing symptoms. Five grains of blue pill, and also of extr. hyoscyami, are generally advisable in the first instance, and these two pills should be followed up the next morning, with a seidlitz powder, or some rhubarb and magnesia. You will find the following combination as good a form as any for giving rhubarb. R. Pulv. rhœi, Potassæ sulph., āā ℈j.; Mannæ opt. ℥ iss-ij.; Spir. myrist. ℥ ss.; Aquæ carui, ℥iss.; M. ft. haust. primo mane sumendus. Confectio sennæ, and castor oil are also well adapted, from being gentle laxatives; but the first soon loses its effects, or nauseates from requiring too large a dose to act sufficiently, and the other cannot often be taken at this period of pregnancy. We are not very happy in our mode of administering castor oil in this country; it is usually given cold when it is little more than semifluid, and adheres to the tongue and fauces most disagreeably; abroad they give it in a little hot broth or hot toast and water rendered savoury with pepper and salt; the oil becomes very limpid, and, when well mixed just before swallowing, can scarcely be perceived either at the moment or afterwards.

Where morning sickness continues to annoy the patient, in spite of the above treatment, you will find much benefit from applying some liniment. camphoræ co. with a little tinct. opii, to the epigastric region. You may use it in the following proportions:—R. Linim. camphoræ co. ℥ iiss.; Tincturæ opii ℥ ss.; M. ft. linim.

Besides morning sickness, we have a variety of other affections during the early months of pregnancy, which must be looked upon as modifications of the same cause. Heartburn and acidity of stomach are two very common annoyances of this sort. I think you will find the same general rules of treatment which I have just mentioned to be equally applicable here. When the bowels have been well cleared, mineral acids, particularly the nitro-muriatic, will do more to check these deranged conditions of the stomach than any other class of medicines. You may give them in some simple form like this: R. Acidi hydrochlor. dil., Acidi nitrici dil., āā ℥ij; Syrupi aurantii, ℥j; Aquæ carui, ℥iss. Misce ft. mistura, sumat cochl. minim. ex aquâ ter die; and if there be a disposition to sickness or vomiting, you may add twenty drops of Scheele's hydrocyanic acid to the mixture with advantage. Mineral acids should be given about an hour before each meal, and it is not at all inconsistent to give a little soda or potash after the meal, if fresh symptoms of acidity present themselves. Magnesia is seldom a remedy to be depended on in these cases; it certainly neutralises the acid in the stomach, and acts briskly upon the bowels, but it leaves the stomach in the same state, and the patient as liable to a return of her sufferings as before. Patients are too apt to fly to the magnesia bottle for relief, however temporary it may be, and thus the remedy is repeated, and the dose increased to an improper extent.

A most extraordinary case of the abuse of antacids to relieve the heartburn, &c., of pregnancy, is recorded by Dr. Dewees, of Philadelphia, which I will read to you. "I attended a lady with several children, who was in the constant habit of eating chalk during her whole term of pregnancy; she used it in such excessive quantities the bowels were almost rendered useless. I have known her not to have an evacuation for ten and twelve days together, and then only procured by enemata, and the stools were literally nothing but chalk. Her calculation, we remember, was three half pecks for each pregnancy. She became as white nearly as the substance itself, and it eventually destroyed her, by deranging her stomach so much that it would retain nothing whatever upon it." Dr. Dewees has given some excellent observations on the treatment of pregnancy; it is a book which I recommend strongly to your notice. He speaks favourably of vegetable as well as mineral acids in these cases, and also recommends the spirit of turpentine in doses of twenty drops at a time three or four times a day in sweetened water. I have not tried it, having found the treatment I have recommended sufficiently certain.

The sick headaches, toothaches, &c., which we occasionally meet with in early pregnancy, come under the same class of affections, and require a similar treatment; the toothache is in fact a species of tic douloureux, and is sometimes very intense, so much so as even to threaten abortion; and yet if you were to extract a tooth to relieve your patient, the chances are that you would produce such a shock to the irritable system, as to endanger the very mischief you are trying to avoid; indeed, the patient herself will frequently declare that the pain is not fixed to one tooth, but occupies the whole side of the face. You will find in these cases that there are distinct evidences of gastric acidity—the mouth itself is sour, and you may frequently produce complete relief by making her rinse the mouth with some carbonate of soda, and swallow a dose of it afterwards.

A much more obstinate, but fortunately rarer, affection of pregnancy is salivation; of this Dr. Dewees has described a very remarkable case, where the discharge was actually from one to three quarts daily. I know of one case where the patient has had it to a very severe extent, so much as to prevent her going into society, or even making a urinary call. Dr. Dewees' treatment was evidently not very successful, and I can't say much for mine; but what relief I did procure her I think was solely by strict attention to the state of the stomach and bowels.

Another, and rather uncommon source of annoyance during pregnancy is *pruritus pudendi*. This must not be confounded with the prurigo pudendi of Drs. Willan and Bateman, which is a papular affection, for it is an inflammatory aphthous condition of the vagina and os externum, and, therefore, of pustular character. It is attended with intense itching, which forms one of its most troublesome symptoms. When severe there is sometimes slight fever, preceded by rigors, &c.; the patient complains of heat, swelling and prickling of the vagina and os externum, sometimes with pain of pelvis and loins, and above all, of this intolerable itching, which gives her no respite.

On examination the os externum and vagina are found much inflamed, and studded with aphthæ, or rather patches of confluent aphthæ, the mucous membrane between them being of a florid red colour; an ichorous discharge, and even ulcerations, are usually present from the abrasions, which are produced by the almost involuntary efforts of the patient to relieve herself by friction. The eruption, according to my own observation, extends to the labia, and especially along the perinæum, where the purulent elevations of the cuticle become of considerable size, like bullæ, producing much excoriation when they burst. We are indebted to Dr. Dewees for pointing out the real nature of this affection. It will always be desirable to premise a cooling saline laxative, unless the bowels be already sufficiently open; but if it be ushered in with marked febrile action, a dose of calomel and James's powder should be given, and the ordinary fever treatment kept up for a day or two. Goulard, with decoction of poppy heads, will give much relief during the early stage of the affection, after which borax may be substituted for the Goulard with advantage. The lotions should be used warm, the patient kept in the recumbent posture upon a mattress or sofa, and her diet light and digestible.

These are the chief affections which are observed to occur during early pregnancy, and which will require your attention and treatment; their duration is very variable, and varies in different patients. As signs of pregnancy their value is but small, except when taken in conjunction with other changes indicative of this state.

One of the earliest and most constant changes produced by conception is the cessation of the catamenia; it is frequently the one which first warns a woman that she is pregnant, and is usually the point from which she reckons the date of her

pregnancy. But taken by itself, even this cannot be considered as a certain symptom of pregnancy, for in the first place, you are aware that the menses may be interrupted by a great variety of other causes; and secondly, experience shows us that a woman may be pregnant and yet menstruate, or at least have a periodical bloody discharge. It is by no means an unusual thing for a patient to be unwell once after conception, and we not unfrequently meet with cases where the catamenia have appeared twice or three times, and now and then where they have continued much longer—even during the whole term of utero-gestation. The fact of the catamenia appearing during conception has been fully recognised by most of our older authors; indeed, if I recollect rightly, it was Dr. W. Johnson who considered that one appearance after conception was more common than otherwise; thus Mauriceau, an old French author of the highest value (1668), says "I know a woman who had four or five living children, and who had with every child her menses from month to month as at other times, only in a little less quantity, and was so till the sixth month, and yet, notwithstanding, she was always brought to bed at the full time." I must refer you for other quotations of a similar character to my system of midwifery—suffice it to say that the fact is well established, and of by no means uncommon occurrence. Dr. Denman was strongly opposed to it, and the weight of his authority went far to establish a contrary opinion for a time. No one has given better observations on this subject than Dr. Dewees, of Philadelphia. "We are acquainted" says he, "with a number of women who habitually menstruate during pregnancy until a certain point, but when that time arrives it ceases; several of these menstruated until the second or third month, others longer, and two until the seventh month—the two last were mother and daughter. We are certain there was no mistake in all the cases to which we now make reference.—1st, they (the menses) were regular in their return, not suffering the slightest derangement from the impregnated condition of the uterus; 2nd, they occupied from two to five days for their completion; 3rd, that the evacuation differed in no respect from the discharge in ordinary, except they did not think it quite so abundant; 4th, there were no coagula in any one of these discharges, consequently it could not be common blood, or the blood of hemorrhagy; 5th, in the two protracted cases the quantity discharged regularly diminished after the fourth month, a circumstance perhaps not difficult of explanation." This explanation, gentlemen, I will give you in the words of the celebrated Carus, of Dresden, viz., "should the vessels of the cervix uteri take upon them the secretion of the menses, this discharge can thus continue during pregnancy."

A still more remarkable fact is the circumstance of the menses *never* having appeared except during pregnancy; a sufficient number of authentic cases have been recorded by observers of the highest credibility to establish this extraordinary deviation from Nature's usual course beyond all possibility of doubt. Deventer, Baudelocque, Perfect, and Dr. Dewees, have all published cases of it. More recently it has been noticed by Professor Busch, of Berlin, who has given two cases in his reports of the midwifery hospital under his charge. The first patient was in her second pregnancy; she stated that she had never menstruated until her first pregnancy, when the catamenia appeared and returned at regular intervals during the whole time. She was delivered of a dead child at the eighth month, after which the catamenia ceased until she again became pregnant two years afterwards, when it returned as before at regular periods. When advanced four months she applied at the hospital, fearing that the continuance of the discharge would have an injurious effect upon the life of the child. In spite of bleeding just before the expected recurrence of the periods, horizontal posture, &c., it continued to appear until the seventh month, when it stopped. Labour came on a few weeks before the time, and she was delivered with ease of a small living child. I think, gentlemen, with the evidence now adduced, you will agree with me in saying that the presence of the catamenia is no certain proof that pregnancy is absent; on the other hand, there are sundry reasons for denying that the absence of the catamenia is a proof of pregnancy being present. A young woman may become pregnant who has not yet menstruated, if the catamenia were about to appear at the time. Nothing is more common than for a woman to conceive before the first appearance of the catamenia, after her labour, especially where she has suckled her child for some time. She may thus go from one pregnancy to another for several years without any appearance of the catamenia. In neither of these cases is the absence of the discharge necessarily connected with any derangement of health. I need hardly say that where the non-appearance of the catamenia is dependent on deranged health, the chances of conception are much diminished.

ON STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By LEROY D'ETIOLLES, M.D., Member of the Academies of Brussels, Madrid, St. Petersburgh, &c.; of the Imperial Society of Physicians at Vienna; of the Royal Medical Society of Edinburgh; of the Medico-Chirurgical Society of Berlin; of the Society of Medical Sciences at Lisbon; of the Royal Society of Arts and Sciences at Nancy; of the Medical Societies of Antwerp, Bruges, Ghent, Guadalaxara, Lyons, Malines, Munich, Nancy, Willebrock, and Paris; and of the Council of Health at Brussels.

Edited by JOHN FOOTE., Esq., M.R.C.S.L.; Honorary Secretary of the Royal Medico-Botanical Society; Corresponding Member of the Sociedade Pharmaceutica Lusitana; of the Société Industrielle at Angers, &c.

CAUSES OF STRICTURE.

Whatever will cause inflammation in any part of the urethra is a cause of stricture. In the first class of these is to be ranked blenorrhagia, which is itself the most common indication of the inflamed condition of the canal; nevertheless, a discharge from the urethra is far from being always a cause of stricture, for otherwise more than half mankind would be so affected, at least in great cities. Here, then, as in the greater number of diseases, we must admit a predisposition, or else the existence of temporary conditions which favour its development;—conditions and predispositions which no one can characterise or foresee. These conditions must be peculiar to the *person* who is affected, for it is sometimes possible to ascertain, and I myself have verified the fact—that of two persons who have caught the clap from the same woman, and about the same time, one has been affected with stricture, while the other has escaped.

Sometimes immediately after the first attack of gonorrhœa the emission of urine has been affected; but generally the formation of stricture does not take place so quickly; many years pass away before the stream is altered in form, and diminished in size. In a great many cases, the first attack of gonorrhœa does not appear to leave any traces, but it increases the susceptibility of the urethra, for a second attack immediately induces all the symptoms of stricture.

Medical men generally acknowledge the influence of gonorrhœa in the production of stricture; but some regard it as being direct, while others look upon it as secondary, depending solely on the mode of treatment which is employed, and especially on the use of injections. This opinion, although admitted by distinguished surgeons, does not appear to me to be correct. In going over my notes of cases, I find that one hundred and seven persons were affected with stricture who never used injections. How many others, when using injections, took the precaution to compress the perineum, in order to prevent the fluid passing into the bladder, so that it could not reach the membranous portion of the urethra, where nine-tenths of the strictures are met with—a precaution which is often superfluous, it is true, since, as we have already said, injections made in the fossa navicularis never pass beyond the bulb, unless they are thrown in violently, and the meatus urinarius pressed against the canula of the syringe. Besides, some persons affected with gonorrhœa have used injections without any subsequent disease in the urinary passages.

Inveterate discharges which induce ulcerations after a time, are especially those which leave the germs of stricture; to prevent these ulcerations, by arresting the discharge early, is, apparently at least, acting in a rational manner. Astringent injections, therefore, seem to be rather a preservation against, than a cause of, stricture.

If I endeavour to prove that injections do not necessarily cause stricture, I am far from being desirous to represent them as altogether harmless. With regard to the facts of which I have just spoken, I could cite a great number of cases in which the formation of stricture followed the use of injections. Their influence may occasionally be proved indubitably; thus, in several persons who have used injections at the commencement of gonorrhœa, taking the precaution to compress the penis at its root, I have seen the anterior part of the urethra, commencing from the part where the pressure was employed, become more rigid and narrower than the remainder. The stricture sometimes forms only at the part where the compression, intended to arrest the action of the injection, was practised. Injections, where they are too irritating, do not produce stricture only; other diseases, such as inflammation of the neck of the bladder, of the vesiculæ seminales and testicles, and abscesses in the prostate, may also result. We shall speak of these in the chapter on complications.

There is an important distinction to be made in injections, relative to the manner in which they are used, and especially as to their composition. We have hitherto been alluding to injections composed of the salts of zinc and alum, wine, and other more or less astringent substances; but for some years past, some practitioners have substituted for these the solution of the nitrate of silver, which is much more active. The influence of these diluted escharotics in the production of stricture cannot yet be duly appreciated. I think I am already justified, from a certain number of cases, in stating that it is injurious; at all events, the more frequent occurrence of prostatitis, and of phlegmasia of the neck of the bladder, cannot be denied.[1]

John Hunter does not admit either gonorrhœa or injections as a cause of stricture; he founds his opinion on its infrequency as compared with the immense number of cases of gonorrhœa, and on the production of stricture in canals, not subject to inflammations of that kind; such as the nasal canal, the puncta lacrymalia, and the digestive tube. These reasons have not even the merit of being specious: is it not inflammation which induces the constriction and occlusion of canals in general; and is gonorrhœa anything else? But, perhaps, Hunter alluded only to syphilitic gonorrhœa, as the context would lead me to believe. In that case he may be right, for the complication of gonorrhœa with chancres, buboes, and other venereal symptoms, does not seem to increase the risk of stricture of the urethra.

Next to gonorrhœa, the most frequent causes of stricture are internal and external injuries. Falls on the perineum may cause simple contusions, lacerations of the urethra without loss of substance, or lacerations with loss of substance, giving rise to strictures, the severity of which is proportioned to the amount of injury sustained. Similar results sometimes take place from urinary fistula, and obliteration of the canal. All surgeons have met with this kind of stricture. I myself have seen several cases; one in particular at La Pitié, under the care of Sanson, in the person of a young man who had had the lower paries of the urethra destroyed by an abscess. As soon as the catheter, used to draw off the urine, was withdrawn, the parietes of the canal contracted and closed it. Some years ago, a boy, thirteen or fourteen years of age, was admitted into la Charité for obliteration of the urethra, the result of laceration with loss of substance; the urine passed altogether through a fistulous opening in the upper and inner fourth of the thigh. M. Velpeau, at my suggestion, had recourse to the direct application of caustic, which, after it

[1] The occurrence of inflammation of the prostate, and of the neck of the bladder, under such circumstances, may generally be referred to the carelessness of the patient in using the injection. A weak solution, half a grain to two ounces of distilled water, carefully injected—proper compression being made on the under part of the penis near its root—cannot cause any mischief; at least we have never seen any such unpleasant consequences, although in a case recently under our care, we noticed a relapse of all the severe symptoms of gonorrhœa, when the nitrate of silver injection was used for the treatment of gleet.—J. F.

had been used eight times, effected a passage through the cicatrices, so that small bougies could be passed. I shall return to this case when treating on cauterisation from before backwards. Another case of traumatic stricture is published in my work on lithotripsy. A man who had injured the perineum by a fall, had the bladder perforated by a splinter of wood, which became the nucleus of a stone, the extraction of which I effected with lithotribe instruments; the contusion of the urethra in this case had also caused a stricture of the canal.

The contusion of the perineum and urethra sometimes does not cause any difficulty in the emission of the urine, until a long while after the accident. Of this I had recently a case in the person of a sous-prefet, a physician, and the son and brother of a physician. When ten years of age, being at college at Evreux, and playing at leap frog, he violently contused the perineum, so as immediately to pass blood from the urethra. The medical man who attended him removed the immediate effects of the injury by baths and poultices, but when taking leave, after he was cured, he said to his patient, "My young friend, in thirty years' time you will perhaps feel the effects of the injury you have received." The prognostic was verified; for eight years ago the stream of urine began to diminish in size, the difficulty gradually increasing, and last spring complete retention of urine occurred. Attempts at catheterism were made with great care, but without effect. I was sent for by express, but from the distance which I had to travel, and the time that had already elapsed, the retention had already existed thirty hours, when I saw the patient. I succeeded in passing a twisted bougie (bougie tortillée) through a sinuous and fungous stricture, and afterwards a small catheter, three-fourths of a line in diameter, with which the bladder was emptied. The cure was completed by the rapid permanent dilatation, one scarification, and by temporary dilatation.

Catheterism causes stricture by the formation of false passages, or even by inducing simple inflammation of the mucous membrane. This inflammation, however, only occurs when the introduction of the catheter has been attended with violence; when it is practised slowly and gently, no injury ensues. The rash and careless introduction of bougies is also an undoubted cause of stricture.

Forced dilatation gives rise to stricture by the contusion and laceration of the tissues which it causes, and the consequent reaction; in the same manner the introduction of large lithotribe instruments, and catheterism with catheters of considerable calibre, and especially with instruments made of pewter, have also caused stricture. Their influence is, however, less felt in the urethra, than at the neck of the bladder and the prostate, which becomes swollen. In consequence of the introduction of large pewter catheters, Sanson entirely lost the power of making water, it having been previously diminished by cauterising the neck of the bladder, in order to arrest a prostatic discharge.

A very common popular error contributes to make strictures more frequent and more dangerous after gonorrhœa; namely, the belief that it is useful to break the *cord* in severe claps, either by striking the penis when in a state of erection, it having been previously rested on a table, or by having connexion in spite of the pain it causes. In the latter case there is the double danger of diseasing the female, and of ultimately causing a stricture by the cicatrisation of the ruptured urethra. Torsion of the penis when in erection produces a similar result, when it does not cause gangrene or fatal effusion, as happened to the soldier whose penis was twisted by a girl he was about to violate. Violent and repeated masturbation causes engorgement of the prostate and spasm of the urethra, rather than organic stricture.

The cicatrices left by the lateral operation of lithotomy, it would seem ought almost always to cause stricture, but such is not the case. I have had occasion to catheterise or practise lithotrity on persons who had undergone either the lateral or the bilateral operation, in whom the urethra was sound; this is owing to the fact that the parts wounded in this operation are the prostate and the termination of the membranous portion, the commencement of that portion—the place of election of stricture—being uninjured. Obstacles to the passage of urine from that cause are the exception, and not the rule. M. Civiale, who does not admit that strictures exist beyond the part where the urethra passes under the pubes, nevertheless regards the cicatrices resulting from lithotomy as a cause of stricture. "Among the causes of urethral stricture," says he, "there is one which has long been known, and which, nevertheless, has never attracted attention—it is the cicatrix resulting from the lateral operation of lithotomy." These strictures, at all events, must exist beyond the limits he assigns them.

When a calculus, or a fragment of one, remains for one or more days in a portion of the urethra, it generally causes both anteriorly and posteriorly a swelling of the mucous membrane, the thickening of which gives rise to stricture. There is not a surgeon — a lithotrotist especially—who has not frequently had occasion to recognise this fact. If the foreign body remain a longer time in the urethra, the mischief becomes greater by the increasing projection of the bars, and by the increase in size of the stone which the salts of the urine, as it passes, add additional layers. The posterior or deeper bar is sometimes wanting; in that case the calculus is still mobile, and may for a time re-enter the bladder, to return to its former place, expelled by the discharge of the urine, and again irritate the canal by its contact. This takes place in a patient whom I am at present attending with M. Manjolin.

Strictures sometimes form in the urethra of men who have never had connexion with women, who have never had gonorrhœa, who have never met with any accident, nor been subject to any cause of inflammation. These cases are certainly rare; I have only met with fifteen; in this list I place only those on whose statements I could rely, for there are many who have had a discharge, and deny it boldly, adding the while that they have no motive to conceal it.

Hydroceles, hernias, and other tumours which displace and compress the canal, have been erroneously classed among the causes of stricture; there is deformation, but not stricture, in the true seuse of the word.

In works on pathology, when the causes of a disease are enumerated, the author rarely fails to add to the list, already of greater or less length, the repercussion of exanthemata, constitutional maladies, espceially the dartrous and rheumatic virus. This influence is also admitted by many writers without commentary, as inducing stricture, although it is difficult at first view to understand it. It is scarcely probable, in fact, that a dartrous inflammation should occur primitively in the urethra, but if a person labouring under that disease become affected with gonorrhœa, the new complaint may be modified, or notably aggravated by the herpetic virus, and the cure, not of the stricture itself, but of the complications which keep it up and aggravate it, will not be effected without the use of sulphurous medicines.

Rheumatism seems less likely than herpes to induce urethral stricture; nevertheless it must be classed among the most direct and immediate causes, if the purely spasmodic stricture, admitted by most authors, is to be preserved in that class of diseases; for it is the result of a pathological contraction of the muscles which surround the membranous portion, and this contraction itself is frequently caused by rheumatism, as I have endeavoured to show in the preceding chapter. If spasm of the urethra without organic alterations of the parietes of the canal be removed from the class of stricture, as is reasonable, then rheumatism can no longer be regarded as one of the direct causes, but it must still be looked upon as an indirect and predisposing cause by the effect of the spasmodic action, and the imprudent manœuvres which are practised in consequence. The following is the ordinary manner in which this happens:—

A patient presents himself complaining of a frequent desire to make water, of hesitation when commencing micturition, and of pain while the water passes, and afterwards. Among the rather numerous causes which may produce these symptoms, there are some which may at the same time cause rigidity and contraction of the muscles which are inserted in the bulb, and which surround the membranous portion of the urethra; such are an attack of rheumatism, or of neuralgia of this part, and in the prostate. The surgeon, in order to ascertain the nature of this difficulty, attempts to pass an instrument, which strikes against the barrier presented by the contracted muscles; if he persist in his attempts, and use violence, the rigidity and spasm increase, and durable traces are left as a consequence thereof. If, believing in the existence of an organic stricture, he has recourse to some of the means destined to destroy them, caustics, for instance, the production of a true stricture is almost sure. This error may be committed more frequently than is imagined, and the use of the exploratory bougie of Ducamp has contributed not a little to multiply it, as I shall state in the chapter on diagnosis.

If rheumatism can affect the neck of the bladder and the membranous portion of the urethra idiopathically, it is much more reasonable to anticipate such an attack, where there is already an organic stricture. It is rheumatism which frequently causes those painful sensations in the perineum, in the groins, and pubes, which are not altogether explicable by the presence of a comparatively trifling organic stricture.

In explaining the formation of stricture after gonorrhœa, I was led to admit the existence of an *original predisposition*, which might increase the action of the exciting cause. This predisposition is probably very difficult or impossible to recognise beforehand in the great majority of cases; nevertheless, there are certain conditions in early infancy which add to the tendency to the formation of stricture, and increase its severity. Thus, those persons who, when children, wetted the bed every night for years; who, during youth, make water very frequently, more slowly, and in a smaller stream, than other young men of the same age as themselves; whose constitution is, or has been, lymphatic or scrofulous; are more exposed to stricture, not only after gonorrhœa, but even under the influence of causes which would not produce it in other individuals. Besides which, stricture in these persons is attended with singular and severe symptoms. There are generally some peculiar phenomena, such as a fungous condition of the neck of the bladder, which bleeds readily, and spasmodic contraction of the orifice of the membranous portion. From among the cases which have fallen under my observation I will mention the following:—

M. Cap——, thirty-one years old; troubled with nocturnal incontinence without dreaming up to the seventeenth year; frequent desire to make water; stream small and slow. His brother was subject to the same infirmity. Had his first attack of gonorrhœa when eighteen years old: had several attacks afterwards at Rome, Mahon, &c. In 1837, when twenty-six years of age, he had a sudden retention of urine without any apparent cause, which lasted six hours, after which the stream of urine was as large as before, but he was more frequently called upon to empty the bladder during the day. In 1838 and 1839 he again suffered from retention of urine, lasting from seven to eight hours, and yielding to leeches and baths. Several useless attempts at catheterism were practiced at Valence (Drôme), Grasse, and Padua. The volume and force of the stream of urine were diminished.

On the 25th of February, 1841, M. C., while taking a bath in the Rue du Mail, was seized with complete retention of urine; he consequently continued longer in the bath than usual, but without advantage. A medical man in the neighbourhood endeavoured to pass a catheter, but failed. I was operating by lithotrity on a calculous patient, who was residing in the hotel where the baths were; I was informed of M. C.'s painful situation, and found him stretched on a bed, and suffering severely. A small catheter without a stylet, was arrested at six inches down the canal, about the middle of the membranous portion, a little beyond the ordinary seat of stricture. The obstacle appeared to be soft and fungous; it was bleeding in consequence of the attempts that had been made to pass an instrument. A fine bougie would not pass; I twisted its point into an irregular spiral, and it penetrated without resistance; after remaining in the passage for five minutes, it became free, and could be withdrawn and repassed easily. I substituted for it a catheter

of two millimetres' diameter, having a fixed curvature, without stylet, which passed readily, and emptied the bladder. After remaining twenty-four hours in the passage, I introduced an instrument of three millimetres in diameter; one of four millimetres the same evening; on the third day one of five, and in the evening one of six. On the fourth day I passed one of seven millimetres (three lines and a quarter) and allowed it to remain in for twenty-four hours. The day after the dilatation was suspended, retention of urine took place for two hours. The stricture had narrowed since the previous evening, so as to admit an instrument of only three millimetres; one of four was passed a quarter of an hour afterwards, then of five, and, after the lapse of an hour, of six. The next day the same manœuvre was practised, only that I commenced with one of five millimetres, and afterwards used one of seven; the day after the same proceeding was adopted. The stream of urine was then full, and larger than it had ever been. M. C. then started for Italy, where his business called him, and I have not seen him since.

M. R., an Italian, forty-one years of age, of weak constitution; had ill-health during infancy, with nocturnal incontinence of urine. He got his first gonorrhœa in Spain in 1823, when twenty years of age, and others in 1824 and 1825. Injections were used. In 1827 the stream of urine diminished in size. In 1828, while in London, he had complete retention of urine. Mr. Lawrence passed a bougie, and afterwards, according to the account of the patient, he passed instruments, and left them in the passage until he was able to use the largest size. After this the stream was of moderate size, and so continued until 1841, when he had retention of urine which lasted several hours. The same thing occurred in 1842. He then consulted M. Mojon, who advised him to place himself under proper hands; and afterwards M. Marx, who discovered with the aid of the bougie a very firm stricture. On the 3rd of May he came to me. I ascertained the existence of a stricture in the membranous portion, five-and-a-half inches down the canal; in order to pass it I was obliged to use a bougie twisted in an irregular spiral. The next day the same bougie was used, followed, a quarter of an hour afterwards, by a larger one, two millimetres in diameter. I then ascertained that there was a fungous condition of the neck of the bladder. By means of the temporary dilatation practised from half an hour to an hour daily, I was enabled to use an instrument four millimetres in diameter. At this point we were stopped for three weeks. Catheters were left in the canal from the 10th to the 13th of June, after which the calibre of the instruments used was increased to six millimetres. On the third day there was frequent desire to make water, bloody urine, and syncope. Nothing consequently was done for two days, after which the use of the catheter was resumed, but on the second day the same train of symptoms returned, together with fever, and severe sciatic pain. The catheter was withdrawn; leeches applied, and the patient kept quiet. On the 23rd, the temporary dilatation was resumed; the contact of the bougie with the neck of the bladder caused the discharge of a black venous blood. An instrument of six millimetres passed through the stricture, but one of five only through the neck of the bladder. Micturition was, however, easily performed, and therefore, nothing more was attempted, M. R. being contented with passing instruments from time to time himself in order to keep the canal open.

In these two cases, as in many other instances of stricture supervening in persons who have suffered from disturbance of the urinary organs in infancy, there was a fungous condition of the neck of the bladder; strictures both soft and fungous; sudden retentions of urine; deviations of the urethral canal, or at least sinuosities caused by fungous growths, which could not be passed at first, except by twisted bougies, or small-sized catheters without a stylet, with a short and sudden curve, on the use of which I shall dwell hereafter.

Dr. Alderson.—A present of the value of several hundred pounds has been publicly presented to Dr. Alderson, of Hull, by his fellow-townsmen and friends, as a testimonial of their estimation of his public and private worth.

ORIGINAL CONTRIBUTIONS.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND THE TREATMENT OF PULMONARY PHTHISIS.

By J. H. Tosswill, Surgeon, Torquay.

(Concluded from page 163.)

Humidity, combined with heat, in all probability, owes much of its beneficial effect to its increasing the activity of the cutaneous surface, to its diminishing the amount of oxygen contained in an already rarefied atmosphere, and, above all, by every inspiration inducing an emollient application to the pulmonary mucous membrane. In concluding this subject, I cannot resist making an extract from the valuable paper before alluded to: "Some years ago," observes Dr. Sheriffs, "I entertained myself by perusing Madden's Travels, and find among my notes an extract bearing upon the present subject. In vol. i., p. 221, commences the following passage:—'Indeed, Alexandria, at all times, is *excessively damp*; the atmosphere is saturated with a saline vapour, which condenses on the walls and furniture of the houses, in small crystals of nitre, muriate of soda, and muriate of ammonia; the soil is everywhere coated with the saline particles; and, although it is quite impossible to keep any articles made of iron free from rust, yet the constant breathing of this saline atmosphere does not appear to be prejudicial to the health. *Diseases of the lungs are unknown. I have not seen one case of pulmonary consumption among the Arabs.*'" Can this remarkable passage be read without exciting the greatest interest, when, upon reflection, it is distinctly shown that *here* is the treatment which Nature adopts, to prevent pulmonary disease—*here* is the climate—*here* the occupation—*here* is the diet, and *here* the very medicines, ready furnished by Nature, by which she prevents the development of tubercular affections? Tubercles may be, and doubtless are, deposited in the organic tissues of the inhabitants of this, as they are in those of other districts; but every cause predisposing to their active manifestation, is suppressed—is counteracted; the air is soft, unirritating, and soothing to the lungs; the occupation of the Arabs is not too sedentary for the climate, nor too laborious for the character of their diet; they are not confined to a vitiated in-door atmosphere; their food is chiefly of an azotised character, consisting of curds, milk, and pulse; the air is charged with a perpetual supply of those neutral salts which are known to increase the fluidity of the blood, and which subdue inflammatory action (the result of local irritation), and which are taken into the system at every inspiration of the lungs, at every instant of their existence. This is the method which Nature employs, to prevent the active manifestation of tubercles; and the closer our treatment approximates to her example, the more fortunate shall we be in the result.

Whilst it has ever been recognised that climate exercises a remarkable influence on the health of mankind, and that its effect is particularly marked in the production or suppression of tubercular disease, the character of diet which communities and individuals adopt, induces equally decided results. The carnivora amongst animals are exempt from the ravages of consumption, whilst the vegetable feeders are particularly liable to the disease. Butchers, as a class of men who possess great facility in obtaining an animal diet, enjoy, comparatively, an immunity from phthisis, whilst individuals whose scanty means compel them to adopt an impoverished diet, and that chiefly of a vegetable character, suffer severely. Certain occupations predispose to the development of phthisis, and it happens that, whilst those which are attended with much exercise of the body, out of doors, are known to be but little affected with phthisical disease (as exemplified by agricultural labourers), those persons whose employment is of an in-door nature, unattended with muscular exertion, are extremely disposed to its development. This condition, combined with deficient or innutritive food, is particularly favourable to the production of the disease, and will, in animals, of itself alone, artificially induce its appearance.

A particular temperament undoubtedly powerfully operates in the production of pulmonary consumption, whilst one of a different character appears but little susceptible to the disease, as one of an idiopathic character. An extreme preponderance of function in any organ induces an extreme character of temperament, and an extreme liability to the diseases of such temperament, whilst a balanced condition is that happy state which gives health to the individual. Again, certain diseases which are often taken as symptomatic of the existence of tubercular deposit, are, at the same time, the very means which, by establishing permanent counter-irritation, prevent its active manifestation in a more vital organ, such are old scrofulous sores, fistula in ano, &c. Finally, a particular and altered condition of the general economy appears to ward off, and occasionally even to cure phthisis, where its active condition had previously manifested itself; this state is induced by *pregnancy*, which, by calling another and an important organ into operation, acts as a diverticulum to the blood from the lungs, lessens their susceptibility to irritating impressions by the great increase of nervous influence expended upon the uterine functions, and, lastly, by the *placenta acting as a filterer of the blood and thereby abstracts the insoluble lime from the circulation and retaining it in its own spongy texture, subsequently to be thrown off with the organ itself after delivery.* The frequent presence of calcareous matter in abundant quantity deposited in placentæ must be well known to the practical accoucheur, and it will almost invariably be found to accompany the early confinements of scrofulous women, in whom, from personal appearance and hereditary history, a consumptive disposition might be expected. Under other circumstances, this insoluble calcareous concretion would have been assisted in its passage through some other organ, and would, in all probability, have ultimately originated tubercle. The chief of the causes predisposing to, as well as those exempting from, tubercular deposition and development, have now been brought into review, and briefly considered; and may it not be inquired, whether they do not point out a rational method of proceeding, and one which, if followed, is likely to be attended with more favourable results than the intermediate course usually pursued? By the facts adduced, every particular as regards treatment is plainly indicated, and it may consequently be reasonably anticipated that the individual with a phthisical tendency, who can either naturally or artificially place himself under their favouring circumstances, may be permitted to indulge in the hope of escaping the development of that disease to which his hereditary organic conformation renders him susceptible.

I have now concluded the subject of tubercle and its treatment. Long-continued ill-health has alone prevented my being enabled to give direct proof of the truth of the views I entertain. It will be sufficient to observe, that I hope, by a reiterated series of careful experiments, to confirm those I have previously made, by which I have been enabled to produce tubercular disease, by direct experiment, in young and healthy animals, and induce analogous results by peculiarity of diet.

ACCIDENTS PRODUCED BY ANTIMONIAL SOLUTIONS—ARE THEY OF FREQUENT OCCURRENCE?

By Robert Annan, M.R.C.S.E.

Few articles in the materia medica possess so great a variety of important actions, or are susceptible of so many applications in practice, as the tartrate of antimony and potass. Its internal use, however, has been generally admitted to be often singularly uncertain, and its effects may be either suspended or modified, by various morbid conditions of the body, more especially in internal acute inflammation. The *form*, too, in which it is used, powerfully modifies its effects in internal disease, as the methods proposed by Dr. Marryott, of Bristol, and afterwards extended by Rasori and others, sufficiently testify; though it has been stated,[1] that this was a common enough practice so early as the

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[1] See a Treatise on Poisons, by Robert Christison, M.D., Professor in the University of Edinburgh. 3rd edition, pp. 449, 450.

seventeenth century. The same excellent authority, also, states that, in large doses, it is an irritant poison, producing inflammation of the alimentary mucous membrane, and not unfrequently of the texture of the lungs, by indirect action. There is one form, however, of the action of the tartrate of antimony, when given in solution, even in moderate doses, which does not seem to have been particularly noticed by writers on this subject, though I am inclined to believe there are few practitioners of any lengthened experience who have not met with *accidents* in practice from the use of antimony.

While in attendance on the case proposed to be briefly narrated, my attention was arrested by observing in the *Medical Times* of January 3rd, of the present year, under Academy of Medicine of France, a notice regarding "Accidents produced by Antimonial Solutions." In this notice, Dr. E. Boudet is stated to have frequently observed, in the treatment of pneumonia and other diseases, that antimonial preparations cause, not unfrequently, *diphtheritic* ulceration of the mouth, throat, œsophagus, and mucous membrane of the stomach, which adds to the febrile excitement belonging to the original complaint against which the drug was directed.

Dr. B., it appears, has observed twenty-five cases of this kind, in all of which the tartrate of potass and antimony occasioned the most distressing symptoms, and concludes by proposing to banish antimonial *solutions* from the treatment of acute pulmonary disease. As a modified example of the diphtheritic affection of the fauces, seemingly corroborative of Dr. Boudet's remarks, the following case may not be unacceptable to my medical brethren. And I have to add that, about one year ago, though I took no notes at the time, a fatal case, nearly similar in the appearances of the fauces, came under my observation—the patient being of a very bad habit of body, and considerably farther advanced in years.

Mr. T. H., a manufacturer in this neighbourhood, aged 58, of a sanguineo-choleric temperament, had an attack of pneumonia, principally in the right side, under which he had laboured for three days, till I saw him on 24th December last. Saving a pretty powerful dose of infus. senn. cum magnes. sulph., he had used no remedy. As the symptoms were not of the most acute kind, and generally the appearance of the patient did not seem to warrant the abstraction of blood, the antimonial treatment was adopted.

R. Tart. antimon. gr. iij.; Aq. font. ℥ xvj; Tinct. opii, gtt. xl. ft. Solutio.: two table-spoonfuls every three hours. A large sinapism over the breast. Applicat. emp. vesicat. vespere.

December 26th.—Being prevented, I did not see him till this day. Pneumonic symptoms somewhat abated, though blister had not been applied as ordered. Nausea had ensued after taking the first two doses of the mixture. Tongue furred; bowels costive; pulse 96, small, and soft. To have a full dose of infus. senn. cum magnes. sulph.

Contin. Solut. antimon. Applicat. emp. vesicat. later. dœt.

December 27th.—Felt much relief from the blister. Otherwise nearly as yesterday.

Contin. Solut. antimon. One table-spoonful only, every four hours.

Dec. 28.—At eight, a.m., I received an urgent message, and was told that the throat had been so affected that he had not slept during the night, and deglutition of even a small portion of liquid was accomplished with extreme difficulty. Having an urgent professional engagement, I did not see him till mid-day, a sinapism, which I had directed to be applied to the external fauces, having been used without relief. Pain of right side nearly gone; pulse 100, and tremulous; the patient evidently under great alarm for his safety. Deglutition as described.

On examining the mouth and internal fauces, the velum pendulum, particularly on the left side, uvula, part of the roof of the mouth, and partially the posterior part of the pharynx, were covered by an ash-white envelope, apparently of some thickness, very much resembling the appearance produced by a free use of nit. argent., while the smaller portions of the velum pendulum, and other parts that were not so covered, had a pale red, unhealthy colour, indicating the very languid action of these parts.

Omitt. Solut. antim. Gargarism. Acid. cum melle.

The nit. argent. was pretty freely applied over the uvula and velum pendulum. Farinaceous nourishment to be used as freely as the power of swallowing would permit.

28th.—The general appearance of the fauces nearly as yesterday. Discharge of thick mucous from throat and mouth.

R. Infus. senn. G. magnes sulph. Contin. gargarism.

29th.—Fauces rather improved in appearance; the parts not covered by the sloughy membrane having a more healthy appearance.

Nit. argent. ut antea.

30th.—Part of the slough on the velum pendulum has come away; parts underneath, red and ulcerated; otherwise much better. Deglutition improved.

1846, Jan. 5.—Up to this period the general improvement has been progressive, the throat being now completely cleared of the adventitious covering. Fauces of a bright red colour, and, in various places, there are superficial, though healthy looking, ulcerations. The nit. argent. was very slightly applied to these.

Gargarism querc. cort. cum alum. sulph. Infus. senn. ut antea.

Nourishing diet.

January 7th.—Able to sit out of bed and write. Fauces have still a bright red colour, and only two small ulcerated spots on the velum remain.

Contin. gargarism.

In conversing with my patient this day, he graphically described his sensations, when the throat affection was at his height, to be *as if the upper part of the body* (meaning, evidently, the throat and head) *had been separated from the under.*

Kinross, Jan. 8, 1846.

P.S.—From not having at present beside me, the late amiable Dr. Armstrong's volume of Practical Observations, I can only recal to my memory some very pointed remarks on the "Abuses of Antimonial Medicines," in various diseases. The practical remarks of Dr. Boudet may serve to illustrate still further the observations of Dr. Armstrong.—R. A.

TRANSACTIONS OF LEARNED SOCIETIES.

PATHOLOGICAL SOCIETY OF DUBLIN.

(From our own Correspondent.)

Meeting of December the 20th, 1845.

R. Adams, Esq. in the Chair.

Dr. Corrigan laid before the Society a specimen which he considered instructive, from its connection with the history of cirrhosis of the liver, inasmuch as it was calculated to throw light on the period of time necessary to the production of the lesion, as well as upon its ultimate pathological nature, and the course pursued in its production.

The subject of this case, Catherine Geoghegan, aged 46, entered the Whitworth Hospital on the 1st of November, having been attacked, eight months previously, with symptoms of subacute gastritis—pain increased on eating, particularly salt meat or vegetables.

In about a month after the pain was first felt, she became subject to attacks of pyrosis twice every day, before breakfast, and after dinner, and felt nausea during the day. After some time, the abdomen swelled, and subsequently the feet; the urine became scanty, and high-coloured, depositing a sediment on cooling; her bowels continued constipated. There had been suppression of the menses for the last two years.

The ascites was so considerable on her admission to the hospital, that it was deemed necessary to tap the abdomen, which afforded her much relief. She was also purged, and diuretics were exhibited. The tongue continuing dry and red, however, rendered caution necessary in the administration of medicines that might irritate the alimentary canal. She had no fever during the disease, the pulse remaining stationary at about 70. The ascites having returned, the operation of tapping was again under consideration, when she suddenly and unexpectedly died, from the manner of which, and the absence of any cerebral or pulmonary lesion discoverable at the autopsy, Dr. Corrigan concluded that death took place in a fainting fit. The post-mortem examination verified the diagnosis of the existence of cirrhosis of the liver, which had been made during life. The lobules of the liver were very prominent upon the surface of the organ, from the intervening fibro-cellular tissue. On making a section of the liver, white gristly bands of this altered tissue were seen traversing its parenchyma, and compressing the vessels distributed to the lobules. In this manner, Dr. Corrigan observed, the appearances mistaken by Laennec for yellow tubercles were clearly produced, to which, indeed, at a more advanced stage, they have a great resemblance.

Looking to the gastro-intestinal mucous membrane, that of the pylorus was found abraded, with thickening and induration of its walls; the ulceration of its mucous surface extended to a distance of about two inches into the cavity of the stomach, principally along its lesser curvature, giving the ulcerated surface an oval shape; beneath the ulcerated surface the submucous tissue presented the usual characters of gelatiniform cancer of the stomach.

Dr. Corrigan looked on this case, then, as interesting in three points of view:—first, as to the time requisite for producing the amount of structural alteration visible in the specimen before the Society, respecting which point it had been clearly ascertained that the first symptoms had presented themselves only about eight months before the woman's admission to the hospital. Secondly, it afforded a valuable illustration of the stages in which the true pathological nature of the disease can be best observed. Thirdly, it seemed, he said, to demonstrate the actual point of departure of the disease.

The early symptoms were those of subacute gastritis, followed by pyrosis, and ultimately producing (as revealed by autopsy) softening and ulceration of the mucous membrane, together with thickening and induration of the submucous tissue of the pylorus. It was probable also, Dr. Corrigan thought, that in the train of these lesions might be included the induration and contraction of the fibro-cellular matrix of the liver, from which resulted the cirrhosis of the organ, just as similar changes are known to occur in other glands, under similar circumstances—namely, irritation, propagated from the surface on which the ducts of these glands open to the proper tissue of the organs.

Dr. Mayne exhibited a specimen of scrofulous disease of the upper cervical vertebræ which occurred in a boy named Byrne, aged eleven. When he first came under observation, in February last, he was found labouring under extensive external scrofula. The glands along the base of the jaw, and those in the parotid regions were enlarged, and had ulcerated, attended with a thin discharge, which had produced some emaciation; but there was no other symptom of hectic. He was ordered successively iron, bark, and iodine, which appeared to produce slight amendment. The nurse informed Dr. Mayne, that in last April this boy had caught cold, which was attended with a stiffness in his neck, which, upon examination, Dr. Mayne found depended upon disease of the cervical vertebræ. The boy was unable to incline his head backwards without considerable pain, and whenever he attempted this movement he always placed both hands behind the head to limit extension. In every attempt at lateral motion the head rotated likewise; and in flexing the head forwards he invariably applied one or both hands to the chin. The slightest pressure applied to the vertex produced intolerable uneasiness. There was very considerable puffiness of the soft parts at the back of the neck, and pressure on the spinous process here elicited deep seated distress. The usual treatment for spinal disease was now prescribed: a succession of blisters on the part, absolute rest, and the internal exhibition of hyd. potassæ. Subsequently to this period he was attacked with severe pain in the head, referred particularly to the right parietal bones, together with slight numbness of the right upper extremity;

for these symptoms he was leeched repeatedly, and blistered with but very partial relief.

In May last the nurse stated that a new symptom made its appearance; his breathing during sleep had become stertorous, and the snoring was so loud as to disturb all the other boys in the ward. On hearing this, Dr. Mayne at first supposed it to depend on serious central disease—a supposition which was strengthened by the previous pain in the head, and numbness of the right arm and hand; but the circumstance of the stertor disappearing immediately on the boy's being aroused, led him to abandon the idea; besides, his intelligence was perfect, and the organs of sense retained their powers. There was no gastric disturbance, and the pulse was unaffected. Dr. Mayne now examined the throat, and discovered a tumour at the back of the pharynx, which had caused all the distress during sleep. The tumour was about the size of an ordinary egg; it occupied the upper part of the pharynx only, and pushed formed the velum pendulum palati; to the finger it felt tense and elastic. The patient experienced no difficulty in swallowing, nor was there while awake any evidence of dyspnœa or other laryngeal symptom. In consultation with Mr. Shannon, it was deemed advisable to puncture the tumour, for the boy's health was failing in consequence of loss of rest, and there was reason to fear that the matter might extend to the larynx if neglected. The tumour was not exactly in the centre of the pharynx, but projected considerably to the right side—a circumstance which caused some embarrassment in the operation. The trochar used by Mr. Fleming in such cases was however pushed into the tumour, as near the middle line of the pharynx as possible, and a good deal of matter issued, which, flowing down to the glottis, induced violent fits of coughing, each paroxysm being followed by a quantity of pus. After a little time the tumour became quite empty, and by this means the stertorous breathing was completely relieved; that night the patient's rest was unbroken, and the swelling disappeared. After a lapse of ten days the pharyngeal tumour had again filled, and with it a return of the stertor as before. Another tumour, also, now appeared at the back of the neck, projecting over the transverse processes of the cervical vertebræ. The pharyngeal tumour was again punctured, and upon the escape of its contents the external tumour was observed to be also emptied. After an interval of about a fortnight, both the tumours refilled, and were attended with the same distressing symptoms as before.

On this occasion an incision was made into the external tumour, and as the matter flowed, the pharyngeal abscess was emptied. The incision now made degenerated into a fistula, which serving for a counter opening gave free exit to the matter from the pharynx, and effectually prevented all stertor for the future.

After a further lapse of time, a new train of symptoms set in. In attempting to get on the bed-pan, the patient was suddenly attacked with an epileptic fit, followed by paralysis of both upper and lower extremities. At the next visit Dr. Mayne found him lying on his back, deprived of all power to move his limbs; there was retention of urine requiring the use of the catheter, and the fæces passed involuntarily. The sensibility of the paralytic limbs was but little impaired, for he could feel any irritation applied to them. The respiration was tranquil, and his speech and intellect continued perfect. A careful attempt was now made to examine the condition of his neck, but the moment he was raised he was seized with a new epileptic fit; but the convulsions subsided upon his being replaced in his former position.

The boy survived this last attack for more than a fortnight, during which his condition was most miserable; the slightest effort made by the attendants to change his position induced convulsions which threatened dissolution; bed-sores formed where the soft parts were exposed to pressure. Symptoms of diseased bladder quickly ensued, and at length he died suddenly while making an unusual effort to move his head.

It should be mentioned that for some days before his death, he had recovered in some measure the power of motion in the left lower extremity; he was also able to pass urine without the aid of an instrument; during all this time, too, digestion continued good, and he ate his nourishment with avidity.

At the autopsy, Dr. Mayne removed the cervical vertebræ, and the pharynx and larynx in connection with them. A probe introduced into the fistula behind, passed readily, by a circuitous route, to the tumour in the pharynx; a probe could also be passed from the pharyngeal tumour into the vertebral canal. On examining the vertebræ, their connecting ligaments and cartilages were found to be much more extensively diseased than the osseous structures. The transverse and check ligaments were completely destroyed, as was also the apparatus ligamentosus colli. The right condyle of the occipital bone, together with the corresponding surface of the atlas, was carious, and completely denuded of cartilage; the disease had progressed so far in this situation, that the vertebral artery must have been in imminent danger.

The death, as is usual in such cases, had been sudden, and its immediate cause was found in the dislocation backwards of the odontoid process, in consequence of which the spinal marrow was forcibly compressed. The brain was healthy; but the arachnoid, at its base, exhibited some traces of inflammation. At the point of its reflexion from the medulla oblongata to the cerebellum, this member was found opaque and thickened, and the pia mater investing the almond lobules was highly vascular.

Dr. Mayne considered that two errors in diagnosis might have been possible in this case. At first the vertebral disease might have been overlooked, as the stiffness of the neck might have been attributed to the enlarged cervical glands. The subsequent stertorous breathing might have been considered to depend on cranial disease, though in reality produced by a mechanical cause.

The odontoid process, in its new and unnatural situation, compressing the chord, was exhibited to the Society.

[The remainder of the proceedings of this meeting, together with that of the 3rd of January, will be given in our next report.]

ETHNOLOGICAL SOCIETY.

George Bellas Greenough, Esq., Vice-President, in the Chair.

Captain Lovewell, William Neison, William Ogilby, M.A., G. F. Ruxton, Charles Rogers, and G. C. Galt were elected members.

The paper for the evening was On the Natives of Australia, by Edward John Eyre, Esq., and it was illustrated by two native youths brought to this country for a short time for education. Mr. Eyre is of opinion that the natives of Australia present a striking resemblance to each other in physical appearance and structure, and general character, habits, and pursuits. The man is well-built and muscular, and from five to six feet in height. His skull is thick and flattened; his forehead bold; his eyes, which are large, black, and expressive, sunk; his nose flattened; and his mouth wide. His lips rather thick; his teeth perfect and beautiful, though in the dental arrangement in man a difference exists between the incisor and canine teeth; his chest is broad and deep; his carriage erect; and there is considerable natural grace and dignity of demeanour. A single garment only is worn, made in the form of an oblong cloak or coverlet of the skin of the opossum, the kangaroo, or the wallabie, and, where animals are scarce, of an ingeniously manufactured article of sea-weed or rushes, and is very becoming. It has the fur outwards, and is thrown over the back and left shoulder, and pinned on in front with a little wooden peg. The open part is oposite the right side, so as to leave, in the man, the right arm and shoulder bare. The character of the Australian is frank, open, and confiding, and, when once on terms of friendship, has a freedom and fearlessness that would give little countenance to the impression so generally entertained of his treachery. Having no vessels capable of resisting the action of fire, they are unacquainted with the simple process of boiling; their culinary operations are, therefore, confined to broiling, baking, and steaming. Cannibalism does not appear to prevail extensively through the continent, though it exists in a few tribes. The following account was given to Mr. Eyre, by the natives of the Murray, of their idea of the creation:—That there are four individuals living up among the clouds called Norreele, consisting of a father and his three male children, but there is no mother. The father is all-powerful and of a benevolent character. He made the earth, trees, waters, &c.; gave names to every thing and place; placed the natives in their different districts, telling each tribe they were to inhabit such and such localities, and were to speak such and such languages. The Norreele never die, and the souls (*ludko*, literally a shadow) of dead natives will go up and join them in the skies, and will never die again. Other tribes give an account of a serpent of immense size, and inhabiting high rocky mountains, which, they say, produced creation by a blow of his tail. The Australian believes in sorcery and witchcraft. The ceremonies and superstitions of the natives are numerous, and involved in much obscurity. The modes of disposing of the dead vary greatly according to the usage of the district and the age of the deceased. Simple burial, the burning of the body, the drying of the body in the sun until it is mummied, are all had recourse to. The lamentations for the dead do not terminate with the burial; frequently they are renewed at intervals by the women, during late hours of the night, or some hours before day break, and piercingly as those cries strike upon the traveller in the lonely woods, if raised suddenly or very near him, yet mellowed by distance, they are soothing and pleasing.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

December 18th, 1845.

Dr. Budd, President, in the Chair.

Mr. Nunn read a paper on Physical Education. In his introductory remarks, he observed that, in the highly artificial condition in which civilised man exists, it is extremely likely to happen, that the attainment of the degree of perfection and maturity to which man ought to arrive, should be obstructed by faulty training; and thus his body, and with it (since they are so intimately united) his mind, should be enfeebled, diseased, or rendered liable to disease. Philanthropic though it is to cure maladies, it is much more philanthropic to prevent them. He then proceeded to review the various deformities produced by bad physical education. Those of the foot, from tight shoes, and artificial turning out of the toes; those of the ankle and knee-joint; those of the spine, produced by tight stays obstructing that exercise of the muscles of the spinal column which is necessary for the maintenance of their proper tone—for these muscles are the only efficient support to the many-jointed column. Lateral spinal curvature is often caused by a child's lying constantly on one side, with the head on a high pillow. Lastly, those of the clavicle and scapula, and of the chest. The mind, during our mortal existence, is so intimately connected with the body, that, always, they affect and are affected by one another. That which depresses the one depresses the other, and *vice versâ*. And it is a notorious fact, that those who have benefited or astonished mankind by great mental endowments, have possessed robust and healthy bodies. In order that the human frame should attain its normal perfection, no desire for superiority should induce a reluctance to submit to the natural laws, material or organic, by which animated beings and man are governed. Exertion should not be forced, nor yet restrained; for exercise of the body and the mind is necessary for their development. A young child has sufficient exercise for its mental faculties, in taking cognisance of the objects and occurrences around, without being forced to artificial exercises and studies; and premature prodigies seldom make extraordinary men. At a more advanced age, when the body has become well established, the heavier studies will be not only well borne, but beneficial. In the course of his paper, the author alluded to many injurious practices in schools, especially female schools, such as "stock for artificially turning out the toes, &c.

Mr. Arlidge made some general remarks, agreeing

with the author as to the importance of physical education. He also remarked that we do not perceive with full force the amount of mischief in practices which are before our eyes every day. We can see the enormity of the Chinese ladies' cramping their feet, though, there, it is only an extremity, after all, that suffers; yet we do not see the much greater enormity of European ladies' pinching in their waists—injuring the most important vital organs.

Mr. Reid, Mr. Webb, and Mr. Pritchard, severally made some remarks on the importance of the subject.

Dr. Budd remarked, that a certain amount of exercise is undoubtedly requisite for the development of all parts of the body—and this is particularly seen in the bones and muscles—yet, overmuch exertion in early life is very prejudicial. It had been remarked to him, by a gentleman well acquainted with the turf, that those horses which win the two-year-old races seldom or never win the five-year-old.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s. neatly bound.*

A Subscriber *should communicate with Dr. Griffin on the subject of which he complains. We think he must labour under some misapprehension.*

A Subscriber, Winslow, Bucks.—*There is a* society for the relief of the widows and orphans of medical men in London and its vicinity, *which, we believe, to be an excellent institution, and the funds of which are in a very flourishing condition. Our correspondent should address a communication to the secretary, Charles R. Walsh, Esq.,* 42, *Half-Moon-street, Piccadilly.*

Mr. Annan *is thanked for his interesting communication.*

We recommend our old friend "Blue Jacket" not to quack himself.

X.—*We could mention several instances similar to that sent us by our friend* X., *of physicians performing surgical operations, even when connected with a public institution. On the propriety or usefulness of the practice we may very shortly speak more in detail.*

C. M. *should address his query to the secretary of the Army Medical Board. We think the same qualifications would be required as for the regular service.*

A Subscriber, Lincoln.—*Members of the College of Surgeons, and licentiates of the Apothecaries' Society, are exempt when in actual practice. We do not think a crooked toe, although doubtless a great inconvenience, would be considered a sufficient cause of exemption.*

A Poor Country Apothecary *states, that in his practice the mortality of placenta prævia cases has been by no means so high as it has been stated to be in the practice of Drs. Radford, Lee, and Churchill. Including cases of partial placenta presentation, an Apothecary has had, since* 1818, *twenty-five cases of this nature, out of which number only one mother has lost her life. He has pursued the old practice of turning in all these cases, as soon as the os uteri has become sufficiently dilatable.*

We have received a copy of the Cheltenham Examiner, *containing an account of an inquest held on the bodies of two children who died from the effects of overdoses of* tartar emetic. *This case is another illustration of the crying evil of dispensing poisonous medicines to ignorant persons, without a proper medical order. It shows also what care should be taken that assistants in druggist's shops be properly qualified and educated men.*

R. H.—*We never recommend any practitioner in especial. The case is one for a surgeon to a Lock Hospital. The advertising people are of all persons the most incompetent for treating Mr. H.'s case.*

We have received numerous communications in answer to a Suburban Practitioner's *inquiries inserted in our last number. Space only permits us to notice a few of the principal suggestions contained in them.* Mr. Stokes *recommends the parts to be shaved and painted with a weak solution of iodine in spirit.* Corvenius *says,* "As a zoologist I beg leave to remind your corespondent of the following facts respecting the habits of the pediculi pubis. He says that his patient has been labouring under the domination of these Lilliputians for some years, and that he has sought protection from several of the great London Gullivers, but hitherto in vain. Your correspondent must know that the pediculi pubis are frail little animals, and that *unguentum hydrargyri* is sure to kill them if it comes into contact with their little persons; therefore his failure must be entirely attributed to the *nidi* that had been overlooked. These *pediculi* do not confine themselves to the pubes, but they migrate over the whole body, especially the whiskers, arm-pits, eyebrows, the hair of the ears, verge of the anus, &c. If your correspondent will cause his troubled patient to be well rubbed all over his body with equal parts of ung. hydrarg. fort. and pomatum *for one single night,* taking care not to omit any part thereof, I will venture to say that he will soon have the whole land of Lilliput to himself." Dr. Teneker *recommends that the parts and the whole body be well washed with a solution of sulphuret of potass three times a week, and at the same time alterative medicines be administered.* [*We beg to suggest that a* Suburban Practitioner *read an article on the treatment of scabies, inserted in our last volume, page* 326. *The plan advised by Corvenius, though somewhat nolent, and requiring care against salivation, would doubtless be successful.*]

Mr. Hind's *communication shall appear next week.*

We have again to apologise to Mr. Morris *for delaying the insertion of his article on homœopathy. It is in type, and shall positively appear next week.*

Communications have been received from Dr. Knox, Dr. Rigby, Dr. Clay, Mr. Fitzpatrick (Liverpool), Dr. Hilbers, *and several other gentlemen, some of which shall have an early insertion.*

THE MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending by a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s; Quarterly,* 6*s.* 6*d. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

Saturday, January 17, 1846.

"Attamen errores non sunt artis sed artificum."
Newton.

We last week quoted from a contemporary the intelligence that some "*chevaliers d'industrie,*" connected with a medical journal, are obtaining books from authors, on the pretence of giving favourable reviews. We also expressed a "hope, for the honour of the medical press, that these 'practitioners' pretend to privileges which they do not possess, in which case they should be handed over to the law, and treated as impostors."

If the statement be really true, and the delinquents *bona fide* members of the profession, the unhappy fact is indeed something to grieve over. We can never expect our ranks to be free from corruption, or our privileges from abuse; but we are especially bound to be solicitous for the welfare of our honourable calling, and jealous of any infringement of its dignity and duty. It therefore becomes us to expose dishonour and imposture wherever we find them, and to call upon all "good men and true" to aid us in the work of chastising iniquity. We regret that we can only denounce the disgracefulness in general terms, for the names of the implicated parties have not transpired—should they meet with an utterance from any trustworthy quarter, our ready voice shall give it echo, without a moment's hesitation. As the report stands, it may be fact or fiction—we hope the latter—or the "guilty sinners" may not belong to our fraternity, in which case the crime is ours only by reflection: but, whatever may be the true state of the matter, it is something to take warning from, and should make authors, editors, and publishers, watchful of their honour and trust.

But the subject of reviewing deserves to be further remarked upon in this place, for we fear that, even in the hands of its legitimate conductors, it is too often blemished by ignorance, partiality, and prejudice—to say nothing of what *influence* does for its corruption. The history of *literary* reviewing is well known to teem with instances of how kind or cruel a critic can be to the author whose reputation hangs upon his opinion. The unholy lash of an anonymous scribe broke the tender heart of Keats, and made Byron desperate—the one sunk under the unmerited infliction; but the other, with a better knowledge of human nature, turned round upon his cowardly assailants, and flogged them with an unpitying revenge. On the other hand, the tender mercies and gratuitous compliments of critics have elevated impostors to distinction, and palmed upon our standard literature the unhealthy productions of weak and distempered brains. It is rare to find an instance in which prepossession or prejudice has not some share in writing a man up or writing him down—both performances are, unhappily, too easy—and the greater must be the regret of all honest minds, that distinction is as often enjoyed unmeritedly as disgrace is endured undeservedly.

But, whatever evil may attach to unfair criticism in the field of literature, it is infinitesimal compared with that which appends itself to the same sin in the field of medico-chirurgy. In the former, the offence is chiefly against *truth;* and when injury is done, it is, for the most part, of an *individual* nature, for the public is little hurt by false taste in letters, and every man is more or less inclined to form his own opinion upon such subjects. In the literature of our own profession, the question of right and wrong in criticism is a very serious affair. It implicates life and health; and even *murder* may be the issue of its influence. The ground is dangerous to tread upon; and well should a man deliberate, ere he ventures within its boundary. It should be remembered, that in commending a medical *author*, the reviewer is recommending a medical *practitioner*, and if he do this without just reason, he is morally responsible for the consequences. Hence the vast importance of medical reviewership—an importance second only to that of *practice* itself.

Into an office so privileged and powerful as this, it is paramountly desirable that none should be admitted except such as bring every legitimate fitness for the fulfilment of its duties. Impostors and pretenders of every class should be excluded, and especially should it be sacred from the encroachments of the dishonourable. Unhappily, however, the

admitted are more *mixed* than they ought to be, and this high office may be likened to a pyramid, whose summit, it is said, only two kinds of animals reach—reptiles and eagles. It would be well if the latter were endowed with a power like that of Aaron's rod, to swallow up their unworthy companions; if such happy opportunity were offered, we opine that our "regiment of reviewers" would soon be of an unexceptionable class. For nothing is more painful to a sensible or an honest man, than to have forced upon him the acquaintance of his opposite. Many years have rolled over our head since we first became initiated into the duties and mysteries of medical reviewership; and during our intercourse therewith, we have had afforded us some striking instances of human error, and, what is much worse, of human flagrancy. We have known a book praised to the skies, and its author elevated to the rank of a good writer, when both the production and the penman were unworthy even the notice of censure. We have heard the style of a book pronounced good, when scarcely a page from beginning to end was free from a sin against grammar; and the author's learning extensive, in the very face of his palpable inability to write a Latin prescription. A few common-place references culled from text books, we have seen panegyrised as profound research—the *results* of chemical analyses, without a detail of the *processes*, gratuitously called elaborate science—the veriest trash of old authors, dubbed attractive from its originality—and the most unbridled outrage against established facts, permitted to pass current for want of contradiction. And we have known the opposite of these things, in a passing over, almost silently, or with that "faint praise" which rarely fails to damn its recipient, the various points of excellence in observation, induction, and research, which combinedly constitute the highest medical authorship. We were once admiring the critical exposition and commendation of a book on disorders of the stomach, and were frankly told by the author of the work that he wrote its review himself! One of our standard works on midwifery quotes regularly a flattering review which we know to have been written from a hasty reading of the proof-sheets of the preface. In such cases, and in others where partial friendship usurps the place and duty of justice, are we to seek for the cause of our shelves teeming with the trash which too often obtrudes itself upon them. This is the surreptitious system which makes literary rubbish popular amongst practitioners, and enables impostors to occupy the places of better men. Or if it fail to raise an author in the estimation of the world, it flatters his own vanity by giving him, in idle praise an artificial consequence. The public may not buy, nay, may despise his book, but a clandestine and false opinion of a *soi disant* critic, comforts him in his "inner man."

> "Populus me sibilet; at mihi plaudo
> Ipse domi."

Thus it is that men utterly unfit for the task are prompted to authorship. An ambitious little man reads the late production of a less man than himself, pities the unguarded folly which prompted him to publicity, and chuckles over the expectation that the reviews will give him a terrible cutting up. Contrary to expectation, however, some "friend at court" gives him an overhauling on the right side, and the forthcoming newspaper of the town he lives in contains a flaming advertisement of his book, with an ample quotation from the presumed critical source. The advertisement is compounded for, for so many weeks, and merrily goes the puff to the tune of an increasing practice. The rival now thinks it is high time *he* made a book, seeing how his less meritorious neighbour fares by his adventure. And to work he goes, hammering at the out-of-date tomes which form what he calls "a library," pulling upon his memory for "scattered facts and mutilated recollections," and upon his imagination for a little wherewith to help him out of an occasional difficulty—and thus, writing, remembering, thinking, and judging, in the order in which we have set these several processes down, the book at length is born. A mole hill has been in labour, and an abortion is the consequence. It may be an abortion of equal size, and substance, and strength, with the one which suggested its existence, but if not "silver-spooned" like its predecessor, better would have been its fate had it never been born, or that, after having seen the light, it had been for ever condemned to "Lethe's stream" with a millstone about its neck. The usual result, however, of having offspring, is to love it—the feeling is instinctive, and there is no helping it—consequently, after a man has been at the trouble of getting up a book, he feels that no other man has any right to put it down. It has legitimate claims upon him, and if his flesh and bones have not had much share in its generation, his brains have, and in the consciousness of kindred, he hugs it to his "heart of hearts," and feels that he sees in its very substance, the similitude of himself. Now this is a very dangerous feeling for any one to have opposed—if you are looking in the glass, and see a rude fellow turn up his nose at your very reflection, you are far from liking it. A daring fool once lost his head by spitting upon his monarch's shadow. The author we speak of, as a natural consequence of strong paternal feeling, despises anything short of flattery from his friends, resists their importunities not to send his work for criticism, and "boldly ventures it on a sea unknown," singing with Southey—

> "Go little book from this my solitude,
> I cast thee on the waters—go thy ways;
> And if, as I believe, thy vein be good,
> The world will find thee after many days."

And after many days the world does find it, and so does he, so mutilated and mauled by the apt pen of some honest and independent reviewer, that the miserable owner scarcely can recognise the work of his own hands. Then he falls to cursing his own fate, and the injustice done him, the poor critic, of course, catching it lustily for having only done his duty. If the one we first spoke of had been dealt with according to his deserts, he would have afforded an example of avoidance, rather than of imitation, to him who ventured after. So would the claims of propriety and justice have been answered, and the pretender have been chastised, to the warning of others, instead of praised, to furnish inducements to similar, but less fortunate efforts. How many are there of whom it may be said, in applying these statements—

> Mutato nomine
> Fabula de te narratur!

In our next article, we shall consider, not what reviews too often are, but what they ought to be.

THE MEDICAL TIMES' PRIZES.

It would be a difficult achievement to over-estimate the value of hospital practice in medical education. Like "action" in oratory, it is at once the first, the second, and the third great requisite. As the successful revolutionist's motto, according to Danton, is "L'audace, l'audace, et encore l'audace," the successful student's must be "hospital practice—hospital practice—and still hospital practice!" To the neophyte it is the only safe entry on medical responsibilities. There are few callings whose mysteries can be mastered by books; and, certainly, if there be any, ours is not of the number. Disease allows of no acquaintanceship by deputy—no intimacy at telescopic distances. A thorough knowledge is never won save as the result of long personal *devouement*. We may talk learnedly of symptoms, describe accurately lesions, and invent pretty and plausible theories for ever; but it is by incessant watching by the bed-side alone that we can learn to cure disease. The good physician never yet was made by rule; success never yet was secured by theory. The medical art is founded on experience; on knowing things, not words. All conjectures and all systems are mischievous when not so supported, and even then are useless to all those who are unblessed with experience wherewith to apply them. The basis of all treatment is to know disease; to recognise it instinctively as it were—for such is the result of practice—in all its forms; and give the exact value to all its attendant circumstances. Hence the uselessness of the medical bookworm in the sick man's crisis; hence the hesitation and ineptitude of the young man crammed with anatomical shreds and patches and lecturers' elaborate dissertations, when on his instant decision, in a case to him unprecedented, depends a human being's life. They have something under them *like* fifty things they have read or heard about; but which of the fifty, or whether any of the fifty, they know not. What a sad moment to learn that the sister-like and multiform resemblances of disease, so perplexing to them, have distinguishing characteristics, the clearest and most decisive to those who have thoroughly made their acquaintance! Thus the sheep, so homogeneous in look to those who cursorily observe them, have each a distinguishing countenance and expression to the shepherd constantly attending them.

Though Great Britain and Ireland surpass all countries in the number and value of their public hospitals, it is unquestionable that for medical education they are made of less public service in this way than those of a neighbouring country. Neither amongst students nor physicians have we that devotion to hospital attendance which distinguishes our French neighbours. Many hospitals are wholly deficient of case books—among which we naturally enough find the Westminster Hospital, the scene of the late extraordinary investigation—and we know of occasions on which hospital officers have excused themselves from giving clinical lectures on the score of there being no register of the hospital cases, public or private, to which they could refer.

That much of this condemnable omission is owing to the negligence of the hospital functionaries and students, we cannot deny; but it is still more owing to the system under which the one teaches and the other learns. It is preposterous to fancy that, with an occasional brilliant exception, there can be any close hospital attendance by students, so long as they are obliged to get through so gigantic an amount of lectures, accompanied by daily dissections in the space of three years. When more than human power can effect, is expected from young men—comparatively uncontrolled, who are too likely to perform *in studies* even less than they can do, it must be quite certain that those duties, even if the most important practically, will be flung overboard which can be most neglected with immediate impunity; and when three or four hours have been given to the dissecting room, and five or six to as many lectures, it is indeed not wonderful that the young men, with the best intentions and resolves, should feel some difficulty in forcing him-

self for further hours by the bed-side of the sick. The remedy is as obvious as is its imperious necessity. Our institutions should meet, and reorganise the system of lecturing on a more reasonable basis; and the three years should be extended forthwith to four or five.

It was our conviction of the priceless value of hospital practice to students, and a corresponding anxiety to lend our humble aid in promoting it, that induced us to offer our prizes for the three best series of reports of hospital cases. The contributions forwarded for the competition which we thus created, have been, on the whole, satisfactory; and if among some of the candidates, proofs have been displayed of the vicious state under which our hospitals labour in reference to the study and recital of cases, pleasing evidence has also been afforded that a better state of things is beginning to show itself. The impulse we have given, promises to tell on both teachers and students, and we have no doubt that our next proposition of prizes will bring into activity the industry of many a pupil who has allowed this first competition to pass without his sharing in it.

Congratulating the successful candidates—condoling with those less fortunate—and they have this consolation, that their very labour was not without its own plentiful rewards,—and, finally, making our public acknowledgments to the distinguished members of our profession who undertook for us the onerous duty of arbitrators,—the honoured ornaments, respectively, of the three classes into which our body has divided itself—we now publish the decision with which we have been favoured on the successful candidates, merely remarking that the first case of the gentleman winning the first prize will appear in our next number.

REPORT OF THE ARBITRATORS.

To the Editor of the Medical Times.

Sir,—We, the undersigned, having been appointed by you to decide on the merits of the several papers sent in by the competitors for "The Medical Times Prizes," hereby report:—

That, having attentively read them over, and compared each with the others, we are unanimous in selecting the three following as the most deserving—the mottoes of which are:—

"Vires acquirit eundo," marked by us No. 1.
"Dum spiro spero," ,, ,, No. 2.
"Ne frustra vereor," ,, ,, No. 3.

That, of these three, we are also unanimous in ascribing the first degree of merit to No. 1.

That, with respect to Nos. 2 and 3, we have had some difficulty in deciding which should take precedence of the other, and confess that your intention, made known to the competitors, of publishing the prize papers in your journal, has had some influence in leading us to decide in favour of No. 2, which, in our opinion, is much better adapted for publication than No. 3, in its present form.

We are, Sir,
Your obedient servants,
George Gregory, M.D. Physician of the Small-pox Hospital.
Sam. Lane, Lecturer on Anatomy and Surgery.
Henry Ancell, Lecturer on Medical Jurisprudence.

London, Dec. 26, 1845.

Obituary.—January 3rd, at his residence, Frederick Place, Weymouth, Paul Slade Knight, Esq. M.D. Halifax: At Uitenhage, Cape of Good Hope, James William Fairbridge, Esq., M.D., District-surgeon. On the the 3rd inst., Dr. Joseph Adolphus, late of Kingston, Jamaica. On the 13th inst., Matthew Giuseppi, surgeon, of 103, Milton-street, and of Trinidad. On the 13th inst., in his 69th year, David Rowlands, Esq., M.D., F.R.S., and inspector of her Majesty's fleets and hospitals.

TO THE COMMITTEE OF THE NATIONAL ASSOCIATION OF PHYSICIAN-SURGEONS, OR GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

Gentlemen,—The present year promises to be pregnant with events of the highest importance to the interests of the medical profession. An epoch has arrived in its history, the transactions of which, whether for good or evil, may influence its destiny for future ages, and which, therefore, should be considered and weighed with all the care and attention which its magnitude and importance demands. A crisis has now occurred in the question of reform in which, in my humble opinion, it behoves every man who has the future welfare and dignity of his profession at heart profoundly to consider the subject in all its bearings, and boldly and fearlessly to declare his sentiments thereon. Notwithstanding the systematic attacks and violent tirade of abuse, with which the committee of the National Association have been assailed, from quarters whence they might naturally have expected encouragement and support; and although I condemn the authors of that abuse for allowing their vindictive feelings and personal chagrin to urge them so far as to play the game of the enemy, by attempting to sow the seeds of discord, and stir up the waters of strife, amongst a body which is united and powerful, and notwithstanding the insinuations as to *your motives*, which have emanated from the same source, I address these observations to you as being still the deservedly recognised representatives and the executive head of the general practitioners of this country—as the men who, prompted by a deep sense of the wrongs inflicted upon themselves and their medical brethren, manfully stand forward in the van, and by deeds, not mere words, endeavour to obtain a redress of those wrongs, and to achieve a victory for justice and right. For this, as a member of the Association, I feel grateful, and beg to express my unabated confidence in your future integrity and zeal. It is difficult to divine men's motives, but it is very easy to impugn them. Let your *motives*, however, gentlemen, be what they may, your own *interests* are identical with those whom you represent—and it would be strange, indeed, to find a body of men ready to betray *their own interests* and those of the class to which they belong; but it seems to me no mean proof of the general rectitude of the course you have pursued, that the utmost lynx-eyed malice can discover to accuse you of is a few trifling errors in phraseology and dates, and *vague surmises* founded upon them. Allow me, however, to express my opinion that every publicity consistent with the due and faithful discharge of your duties should be given to your proceedings, and no concealment employed, except what is absolutely necessary to prevent any false step (should such be made) being taken advantage of by those who wish to keep us in a degrading subjection and inferiority to themselves; and although admiring the wisdom and prudence that have generally directed your councils, and making every allowance for the powerful influence you have had to contend against, it seems to me still questionable whether, during the late negociations with the Government, &c., you have not been upon the whole *too submissive and too yielding*. An Athenian once appeared before Demosthenes, and with placid countenance, cool manner, and gentle accents, preferred an accusation against another of some gross acts of outrage and injustice committed upon himself. "Sir," said Demosthenes, interrupting him, "I don't believe you." Stung with this rebuke, the man's countenance kindled up, his eyes flashed, and with his hands clenched, and his whole frame quivering with emotion, he reiterated the truth of his accusation in glowing terms of indignation. "Ah, Sir," said Demosthenes, "*now* I believe you, for now you *look*, and *speak*, and *act like a man that has been wronged*." Sustained, as you are, by the justice of your cause, and backed by thousands of your medical brethren, it is to be hoped that henceforward you will assume a more exalted tone, and a more determined attitude, and firmly resolve never to yield up any one essential right to which we are fairly and justly entitled. Although I am far from counselling a foolish resistance upon mere points of detail—still the sacrifice of a single principle based upon justice should never be submitted to, and you have the example of all the associations formed in this kingdom for the last twenty years to enforce the claims of justice, to cheer you on in the struggle, and to assure you that however you may be baffled for a time, persevering exertions in a just cause are sure to triumph in the end; and what a glorious reward will be yours when the day of victory arrives, enhanced, as it will be, by the objects for which it is achieved, and unsullied by any degrading acknowledgment of inferiority. Then will you possess not only the ennobling approbation of your own consciences, in having effected a great public good, but will be greeted with one unanimous burst of gratitude and rejoicing from thousands of your medical brethren throughout the whole country, and receive, no doubt, any posts of honour or emolument those thousands may have it in their power to bestow. Whereas, were the final arrangements to be accompanied by any ignoble act of capitulation or compromise which tended to place the general practitioners, the *physician-surgeons* of this country, in a Gallipot Lodge, or any other position *inferior* to any *branch* practitioners—whether *mere* physicians, *mere* surgeons, or by whatever name or title designated—it would only be received throughout the length and breadth of the land with unqualified condemnation.

What the leading principles and chief objects are for which the general practitioners should now put their shoulder to the wheel and resolutely struggle to obtain, I shall here take leave to sketch as briefly as possible.

1st. A primary object ought to be to obtain a public recognition of the fact, that medicine, surgery, and midwifery are merely branches of one and the same science, the practice of which requires and is founded upon the same knowledge of anatomy, physiology, pathology, and therapeutics. This object is to be accomplished by an incorporation of all those persons who legally practise those different branches simultaneously, and the formation of an independent college of their own, based upon the representative principle, to be styled the Royal College of Physician-Surgeons of England. I here solemnly and decidedly protest against the title, College of *General Practitioners*, being applied to this institution as *vague*, *indefinite*, and *unscientific*, and as being equally applicable to members of the *nimble fingered fraternity*, as to those of a learned and dignified profession. Let the *mere* physicians call themselves physicians or doctors, and the *mere* surgeons, surgeons, but, as we unite the functions of *both*, why not adopt the double title implying it? I am aware that neither of these terms in its etymological signification is strictly applicable or significant of our functions, and if the profession were now to be christened for the first time, I dare say a better name might be found than its godfathers have been pleased to confer upon it; but such as they are, they are known, and recognised, and stamped, like current coin, with a certain value by the public. It is important, therefore, to adopt a title which will be recognised by the public, and at the same time express, as correctly as circumstances will permit, the nature of the functions exercised by those who assume it. And as the *single* title will still serve to distinguish the *branch* practitioner from the *general*, I can scarcely believe that Sir James Graham would refuse this simple boon if it were fairly and forcibly represented to him.

The College of Surgeons, taking a narrow and sectarian view of its duties, and the purposes for which it was instituted, having not only refused to accommodate itself to the wants of the profession and the spirit of the age, but in the attempt to stave off reform, having absolutely perpetrated gross injustice upon the majority of its members, the time I think has arrived when every man who practises *all* branches of his profession, and not surgery alone, should for ever dissociate himself from its *would-be-degrading* connexion. Since it prefers an exclusive and monopolising spirit to a more liberal and just one, a narrow and sectarian view of its duties to a more comprehensive and enlightened one; since its governors imagine that it ought to be only a branch of the tree instead of the main trunk; or, to use a nautical simile, since they prefer it should be cut down into an insignificant sloop with *one* mast destined to carry only a certain *class* of passengers,

instead of being a noble brig with *two*, why, I say, for one, have nothing to do with it; sheer off from the rotten hulk, and leave it to swim or sink as deep as it chooses in the mire of its own corruption.

Surely the gallant crew, whose bones and sinews have hitherto chiefly kept it afloat, can build, rig out, and launch a new one for themselves, fitted with all the modern improvements, having a *chosen* band for its officers—guided by the compass of philanthropy—steered by the helm of justice—propelled by the steam of intellect—freighted with a *general* cargo of medical knowledge—and bound for the various harbours where suffering humanity lies shipwrecked by the treacherous shoals of sickness and disease. I shall not here describe what ought to be the exact constitution of the New College, and it would be premature to say anything of its bye-laws; but I may mention, that in my humble opinion, founded upon a good deal of experience in various quarters of the globe, one of the very first bye-laws enacted should be the entire prohibition of its future members from all *trading in drugs*, in order that a broad and distinct line of demarcation may henceforward be drawn between the establishments of professional men and those of chemists and druggists, and to prevent the public from frequently confounding them, as hitherto, under the indiscriminate appellation of *doctors' shops*.

2nd. The College of Physician-Surgeons to possess the entire regulation of its own members, subject only to the general supervision and approval of the Council of Health.

3rd. The Court of Examiners of this College being selected from the ablest men in all classes of the profession, and the examination being made as extensive and scrutinising as possible, I can see no valid or substantial reason for harassing the student by a *second* examination about the same period of time, and upon precisely the same subjects, whether it be conducted *before* or *after* the one instituted by his own college; but should the Secretary of State insist upon all classes entering a common portal through the medium of an examination before a joint board, in that case they should all enter upon equal terms, and the examination be *preliminary* with all. The New College should also possess its fair proportion of representatives upon that board. If a common gate, or entrance, leading to three different mansions is to be erected, why should not all persons presenting their cards for admission apply there *first*, to prove their qualifications or right to enter either of the mansions, instead of sending the majority to enter one of the mansions by a side door, and then compelling them to make their *exit* by the gate, with the chance of having it slammed in their face, by the porters from the other two mansions, who assume superior airs, and arrogate to themselves exclusive privileges. No, no; let all have fair play, and let each mansion have its own agent at the gate to see that none are admitted who have not a right to enter, and that none are refused who have a right. If the joint board were to be composed of *mere* physicians and *mere* surgeons only, and the examination of general practitioners alone to be conducted by this board *after* the one instituted by their own college, this would be giving it the *veto* and power of rejection over the members of the new institution which ought not to be submitted to. We do not want to interfere with or control other classes of the profession, and why should they be allowed to interfere with us? Let each class have its own college, each college independent of the other, and let the Council of Health control all. It appears to me that the arguments advanced in the Society of Apothecaries' address in extenuation of the examination before the joint board, being conducted *after* the examination before the New College, do *not* meet the objections contained above, and I am surprised they do not oppose it more stoutly, as their feeble advocacy of it shows they are combatting against their own heartfelt convictions.

4th. The members of the New College being equally well qualified, ought to be equally eligible to fill all *public* medical offices whatsoever. This is an important point omitted in the last bill, which it is hoped the committee will narrowly watch and endeavour to have re-inserted. We claim equal qualifications, equal rights, and equal privileges with all other branches of the profession; we want no more, and we should deserve to be branded as inferiors were we to be contented with less.

5th. The members of the New College to obtain a legal power to charge for their medical advice and attendance, and not for mere drugs; 'twas *medical knowledge* they purchased and studied to attain, 'tis *medical knowledge* they sell, and for *medical knowledge* they ought to be paid, as lawyers are for legal knowledge.

6th. If the members of the Council of Health are to be entirely nominated by the Crown, care should be taken that a provision is made rendering it imperative upon the Secretary of State to appoint a certain number of *professional* members, and a fair proportion of each *class* of the profession, general practitioners as well as physicians and surgeons. Though it may appear somewhat contradictory for the colleges to elect any of the members of a council which is to exercise a controlling jurisdiction, and act as a check upon the proceedings of those colleges, yet it is a question for serious consideration whether the mixed form originally proposed by the Secretary would not be found the best in the end, because the nomination of *all* the members of the council by the Crown will throw an immense patronage and power into the hands of the Minister of the day, which a *bad* one *might* abuse, and which *might* be converted at some future period into a powerful engine to crush and squeeze the profession into a compliance with whatever demands the Government might think proper to extort. For these reasons, I think (if such power be granted), the utmost care should be taken to have it surrounded by such checks and safeguards as would be effectual to prevent its being abused. It may be said, indeed, that the Minister is responsible to Parliament for his conduct, but experience has unfortunately shown that the medical voice is but feebly heard within those walls, and most probably would be completely powerless against a determined Minister, backed, perhaps, by a majority of the House.

7th. Every possible effort should be made to obtain an enactment for the suppression of quackery, and the punishment of all unqualified and illegal practitioners, by a simple and summary process of law. Medical men may be considered as the *life guardsmen* of the people, and it is the duty of a wise and paternal Government to prevent any one attempting to perform their duties without having given proof of their capacity to do so in a safe and proper manner. Some argue, I am aware, that quackery is not a public evil which ought to be suppressed by law, and draw analogies between it and the suppression of peculiar political and religious opinions. The fallacy of this is transparent on a moment's consideration. Quackery is not a mere matter of *opinion* alone, it's a matter of *action*. A practice pursued by a set of knaves, which is dangerous to the health and lives of the people, and therefore, fairly comes within the full cognisance of law. No government has a right to chain men's minds, but it has an undoubted right to controul men's actions when those actions are detrimental to the public weal, and it is an imperative duty in Government to do so. Sir James Graham, however, considers that the only legitimate mode of putting down quackery is by offering *direct* encouragement to the legal practitioner, and thus *indirectly* discouraging it. That quackery is a crying evil, nay, a public nuisance which ought to be abolished, every day's experience, and every newspaper published, abundantly testifies; then why hesitate to suppress it by *direct*, instead of *indirect* means?

Does Sir James Graham, however, or any man acquainted with the subject, conceive that offering direct encouragement to legal practitioners only would be sufficient to eradicate this insidious practice? Never! Are all the rewards and inducements offered both in this world and the world to come for honest and upright conduct sufficient to prevent swindlers of all sorts from victimising their ignorant and credulous dupes? Does the sight of honest goods and honest earnings restrain the cheating tradesman from vending his spurious trash, and deluding his customers? If inducements to do what is strictly right be sufficient to deter culprits from the commission of all kinds of crime, why are laws made to punish and prevent them? Judges, magistrates, police, and even home secretaries, are appointed to guard our lives and property from the depredations of rogues. If the sight of the legal trader returning home richly freighted from the east or the west, and entering the harbour boldly and fearlessly, be all that is necessary, why do revenue cutters sweep the seas, and a chain of coast guard and custom-house officers encircle the land, to prevent the smuggler from introducing his contraband goods, and cheating the Government out of the duty?

> "For sure the pleasure is as great
> Of being cheated as to cheat."

Let us not, however, be misunderstood; we do not want to trench one jot on the liberty of the subject; we do not want to prevent any person from recommending or administering to their sick friends or acquaintances any remedy they may consider useful. Nor do we wage war with *old women's advice*, although in the course of our practice we have frequently to witness and deplore its injurious effects. It is against those infamous concerns established in London and elsewhere for the sake of gain by impostors, who vaunt their secret remedies as infallible specifics in all diseases; get up fictitious cases of cure; forge names; insert puffs in the newspapers; publish immoral and scandalous works; hire a host of agents to distribute their filthy placards in the street, and even thrust them into the hands of modest females, and by various other means speculate upon the ignorant, weak-minded, credulous, nervous, and hypochondriacal members of the community, who are unfortunately too proud to estimate the virtues of a remedy in proportion as they are puffed and extolled. Yet it is upon this melancholy class of human beings that the Government, for the sake of a few paltry thousands a-year revenue, permits these knaves to practise their impositions, and now refuses to place them under either efficient check or control. Considering the age and the land we live in, one is almost tempted to exclaim—

> "Can such things be, and overcome us
> Like a summer cloud, without our special wonder?"

I have now sketched out the chief objects which, in my humble opinion, the general practitioners of this country should endeavour to attain, and have only to say in conclusion that should the committee succeed in having passed into law a measure founded upon the principles here enumerated, they will not only have earned a monument of eternal gratitude, and imperishable fame for themselves, but will have conferred a boon upon the profession and the public at large of which generations yet unborn may reap the advantage.

I have the honour to be, Gentlemen,
Your obedient servant,
CHAS. CLARK, Physician-Surg.

Peel-place, Kensington, Jan. 12th, 1846.

MISCELLANEOUS CORRESPONDENCE.

BRIGHT'S DISEASE.

To the Editor of the Medical Times.

SIR,—Will you allow me, through your means, to acknowledge Dr. Johnson's reply to a communication of mine of December the 13th, and to assure you I shall be as ready to acknowledge, as Dr. Johnson has been to assert, my characteristics of "gross ignorance," or "wilful misrepresentation," so soon as it shall be shown that the following paragraph from the *Gazette* in question offers no support to my opinion previously expressed, viz., "that the more important element of the pathology of the disorder has been already laid before the profession."—*Medical Times.*

"Ces deux observations comparèes à celles des auteurs prècédement citès condiusent M. Canstatt à admettre deux varietés dans la maladie de Bright. Ces deux varietés ont cela de communque le volume de la substance corticale est augmenté par une matiere de nouvelle formation déposée soit dans les tubes urinifércs soit dans la substance intermediaire entre les tubes et les taisseaux *d'ou resulte la compression de ces derniers* et la decoloration de la substance corticalc. Mais l'observation microscopiquc nous apprend que cette matiere de nouvelle formation est composèe tantot de granules simples

et conglomèrès qui se transforment quelquefois en fibres, *tantot de globules et de vesicules adipeuses.*"

W. Hughes Willshire, M.D., M.B.S.,
Physician to the Royal Infirmary for Children.

THE LATE PROCEEDINGS AT THE WESTMINSTER HOSPITAL.

To the Editor of the Medical Times.

Sir,—Many of your readers having been led to form an erroneous conclusion relative to the students of the Westminster Hospital, from the observations made at the General Board of Governors of the above institution, as reported in the *Medical Times* of Saturday, December 27th. You will, I trust, do them the justice to insert the following corrections:

It is stated that no student who signed the memorial had obtained a prize. The fact, however, is that no less than five out the number have received prizes, comprising every one at present attending the Hospital, who has at any time obtained this distinction.

It is also stated that the majority of the students are mere boys, of seventeen or eighteen years of age; whereas, in truth, only four out of the entire body are under twenty-one.

It was further asserted that nine out of the number only entered at the commencement of this session. This was a great mistake; moreover, of the few fresh entries, three are gentlemen who have been in practice for periods varying from seven to twenty years.

As to the general character of the students, no better evidence on this point can be adduced, than the opinions of the lecturers and medical officers to whom they are sufficiently well known.

With regard to the insinuation that one or more of the medical staff originated the movement, it is as groundless as unjust; so far from this, it was with the utmost difficulty that the officers of the institution could be induced to give evidence merely as to matters of fact.

As to the result of this investigation, as far as the students are concerned, I have only to observe that the simple fact of there being no attempt to pass a vote of censure upon the body of pupils who promoted the enquiry, notwithstanding the numerical force of the opposite party, is, of itself, an ample justification of the unpleasant course which they felt it their duty to adopt.

I remain, Sir, on behalf of the students,
Your very obedient servant.
W. Holland Baylis.

January 12th, 1846.

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Hoffmann (H.) Grundlinien d. Physiol. in Patholog. Chemie., 8vo. Heidelberg, 8s

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Chelius (M. J.) Handbock der Oogheelkunde, naar het Hoogdintsch. door van Genderen Stort, 8vo.

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GOSSIP OF THE WEEK.

Apothecaries Hall.—Gentlemen admitted licentiates, 8th of January, 1846:—Nicholas Henry Littleton, Allen Perring Schayler, and Alfred Lacey.

Appointments.—Surgeons: E. Heath, to the Rapid; W. Wood, to the Scout. Assistant-surgeons: R. Gallon, M.D., to the Phœnix; J. Campbell (additional acting), to the Caledonia; W. Hobbs, to the Resistance; H. Arnott (additional acting), to the Victory; R. Galvric, to the Phœnix; J. Gordon, to the Scout.

War Office, January 9th.—4th Dragoon Guards: Assistant-surgeon John Innes, from the 78th Foot, to be Assistant-surgeon, vice Adolphus, appointed to the 75th Foot. 75th Regiment of Foot: Assistant-surgeon Edwin Adolphus, M.D., from the 4th Dragoon Guards, to be Assistant-surgeon, vice Courtenay, promoted on the Staff.

Hospital Staff, December 19.—Staff-Surgeon of the First Class A. Smith, M.D., to be Deputy-Inspector-General of Hospitals, vice Dr. T. Gordon, deceased; Assistant-Surgeon E. H. Blakeney, from the Royal Canadian Rifle Regiment, to be Staff-Surgeon of the Second Class, vice D. C. Pitcairn, superseded. To be Staff-Surgeons of the Second Class.—Assistant-Surgeon R. Smith, from the 19th Foot; Assistant-Surgeon J. D. M'Illrec, from the 77th Foot, vice O'Callaghan, appointed to the 11th Light Dragoons; Assistant-Surgeon N. S. Campbell, M.D., from the 56th Foot, vice Lawson, appointed to the 30th Foot; Assistant-Surgeon J. G. Courtenay, from the 75th Foot. To be Assistant-Surgeons to the Forces.—Assistant-Surgeon W. Braybrooke, from the 15th Foot, vice Wishart, appointed to the 15th Foot; H. F. Robertson, gent., vice Maclagan, appointed to the Royal Canadian Rifle Regiment.

Dr. Grove has resigned the office of physician to the Salisbury Infirmary.

The grand Duke of Hesse Darmstadt has recently created Dr. Justus Liebig a baron.

A New Black Draught.—Mr. Bower, in the *Lancet*, heralds forth, in the following high flown language, a preparation of senna sold by a druggist as a substitute for that certainly unpleasant dose, a common black draught. Had he been writing a panacea for a nation's woes, he could have hardly used more magniloquent language. "High honour and much praise are due to Mr. C——, of ——, pharmaceutical chemist, who, after long perseverance, untiring zeal, and nice discrimination, in the application of pharmaceutical knowledge to the obtainment of effective medicinal agents, in unison with elegance of form, has proudly triumphed over all other competitors, and produced in his liquor sennæ comp. what may not inappropriately be designated the philosopher's stone, from the alloys of aperient medicines." After all, while trumpeting forth the praises of this "universal solvent," he neglects the more important duty to his professional brethren, of stating how this liquor sennæ is made. The whole communication is nothing more than a lengthy puff of the druggist, and ought to have been paid for as an advertisement. We think such communications quackish.

Poisoning by Tartar-Emetic.—Two children, of the respective ages of five and a-half and three and a-half years, have been poisoned at Cheltenham through the incautious exhibition of tartarised antimony. It appears that the children, being in ill-health, a little girl was sent to a druggist's for a pennyworth of vomiting powder for a boy six years of age. She was served by the assistant with a white powder (tartar-emetic), sufficient in quantity to cover a shilling, and the messenger was told that the entire dose must not be given, as it would kill the boy. It was accordingly halved, the boy taking one portion, and the girl the other. Twenty minutes after, both children were violently vomited and purged, the boy dying in seven hours and a-half, and the girl the next morning.

MORTALITY TABLE,

For the week ending January 10, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	972	1080	968
Zymotie, or Epidemie, Endemie, and Contagious Diseases	201	183	188
Sporadic Diseases—			
Dropsy, Caneer, and other Diseases of uneertain or variable Seat . . .	78	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	150	169	157
Diseases of the Lungs, and of the other Organs of Respiration	308	363	294
Diseases of the Heart and Blood-vessels . . .	46	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion	73	69	72
Diseases of the Kidneys, &c.	11	7	7
Childbirth, Diseases of the Uterus, &c.	12	12	10
Rheumatism, Diseases of the Bones, Joints, &e. . .	12	7	6
Diseases of the Skin, Cellular Tissues, &e.	2	2	2
Old Age	48	90	67
Violenee, Privation, Cold, and Intemperance .	27	27	26

No. 330. **SUMMARY.** JAN. 24.

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of January 12, 1846: M. MATTHIEU in the Chair.

CHEMICAL IMPROVEMENTS IN THE ART OF TANNING; by Dr. TURNBULL.—M. Payen communicated to the Academy in the name of A. Turnbull, M.D., of London, a discovery made by that gentleman, tending to diminish considerably the time and expense at present requisite in the tanning art. In the first place, the new method proposed by Dr. Turnbull rests upon the removal, by means of sugar, of the lime employed for the destruction of the hair, a notable proportion of the alkali adhering to the hide, and interfering, both mechanically and chemically, with the combination of tannic acid with the gelatinous fibre. Sugar and esprit de bois, both enjoy the property of rendering the lime soluble, and are used for this purpose by Dr. Turnbull, who thus renders more complete and more perfect the operation of the tannic acid on the skin, and removes from the hide a corrosive substance which must undoubtedly prove more or less injurious to the leather. In the second instance, Dr. Turnbull by the application of the phenomena of endosmosis and exosmosis to the art of tanning, keeps a constant current of the tanning fluid through the hide. The advantages stated to result from the above method are: increase of 20 per cent. in the weight, and improvement in the quality of the leather. Whilst *one* ox-hide is tanned by the common system, Dr. Turnbull repeats the operation *thirty-nine* times. The Academy appointed four members, M. Boussingault, Professor Dumas, M. Dutrochet, and M. Payen, to inquire into the subject, and report to the Academy the result of their investigations.

ACADEMY OF MEDICINE.

Meeting of January 13, 1846; DR. ROCHE in the Chair.

THE IODINE INJECTION IN HYDRARTHROSIS.
(Adjourned Debate.)

Professor Aug. Bérard stated that when the iodine injection was first proposed for hydrocele he received it with a considerable degree of reserve, and even with a sort of displeasure, at the attempt to shake his confidence in the use of wine, which he had always employed. He tried the new injection, however, and has derived from it such satisfactory results that he has since used no other. Professor Bérard has employed the tincture of iodine in hydrocele of the tunica vaginalis, in encysted hydrocele of the spermatic cord, in serous bronchocele, in hydatid cysts of the wrist, in common cysts, and has performed the injection of that substance five times in hydrarthrosis of the femoro-tibial articulation. In order to appreciate properly the remedial action of the substance, the learned professor first examined the dangers to which it was said to expose the patient, and secondly its efficacy in the cure of disease. With respect to the perils to which the iodine may subject the patient much must, of course, depend upon the doses employed. and upon the mode of operation. Professor Bérard never used the undiluted tincture, but a mixture of equal parts of tincture and water, and he would say that in *no* instance had he met with accidents attributable to the injection. Once, indeed, in consequence of an unexpected movement of the person who was undergoing operation, the canula of the trocar slipped out of the tunica vaginalis, and the whole injection not only passed into the cellular structures of the scrotum, but remained there, and yet no gangrene followed. This was the only instance of extravasation which had occurred within the range of Professor Bérard's personal experience, but he had heard of others. In one case two injections were made successively into the cellular tissue of the scrotum, and no serious consequences resulted to the patient. In serous bronchocele, M. Maunoir had injected once wine, and the accidents which followed were of so urgent and unpleasant a character as to deter the Geneva surgeon from a second attempt. Now, in the same malady, Professor Bérard had injected diluted tincture of iodine with the greatest benefit. The pain produced by iodine is sometimes very trifling; occasionally, however, it is severe, but on the average the sufferings of the patient seem less intense than after the injection of wine. As to the alleged possibility of poisoning by the introduction of iodine into the circulation, M. Bérard had to say that he considered the apprehensions entertained by some surgeons to be totally unfounded. He had, it is true, sometimes met with a slight febrile excitement. The patient occasionally complained of having the taste of iodine in his mouth, but M. Bérard had never once observed any symptoms of intoxication endangering human life. So much for the dangers which iodine was accused of producing. As to the efficacy of the drug in various forms of disease, that was quite another question. In hydrocele, Professor Bérard had operated with iodine two hundred and fifty or three hundred times, and only three cases of relapse had come to his knowledge, and these three cases were successfully operated upon the second time, with the same injection. In encysted hydrocele he had operated twice, and with success. In bronchocele two operations, two cures. In the knee-joint, Professor Bérard had made the injection five times, but on two patients only; one suffered the injection three times, the other twice. In both cases the injections produced no unfavourable change, although they proved ineffectual in removing the original disease. The local reaction consequent upon the introduction of iodine into the synovial membrane was not even sufficiently powerful to promote absorption, and some months after, the malady of the joint having increased in severity, he was obliged to have recourse to amputation.

Professor Blandin thought that the prolonged and important debate which occupied the Academy's attention had clearly established that the iodine injection was not, more than the wine injection, entirely free from reproach. He had not denied that the solution of iodine might occasionally produce a cure, but he only contended that it enjoyed no superiority over other methods. M. Jobert had seen a case of gangrene after injection of iodine, and if Professor Bérard had seen once the passage of iodine into the cellular tissue innocuous, M. Blandin had witnessed the same fortunate issue after the passage of wine into the textures of the scrotum. In cysts, Professor Blandin deemed the iodine at least as dangerous a liquid as wine. Death had occurred after the operation with iodine, performed lately on a cyst of the neck by Dr. Chassaignac. M. Velpeau, at the last meeting of the Academy, had read an extract from Professor Blandin's works, which had not produced as much effect upon the meeting as the honourable reporter anticipated. That extract did not refer to wine in particular, but to irritating substances in general. M. Blandin did not think any of his previous statements had been disproved. Thus, Professor Velpeau and Professor Bérard acknowledge that pain—considerable pain—is sometimes produced by iodine. In a case which had lately come under his observation, Professor Blandin found the pain so intense that he feared the injected liquid had penetrated into the peritoneum. Twice afterwards the operation was repeated on the same person, and each time was followed by extreme suffering. M. Fricke's cases seemed to have given M. Velpeau no small embarrassment; they might be explained away, but facts being stubborn things, they still remained. A southern surgeon was said to have twice injected the iodine tincture into the peritoneum. M. Blandin doubted the fact, not only on account of the reserve with which he thought assertions coming from "les bords de la garonne" should be received, but because he had it from a surgeon of the same country that the statement was not credited In fistular passages, in large abscesses, M. Blandin approved highly of the method, which he would, on the other hand, wish to see altogether banished from the treatment of diseased joints. Finally, he thought the Academy could come to no conclusion on the subject without appointing a commission to examine in the hospitals a given number of cases, and report to the Society the result of their comparative appreciation.

Professor Velpeau stated that Fricke's cases gave him no sort of embarrassment, inasmuch as that gentleman had used a solution of so weak a composition (tinct. iod. 3j to water ℥vj) that no positive results could be expected, and also as M. Fricke looked forward to a cure of hydrocele with this

liquid in ten or twelve days—an issue which it was hardly fair to anticipate. M. Velpeau deeply regretted the observations which had escaped the learned gentleman who last addressed the chair on the subject of Dr. Diculafoy's injections into the peritoneum. M. Velpeau knew personally Dr. Diculafoy; he had known him an interne in the hospitals of Paris, and as a gentleman who would not make any untrue statement. M. Diculafoy's cases had been published, and Professor Velpeau had implicit reliance on the honourable character of the author. The case which Dr. Chassaignac had operated upon, and which terminated fatally, was one of enormous tumour of the neck. The patient died of compression of the trachea. M. Bérard's cases of injection into the joints proved that the operation was not such a formidable one as had been stated. M. Robert, of Hospital Beaujon, had also performed the injection into the knee, and the disease not having been removed by this method, more than a year afterwards the limb was amputated. M. Velpeau could recommend the injection into the joints only in rebellious, chronic cases of hydrarthrosis, without any organic change of the anatomical structure of the articulation.

M. Boullay, a veterinary surgeon, did not doubt the accuracy of the statements made by MM. Thierry and Leblanc, who had thirty-five times made the injection in animals with impunity. He could only say that the result of his personal experience was unfavourable to the method. He had lately seen a horse in which the injection was performed for the cure of a synovial tumour, and gangrene followed the operation. M. Henry Boullay, the speaker's son, professor at Alfort, had three times made the injection with fatal consequences. In Rouen accidents of very great severity had followed three similar attempts.

In answer to M. Guibourt, who remarked that, by the addition of water, the tincture of iodine allowed the formation of a deposit of iodine, thus forming a liquid of an intensely irritating nature, Professor Velpeau stated that by the addition of a few grains of hydriodate of potash the iodine was kept in a perfectly soluble condition.

Debate adjourned to the next meeting.

The meeting separated at a quarter past five.

PARISIAN MEDICAL SOCIETY.

Meeting of January the 14*th*, 1846. Dr. M'Carthy in the Chair.

Election of Office-Bearers.—The election of president and vice-president for the year 1846 took place this evening, and Dr. Clancy was unanimously elected president. Two candidates had been presented to fill the office of vice-president, Dr. Watts and Mr. Campbell. Dr. Watts, having obtained a majority, was declared duly elected to the vice-chair. The warmest thanks of the Society being offered to the late president and to the vice-president for 1845 for their exertions during the past year, Dr. M'Carthy expressed in a few words his sense of the honour which had been conferred upon him with the office of president, and his gratitude for the assistance he had received from the members in general in the discharge of the duties of office. It was with the greatest satisfaction that, on leaving the chair, he could say the Society was now in a more prosperous condition than it had ever been. This statement was fully confirmed by the considerable accession of new members, the numerous attendance at the scientific meetings, and the interesting nature of the communications and debates which had occupied the first sittings of the present session. Finally, Dr. M'Carthy begged to assure the Society he would always feel pride in the recollection of the fact that he had been called to fill the president's chair in succession to men of such popular celebrity as Paul Dubois, Mott (of Philadelphia), and Ricord, and that he would continue to make every effort for the benefit and advancement of the Parisian Medical Society.

Dr. Clancy, having taken the chair, exhibited the following specimens of morbid anatomy:—1. The first specimen had been removed from the body of a man who had perished with the symptoms of ileus. The small intestine was found in two different parts of its extent in a state of invagination. The peritoneal coat of the diseased portions was perfectly healthy, and no adhesions had formed. The colour of the serous membrane was pale, and the receiving part of the intestine was thickened, and formed a distinct circular ring around the orifice of intussusception. The existence of a second invagination was a curious feature in the case, and one which must necessarily have escaped diagnosis. 2. A kidney, belonging to a subject who died from the progress of pulmonary consumption, was then brought forward. The organ was covered with small granular cysts, filled with a transparent fluid; one, of the size of a hen's egg, depended from the lower part of the viscus. 3. The thoracic wall of a patient who had been affected with chronic empyema. A fistular orifice had been formed through the substance of the sixth rib; the lung was condensed by tubercles. This is another instance of abscess of the thoracic walls in consumption, and is a case which Dr. Forget, of Strasbourg, brought before the Academy of Medicine at its meeting of December 30th (see *Medical Times*, vol. xiii, p. 283) as a rare malady. 4. The spleen of a person who died after one attack of pernicious intermittent fever.

The meeting adjourned at a late hour.

ANATOMICAL SOCIETY.

Meeting of January 16*th*, 1846. Professor Cruveilhier in the Chair.

Cancer of the Neck.

M. Pigné presented to the Society a head and neck which he had removed from a subject in one of the amphitheatres. The alteration presented in the specimen was one of very uncommon occurrence. The section of the neck had been made on a level with the fifth cervical vertebra, and in front of the spinal column the entire surface of the cut presented the appearance of scirrhus. The muscles had entirely disappeared; the trachea seemed to have undergone some compression, but the œsophagus was in a healthy condition; so were the large arteries. No trace of the nerves could be detected, although undoubtedly the pneumogastric and the sympathetic must have been preserved, or the disease would much sooner have proved fatal. Interspersed in the cancerous structure were six or seven tumours of a whiter colour, and of greater density. Their size was that of slightly enlarged lymphatic glands, and M. Pigné was of opinion that they might, on microscopic investigation, be found to be ganglions infiltrated with tubercular matter.

From this opinion Dr. Barth begged to differ; he had often seen similar productions in the very centre of cancerous matter, particularly in the liver. Now, to say nothing of the extremely rare coincidence of tubercle with cancer in the same subject, M. Barth observed he had studied this peculiar deposit in a great many cases, and in its various periods of evolution. It was composed merely of fibrine and of fatty matter, and resulted from the decomposition of blood. Local hemorrhage was a fact frequently observed, particularly in encephaloid cancer, and when the serum had been gradually absorbed the fibrine was left in the condition here exhibited. True, tubercle was excessively rare in the liver, so much so, that out of an immense number of post-mortem examinations he could recollect having met with it no more than three or four times, and as the special anatomical change to which he referred was of very frequent occurrence in cancer of the liver, he found in the fact an additional argument in support of his view of the matter.

M. Bleu, interne at the Hotel Dieu Annexe, brought forward a specimen of cancer of liver and lung. The patient was a woman, aged forty-five, who had been ill eight months. The alteration of the liver consisted of cancerous tumours of various sizes, in the texture of the viscus, and covered by the peritoneum. The posterior edge of the organ was chiefly affected. The most interesting part of the morbid change in the lung was the presence of melanotic matter surrounding the cancerous deposit.

M. Deville, interne at the Hôpital du Midi, after presenting the bladder of a man who died from pneumonia, and was affected with a syphilitic primary sore of the penis, which rendered necessary the introduction of a catheter, made some remarks on the dangers which might result from the practice of leaving the instrument permanently in the urethra for the ready evacuation of urine. In the present instance the catheter had by its contact caused ulceration of the internal and muscular coats of the bladder, the peritoneum alone forming the wall of the bladder in the diseased spot. The same member remarked that he had lately opened the abdomen of a woman who had died after laceration of the liver, and consequent internal hemorrhage. He brought the subject before the Anatomical Society, because he was of opinion that the extravasated blood, in most cases, remained in the vicinity of the wounded viscus, without obeying the laws of specific gravity. This was also the persuasion of Garengeot, who had supported a controversy on this point against J. L. Petit. In the present case, however, the blood which had remained in a fluid state had accumulated in the most dependent parts of the abdomen.

Professor Cruveilhier observed that whenever the hemorrhage was of any importance, it was carried down by its weight. In confirmation of his opinion, he related the following case:—An officer was wounded in a duel; the sword entered the right hypochondrium, and penetrated so deep into the abdomen that it entered into the body of one of the vertebræ, and was twisted by the violence of the blow. When M. Cruveilhier saw the patient he was in a dying state, from internal hemorrhage. The alarming symptoms unexpectedly ceased, and the patient's improvement was so great as to give considerable hopes of an ultimate recovery. On the fifty-eighth day, however, after the infliction of the injury, a large quantity of blood was vomited, and the patient died. On examination the sword was found to have opened one of the large divisions of the cæliac artery and the wall of the stomach. The hemorrhage had been arrested for a time by the coagulation of blood. But in the pelvis a large cyst was found, which was at first taken for the bladder; on closer inspection it proved to be an immense accumulation of blood, which had gradually descended to the most dependent parts of the abdomen.

M. Colin exhibited the uterus and bladder of a woman lately deceased, in Dr. Louis's wards, from pulmonary consumption. In the anterior wall of the womb was a tumour of the size of a hen's egg, formed by fibrine—the result of local hemorrhage. At the meatus urinarius was a small mucous polypus, which had, during life, interfered with the introduction of the catheter, and within the bladder about ten or twelve similar productions were likewise observed. The largest of these polypi was of the size of a grain of hempseed, and they all were attached to the mucous membrane by a narrow pedicle of from one to three lines in length.

The meeting adjourned at 5, p. m.

Poisoning with Arsenic.—The medical periodicals record the following lamentable case:—One of the nurses employed at the Hotel Dieu at Lyons, and entrusted with the distribution and sale of medicines, made tea for herself, on the 9th December, with some boiling water which she found on the fire in the pharmacy. She had drank about half a cup of the beverage when she felt violent pain in the epigastric region. Another person having entered the pharmacy, she made him taste the liquid. He also soon experienced distressing symptoms, and it was then discovered that the water used for the tea contained half an ounce of arsenious acid. The physician called for the yellow sesquioxide of iron—the usual antidote for arsenic—and that medicine *could not be procured*; it was unknown in the house, *and could not be prepared*. The two patients died. This is a fresh and melancholy proof that the care of the pharmaceutical department in hospitals should be confided to professional men only, and not, as in most parts of France, and *even in one or two hospitals in Paris*, to nuns or persons who, however well-disposed, cannot be expected to have any knowledge of drugs, of their preparation, or properties.

Puerperal Fever.—Three inaugural dissertations by Drs. Ducrest, Moreau, jun., and Hersent, late internes of the Hospital of La Maternité, Paris. These three gentlemen have succeeded to each other as internes at the Hospital of La Maternité, the principal lying-in Hospital of Paris, where, owing to the unhealthy disposition of the Hospital, or to other causes, puerperal fever is frequently observed in an epidemic form. Their opportunities of studying the pathology of the disease have, therefore, been

very favourable, and we think it may not be uninteresting to lay before our readers a brief sketch of their opinions. The division adopted by these gentlemen is the practical one proposed by Professor Dubois, who recognises three forms of puerperal fever:—1, the inflammatory; 2, the bilious; 3, the typhoid variety. The first is marked by flushing of the countenance, heat of skin, strength with moderate frequency of the pulse (108—112); the tongue is red; the abdomen is generally painful and in a tympanitic condition, and ataxic symptoms are not uncommon. In the bilious forms, the tongue is covered with a yellowish furred coating; sickness and nausea are prevalent; the pulse is comparatively slow, averaging between 96 and 104. In the third variety, the leading symptoms are extreme frequency and smallness of pulse (140), diarrhœa, stupor, and adynamia. Dr. Hersent has endeavoured to throw some light on the pathology of the disease, by applying to it the methods of analysis of the blood, so happily introduced by Professors Andral and Gavarret, in the investigation of morbid phenomena. His results are truly remarkable. Thus, in the bilious variety, analysis has shown the composition of the blood to be the following:—

	Fibrine.	Albumen.	Water.	Globules.
Bilious form	4·1	55·	770·	144·
Inflammatory ...	4·4	35·	800·	114·
Typhoid	4·3	42·	830·	82·

Andral and Gavarret's researches had already demonstrated that, during the three last months of pregnancy, and for some time after parturition, the average quantity of fibrine contained in the blood is increased, this being the only instance in which an increase of fibrine has been found hitherto to coincide with a physiological condition of the system, and it is but a fair inference to conclude from the fact, that this increase must exert some influence on the production of those morbid phenomena which too frequently follow parturition. The diminution of the quantity of albumen is a consequence of the increase of the fibrine; and it is a remarkable circumstance, that it is in the severest and generally fatal forms of puerperal disease that the albumen has fallen to the lowest standard. The fall in the globular element of the blood has always, in Dr. Hersent's cases, been in direct proportion to the severity of the disease, and the speediness of a fatal termination. That author also draws from his chemical researches, important practical conclusions relative to the prognosis of the disorder, and to the impropriety of venesection in its severe forms. In the investigation of the anatomical alterations produced by the disease, several new and interesting points are elucidated in the publications under consideration. The tendency to the formation of pus, particularly in serous cavities, is brought prominently forward, and the explanation of the enormous serous and purulent effusions so frequently met with, as well as of that softening of parenchymatous textures, which all authors have noticed, is readily found in the immense increase of the watery elements of the blood, and the remarkable diminution of its solid particles. Dr. Moreau shews, from a large number of post mortem examinations, that the anatomical state of the uterus entirely depends upon the period at which the invasion of the disease occurred after delivery; thus, when the first chill followed accouchement after a few hours, the womb is found dilated, and undergoes no contraction whatever, although the fatal termination of the disease may not have taken place for twelve or fifteen days. On the contrary, when the invasion of the malady took place on the third day after parturition, the uterus was found contracted, of the size of a small pear, and generally healthy although false membranes and adhesions exist in the peritoneum. A morbid alteration, hitherto undescribed in France, is also set forth in Dr. Duerest and Dr. Moreau's theses. It is the production of bony matter within the cranium. The osteophytes, or new bony formations, have been met with in one hundred and thirty-two cases of puerperal fever, out of three hundred and twenty-nine, i. e. rather more than one-third. These singular morbid products consist occasionally in a very thin and small osseous plate, developed between the cranium and dura mater. Sometimes in a solid layer of bone covering the dura mater in the greater part of its extent. Professor Rokistansky, of Vienna, had already noticed the osteophytes, and conceived them to result from the pregnant state. They never penetrate into the foramen magnum, nor have they been detected in any other part of the bony system besides the cranium. Amongst the causes which are stated as having had the greatest share in the production of the disease, the unfavourable hygienic disposition of the lying-in establishment, are considered as perhaps the most important. The cells in which the women are placed are small, and ventilated only by a common passage, which does not permit of an easy renewal of air, and by a window in each cell, which if opened, exposes the patient to take cold, and to the intolerable emanations of an immense "fossé d'aisance." The greatest number of women who became affected with puerperal fever, had entered the establishment either during labour, or so short a time before it as to prevent them from becoming seasoned to the place (*acclimatiés*). Many had been during pregnancy submitted to want and misery, and were under the unfavourable influence of great mental anxiety. The difficulty of the labour, or the obstetrical operations resorted to, do not seem to have increased the chances of subsequent disease, and a remarkable fact was that very frequently the women delivered on the same day were all affected in the same manner, whereas twenty-four hours later, the accouchements often were not followed by any distressing symptoms. These days on which the patients seemed fated to puerperal fever, were not unfrequently marked by a sudden fall in the barometer, or a considerable change in the external temperature. Contagion was not observed, but although, in the present state of science, no good reason to admit it can be brought forward, yet so much obscurity surrounds the etiology of the disease, that the French professors of midwifery, recommend the accoucheur to conduct himself as if it was a demonstrated fact. "In so uncertain a question," says Professor Dubois, "doubt becomes at least a duty, and numerous and positive proofs are requisite to fix the state of science on a mode of transmission which is for the present contradicted by the received ideas on pathology and morbid physiology." Venesection is generally found at La Maternité an unsuccessful method of treatment, except in the purely inflammatory form, and then only with great prudence and reason. The exhibition of emetics in the bilious variety was often in the last epidemics found advantageous, but they failed most signally in the destructive epidemic of 1843. Calomel was exhibited with various results, in doses of from one scruple to one drachm a-day, Dr. Hersent recommends strongly the vapour bath, and states that the production of diaphoresis was invariably followed by good effects.

DAN. M'CARTHY, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

Denmark.

[The following cases have been accurately translated, but in a condensed form, from the first number of Professor Otto's admirably conducted Danish journal for 1844.* He is, if we mistake not, the author of a very interesting Tour through Switzerland, Italy, France, Great Britain, and Holland,† published in two parts, about twenty years ago, and a Professor of the University of Copenhagen. With this distinguished foreigner we have succeeded in establishing a direct communication, and hope to make such arrangements with him as may enable us to supply to the readers of the MEDICAL TIMES a regular series of articles illustrative of the actual state of the medical sciences in Denmark and Sweden. On this subject very little is at present known in England. It is a singular fact, not indicative of a very exalted tone of literary knowledge or acquirement among the general mass of medical practitioners, nor of a high degree of perfection of the languages in the respective countries, that no dictionary of medicine exists either in Denmark or Sweden, and that their writers upon medicine have constant recourse to the Latin for the expression of the scientific terms, in which their own languages are deficient.]

PATHOLOGICAL ANATOMY.—EXTRAORDINARY FŒTUS.—A male child was born with all the small intestines spread out on the abdomen. The delicate membrane, a prolongation of the peritoneum, which originally enclosed them as in a sac, had been ruptured in the delivery. The umbilical orifice, through which the intestines passed, with the navel-string, was as large as a silver-mark‡ (en sölv-mark), and portions of them were so strongly adherent to the margin of the orifice, as to render their reduction impracticable. The child died twenty-eight hours after birth. On examination, no room for the intestines was found in the abdominal cavity, and all the parts were larger than ordinarily seen in a new-born child. That portion of the umbilical cord which traversed the sac, was very slender, but farther towards the placenta it was an inch in thickness.

PATHOLOGY.—CURIOUS ALTERATION OF THE CORNEA IN HYDROCEPHALUS ACUTUS.—Dr. Stöber, of Strasburg, has observed, in several cases of hydrocephalus acutus, shortly before death, a peculiar alteration of the cornea of the eye. It consists in a semilunar yellow speck, situated at the lower margin of the cornea, without undue redness or vascularity of the eye itself. This morbid alteration gradually extended upwards, when the disease was protracted, to the centre of the cornea, and terminated in ulceration. The lamellæ of the cornea were separated by a purulent infiltration, and pushed outwards, and in this way were detached from each other by the ulceration. Dr. Stöber regards this process as the consequence of the general debility. In one case, where the prostration of strength was considerable, he directed the instillation of opium drops (opiumo draåber) into the eye, and prescribed some doses of quinine, with a nourishing diet. These means were successful, and in ten days the ulceration had cicatrised.

OBSTETRICS.—CASE OF VAGINAL PREGNANCY.—On the 13th of January, 1839, the author of this communication visited a young woman, pregnant for the first time. He found her exceedingly debilitated, with a very feeble pulse, and scarcely able to articulate. For the last four months she had been constantly confined to her bed. About the fourth month of pregnancy she had been attacked by strong bearing-down pains, and been relieved by an antispasmodic mixture. At this period a tumour made its appearance posteriorly in the vagina, and had since increased considerably in size. On examination, this tumour was found to be of the volume of a hat-crown, protruding between the thighs of the patient, and dragging forward the rectum. One arm was projecting from an orifice below the vagina, and from this it was judged that the fœtus was in a state of putrefaction. The arm was twisted off, and by the use of the hook, the fœtus was readily extracted from its containing cavity, care having been taken to pull from below upwards towards the patient's abdomen. The placenta adhered very firmly to the vagina, and from the dread of hemorrhage no attempt was made to remove it. The tumour was now very much reduced in size; aromatic fomentations, with acidulated decoction of cinchona, internally, were prescribed. Two days afterwards the patient died. The fœtus was of the male sex, and from seven to eight months old. In this case of extra-uterine pregnancy, the author assumes that the ovum had originally been introduced into the uterus, and had since, about the third or fourth month, dropped into the vagina, and there been developed to its ultimate volume.

* Bibliothek for Laeger. Udginet af Directionem for det Classenske Literatur-Selskab. Redigeret af dens Medlem. C. Otto, M.D., Professor ved Kiobenhavns Universitet.

† Reise dureh die Schweig, Italien, Frankreich, Grossbritannien, und Holland, mit besonderer Rücksicht auf Spitäler, Heitmethoden, &c. 8vo. Hamburg, 1825.

‡ The Danish silver-mark is of the value of eightpence, and probably almost as large as the English shilling.

Italy.

INTERMITTENT NEURALGIA.—M. Fiorito describes in the *Giornale delle Scienze Mediche della Societa Medico-Chirurgica di Torino*, the case of a middle-aged lady, of delicate constitution, who was seized, in 1844, with intermittent neuralgia affecting the left thigh, in the course of the sciatic nerve. Each attack occurred at intervals of six days, and was succeeded by headache. The treatment which was at first adopted consisted in the exhibition of the extracts of hyoscyamus, lactuca virosa, and belladonna, the gummy extract of opium

without narcotine, and the acetate of morphia. Valerian, and zinc were afterwards combined with these remedies. The pain continuing to recur in spite of these remedies, quinine was administered after the eighth attack, six grains of the sulphate being given each day during the apyrexia, and a dose being taken the morning the ninth attack was expected. The pain did not recur, or rather was felt only momentarily. The continued employment of the quinine ultimately effected a cure. A relapse, however, took place a few months afterwards, but was cut short by the free use of quinine, followed by the exhibition of a vinous infusion of bark. Another case of intermittent neuralgia of the radial nerve, affecting the tertian type, is recorded by M. Fiorito. The patient was a man, fifty years of age, of the nervo-sanguineous temperament. The attack lasted from eight to ten hours, and was not preceded by any of the ordinary symptoms of ague. The pain was most intense, and was increased by the slightest degree of pressure. During the period of apyrexia the patient's general and local health was excellent. The same sedatives as in the preceding case were first tried, but ineffectually; the sub-citrate of quinine was afterwards given in the dose of twenty-four grains, combined with four grains of extract of hyoscyamus, each day of the apyrexia. The pain immediately ceased, and persistence in the use of the remedy effected a thorough cure.

Dangerous Effects from the use of the Tobacco Enema.—M. Bertini relates, in the *Giornale delle Scienze Mediche della Societa Medico-Chirurgica di Torino*, the case of a child, four and a half years old, to whom its parents administered an enema prepared with part of a cigar, in the belief that the child was labouring under worms. When seen by M. Bertini, there was extreme agitation, convulsions, face pale and contracted, eyes fixed, expression of the countenance that of stupefaction, pulse small and weak, cold sweat all over the body, nausea, and the epigastric region painful on pressure. A purgative enema was immediately exhibited, and coffee without sugar given by the mouth. Friction was practised roughly all over the body; friction with sulphuric ether on the temples and epigastrium, and cold affusion on the face. The little patient soon began to amend, and, as soon as deglutition was possible, lemonade was exhibited freely. Two days afterwards the patient was quite restored.

The Yellow Colouring Matter of the Bile.—M. Polli read a paper at the Congress of Italian Savans at Naples last year, detailing certain experiments made by him on the yellow colouring matter of the bile, and on the colouring matter of the blood, from which he draws the conclusion that these two principles are identical in their nature, but differ in their degree of oxidation, that of the blood being at the maximum, and that of the bile at the minimum.

Castor Oil Seeds.—M. Parola detailed at the meeting of Italian savans at Naples, a series of experiments conducted by him to ascertain the best preparation of the castor oil seeds for internal use. The oil itself readily becomes rancid, and neither the syrup nor the emulsion is of general service. M. Parola, founding his statement on numerous chemical and clinical experiments, considers the extract and the etherial tincture, but especially the latter, as the most certain and most efficacious preparations of the ricinus seeds. He concludes from his experiments: 1st, That the ethereal and alcoholic tinctures have a purgative action four times more powerful than that of the expressed oil, and that they have not a greater tendency to induce vomiting, nor are more irritating than the oil. 2nd, That these preparations remain unchanged for a very long time in any climate or weather. 3rdly, That the ethereo-alcoholic extractive principle is comparatively less purgative than the pulp from which it is obtained, shewing that the racinus seeds contain a principle insoluble in alcohol or ether.

Pellagra.—According to the report of the commission appointed to examine into the causes of this epidemic, its hereditary nature is clearly ascertained, and also the influence of insolation in producing the cutaneous erythema. The effects of bad and inefficient diet are equally well marked.

Centaurine.—M. Gennaro Galani states that he has extracted the active principle of the lesser centaury, and finds it a good succedaneum for quinine.

Electrical Chorea.—By this title, M. Dubini describes a disease which he has met with thirty-six times, and of which he has not been able to find any account in works. Its principal phenomena consist of strong shocks, succeeding each other at determinate intervals, preceded by heat of the skin and an acceleration of the pulse, resembling fever, and which sometimes bring on paralysis of the limbs. The extreme rapidity of these shocks has led M. Dubini to designates the disease electrical chorea. They generally affect one side of the body, and are quite independent of the will. The disease is always accompanied with great depression. The most frequent cause is fright or presence of worms. During the fit speech is lost, although the mind is unaffected; the tongue swells, deglutition is impeded, and an attack of apoplexy often terminates the scene. At the autopsy, the presence of worms in the intestines is discovered; tubercles in the lungs, a serous effusion under the meninges, and an injected condition of the brain itself are also met with. No one of these changes is always met with, so as to be looked upon as the actual cause of the disease. The actual cautery, narcotics, and bleeding have all failed in its treatment. The only medicines which seem to have been of service, are mercurial frictions, preparations of zinc, arnica, and valerian.

England.

[The following are the only articles of interest to the profession in the last number of the *Lancet*.]

Fractures of the Femur.—Mr. Maclise, after discussing the relative advantages and disadvantages of the apparatus used in the treatment of fractures of the middle or upper third of the femur, and after alluding to the inconveniences of the perineal band, concludes by subjoining three plans of apparatus, the third being constructed on the principles of the first two, namely, on Désault's apparatus, and the inclined plane. The first plan is explanatory of the principle of Désault's apparatus. He says, after having ascertained the condition of those structures concerned in fracture of the thigh-bone at its upper third—namely, that the upper fragment of the bone, obeying the traction of those muscles which are inserted into the lesser trochanter, assumes a new position, and points towards the fore part of the limb, making its line of axis to form a more or less acute angle with that of the lower fragment, which latter lies horizontal, and coincides with the level of the body stretched supine—we must view Désault's long splint applied, and take account of the principle of its application, which is, the maintenance of extension and counter-extension, upon which we discover the condition of the fractured bone to be as follows:—viz, that the lower fragment of the femur is borne in the horizontal line of axis of the long splint; and however great may be the extension and counter extension made in this direction, still it does not agree with the line of axis of the upper fragment, nor does it affect this latter. The distal extremity of the upper fragment may be felt at the fore part of the thigh, whilst the proximal end of the lower fragment is buried deeply in the centre of the soft structures. The second plan explains the principle of the inclined plane. When this apparatus is applied, it may be seen to support the lower fragment in the line of axis assumed by the upper end of the femur, but owing to the want of some power whereby the limb may be extended or counter-extended, the broken ends of the bone may be ascertained to have slipped aside of each other; hence there is shortening of the limb. The want of crepitus is proof that the fractured ends of the femur are not in apposition. The third combines the two apparatus previously examined. The long splint of Désault may be passed through apertures cut in the outer side of the oblique boards of the double-inclined plane, upon which latter the fractured limb is to be supported, whilst, at the same time, the necessary degree of extension and counter-extension may be made as usual by means of the former; a stocking or hose may be applied so as to invest the sound limb as far up as the groin, and having connected to it, before and behind, two straps, with which the counter-extension is to be made in place of the perineal band. In consequence of the continued pressure of the perineal band upon the locality of the groin, excoriation and (in weak constitutions) very severe sloughing are produced; whereas, by making the counter-extension from this canvas envelope of the opposite limb, not only is this extreme annoyance prevented, but a pressure of tenfold force may be made, if required; all the amount of pressure would be thus diffused.

Syphilitic Affections of the Scalp.—Mr. Acton describes the treatment of the syphilitic affections of the scalp, an account of which was given a short time since in the English department of the Progress of Medical Science of the *Medical Times*. He directs in cases of alopecia the hair to be cut short, but does not find it necessary to have the head shaved, even in the more advanced periods. The local applications consist of stimulant washes or liniments, such as equal parts of spirits of wine, eau de Cologne, and castor-oil, or equal parts of honey water and tincture of cantharides. The first effect of this spirit-wash will be but slight; in the course, however, of a few days, there will be some redness and irritation, and little blisters will be seen scattered here and there. These latter effects are not necessary, and it is better to employ these applications at intervals only, so as to prevent their occurrence. Under this local treatment, the hair will cease to fall off, and all tendency to pityriasis cease. The young hair will be seen sprouting freely; the spirit, however, will make the hair dry and untidy, particularly as the brush cannot be freely applied, on account of the tenderness of the scalp. Some pomatum or hair-oil should therefore be used freely. The local treatment of the earliest forms of syphilitic affections of the head—that is to say, lichen, lepra, psoriasis, and impetigo, consists in the frequent use of the warm bath, taking care to soak the head well: under this treatment the scales become loose and detached, the skin assumes a healthy character, and the cephalic pains cease; the spots may be covered night and morning with dilute citrine liniment, made according to the following formula: olive oil, half an ounce; citrine ointment, one drachm. Mr. Acton says, he is not acquainted with any application so efficacious in scaly affections of the scalp: if kept in a well-corked bottle this liniment does not undergo the change of colour said to arise from the nitrous acid which is given off when it is exposed to the air in pots. M. Ricord recommends the following pomade:—Purified beef marrow, sixteen parts; sulphur ointment, sixteen parts; turpeth mineral, two or four parts; essence of lemons, sufficient to scent it. The employment of ointment in the treatment of mucous tubercles is very objectionable; cleanliness must be strictly observed; the affected parts washed with a diluted solution of chloride of soda, carefully dried and sprinkled over with calomel. Under this treatment the affection rapidly disappears. In eczema impetiginodes, and in ulceration of the skin, the hair must be cut close immediately round the affection, and water-dressing applied; or lint may be dipped in an aqueous solution of opium. Ointments are generally objectionable in all eruption attended with oozing of fluid, particularly in eczema impetiginodes; the grease, mixing with the secretion, soon becomes rancid, and forms a crust, the edges of which become excoriated, which becomes a cause of irritation. In the instances where gummata and nodes occur on the head, the best local treatment consists in painting them over with tincture of iodine: this is also a good application to the edges of unhealthy tertiary ulcers.

Gonorrhœal Rheumatism.—Dr. Kinnier, in an article on gonorrhœal rheumatism, prefaces by some remarks on rheumatic fever and ordinary rheumatism, and also alludes to some of the terminations of the complaint. He says, occasionally, after the cessation of the pyrexid, the rheumatic irritation settles in the superior part of one of the lower extremities, and closely stimulates disease of the hip-joint. Such cases are very embarrassing as to the diagnosis, and attended with acute pain on the least motion; and though in the few instances which he has hitherto witnessed a cure has been effected, they have been very distressing and protracted, usually lasting five or six months. The treatment which has been found most beneficial in these cases has

been, to allay irritability and support the vital powers. In cachectic habits, rheumatic inflammation will sometimes affect the recti and oblique muscles of the abdomen, terminating in frightful suppuration; and consequence of exosmosis from the bladder and intestines into the abscess, the practitioner is often led to suspect structural disease of the subjacent viscera, which in reality does not exist. The few cases of this kind which have fallen under his notice, all occurred in females; in two during the latter months of pregnancy, and in three others a few weeks after parturition; and though they eventually recovered, they suffered and severely. In the females affected during pregnancy, parturition was favourable, and their offspring healthy; but in one, though she has since had three fine children, the abdominal cavity has never recovered its normal state, being permanently enlarged, and occasionally painful. These cases demand great patience and attention on the part of the medical attendant; and his object should be, to mitigate the pain and irritability which he cannot prevent, and to assist by every means the system in sustaining a protracted and exhausting disease. After the first stage, which is soon over, opium should be exhibited, to allay the pain, taking care to regulate the bowels, which is generally rather difficult; and the vital powers should be supported by nutritious regimen, quinine, cinchona, ammonia, iodide of potassium, and sarsaparilla; wine and stout must be given frequently in considerable quantity; and in these, as in most chronic maladies, moral adjuvants are invaluable. In three instances he has seen alarming intestinal hemorrhage complicate asthenic rheumatic fever. He condemns the practice of venesection in rheumatism, and is inclined, in common with some other practitioners to trace the advent of cardiac disease to the practice of abstracting blood. The treatment of gonorrhœal rheumatism should be conducted, he thinks, on the same principles as that of the more ordinary forms of the disease. Copaiba he believes has in some cases induced an attack. In gonorrhœal, as in all the other forms of acute rheumatism, the antiphlogistic regimen should be employed, and rest and abstinence strictly enjoined. Tepid demulcents should be given, and the hot-air bath, as recommended by Dr. Wilson, of St. George's Hospital, is, when procurable, often useful. In cachectic habits, which would ill bear what has been termed the heroic treatment, the plan of giving large doses of nitrate of potash plentifully diluted, merits a trial. The plan of treatment which he has found most efficacious has been, to give at the commencement a full dose of calomel, and afterwards to maintain a free state of the bowels by a mixture of one of the alkaline carbonates, colchicum, tincture of hyoscyamus, mucilage of acacia and jalap; and, if not contra-indicated, a draught of Battley's solution; or a composition of ipecacuanha powder (query, pulv. ipecac. c.) may be exhibited at bedtime. In acute articular rheumatism he has derived great benefit from a combination of the extracts of colchicum, stramonium, and aconite, and the liberal application of leeches to the affected part. And if after their application the joint should still continue to be acutely painful, he recommends it to be fomented twice or three times a-day with a warm infusion of tobacco leaves. When the disease fixes in one of the joints after the cessation of the pyrexia, he administers the bichloride of mercury or iodide of potassium, and the compound decoction of sarsaparilla, with advantage.

Laryngitis and Pharyngeal Abscess. — A case presenting symptoms of laryngitis is reported from University College Hospital; it terminated fatally. The examination of the body was made fourteen hours after death. No œdema of the body; some discoloration of the integuments of the abdomen, and over the tibia. Brain: weight three pounds and a half; about four drachms of serum at its base, also a small quantity in each lateral ventricle; the vessels on its surface turgid; its substance soft; red points rather numerous; the mucous membrane at the back of the larynx and pharynx redder than natural; no ulceration either in the larynx or trachea, but the mucous membrane lining these was much redder than natural; the right pleura contained thirty-two ounces of turbid serum; its surface was covered with a layer of soft, dirty-looking lymph, chiefly over the lower lobe; the pleura was more vascular than natural, opaque, and of a dark-red colour. Right lung diminished in volume, weight one pound ten ounces, fleshy, contained little or no blood, was brittle, and floated in water. The left pleura contained ten ounces of turbid serum; its surface was not so red, nor was there so much lymph on it as on that of the right. Left lung: weight one pound six ounces, diminished in volume, especially in its lower two-thirds, and over this part the pleura was thickened and opaque; there were some spots of ecchymosis on the pleura costalis, but no opacity. The pericardium contained very little fluid; several white patches on the heart; one between the right auricle and ventricle; weight of the heart ten ounces three drachms; it was tolerably healthy; there was an abscess at the back part and in the muscular structure of the pharynx; this extended downwards, through the posterior mediastinum, as far as the diaphragm, but not beyond it; it contained some well-formed pus, and in some places there was purulent infiltration of the adjacent tissue. Liver: large, weight four pounds five ounces; surface pale and substance firm in some parts; peritoneal coat healthy; gall bladder large and full of very thin bile. Right kidney: weight six ounces and a half; capsule not morbidly adherent; surface smooth; no new deposit could be detected by the naked eye. Left kidney: weight six ounces and a quarter; outer surface very vascular; it contained a considerable quantity of blood.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette*.]

Osteo-sarcoma of the Upper Jaw.—Mr. Solly, in a clinical lecture, describes a case of osteo-sarcoma of the upper jaw occurring in a lad, seventeen years of age, on whom he performed the operation for the removal of the affected superior maxilla. He commenced his incision at the inner angle of the eye, and carried it downwards round the alar cartilage of the nose into the mouth. He then cut from the outer angle of the mouth upwards to the zygoma. The lining membrane of the mouth was next divided horizontally over the alveolar cavities, and the flap dissected upwards from the surface of the superior maxillary bone to the margin of the orbit. The inferior oblique muscle of the eye was divided, and the contents of the orbit separated its floor. The alveolar process was divided perpendicularly in the mesial line with a small saw, the right central incisor tooth having been previously removed, and then the malar bone, at its junction with the maxillary, was divided with the same instrument. The internal angular process of the superior maxilla was next cut through with a pair of cutting pliers. Mr. Solly next divided the bony palate of the superior maxillary bone with a pair of strong scissors made by Weiss. He then laid hold of the bone firmly, turned it downwards, cut through its posterior connections to the palatine bone with a scalpel, and dislodged it. The whole operation did not occupy more than eight minutes. The actual cautery was applied soon afterwards, to arrest the hemorrhage, which was abundant. The convalescence of the patient was interrupted only by slight attacks of erysipelas, which were readily removed. The structure and connections of the tumour were carefully examined after the operation. It appeared to have sprung from the alveolar processes of the first molar and incisor teeth within the antrum; it was not attached to any other portion of this cavity, though it entirely filled it up. It lay upon the palatine process of the superior maxillary, which was roughened by the absorbent action set up by its pressure, and thus reduced to merely the substance of a thin card. The tumour was in contact with the floor of the orbit, but distinct from it. Posteriorly it is nodulated; the nodules round, smooth, and perfect, showing that the whole had been removed entire. A section having been made through the centre, its structure appeared to be distinctly fibro-cartilaginous, with a slight admixture of osseous particles. Mr. Solly advises that great care should be taken, in selecting cases for operation, and is of opinion that when the disease is of the encephaloid character, the operation should not be attempted, unless the tumour be so small that the whole bone may be removed without cutting into the diseased portion. In the diagnosis of these tumours the surgeon must be partly guided by the rapidity or the slowness of their growth, fungoid disease always advancing with rapid strides, and the non-malignant solid tumour progressing slowly.

Pelvic Inflammation ending in Abscess.—Mr. Bell describes the constitutional symptoms of this form of inflammation as being those of fever, accompanied with emaciation, hysterical paroxysms, frequent vomitings and sickness, and profuse perspiration during sleep. The local symptoms are, neuralgic pain extending over the whole, or the greater part of the abdomen, the slightest touch causing the patient to scream, while pressure gradually made affords relief, and local or deep-seated inflammatory pain. There is also a circumscribed tumour or brawny hardness, in one of the iliac fossæ or hypogastria; this, however, is not always present. There is often pain and inability to pass water; and sometimes, from the pressure on the ureters, no urine passes into the bladder. In these cases the patient becomes comatose. Tenesmus or pain after voiding the contents of the bowels, to a severe extent, is also present, and sometimes constipation, at other times diarrhœa. A vaginal examination always detecting an enlargement or swelling. Dr. Dogherty observes that in introducing the finger into the vagina, the roof is tender to the touch, and as firm and inelastic as a deal board. This latter symptom Mr. Bell has met with on two occasions only. In two cases there was discharge of blood from the vagina; it was preceded by an aggravation of pain, and followed by temporary relief. Neuralgic pains resembling sciatica are also complained of. The limb of the affected side becomes stiff, and in those cases where the abscess has formed beneath the deep pelvic fascia, and among the muscles, the limb remains flexed, extension being attended with severe pain. The lochia are not always suspended. Among the causes of this inflammation, independent of the ordinary results of labour, there are the introduction of the hand to remove the placenta, the application of the forceps, and the other obstetrical operations. Exposure to cold is a frequent cause. Peritonitis, puerperal fever, frights, and injuries, have also been classed among the occasional causes. It also occurs more frequently in early life, and in primiparous women. The diagnosis is, in the early stage, attended with difficulty: the pain, of the peculiar character described, along with the constitutional symptoms, is sufficient to arouse suspicion that inflammation has commenced, and to authorise a vaginal examination, which is of the utmost importance in a diagnostic point of view. It not only enables the surgeon to distinguish the affection with certainty, but is also the mode by which he can either establish a differential diagnosis, or arrive at a satisfactory conclusion respecting its seat, position, extent, and connexions. But as a vaginal examination cannot be always obtained, [it may not be improper to allude to the principal diseases with which the one under consideration is likely to be confounded, and to point out their differential marks. 1st. Peritonitis. From the inflammation of the abdominal peritoneum, the neuralgic pain and the absence of the several symptoms of peritonitis will enable the surgeon to make the distinction. Indeed, to confound the two diseases would be to argue great carelessness, and the want of the most ordinary information. In protracted cases, peritonitis may exist as a complication either from the bursting of the abscess into the abdominal cavity, or in consequence of the extension of the inflammation from the uterine peritoneum; between which and phlegmonous inflammation it is exceedingly difficult to establish a diagnosis, as all the tissues of the parts involved, more especially the peritoneum, become affected to a greater or less extent. Dr. Lee remarks, inflammation of the uterine appendages is generally combined with peritonitis to a greater or less extent. But this does not take place until the disease has existed for some time, and is easily recognised by an increased severity of pain, and aggravation of the febrile symptoms. 2nd. Neuralgic affections of the abdomen, and hysteria. The persistence of the pain in the lower abdominal regions, and the effect which pressure has of increasing it, and the presence

of the tumour, will be sufficient to distinguish the disease from these affections. Indeed the tumour when it exists enables the surgeon to distinguish the abscess from almost every other malady, except ovarian disease, and hypertrophy of the uterus. (*a*). Ovarian disease. The acuteness of the symptoms, and the high constitutional disturbance, will guide us here, as in ovarian disease these symptoms are seldom so acute. Of course, when the ovaries become implicated by the extension of the inflammation, the iliac tumour may principally consist of the enlarged and diseased ovary. (*b*). Hypertrophy of the uterus. Sometimes the uterus remains morbidly enlarged after parturition. The organ may also become hypertrophied from other causes. The diagnosis may be easily established by the uterine sound recommended by Professor Simpson of Edinburgh. 3rd. Sciatica; lumbar abscess; disease of the hip-joint; pregnancy. A careful examination, both externally and internally, together with the history and progress of the case, ought to be sufficient in all these instances to form a correct diagnosis. The prognosis must be very guarded, as the abscess occasionally makes its way into the abdominal peritoneum, and as severe peritonitis also sometimes takes place from the extension of the pelvic inflammation. Even when the abscess bursts under the most favourable circumstances, the patient does not always recover. Out of ninety-three cases there were twenty-two deaths, being in the proportion of nearly one to five. The disease may terminate either by resolution or suppuration. The former is of very rare occurrence; when suppuration takes place, the matter has, in some few instances, been absorbed, but it generally bursts, either externally or internally. In forty-five cases in which the abscess burst spontaneously, thirteen opened through the abdominal walls, twelve per vaginam, seven into the rectum, four into the abdominal cavity, one both into the vagina and bladder, two both into the vagina and rectum, one into the bladder, one into both the bladder and uterus, two into the uterus, one behind the hip-joint, and one at the femoral opening. From this (which is merely approximate) it would appear that these abscesses burst with nearly equal frequency through the abdominal parietes, vagina, and rectum; more rarely into the peritoneum, and still more so into the uterus—indeed, Mr. Bell says he has read of only three cases in which the matter found its way into that organ, and they all proved fatal. One is recorded by Husson and Dance, another by Bourdon, and the third by Wainwright. The treatment at the commencement must of course be directed to induce resolution if possible. General bleeding may be practised if the patient be robust and the disease recent, but most benefit will be derived from local depletion by the repeated application of leeches to the lower part of the abdomen or vulva, followed by tepid fomentations. Injections of tepid water into the vagina are useful, and Mr. Bell generally exhibits Dover's powder, with a mild mercurial, pushed so as to affect the mouth. When suppuration has taken place, Monteggier and Rayer seek to promote its absorption by a succession of blisters and derivatives to the skin and intestinal canal. Mr. Bell is of opinion that the abscess should be opened as soon as possible, either through the abdominal parietes, the rectum, or the vagina. The first plan is not generally applicable, on account of the non-depending position of the aperture, the situation of the abscess, which may be between the uterus and rectum, or under the deep pelvic fascia, or because adhesions may not have formed between the abdominal parietes and the abscess. When the latter impinges closely on, or adheres to, the walls of the rectum, Mr. Bell thinks it may be safely opened through that intestine; but he believes that such an operation may occasionally be the cause of considerable inconvenience from fistulous communications. The vaginal opening he conceives to be the most generally applicable mode of treatment, and the one which is attended with the least risk. It should be done with a guarded lancet or bistoury, with the aid of the speculum. The tenesmus which occurs during the progress of the disease is rendered much less severe by enemata of starch and laudanum. The sickness and vomiting will be found to yield considerably to sinapisms applied to the epigastrium, and the infusion of calumba. The sequelæ of this inflammation are said to be immobility of the uterus, impervious condition of the Fallopian tubes, and ovarian disease.

Eczema of the Scalp.—Mr. Erichsen describes the treatment of eczema of the scalp. When it appears in an otherwise healthy child, about the period of dentition, not only not giving rise to constitutional disturbance, but, on the contrary, having a tendency to prevent the occurrence of the mischief that is so apt to happen at that time, it must not be checked on any account. The hair should be cut short, the incrustations removed by bread and water poultices, and the irritation allayed by the application of olive oil or zinc ointment. The bowels should at the same time be kept open by means of small doses of hydrarg. c. cretâ and castor oil, and the gums be well lanced if there be any irritation in that quarter. Antacids, of which the fluid magnesia is one of the best, will likewise be found very serviceable. These cases need give the practitioner no uneasiness; the disease, as soon as its purpose has been served in the economy, gradually subsides, and usually disappears without much trouble. Should it lapse into a very chronic condition, assuming the furfuraceous character, it may most generally be readily cured by means of other applications. When the eczema is dependent on a weakly, depressed, or scrofulous habit of body, or is a sequela of one or other of the eruptive fevers, it is very obstinate and troublesome, and frequently occasions very considerable disturbance of the general health. If still sucking, the child should be immediately weaned on beef-tea, broth, or other similarly nutritious food. A mild tonic of the bicarbonate of soda and bark, or the carbonate of iron and rhubarb, or the citrate or iodide of iron, may also be given twice or thrice a day. The iodide of iron in the dose of from half a grain to two grains twice a day, is particularly serviceable when there is any scrofulous tendency in the system. If there be much restlessness and irritation, small doses of Dover's powder, or of the compound tincture of camphor, or the tincture of hops may be administered. This will also serve to arrest the exhausting diarrhœa, which is very common in children labouring under extensive eczema of the scalp, and which M. Erichsen seems inclined to believe may depend on the extension of the disease to the gastro-intestinal mucous membrane. When the diarrhœa alternates with the eczematous eruption, it should not be interfered with. When the disease occurs after puberty, it almost invariably affects females, and in them it is, in the great majority of instances, dependent on irregularity and deficiency of the catamenia. The restoration of that function must first be attended to, as also the removal of any derangement about the stomach, intestines, or liver, that may exist. The diet should at the same time be strictly regulated, all stimulants being avoided. Occasionally it may be useful to give the fixed alkalies, especially the liquor potassæ, in combination with a mild bitter, if there be want of tone about the stomach. These means will, together with the employment of proper local treatment, usually suffice to cure the disease. If, however, it should be found to resist them, it will be necessary to have recourse to other more active remedies, such as the diluted nitric, or sulphuric acids. These should be given in full doses, and may most conveniently and agreeably be taken in the form of sherbet, with syrup of capillaire, of orange-peel, &c., in a large quantity of water. The tincture of cantharides, the liquor arsenicalis, or Donovan's solution, may occasionally, in very obstinate cases, be necessary, but should not be had recourse to except in extreme cases, and then only in accordance with due attention to the constitution of the patient, and the condition of the disease. With regard to the local treatment in the early stages, when the disease presents the character of simple chronic eczema, cleanliness and mild antiphlogistic means are alone necessary. The head should not be shaved, on account of the irritation thereby induced, but the hair must be removed by being cut off as close to the scalp as possible by means of a pair of curved scissors, so as to prevent the discharge from accumulating in and beneath it, and thus becoming an additional source of irritation to an already inflamed part. Warm poppy-head, quince-seed, or marsh-mallow fomentations, applied by means of a large soft sponge, or emollient bread and water poultices, must then be employed, for the double purpose of allaying irritation and removing scabs, so as to prepare the surface for the employment of other means. After the surface has been well cleared by these means, the irritation will often be best allayed by the application of zinc or lead ointment, of linen rags soaked in olive oil, or of lint dipped in tepid lead lotion, and covered with oiled silk. The great point is to prevent the access of air, which always, especially in young children, increases very considerably any existing irritation. When the disease has assumed a more chronic and inactive condition, passing into the eczema furfuracea, it will be necessary to have recourse to gentle stimulants. For this purpose a lotion, composed of from one to two drachms of the sulphuret of potassium either alone or combined with an equal quantity of the carbonate of the alkali, in a pint of plain, or of lime water, will be found one of the most useful applications. The head should be well washed three or four times a day with this lotion, diluted, if necessary, to such an extent, as merely to produce a gently stimulating action. At the same time, an ointment, composed of from a scruple to half a drachm of carbonate of potass to the ounce of lard, or one of creosote in the same proportion, or that of the white precipitate, should be applied every night after the last application of the lotion; it should be washed off in the morning, and then reapplied, and in the course of six or eight hours washed off again; thus alternately applying and washing off the ointment at stated intervals during the four-and-twenty hours: this alternation of stimulus will be found very useful, and productive of more benefit than the continuance of any one application. If a somewhat stronger stimulus be required, the affected part having fallen into an inactive condition, the unguent. hydrarg. nitrat. diluted with spermaceti ointment, as recommended by Dr. A. T. Thomson and Rayer, the common sulphur ointment, as employed by Mr. Phillips, or a mixture of equal parts of this and tar and creosote ointment, will be found most useful. The latter application in particular, in combination with the sulphurous lotion already recommended, has proved of great service. A thin linen cap, which should be changed as often as it is soiled, is by far the best and cleanest covering to the head. The diet of children labouring under eczema of the scalp must be regulated by the condition of the system. When the disease occurs in florid robust children, it should be as bland and unstimulating as possible, being principally confined to milk and farinaceous food; when occurring in weakly or scrofulous children, it should be as nutritious as possible, and meat may be given. Adults, labouring under this disease, must be strictly prohibited the use of spirits, wines, malt liquors, coffee, and all salted and spiced articles of food; unless this be attended to the practitioner will often be baffled, however carefully and judiciously he may conduct the rest of his treatment. During the earlier stages of all eczematous affections of the scalp, the only mode of treatment, whether local or general, that is likely to benefit the patient, is one conducted upon mild antiphlogistic principles; and it is only when the affection has acquired a chronic inactive character, and more particularly when it has assumed the furfuraceous condition, that local stimulation, even of the mildest kind, can be borne, or that those internal remedies, which are generally looked upon as exercising something of a specific influence on this disease, will act otherwise than injuriously.

Ramollissement of the Brain, and Apoplexy.—Dr. Durrant, in the *Provincial Medical and Surgical Journal*, describes a case of apoplexy with hemiplegia, which terminated fatally in ninety-six hours. The post-mortem appearances were: Head well formed; cranial bones thin; dura mater slightly injected; vessels of pia mater extremely turgid; substance of the brain generally bloodless. The interior of the left hemisphere was completely softened, breaking down on the slightest pressure; the left ventricle, which was partially obliterated, was filled with semi-fluid blood, which extended into the third and fourth ventricles, and also occupyed a cavity, the size of a nutmeg, in the anterior lobe; the left thalamus and corpus striatum were nearly destroyed. On separating the hemi-

spheres, the corpus callosum was found to be completely disorganised by softening, its place occupied by semi-fluid blood, mixed with softened cerebral matter; altogether about two ounces of blood were effused. The right hemisphere was less firm than natural, but contained no blood; plexus choroides thickened, and greatly injected; left hemisphere of the cerebellum also softened. The nerves at the base of the brain were large and well-defined, but in other respects this portion of the organ did not present any unusual appearance.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON PRACTICAL MIDWIFERY.

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

ON THE SIGNS OF PREGNANCY—CHANGES THAT TAKE PLACE IN THE BREASTS.

GENTLEMEN,—In my last lecture I commenced the description of the signs of pregnancy, and I now proceed to describe the changes that occur in the mammæ.

During the earlier months these organs undergo changes certainly, but changes by no means so marked as those of a later period. The breast becomes fuller, larger, and harder. The nipple is enlarged, and becomes spongy; the follicles of Morgagni are harder and more developed. These are the best marked of the changes which are produced in the breast by early pregnancy. The integuments of the breast also put on a shining appearance, as if air had been effused into the cellular tissue. These changes, as Dr. Montgomery has stated, are not very prominent previous to the second month, and are very analogous during this early stage of gestation to those which occur about the time of a menstrual period. An alteration also appears in the areola round the nipple, which is extended, and becomes darker. Blue veins, more or less enlarged, are seen radiating about the areola, and occasionally crossing it. As pregnancy advances, towards the fifth month, the changes in the breast become more distinct. The areola is itself notably increased in size, and of much darker colour. But here it is necessary that I should remind you of the influence of complexion on this change in the areola. Persons of dark complexion, brunettes, will frequently, after five months' pregnancy, present a more extended and darker areola than is to be found in blondines in the seventh month. I lay considerable stress on this point, because it is of importance for you to be aware of it.

Another change occurs in the breast about the fifth month — a peculiar general discoloration, or *mottled* state of the integuments, which was first noticed by Dr. Montgomery, and is quite diagnostic of pregnancy. It appears as if the brown colour of the areola around its edge had been discharged by drops of water, which had been sprinkled over the breast. As pregnancy advances the whole breast becomes larger and darker, and about the ninth month radiated cicatrix-like lines are frequently noticed. These are the results of a former enlargement of the organs, and are therefore not so indicative of an existing pregnancy as of a former one having occurred. I have, however, seen a case in which these lines appeared in the breast of a person who had suffered from accidental enlargement, entirely independent of pregnancy.

At a late period of pregnancy the areola sometimes covers nearly the whole breast; whereas, in other cases, it scarcely exceeds an inch and a-half in diameter. In some cases also we see strong black hairs developed round the nipple, and these fall off spontaneously after the pregnancy has been completed. The value of these silvery lines radiating from the areola as a diagnosis of previous pregnancy, is shown in the following case related by Dr. Montgomery:—The patient "apprehended that she was pregnant, but deceived those about her by staining her linen at the usual period of menstruation. This completely lulled the suspicions of her friends for two months; but in the third a circumstance was discovered which proved that she had incurred the risk of pregnancy, and the writer was requested to see her. On looking at the breasts the areolæ were so distinct, and exhibited their proper characters so perfectly, that I felt persuaded she was pregnant, and on perceiving that her breasts were marked with the silvery lines observable on parts formerly much distended, I told her my opinion that she was then with child, and moreover that she had certainly been so before. This completely took her by surprise, and she acknowledged that she had given birth to a child about two years previously, and had suffered much from the distension of her breasts. She was afterwards, in proper time, delivered of a full-grown child."

You have, most of you, probably heard of the celebrated diagnosis given by Dr. Wm Hunter, and founded solely on the changes in the breasts which we have just been considering. A young female subject was brought into the Windmill-street Dissecting Rooms, whom Dr. Hunter, from the appearance of the areola, pronounced to be pregnant. This excited some little surprise and incredulity, for there was no enlargement of the abdomen, and on examination a well-marked hymen was discovered, but on opening the uterus an early embryo was discovered.

There is one other symptom usually mentioned, namely, *quickening*, but this is most fallacious. Quickening, as generally understood, comprehends two phenomena: 1st, the sudden shock to the nervous system, accompanied by faintness, qualmishness, and vomiting, dependent on the ascent of the uterus out of the cavity of the pelvis; and 2ndly, the period at which the patient first becomes sensible of the movements of the child. All symptoms dependent on the sensations of the patient, however, must be received with extreme caution.

"I wish, in the first place," says Dr. Montgomery, who takes much the same view of this subject that I do, "to observe that I use the word *quickening* reluctantly, and only in compliance with a long-established usage, because in its literal and proper meaning it was adopted from the old and barbarous idea that at a certain period of gestation life was suddenly infused into the fœtus—an error which the continued use of the term was obviously calculated to foster and to prolong. I would then be understood as meaning by it no more than the first sensation experienced by the mother of the life of the child within her womb, and not that the child then becomes for the first time endued with life, which, however, is the notion still prevalent in society."

Another change is going on all this time, viz., *increase of size;* but this is one of the most fallacious of all signs. Enlargement of the abdomen may occur from various and very opposite causes. Some of our most distinguished practitioners have been deceived in these cases, and I have related many instances in which mistakes have occurred in my work in the Library of Medicine.

I now come to consider a means of physical diagnosis of the utmost importance as applied to pregnancy. I mean auscultation. As early as the year 1819, M. Mayor, of Geneva, applied his ear to the parietes of the mother's abdomen, and heard the heart of the child. Lejumeau de Kergaradec, of Paris, three years afterwards, wrote an essay on this subject, and although he was the first to undertake its consideration, he succeeded in establishing nearly all the facts which we at present possess upon it. He described two sounds—the uterine sound, or *placental souffle*, as he called it, and the sound occasioned by the action of the fœtal heart. The uterine sound may be heard as early as the thirteenth week, and it has been stated by Dr. Evory Kennedy to be audible even at the tenth.

It may be heard all over the uterus, but is most distinct in the inguinal regions at the earlier periods. The best explanation of this sound was given by Paul Dubois, who considered it to resemble that produced by aneurismal varix. In this case, viz., where a communication has been made between an artery and vein, the rapid stream of arterial blood mingling with the slower venous current produces the sound I have just alluded to; so, in the present case, the blood of the uterine arteries mingling with that which fills the uterine and placental cells and sinuses, and which moves much slower, produces a similar souffle. When this sound is in full action, at the latter part of pregnancy, it resembles the chewing of a horse. At the commencement of labour it undergoes various alterations, but it is then of course no longer of any value as a proof of the existence of pregnancy, which can then be no longer doubted. Uterine sounds alone are not to be entirely depended on, as they may be simulated by aneurism of the larger abdominal vessels, and by the pressure of some tumours. The sound also of the heart itself can be transmitted to a considerable distance where the intestinal canal is much distended with flatus. There is no sound, however, which can imitate that of the fœtal heart. This is quite distinct from the action of the mother's heart. The situation in which it is commonly most distinct you will easily understand by a reference to the usual position of the fœtus in utero, viz., about half way between the scrobiculus cordis and the symphisis pubis, and a little to the left side. This sound exactly resembles the double ticking of a watch under a pillow, and the number of pulsations, according to my own observations, averages about 132 in a minute. You must remember that it is entirely independent, as regards slowness, rapidity, &c., of the mother's circulation, which has no effect on it whatever. Professor Naegele, jun., made numerous observations on this subject, and he states that fever in the mother has no effect on the circulation of the fœtus, except in the very last stage, when, on the mother's system sinking, the circulation of the fœtus sinks also. In twin pregnancy the pulsation of the two children cannot be easily heard at the same time on account of the constant movements of the children. The quantity of liquor amnii has considerable effect on the extent to which the pulsations are audible. When the quantity of liquor amnii is very large, the pulsations are heard over a large extent of surface, but are not so distinct. When, on the other hand, the quantity is small, the pulsations are exceedingly distinct, but over a smaller extent of surface. When you suspect that there is a plural pregnancy, the most certain method of diagnosis is to obtain assistance during the auscultation, and to auscult both sides of the abdomen at the same time. In this way you will not often be exposed to error. My pupil, Mr. Robert S. Wise, once gave a good diagnosis of a case of this kind. He ausculted the abdomen of a woman at the commencement of labour, and heard the fœtal heart very distinctly. When the membranes broke, the cord prolapsed; it was flaccid, and without pulsation, although the heart could still be heard. He therefore concluded that there were twins, and that one of them was dead.

Dr. Evory Kennedy states, in his excellent work on "Pregnancy and Auscultation," that sometimes if the cord passes over the shoulder, or any prominent part of the child, you will hear, in addition to the sounds of the fœtal heart, a sound synchronous with the fœtal heart; but if you are careful, you will not be likely to be deceived by it, as it does not possess the double tick which I before mentioned to you as characterising the action of the fœtal heart.

There is still one more symptom to be noticed, namely, the *movements of the child.* These may be distinguished at a comparatively early period. Professor Naegele has asserted that they may be distinguished by auscultation even before the female has become sensible of them herself. They may be distinguished by a well-practised hand about the seventh month of pregnancy, or perhaps rather earlier. And here I must guard you against attending to the representations of the female. She frequently deceives herself by flatus in the intestines, and other causes, and is very apt to deceive you if you place much reliance on this symptom. About the sixth or seventh month the being able to feel the head of the child per vaginam is an evidence of pregnancy worthy of much attention. About this period, if you pass your finger between the os uteri and symphisis pubis, and suddenly exert a slight pressure on the anterior portion of the inferior segment of the uterus, you will become sensible of the finger striking against some hard body. This is the head of the child, which you will feel recede under the pressure of the finger. At a later period

of pregnancy, however, when the head of the child is more bulky, you will find it rest lightly on the finger like a ball. This has caused the French to term the sensation *ballottement*.

There is a change which occurs in the os uteri very early in pregnancy, which I do not think has received the attention due to its importance. To the best of my judgment, it is a state peculiar to pregnancy, and can be felt at a very early period. It consists in a peculiar soft, cushiony feel, as if the os uteri were puffed up. The os uteri of a primipara is now round and closed.

I shall now briefly run over the symptoms as they occur in the order of their respective value, placing, of course, those first on which the most reliance may be placed. Four of these signs are of great value, two being those recognisable by the stethoscope, namely, the motions of the fœtus, and the pulsations of the fœtal heart. These signs are noticeable at a very early period. The two other signs are those afforded to manual examination, and are of value at a later period of pregnancy. They are the being able to feel the head of the child per vaginam, and the motions of the child through the mother's abdomen. The next changes in order of value after these are the changes which the breasts, os and cervix uteri undergo, and at a later period the sounds of the uterine circulation. These signs, although separately they are not to be depended on, are nevertheless collectively of much importance.

Two other signs have been recently described as occurring in the urine of pregnant women. One, the occurrence of a milky cloud, consisting of albuminous matter, and floating in the urine about its centre, described by Savoranola and Nauche; and the other, the appearance of a kind of pellicle, which has been named kiestein, which floats on the surface of the urine after standing for a short period. This resembles somewhat mouldy urine. It has been fully described in one of the numbers of the *American Journal of Medical Sciences*. The earliest observer on this subject in England was Dr. Golding Bird, who wrote a very excellent description of it in the Guy's Hospital Reports. Another symptom which I have to mention to you has been described by Parent Duchatelet, namely, a change in the colour of the vaginal mucous membrane. This, it is stated, becomes of a purple colour at a very early period of pregnancy, but I think, gentlemen, this is not likely to be a sign very available by English practitioners.

Although we have such a mass of evidence bearing on the subject of pregnancy, you must still not suppose that we can decide positively in all cases. Females, sometimes, about the period for the suppression of the catamenia, have the breasts enlarged, the abdomen swelled, and prominent from deposition of fat, and sometimes these signs go on till at last, from the presence of flatus in the intestines, the patients fancy themselves in actual labour. A case of this kind occurred to me some short time since in the Lying-in Hospital, in which the patient was a matron; she fancied herself actually in labour. On examination, I found the uterus unimpregnated. "It is necessary," says Dr. Montgomery, "to notice here a condition of the female system of a remarkable kind, most frequently observed about the turn of life, when the catamenia becoming irregular, previous to their final cessation, are suppressed for a few periods, and at the same time the stomach being out of order, nausea or vomiting is experienced; the breasts enlarge, become sensible, or even slightly painful, and sometimes a serous or sero-lactescent fluid exudes from the nipples and orifices of the areolar tubercles. The abdomen grows fuller and more prominent, especially in women of full habit and constitutionally disposed to *embonpoint*, and the abdominal enlargement progressively increases, partly from deposition of fat in the integuments and in the omentum, but still more from the distension of the intestines by flatus, which, passing from one part to another, communicates a sensation like that produced by the motions of a fœtus; the nervous system is generally much disturbed, and the woman feels convinced that she is pregnant—an idea which at the time of life alluded to is cherished by the sex with extraordinary devotion, and relinquished with proportionate reluctance; and not infrequently at the end of the supposed gestation, the delusion is rendered complete, and almost assumes the character of reality, by the occurrence of periodic pains strongly resembling those of labour."

A case of this sort has lately occurred under my own notice: a patient, who was the mother of several children by her first husband, was exceedingly desirous to have a family also by her second husband, whom she married after a widowhood of some years. She appointed me to attend her, and every symptom of pregnancy was described to me most accurately; indeed, gentlemen, if she had been a medical student before me at the University of London examination, I should certainly have placed her in the list of candidates for honours. The abdomen gradually increased, but, as far as she gave me the opportunity of ascertaining, which was merely through the clothes, it had not the firm elastic feel of pregnancy. The movements of the child were (to her) not only distinct, but very troublesome, and she scarcely ever failed during my visits to exclaim suddenly—"There, did not you see it move?" which to her great annoyance, I was as unable to do as to feel it move with my hand. A slight discharge of red colour occurred now and then at irregular and distant periods, which made me doubt the presence of pregnancy still more, although it likewise weakened her conviction that it was so, and as she resolutely refused to permit an examination, I was obliged to go on merely attending to the general health whenever she sent for me, and being carefully on my guard against dropping the slightest hint which might in any way commit me. In this way she continued, from first to last, for nearly two years, until getting fairly tired of her, I pressed, and she consented to an examination. The os uteri was in the centre of the pelvic cavity, unusually low down; it was hard, slightly open; its lips forming a transverse fissure; the cervix was also hard, and a full inch in length. The case was one exactly of the sort to which I have alluded in the quotation from Dr. Montgomery. The most extraordinary instance, however, of self-deception on record, is that related by Klein, the celebrated surgeon of Stuttgard. It has been partly quoted also by Dr. Montgomery.

"Madame de B., aged forty-three, of extremely hysterical habit, mother of thirteen children, felt herself to be again pregnant after a lapse of five years. The catamenia, which had always been remarkably regular, were suppressed, and so early as in her second month she reckoned that the 15th of May would be the day of her confinement. In this respect this lady presents a remarkable peculiarity, having been able in every pregnancy to fix the day of her labour so accurately as to tell me, even at an early period, 'you may make what engagements you please for the 7th and 9th of such a month, but I shall want you on the 8th;' nor was she ever wrong in her calculation. In all her pregnancies she used to be attacked with dyspnœa, threatening suffocation, which could only be relieved by active bleeding, the blood showing each time a thick, firm, buffy coat. At first I found it necessary to bleed her almost every month, at least once in six weeks, but in each pregnancy, as the time advanced, she required it once a fortnight, and at last every week. It was precisely the same with her this time, the blood presenting the same appearances; she experienced the same disgust for certain articles of food, and unusual longings for others as in former pregnancies: she quickened *exactly* at the time she had reckoned." So much, gentlemen, for quickening! "The abdomen increased in size. The only circumstance that made her feel uneasy was that the catamenia appeared now and then, but she was not alarmed at it, being aware of the possibility of its occurrence during pregnancy. Towards the end of her reckoning, her state was very uncomfortable; as the time of her confinement approached she became scarcely able to sit on account of a bearing down to a troublesome degree; she could only sit upon the edge of the sofa with her legs wide asunder, and could only lie in bed upon her back. Pains made their appearance upon the morning of the 15th of May, precisely as she had reckoned. As they gradually increased I was sent for. On arriving I found her with very severe pains, and in most vehement convulsions, accompanied with violent chattering of the teeth. As this state had continued some time, and as I knew her labours were quick, I examined immediately; at the moment she had a very severe pain, with violent convulsions, and an extremely rapid pulse. The abdomen was strongly distended; a portion of the vagina was protruded, so that every moment threatened the expulsion of the child, and the urine was expelled involuntarily. On examination per vaginam, which I continued after the pain was over, I found that she was not pregnant, and, therefore, still less that she would be delivered. I could find no trace of a child whatever, even external to the uterus, and yet she was suffering powerful labour-pains, accompanied with violent convulsions. I was quite aware what a surprise my statement would create; I knew my patient well, and could easily account for her singular state. On account of its extraordinary nature I called in another accoucheur, who was not informed of the peculiarity of the case. He found her in the same pains, convulsions, and chattering of the teeth, which had continued without intermission. I told him, in the patient's presence, as we had previously agreed upon, nothing beyond that I could not satisfactorily ascertain the nature of the presentation. He examined carefully, both internally and externally, during as well as after the pains, and came to the same conclusions as I had done. As it was now evident to the lady that both practitioners had formed the same opinion in perfect ignorance of what each other had thought about it, and that the second could not have been misled by the first, the pains and convulsions suddenly ceased, and after this scene had lasted three hours she found herself as well as nine months before. She saw the deception which she had practised upon herself, her sensations of pregnancy, her dyspnœa, her dislikes and longings, and other annoyances, ceased; she could sit and lie as she liked, and all that remained for me to do was to endeavour to remove the mental depression which succeeded to so extraordinary a mistake.'

At our next meeting, gentlemen, I will continue the subject.

CLINICAL LECTURES ON THE DISEASES OF THE BLADDER, &c.

By DR. CIVIALE.

Translated from Dr. Civiale's Manuscript for the "Medical Times," by F. HARINGTON BRETT, Esq., F.R.C.S., late Surgeon to the Central Hospital of Surgery, and the Ophthalmic Hospital, Calcutta, &c.

ON EXPLORATION AS A MEANS OF DIAGNOSIS IN DISEASES OF THE BLADDER.

It has been said, with much reason, that "exploration" is the basis of medicine. Every master of the art acknowledges, that without it medicine would no longer exist as a science. Accordingly, those departments of medicine remain in impenetrable obscurity, in which the means of establishing by proof the state of diseased organs, is wanting in precision. Nevertheless, exploration is too often neglected, or, at least, that importance is not attached to it which it merits. Diseases of the bladder afford a striking instance of this. Every one is aware that these maladies are frequent and severe—that they are attended by alarming symptoms—that when they are not recognised in due time they baffle all our remedial measures, and bring to the grave a multitude of aged persons. But, as I have remarked in my "Traité Pratique," we have scarcely given sufficient attention to the proper means of establishing the existence of lesions in the urinary apparatus; and in order to prove that such is the case even at the present time, I have only to record successively what we daily witness, and what we find stated by the most esteemed authorities. In arranging the symptoms, due account is not taken of a circumstance which ought to be carefully noticed and investigated in this, as in every other order of diseases, and which relates to the difference in the morbid phenomena, according as they are derived, simply from functional derangement, or from organic lesion. We talk of urethral discharges, catarrh of the bladder, hæmaturia, retention, and incontinence of urine, without seeking for the mutual dependence of these phenomena on each other, or inquiring whether they are derived from a common source. Sufficient consideration has not been given to one of the most striking peculiarities of their history; the analogy, I might

almost say the similitude, existing between the phenomena which succeed to lesions, essentially different one from another,—for instance, a patient may labour under an organic narrowing of the urethra, or under what may be called a neuralgy of the neck of the bladder, under a mere irritation of the seminal vesioles, or of the prostatic ducts; he may labour under "phlegmasy," or an organic lesion of the neck or body of the bladder; he may carry a stone in that viscus, in the prostate, or in the urethra, &c., and yet may present, and often does present, analogous symptoms. There is always observed more or less derangement in the emission of the urine, and in its nature, more frequent inclination to expel this liquid, difficulty or pain in gratifying it, and an accidental aggravation of the symptoms from divers causes. It is true a time comes when the scene is changed, and when certain symptoms assume a special type proper in many cases to show forth the distinctions of the lesions which determine them, and oftentimes to indicate their degree of severity; but there is a period at length, often of long duration, in which one hardly ever knows to what organ or what lesion to attribute the disorders observable. It is especially in those irregular diseases, so common, but nevertheless so perplexing, where we perceive no relation between the suspected cause and the produced effect, where, frequently even neither cause nor physical lesion is discovered; where, lastly, we see but morbid symptoms which vary indefinitively, strange, sometimes, in their process, their duration, their mode of termination. It is in these various circumstances that practitioners have made erroneous and gratuitous suppositions as to diagnosis and treatment, and have not hesitated to enforce the strongest precepts; as, for instance, to advise, yea, even to execute (according to Bonet and Gooch) the operation of lithotomy on persons labouring under mere derangement in the excretion of urine.

There is nothing surprising in this, when symptoms alone are depended on, for it is perfectly demonstrated, that here especially, symptoms considered alone are of little value; many lead to illusion, and almost all are insufficient. What renders it still more difficult to avoid error is, that generally the study of organic lesions is neglected.

Direct explorations are the only way by which we may hope to establish a rigorous diagnosis. But as they have been practised up to the present time, they could not lead to the result expected of them; and in order to demonstrate this, I will record a few facts, selecting especially those in which it will appear very easy to have avoided error.

In a case communicated in 1842 to the Academy of Medicine, the exploration of the bladder with the catheter led to the mistaking a prostatic tumour for a stone, and recourse was had to cystotomy.

In another case related by Mr. Key, a bleeding fungus was taken for a calculus, and the patient was about to undergo the "taille," when sudden death carried him off.

Very often catheterism affords no information. M. Channet de Bordeaux speaks of many cases in which the sound had not given intimation of the existence of calculi, which were discovered by other means.

Similar facts have been recently witnessed in Parisian hospitals, and patients have been made to suffer great torture from such erroneous treatment, often for many months together, directed against catarrhs, neuralgies, hematuries, &c., till at last, patience failing, recourse has been had to new modes, viz., exploration, which made known the true disease. In August, 1844, I examined, at the Hospital Necker, a patient from Charenton, who had been frequently sounded, and who had undergone a long course of treatment, the details of which I shall not describe. I discovered a large calculus, the destruction of which was accomplished by a few *seances de lithotritie*. Other patients on whom able practitioners, both of the metropolis and the hospitals, had in vain attempted explorations, came also to seek for other advice, tired with the futility of the medical treatment to which they had been long subjected. So, likewise, in the most simple cases, where we have only to search for the presence of a foreign body, which we believe ought to present itself to the exploring instrument, catheterism, ordinarily speaking, such as is practised, is often inadequate. In depending on the information it affords, we are in danger of falling into great errors. Let us add, that it teaches us nothing regarding the volume of the stone—its form, its consistence—and even less with regard to the organic conditions of the neck and body of the bladder, which are, nevertheless, susceptible of modifying the operation, and even compelling us to follow quite a different one from that which it was first thought fit to prescribe.

It is not, therefore, without surprise that we have lately heard professors of chirurgical chemistry boldly say that catheterism is sufficient to afford the practitioner all the necessary information regarding the calculous affection. I shall show that the insufficiency of this means is much more evident in that which concerns other diseases of the bladder; but I think it desirable to begin by examining catheterism itself, and indicating the improvements of which it is susceptible.

If we study explorative catheterism with a little attention, as it is generally practised, our attention is immediately attracted by three things, viz., its insufficiency, the dread which patients entertain of it, and the little care surgeons take in overcoming its inconveniences.

With reference to the first assertion, it is undeniable that the probe does not afford a correct diagnosis of the lesions of the bladder, in different cases; but even in the simple ones, the grossest errors are apt, as I have said, to be committed. As to the pain, it is oftentimes so great that it makes the patient hesitate, and wait to the very last moment ere he submits to the operation.

Lithotrity has introduced greater accuracy in explorative catheterism; for it is now well established that even in the most irritable persons the methodic use of the treatment, the rules of which I have traced on former occasions, lessens so much the sensibility of the urethra, that the passage of an ordinary sound occasions but very slight pain, instead of the acute sufferings, and even convulsions, which it would have caused without those precautions. If, therefore, the instrument may be at length introduced without occasioning pain in the canal, we remove, by a simple and easy process, much that is alarming to the patient, for it is almost exclusively in the urethra and at the neck of the bladder that the painful sensations are experienced.

Again, daily experience demonstrates that much of the pain which accompanies the introduction of the sound is diminished, if, instead of accelerating, as is usual, the progress of the instrument, it is introduced *slowly*, *carefully*, *without jolt*, in a word, when one gives *time* to the canal to admit it.

These precautions once observed, explorative catheterism is more tolerable, and unattended with accident, even in the most unfavourable cases. The mere difference between pushing rapidly the catheter, and introducing it slowly, is of the highest importance to the patient. When preparatory treatment is judged advisable, soft bougies are inserted without allowing them to remain long; the first introduction produces a little pain, but the third and fourth time the patient suffers but little, and seven or eight introductions suffice. The sound which is now substituted occasions a greater pain than the flexible bougie, but the pain is not to be compared with what it would have been at first, and the patient never complains enough to stop or defer the exploration, unless we find it necessary to resort to other methods than those ordinarily required.

The diminution of the sensibility of the urethra by the use of bougies, has not only the great advantage of rendering explorative catheterism less painful, but it is also a very useful auxiliary to the ulterior treatment to which one must have recourse. I cannot too warmly recommend the process I have just indicated. I have followed it for twenty years. To it I attribute the fact that catheterism in my hands gives less pain, causes less terror, and brings with it less accidents, than in the hands of other practitioners. But the explorative sound which is commonly used is imperfect.

I have seen many surgeons, Dupuytren amongst them, who used the catheter properly so called, or the metallic bougie or sounds without eyes. These instruments are defective in that they do not allow the bladder to empty itself when full, or admit of its being injected when empty, and to change successively the organ during the examination from the state of emptiness to that of repletion and *vice versâ*.

The ordinary curvature of sounds is too great, an error which is not sufficiently taken into consideration, though it has long been complained of as we may convince ourselves by reading ancient authors. Deschamps, in his remarkable Treatise on Lithotomy, says that sounds only slightly curved are preferable. They allow the bladder to be explored with more exactness and less pain.

Other alterations in the configuration of sounds have been proposed, the advantages of which seem to have been exaggerated. I shall mention amongst others, the sound in the shape of a *rosary*, which, according to the author, ought to make a noise like that of a rat in striking against the stone; sounds of sonorous metal, those in heavy metal, those inclined, others with an acoustic tube, &c. &c. It is difficult to conceive what can be expected from these modifications and additions which are really useless to the experienced surgeon, and which could by no means be used by an inexperienced one. I shall, therefore, repeat the observation of Desault:—"The common silver algalic appears to me much to be preferred."

I shall not now speak of gum-elastic bougies, which have in a few exceptional circumstances been very successfully used; for instance, in a case mentioned by Deschamps.

The cases of lesions of the urethra and urethral stones, or prostatic ones, are, however, to be excepted; they ordinarily make upon soft bougies impressions which become one of the means of most correct diagnosis, a point on which I shall dwell more hereafter.

The ordinary mode of procedure is very inadequate. Supposing the instrument to have reached the bladder—it is generally deemed sufficient to move its ocular extremity on the right, on the left, forwards and backwards, and as soon as the beak or the convexity of the instrument has been brought in contact with the surface of the bladder, it is withdrawn: injections are seldom thought of.

Practised in this manner, and without any distinction as to the different states in which the bladder could be situated, catheterism cannot attain the desired result.

My method is as follows:—The patient being laid on his back, and the pelvis slightly raised. I introduce very carefully and slowly, as far as the bladder, a middle sized catheter very little curved. I learn by this the capacity of the viscus; if it is large, and the bladder contains much urine, I let the liquid run off, and by the manner in which it flows out through the tube, I learn the degree of the vesical contractility; if the bladder is both large and weak—if the urine falls instead of being projected I only evacuate it; all exploration would be premature, and would involve serious accidents. It is necessary to begin by the treatment I have advised against *atony* of the bladder. I also defer the exploration when the urethaa is so very irritable, that the presence alone of the instrument occasions pains and involuntary contractions; the patient could not in such a state endure the presence of a foreign body for a sufficient length of time, much less the movements it would be necessary to give it. The least inconvenience which might be feared, would be violent fever. No useful result could be attained by persisting in the exploration; the patient would have suffered without any advantage, and it would be necessary to begin over again.

As soon as I am well assured of the organs being in a fit state to admit the exploring instrument, and to bear its contact during the necessary time, I proceed to the exploration of the bladder. The process varies according to the end proposed. If it be proposed to prove the existence of a calculus with or without organic lesions, the process differs when the bladder is large, and when it is small. In the latter, if the viscus is strongly contracted, if it contains but little urine at the moment of the introduction of the catheter, if the liquid is expelled with force, the first care must be to oppose its exit with the finger or by any other means; the exploration is then immediately proceeded with in the ordinary way, but it is necessary besides to give to the tube a rotatory movement, by which its beak may be turned downwards towards the rectum.

The beak is carried over all the points of the lower surface of the bladder, which, as it is well known, may be more or less deep, and sometimes has the shape of a purse. But, in order that in this motion of rotation the probe's beak may not rub painfully upon the surface of the bladder, it is necessary to lower the hand which holds the probe, according as the viscus has less capacity and the curved part of the instrument a greater length.

By this process, which the catheters of slight curvature alone admit of without tiring the organ, the most important part of the bladder is explored with all requisite precision, in a way such as the catheter in ordinary use does not effect, not at least in so satisfactory a manner.

Another modification which is still more important, inasmuch as we have very frequently to have recourse to it, consists in using repeated injections, one after another with tepid water, if the bladder is strongly contracted, if not, with cold water. By this means the viscus is made to pass successively, from a state of repletion to that of vacuity; this varies its form and capacity; almost always a time comes when it contracts with so much strength, that not only the surface to be explored presents but little extent; but also the vesicles press upon the extremity of the instrument, and consequently it meets with the smallest strange body.

In simple cases we seldom fail in discovering a calculus by the first exploration, however small it may be, but in bladders with the columnar projections, or prostatic swellings, or tumours about the neck, it is necessary to make more than one exploration, and to have recourse not merely to the use of the sound. For instance, when there is a prostatic tumour or fungus in the inferior part of the vesical neck, the sound depresses that tumour and pushes it backwards, so that it may hide a small stone situated behind the posterior side of the trigone. It is then always difficult to discover the foreign body in that place, whether by catheterism, or by means of the forceps, after lithotomy, as Delpech and others have given instances. I have succeeded many a time by using probes with a shorter beak and more curved, and by directing the beak downwards behind the tumour, and giving it a lateral motion. If there existed any doubts, we could dispel them in exploring the bladder by means of the "lithoclaste," which ought in the present case to be preferred to the "trilabe," whilst it is, only to this, we ought to have recourse to, if, notwithstanding cold injections frequently repeated, the bladder does not contract, but preserves a large capacity which the sound alone could not explore in an efficient manner.

If it is required to establish the presence not of a foreign body, but of an organic lesion, we follow quite a different process; it is proper to proceed to the exploration of the interior surface of the bladder, but after having separated its partitions as much as is possible by injections of tepid water, and keeping them in that state, it is necessary to place the patient as in the former case, in order that the abdominal viscera may not weigh upon the bladder. It is to be remembered that, in the normal state, the bladder distended by an injection presents a smooth surface, upon which the instrument may glide in all directions without meeting with any projecting points. There are circumstances when a *much practised hand* feels very faintly the orifices of the ureters. Then every projecting point, every eminence, starts from one to the other column.

If there exist a fungous production it can also be easily ascertained, especially when the tumour is itself prominent, and has a certain consistence. By passing over it either the beak, or the curved part of the sound, we can appreciate its hardness, its prominence, and even to a certain degree the mode of insertion; and that by the change of place which we are enabled to give to the instrument by pressure practiced upon it in divers directions. But it must be understood that all these cases are not without difficulty, even in the most simple they are uncertain and insufficient. Accordingly, if the tumour has not the character I have just now indicated, if the disease is not confirmed; if, as it commonly happens, the neighbouring parts of the bladder, near the vesical surface, are not in their normal state, the exploration by means of the sound teaches nothing, even in the most practised hands. I have met with many cases, one of which is quite recent, in which fungous tumours of a considerable volume have not been discovered by fellow practitioners who lay claim to considerable skill in this department of surgery. As to morbid products of the internal orifice of the urethra, valuable information may be obtained by the use of the sound, which information surgeons have not paid sufficient attention to. In the normal state, as soon as a slightly curved sound has reached the bladder, the folds of which have been separated by an injection, it is easy to give to the curved part of the instrument a motion of rotation. In the case of fungous or prostatic tumours, this motion is stopped; the beak of the sound strikes against the tumour, and does not advance; if one attempts the rotation in the opposite direction, the same circumstance occurs. A morbid product can only occasion this. It is, however, only necessary to sink the sound a little deeper in the bladder, in order that the rotation may be accomplished. The length to which it will be necessary to sink the beak to execute this motion all round, gives a notion of the size of the tumour.

The inclination on the right and the left of the curved part of the sound at the moment when it gets beyond the internal orifice of the urethra, and which is protracted outwards by a similar inclination of the rings, gives also an idea of the situation and the volume of the tumour, when it is on one of the sides of the vesical neck.

If the tumour has its seat on the trigone, and is both large and hard, the probe is stopped at its entering the bladder, and the degree in which we are obliged to lower the hand which directs it, in order that its ocular extremity may pass over the tumour, gives important information. If the tumour makes a prominence in the bladder, and in passing the instrument depresses it and pushes it towards the bottom, it arises again as soon as the pressure has ceased, and by pressing against the curved part of the probe it endeavours to repel it. This circumstance is a proof that it extends far behind, for the same effect does not take place when the right part of the instrument presses upon the tumour.

Notwithstanding all these improvements imparted to the catheterism, it is still far from affording the information which is necessary in practice. In the case of calculi, it gives but vague approximations as to their volume, their hardness, their number. As to the morbid products of the neck and body of the bladder, the information it affords is still more imperfect; even when the sound gives intelligence of their existence, it leaves much doubt as to their size, their shape, their consistency, and particularly their mode of position in the vesical parietes, the knowledge of which is of such great importance to the treatment. Lastly, in complicated cases, either of stone or tumour, simple catheterism is often completely useless. In these different circumstances the instruments of lithotrity give intelligence which compensates for the defects of catheterism, at least, when the disease is not sufficiently advanced to reject all intervention of the art.

The "trilabe" and the "lithoelaste" deserve especially to be taken into consideration. We can also make use of the "percuteur" and the curved articulated instrument, the value of which has, however, been exaggerated, as it may be easily understood by taking the trouble of studying the disposition and mechanism of these instruments.

Of all the exploratory means the "trilabe" is the most advantageous. In order to make use of it, before taking out the sound which has been used for beginning the exploration, a quantity of water is to be injected, which varies according to the end proposed.

If it be required to discover a little calculus which escapes the researches of the sound, two or three ounces of liquid are sufficient, and the instrument is so disposed that the water may run out during the examination, by which circumstance a moment arrives when, the vesical parietes coming in contact, we operate as it were on dry ground, and the smallest gravel is easily discovered.

If the bladder has so far lost its contractility, that cold injections, repeated one immediately after the other avail nothing, we introduce, in a like manner, but a small quantity of water, and ere this is expelled the operation is prolonged, without any pain to the patient. Here we separate the branches of the trilabe a little more than in the preceding case, in order to increase the surface to be explored. We must, nevertheless, vary this surface by retracting the branches in their sheath, and protruding them out of it.

If it is desired to know the dimensions of a stone, a rather large trilabe, with long branches, must be used, open it as much as possible, inject as much water as the bladder can contain, and prevent it from escaping during the research, which is then more painful than in the preceding cases. If the stone is not laid hold of at once, the operation must be suspended.

If it be desired to ascertain the situation or hardness of a fungous tumour, the presence of which has been previously indicated by the sound, or even the mode of insertion of that tumour to the surface of the bladder, or the degree of sensitiveness which it possesses, the bladder must be filled until the patient complains of a violent desire of evacuating it, then take an instrument of middle size, the "lithotriteur" of which may not entirely fill up the cavity of the "trilabe," in order that the movements may be easier. As soon as you have succeeded in placing the tumour between the two branches, lay hold of it and press it; the degree of force used indicates that of the sensitiveness; by the motions given to the instrument forwards, backwards, and on the sides, it may be ascertained whether the pedicle is long or short, if it is weak, or large and strong.

When the tumour exists near the neck, the "trilabe" must be taken out open, until the back of the branches rests against the internal orifice of the urethra, so that they may distend it. This must not be continued so as to produce acute pain; but as soon as you feel some resistance, give the instrument, having the shape of a funnel completed by the orifice itself, very faint lateral movements, in order that if the branches, or one of the branches, be placed on the summit of a tumour they may glide towards the basis of it; in this position there is nothing but a morbid product, which can interpose itself between the branches, and make there a prominence; this can be ascertained by the "lithotriteur," with which it can be felt so much the better, as the angle of the branches is in proportion with the presented volume of the tumour. If there are but slight vegetations, the instrument must be opened only sufficiently for it not to pass over the orifice of the urethra when you draw it to you—*i. e.*, six or seven lines. Then the previous exploration, even the mere introduction of the sound, is sufficient to inform us whether we have to deal with a large tumour or not.

When the disease simply consists of vegetations, they may be known in an accurate manner by turning round the open instrument near the vesical neck, either in passing those branches upon it, or, after having applied them to the orifice of the canal, in pushing the "lithotriteur" backwards and forwards. They can be felt, but they cannot be laid hold of by shutting the trilabe, excepting when they are prominent between the branches, otherwise the latter glide over them. It is also by this rotation of the open trilabe that the inequalities of the internal surface of the bladder, occasioned by fungosities, can be distinguished; I have already said that it is by means of the sound that the fleshy columns can best be ascertained.

The "*lithoclaste à mors plats et larges*" is not less suited than the trilabe to ascertain the existence of vegetations in the body of the bladder. It ought even to be preferred, when it is proposed to lay hold of those products, either to determine their volume and mode of insertion, or to crush them, or extract them, if necessary.

I have never used the articulated curved instrument to lay hold of the fungous tumours at the vesical neck. If we were to judge from theory, it could be applied to that purpose. Whatever instrument may be used, it can generally be easily ascertained whether the tumour is pedunculated, or has a large base. In this latter case it is very difficult to seize it, for then the branches constantly tend to glide from the base to the summit. Quite

the reverse happens when the tumour is pedunculated. It is only requisite to ascertain whether the difficulties proceed from an ill-managed manœuvre, or from the disposition of the tumour: a distinction which can only be established by one who has an exact knowledge of the instrumental apparatus, and of the organ to be explored. However, with care the explorations just now indicated afford that information which could not be expected from any other process.

I shall conclude this lecture by the brief exposition of a recent fact.

A man from the neighbourhood of Paris had for a long space of time experienced considerable disorder in the excretion of the urine. The ever increasing progress of accidents, in spite of the numerous means he had recourse to, induced him to obtain admission amongst the calculous patients. It was then ascertained that skilful surgeons had explored the bladder without discovering anything; that for a long time injections had been prescribed, and that every means had been employed for catarrh of the bladder and hæmaturу, which were the predominant symptoms in this patient. In exploring the bladder with a "trilabe," I discovered the existence of an enormous fungous tumour implanted in the posterior side of the viscus. I laid hold of and detached it, the patient hardly perceiving it. I brought out with the instrument a part of it, which with difficulty passed through the urinary canal. During that day and the following night, three other parts of it were expelled with the urine. Instead of the accidents which might have been feared after such an operation, the patient felt a great amelioration. The urine ceased to contain clots of blood, only it was deeply tinged and catarrhal. I again explored the bladder at a later period: it still presented a prominence at its posterior side, but not large enough to be laid hold of. The patient is now gone back to his family; he will return to be operated on if it be necessary. This operation was made in presence of a great number of surgeons, both of this and other countries. The patient is not cured, and I doubt if he ever will, yet he feels much relieved. But it is now ascertained what disease he labours under, and he will not be tormented any longer by empirical treatment, which, in addition to the injury done to his constitution, has made him lose much valuable time, during which the disease has greatly increased.

I have, with divers success, attended many other patients, whose history can be read in the third volume of my "Traité Pratique." I shall add a last remark, viz., that fungosities in the shape of a tuft are sometimes very difficult to recognise, on account of the small consistency of the filaments, often very long, which compose them.

"No. 23, Dorset-st. Portman-square,
"18eme Janvrier, 1846.

"Monsieur, et tres honoré confrère,—C'est avec beaucoup de plaisir que j'ai reçu votre lettre du 26eme de Decembre, et le manuscript que vous m'avez fait la faveur de m'envoyer. J'en ai fait une traduction, que j'ai publiée dans le "*Medical Times*," et donc voici un exemplaire. J'aime à croire que vous trouverez que je vous ai fait justice dans ma traduction, et que je ne me suis pas permis de trop grandes licences en adaptant votre *Conference Clinique* aux idiomes et au style de notre langue. Ce sera avec le même plaisir que je m'empresserai de consacrer mes soins à votre prochaine publication.

"Je suis, avec les sentiments de la plus haute consideration,
"Votre tres dévoué,

"Frederick Harington Brett."

"à Mons. le Docteur Civiale,
&c. &c. &c."

Carcinoma of the Rectum.—Dr. Fletcher, at a meeting of the Birmingham Pathological Society, described a case of carcinoma of the rectum, which ulcerated, and formed a fistulous connection with the vagina of the size of a crown-piece, through which fæces were discharged for six months before the patient's death.

A COURSE OF LECTURES ON DISEASES OF THE SKIN.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE III.

LEPRA AND PSORIASIS.[1]

According to Willan, and others.

Genera.	Species.
Lepra.	L. Vulgaris.
	Alphoides.
	Nigricans.
	Arabum.
Psoriasis.	P. Guttata.
	Diffusa.
	Gyrata.
	Inveterata.
	Localis.
	Labialis.
	P. Lotoram.
	Palmaria.
	Ophthalmia.
	Pistoria.
	Preputii.
	Scrotalis.

As proposed by Startin.

Genera and Species.	Divisions.	Varieties
Lepra.		
L. Alphos.	Localis.	Sparsa.
Versicolor.		Diffusa.
Nigricans.		Marginata.
		Circumscripta
	Generalis.	Inveterata.
Psoriasis.		
P. Rubra.	Localis.	Guttata.
Vesicolor.		Diffusa.
Nigricans.	Generalis.	Gyrata.
		Inveterata.

In our consideration of the anatomy and functions of the skin in the two former lectures, our attention was first directed to the epidermis, or scarf skin, its most superficial layer. It is my intention to-day to bring before your notice a series of models of the diseases known to dermatologists as LEPRA and PSORIASIS, two affections closely allied in their nature and appearances, which seem in a particular manner to implicate the scarf skin. From this fact they have received the popular designation of "the scurffy," or "the scurvy," scurf, or scales, being to a greater or less degree their constant accompaniments. In former times they were also called "scalls," but this appellation is now only applied to a well-known diseased state of the scalp. The above diseases constituted the leprosy of the Greek writers from the times of Hippocrates, who pointed out the broad distinction existing between them and that known as the leprosy of the Arabs and Egyptians, now called the elephantiasis, which is attended with tubercles, ulcerations, and discharges, never occurring in lepra and psoriasis.

If for a moment we direct our attention to the entire group of cutaneous diseases, it is impossible that we can signalise any affections amongst them which stand so completely apart, as those to which I am now desirous of fixing your attention, not only as regards their physical character, and the apparent slight interruption their presence commonly occasions in the general health and the ordinary functions of the body, but also in the peculiar nature of the product, of the specific inflammatory action of the vessels of the dermis, from which they spring—scales of more or less pearly lustre being produced instead of the ordinary secretions resulting from inflammation. Each of these scales, when examined under a microscope of very moderate power, will be found to consist of a portion of the cuticle, at least its texture will exhibit indubitable signs of structural arrangement—an appearance at once distinguishing these affections of the skin from all those which manifest globules of pus or blood, either distinct and separate, or connected with deposits of lymph or albumen, oily secretions, animalcules, vegetations, &c., in addition to any portions of cuticle to be found in their crusts. This circumstance alone, it will be perceived, forms *a new and readily available means of diagnosis in leprous affections*, which, in cases of ambiguity, will often prove of practical utility; and I trust I may be enabled, by means of the microscope, to demonstrate to you the nature of many cutaneous affections accompanied by crusts and discharges, and perchance determine the anatomical part of the skin chiefly implicated in their production, as the different appearances before mentioned predominate, or are found combined. Thus the formation of cuticular scales would show inflammatory action or disordered function in the papillary layer of the dermis, of eczemation or the production of vesicles and albuminous crusts in the perspiratory apparatus, of pus, or crusts containing pus globules, in the substance of the dermis, and of oily, or fatty matter, in the sebaceous organs. The microscope also will not fail to show animal or vegetable life when it exists in the secretions, as also the peculiar arrangement of parasites when they infest the external integuments.

That disease of the skin called lepra, the first of the affections I purpose to-day to consider, of which many examples and three varieties—the lepra vulgaris, L. alphoides, and L. nigricans, are arranged for your inspection—is characterised by scaly layers often of considerable size and thickness, which are commonly, in the early stage of the malady, arranged in oval or circular patches on those portions of the skin which are separated from the bones they cover by little more than the common integument; thus, the elbows, knees, shins, backs of the hands, and scalp, are its most usual situations. If each patch be examined with attention, it is found to have an elevated margin or circumference, evidently raised above the surrounding skin, whilst its centre is depressed, and sometimes free from the disease. There is no humidity, and the scales, though broken into irregular portions of a rhomboidal figure, are everywhere adherent with considerable firmness to the parts beneath (that is to say, if the disease has not been disturbed). The colour of these scales differs in the three varieties in which it has been customary to subdivide the disease. In the lepra vulgaris they are large, and of a greyish-white, or sometimes of a pearly lustre, like spermaceti, with which, in some of the examples, the modeller has imitated their appearance, and each circular or oval patch is surrounded by a halo of redness more or less defined, which appearance will not be found to extend beneath the scales, and may commonly be seen between the clefts and fissures which traverse the spots in irregular directions. Every case, however, will offer some slight variety of appearance, of no practical importance, and many of the circular patches occasionally become joined or confluent when the scales form a rough uneven crust, like the bark of a tree, and not unfrequently fall off, or are detached in a mass by the movements of the patient. In one of the examples before you this was the case, and you will perceive the surface beneath offers a deep red, polished, and fissured appearance, which resembles in most respects the coarser parts of the cuticle viewed through a high magnifying power. Around these large confluent patches many small spots of the affection are grouped in irregular order, and in various stages, some of them appearing as mere slight red elevations of the cuticle, which is, as it were, cracked in several directions by their projection above its surface; others show the distinct marginal border and central depression characterising lepra, and maintain their adherent crust. The least motion of the patient's body, however, in such a case as this, detaches abundance of scales, so that the place in which he has shown his disease is covered with them, and the bed-clothes in which he has rested a night present a supply that would astonish any one who had not witnessed the extraordinary power of reproduction in the cutaneous organ. It appears that in these diseases the scales are produced directly from the vascular and papillary layer of the dermis, without the intervention of the mucous coat of the skin, which, in a state of health, is interposed between the cuticle and dermis; and this seems to be verified from the enlarged and inflamed aspect the papillæ present in this class of complaints.

I cannot help regarding the circular figures pre-

[1] In our last week's report of these lectures we omitted to print some observations, made with reference to the want of precision existing in the nomenclature of cutaneous diseases and their subdivisions. We therefore publish a copy from the chart, containing Mr. Startin's proposed mode of attaining an end so desirable, which, with the arrangement of Willan, will, in future, appear at the head of each lecture.—Ed.

sented by this and other affections of the skin as very accidental, arising naturally from the inflammatory action commencing at a point, and extending by the circumference just as a blot enlarges on bibulous paper; the varying forms of rings, figures, &c., arise from the coalescence of several points, occurring in lines, circles, and other forms—for in the same case I have in many instances seen nearly all these varieties of shape in the spots.

The next form of lepra is that called L. ALPHOIDES. It differs somewhat in appearance from lepra vulgaris, and in general presents a less formidable disease. The scales, redness, and size of the spots, are considerably smaller, and approach closely in many instances to psoriasis guttata. The progress of lepra alphoides is also slower, but its scales have a more farinaceous rice-like appearance, and fall and are renewed with greater rapidity and regularity; it also more commonly affects the hands and the nails, as in the example before you. This state of the nails is very common in squamous diseases, and demonstrates the identity of these parts with the cuticle, both in their formation and structure. Occasionally lepra alphoides forms one or two large orbicular patches, which are arranged in a corresponding manner on both sides of the body, or limbs, and the papillæ of the skin appear much more firmly developed than in any other varieties of squamous affection; occasionally, even, I have seen them assume an almost warty appearance, particularly in a variety, as I believe, hitherto undescribed, but which I shall subsequently mention.

The lepra nigricans, the third subdivision of the disease, to be found in authors, is a much more rare form than either of the former two varieties; it occurs, for the most part, in females of weak constitution who have borne families, and in most of the cases I have witnessed has been the sequelæ of other squamous diseases of the skin. The form of the patches much resembles lepra vulgaris; they are not, however, depressed in the centre, and do not occupy the same situations,—the fleshy parts of the limbs and back, for example, rather than those over the bones, being their most usual localities. The scales also present a discoloured, dirty, dark, reddish appearance, which at once distinguishes this variety from the other forms of lepra.

I have also met with a fourth variety of lepra, which may be called L. circumscripta vel solitaria. This occurs in various part of the body, in one or two solitary patches; it is frequently seen on the face, upon or about the nose, without appearing elsewhere; I have also observed it on the front of the leg, in its lower third, on the middle of the outer part of the forearm, behind the ear, &c.; in every case it has presented similar appearances, being somewhat raised above the surrounding cuticle by an hypertrophied condition of the papilla forming the patch, and being covered with small white scales which are very adherent, and desquamate slowly, not more than one or two spots being coexistent. It commonly occasions a little itching in the part, and seems more of the nature of a mark or warty excrescence than a disease, yielding to no remedies save cauterisation, or the application of blisters.

From the description of these four varieties of lepra, it will be seen that they possess most of their characteristics in common; and that the only variation of importance is in the extent and distribution of the disease, a single point or the greater part of the body being implicated. Here we observe none of the ordinary products of inflammatory action which replace the ordinary structures they infest by new productions and appearances. The eruption of lepra may extend itself in every direction, and may continue for the entire life of the patient; yet, though its form may vary, its character remains unchanged; the same succession of scales and desquamations, and production of flakes of diseased cuticle, existing at the termination as appeared at the commencement of the disease. Thus, this affection of the skin consists in *disordered secretion*, the precise nature of which is perhaps yet unknown, though there can be no doubt that its seat is in the superficial or papillary layer of the dermis, producing the rete mucosum and the epidermis. It may be said to be rather a vitiated habit of the skin than a disease; as beyond the slight pruritus it occasions, little derangement can ordinarily be traced in the general health. Indeed, I have often met with patients, whom custom had so habituated to their malady, that they regarded it with perfect indifference — I might almost say, in some instances with complacency, probably from the amusement found in the continued slight titillation of the surface it occasions, which rendered the operation of scratching a positive delight. Such parties had been urged to seek a cure by others, to whom their state was a source of disgust, and they have often told me that having consulted Dr. So-and-so, he has assured them there was nothing the matter, and that their eruption was a sign of health. The case is far otherwise, however, with the delicate and timid, who have learned that they are suffering under the leprosy, and have in consequence read the 13th chapter of Leviticus, where the terrors and excommunications of their supposed distemper are set forth. Such parties manifest the greatest anxiety to be rid of a disease for the incurability of which they believe they have divine authority; but the leprosy of the Jews, at least that described by Moses, is not at present known — sores and a change of colour in the hair of the parts affected being regarded as its distinctive characteristics, which it will be observed are not found in the modern complaint; besides which, it was a contagious disease, which the lepra I have described certainly is not, though very prone to affect several members of the same family, and to be transmitted from the parent to the offspring. In the absence of this hereditary origin of lepra, it is often difficult or impossible to trace a cause for the complaint; nevertheless it not infrequently results from the ingestion of some improper food or from drinking cold fluids when heated. A sudden mental emotion of fear, rage, grief, &c., may also often be traced as the origin of this disease, probably by some change produced in the cutaneous circulation. In one of the cases before you, the fear arising from the circumstance of falling suddenly into a ship's hold, was stated as the cause of the lepra, and in another the fright following an extensive burn. I have not noticed, as cited by Willan and others, that any particular occupation, rank in life, or circumstances in the general health, predispose to lepra in any of its forms (excepting the chlorotic or hysteric state in young women, as, I believe, I have often succeeded in curing the disease by attention to this indication). Perhaps lepra may be more prone to attack such subjects, from the variety of sudden emotions and irregularities in the circulatory system to which they are liable. This, gentleman, constitutes a description of the symptoms and causes of lepra, by which I have endeavoured to enable you to form a ready diagnosis of the complaint. There still remain for our consideration the remedies and prognosis.

In the first place, in treating a chronic cutaneous disease I am invariably guided in the administration of remedies by the constitutional habit of the patient, and by the existing stage, conditions, and manifestations of his complaint, rather than by the adoption of any empirical remedy or remedies prescribed for *the name* of the particular disease under which he may be suffering. Thus, if symptoms present themselves in the shape of common inflammation, or any peculiar cachexy, or idiosyncrasy, I endeavour to subdue them by the well-known ordinary resources of our profession; but a specific treatment is superadded, which is counter-irritant, or of a nature to excite an irritant action of another, but yet somewhat similar, kind to that producing the disease, measures being taken that the dermis may be simultaneously, internally and externally, or generally and locally, affected—the great agent I attempt to influence for the production of this irritation being the *cutaneous circulation*. The means employed are few in number, but yet tolerably well-known as regards their specific action externally manifested, and when more than a single indication presents, a combination of these remedies is employed. This you will perhaps consider a mere adoption of the homœopathist's practice, resting upon the foundation of their so-called science, "*similia similibus sanantur*;" but it rather belongs to what Hahnemann would call, and with much propriety, *the antipathic method*, which is neither more nor less than a division of John Hunter's well-known doctrines of revulsion, sympathy, derivation, and translation, which, in page 134, vol. ii, of his "Treatise on the Blood and Inflammation," he describes, I quote his own words, "consists either in a change of the situation of the disease or its action;" and he goes on to state (page 139), "I could conceive it possible, the second mode of local cure, which is by producing irritation of another kind, might not repel, although it cured, the first local complaint; because there is in such modes of cure still a larger quantity of inflammation in the part than was produced by the disease." Thus upon the physiological principle originated by John Hunter, that two diseases cannot exist at the same time in the same organ, it becomes obvious that one of them, the weaker or pre-existing, must naturally cease directly the more powerful influence of the artificial or stronger is brought into action, and as the artificial disease has a duration only during the administration of the medicaments that occasion it, it disappears when these are discontinued, and the constitution recovers its equilibrium. I need scarcely remind you that the agents to produce this effect on the skin must be sought for amongst some of the most active of our therapeutic remedies. Thus mercury, internally administered, is well-known to induce a form of cutaneous inflammation we call erythema, and sometimes eczemation; arsenic occasions great redness and capillary excitement, ending in an herpetic or pustular eruption; iodine an ulcerative action or inflammation, and sulphur, chalybeates, quinine, cantharides, &c., give rise to more or less capillary excitement; whilst all these remedies may be variously combined, and their action modified by other medicinal substances, as opium and various narcotics, by alkalies, acids, and other chemical agents, so as to be rendered suitable to every complication and form of cutaneous disease; for is it reasonable to believe that a part so complicated as the human skin, with several distinct sets of organs and functions, will require a peculiar irritation to divert their morbid actions, according to the part or parts implicated in such diseases? In short, to use Hunter's words, "one mode of irritation is better than another," and our experience must direct us as to the best mode applicable to each individual case. You must recollect, however, that Hunter's observations were comprised in the few hints I have quoted, and related, for the most part, to the internal means to be employed, holding but a secondary importance in my proposed treatment of these complaints. The counter-irritant action of internal remedies was very little, if at all, dwelt upon by him, though probably well understood.

I now proceed to relate a few cases of the different varieties of lepra from the register of this institution; and I shall give the preference to those that have occurred recently.

The first case of lepra vulgaris to which I would direct your attention is represented in the two models of the arm and fore-arm on which I have written psoriasis diffusa in the second and final stage of cure. For this patient presented himself (before the modeller was employed) with all the symptoms of psoriasis, which, in my opinion, is undeservedly considered a distinct disease from lepra, as in the cases I shall subsequently relate will, I believe, be rendered obvious. Yet as the malady, in the form it is represented before you, presents the characteristics determined by Willan to belong to lepra, we will give it a place under this division of our subject. The patient, Thomas Ridley, aged thirty, by occupation a print-colourer, residing in a confined situation in Clare-market, first applied to the institution on the 9th of July last. He was thin; apparently ill-fed; of sallow complexion; and, from a considerable degree of acne rosacea about his nose would appear to have been addicted to the common vice of his class, porter drinking to excess. His pulse was at 75; tongue white and swollen, showing the indentations of his teeth; and skin hot; yet he said his general health was perfectly good and his excretions natural, but that the pain and irritation his malady had latterly occasioned had induced him to apply for relief. On examination his whole body was more or less covered (except a portion of his face) with large irregular and ill-defined patches of diffuse redness, covered with minute scales; fissures also were seen running across these

patches in some situations, which enlarged and gave him much pain on motion. When he took off his shirt, the floor was covered with the exfoliated cuticle, the peculiar product of his disease. On close examination with the lens, the papillary layer of the dermis was seen through the thin layer of cuticle covering it, of a a bright blood-red colour, and the papillæ themselves hypertrophied, so as to raise each space between the lines marking the cuticle above their natural position. There was no elevated margin, or central depression, such as you perceive on the model, which was taken about a month or six weeks after he had been treated; but there were many small groups of spots resembling psoriasis guttata scattered amongst the larger patches, yet no decided and unequivocal sign of lepra could any where be traced. He stated that he had suffered, more or less, during his whole life, from this disease; at least, that he had remembrance of it for five and twenty years; that it seldom or ever entirely left him, but that for the last two or three years it had grown much worse, particularly in winter, until it had attained the degree of inveteracy it then represented. Of course during so long a period he had tried many remedies, but with little or no benefit.

The treatment adopted in this case to meet the views I have explained, was to administer, in small doses, three times a day, a combination of arseniate and iodide of potassium, formed extemporaneously, the alkali being much in excess, and the stimulant action of the remedies moderated by a considerable proportion of laudanum; the bowels were regulated by infusion of senna, and he used five grains of the trisnitrate of bismuth to the ounce of water, warm, as a lotion to all the parts affected. His diet was confined to milk and boiled meats; and malt liquor was interdicted, weak gin and water being allowed, if the medicines induced nausea; these means he steadily persevered in for a week, until the 12th of July, when he presented himself, as he said, better. This, indeed, was evident to the eye, the fissures had nearly disappeared, the scales were fewer, and he had less uneasiness in moving his body or limbs. He was directed to pursue the same plan for a second and a third week, when a marked change had taken place in his disease, large spaces of healthy cuticle showing themselves in the centre of most of the diseased parts, at the same time the local effects of the counter-irritation were evident by an increase of pruritus in the parts, and a brighter redness in the inflamed dermis, while the conjunctiva lining the eyelids and the mucous membrane of the nose manifested still more plainly, by the irritation felt in them, that the constitution was fairly influenced in the manner desired. The first prescribed medicines were, therefore, discontinued, and the persulphate of iron with sulphate of magnesia and infusion of quassia substituted. He was also ordered an ointment containing the iodide of mercury, and an alkaline bath, the latter to be used once a week for a quarter of an hour, at 96°.

August 6th.—About a month from his first application, the model I present to your notice was taken, which speaks for itself, and the means last recommended were persisted in for another month, till September 8th, the progress towards recovery being always progressive, and his general health and appearance improved; the acne rosacea nearly vanished.

On the 29th of September the chalybeate appeared to be producing too stimulating an effect on the skin, consequently an addition of iodine was made to his mixture, which was now composed of persulphate of iron, sulphate of magnesia, and hydriodic acid. On October the 10th, the second model I present to you was cast, and you witness the advancement made. The strength of the alkaline bath was increased one half, and the bismuth lotion in a stronger form substituted for the iodide of mercury ointment. On the 22nd of October, the date at which I last saw this patient, two spots only remained on or about his elbows, for which I directed a creosote ointment, and bade him attend here to-day to speak for himself. It would be very easy for me to multiply cases of this kind until you were fatigued, as thirty-six instances of lepra or psoriasis have applied during the present month only, but I think it useless to do so. I shall therefore relate only one single instance.

Andrew Hydress, aged 72, an old sailor, residing at 22, George-street, Mile-end, applied to the institution on the 16th of July, 1845. He attributed the origin of his malady (a well marked case of lepra vulgaris) to the privations and diet of one of our men of war in or about the battle of the Nile, forty-seven years ago; he has, however, been occasionally free from his complaint. This old man was attenuated, with a pale countenance and feeble pulse, and his occupation of late having been to carry one of Messrs. Moses and Son's boards about the streets; you may suppose that his malady did not arise from overfeeding. The model I hand round was taken on his admission, and you will perceive how well it corresponds to Willan's observation, that this disease is prone to attack those parts of the skin immediately covering the bones; both his shins were also affected, and he had a few small patches on his body. A powerful chalybeate, the persulphate of iron, in strong infusion of ginger, was ordered him. A sulphur vapour bath once a week, and a lotion containing creosote, bichloride, and bisulphate of mercury, to be applied warm twice a day to the parts affected, and his diet was ordered to be as generous as his circumstances would allow, beer being forbidden. On his second attendance, August 1st, he was much relieved; the scales which were before adherent now separated with facility, and the spots, by manifesting a brighter redness, showed increased action in the dermis. He continued this plan for a month, till September 1st, when he fancied the medicine had lost its effect, consequently he was ordered arseniate of potassium and tincture of cantharides combined, in small doses, thrice a day, and an alkaline bath was substituted for the sulphur vapour bath. This change produced a rapid improvement, so that on the 14th of this month, three months from his first attendance, the date on which I last saw him, little of his disease remained, and I directed his attendance here to-day for your inspection.

The other cases of lepra vulgaris on the table, are those of Peter Parr, admitted August 13, a countryman, living at Willington, near Uxbridge, forty-three years of age, and of a robust constitution. He had suffered three years only from the disease (the origin of which he attributes to drinking bad beer), and has been most of the time under treatment in the country and in London. His complaint is rapidly yielding to a solution of arsenious acid and bichloride of mercury in hydrochloric acid, with the external application of an ointment of ioduret of sulphur and creosote, but as he resides at too great a distance to attend the baths, his improvement has not been so rapid as it is in some cases; this was a very bad instance of lepra vulgaris, the whole body being covered with patches varying from the size of a silver fourpenny piece to that of the hand, the hips and abdomen in a remarkable degree participating in the disease. The stage to which the affection is arrived at this time is very exactly represented by this model.

J. Williamson, aged nineteen, who applied in the same state as shown by Parr's model, on the 22nd of September, having also suffered three years, and is now nearly convalescent under the same treatment as that employed for Parr, and the use of the hot air bath, with sulphur fumigation.

The case, No. 4,537, is that of William Cunningham, aged seventeen, of St. George's-in-the-East; he had suffered three years and a half; can give no cause for the complaint; he had been a patient of the institution last January, and was cured in April, but when the model was taken, August 16, had suffered a relapse, which, by the use of arseniate and iodide of potassium, and vapour baths, again disappeared by the 7th September, when I last saw him.

The case 6,167, Hannah Russell, aged forty-five, originated from falling into a ship's hold, three years ago—it is marked P. Dif., L. V.—if you please, may be considered. She was admitted on the 15th September, 1845, the disease first appearing on her knees and elbows, and was nearly convalescent by using chalybeate and alkaline baths, on the 24th ult., when I last saw her, but as I requested her attendance to-day, you will be enabled to make your own observations.

The other models of lepra I shall not particularise. They show different varieties and stages of lepra vulgaris, which have yielded in a greater or less degree to the principle of cutaneous excitement or counter-irritation.

The next case I shall relate is of the variety of lepra called alphos, or alphoides. Henry Brooks, aged forty-three, a stout healthy-looking man, living at Deptford, where he was employed in the victualling office of the dock-yard, applied to the institution on the 15th of September last, having suffered seven years from his complaint, a well defined case of lepra alphoides. The models I show you were taken on his admission, and the appearances speak for themselves. In contrasting them with Parr's case of lepra vulgaris, where the scales have not been removed, you will perceive the broad distinction existing between them. You will also notice the smallness of the scales, and their white shining appearance, in addition to the affection of the nails I have before mentioned when describing this variety of lepra. I could trace no cause for the complaint in this patient; he was a strong, healthy man, and attended with his daughter, who was afflicted with psoriasis. The inactivity of the dermis in this case seemed to require very energetic measures to produce any beneficial change in its almost atonic state. Arseniate of mercury dissolved in hydrochloric acid, in full doses, was therefore administered three times a day; an ointment containing creosote and nitrate of mercury being the external application, and a strong alkaline bath, at 96 to 100, once a week. On September 26 he presented himself a second time—relieved. On October 3, further improvement was manifest, as was the case on the 10th and 23rd, since which time I have not seen him, and the distance at which he lives has, I fear, prevented his attendance this day. This variety of lepra is less common than the L. vulgaris, and much more difficult of cure; but in the following case, which was the worst I ever saw, a perfectly successful result followed a six months' attendance:—

Benjamin Gooding, aged nineteen, a pale, sallow youth, by trade a shoemaker, presented himself at the hospital the 11th of October, 1844. His whole body, not excepting the face, being covered with minute, pearly, firmly adherent scales, on the elbows, knees, and forehead; they formed a complete armour for the part, through which the skin could not be discovered; on each side of the trunk, also, a large patch with an irregular outline, gradually shaded off into a less degree of scaliness, appeared. In short, he was a leper as white as snow; occasionally in the winter he experienced a slight amelioration, but for the last ten years he had never been free from the disease, for which, indeed, he stated he had been in and out-patient at several London and provincial hospitals. His complaint entirely yielded by the month of April (sixth month), under the influence in the first place of the iodide of mercury and opium, and subsequently of the persulphate of iron and hydriodic acid. The sulphur fume bath at 150° being used every week, and the lotion applied *warm* twice a-day to the parts, consisting of bichloride of mercury and trisnitrate of bismuth suspended in water. A few spots have again appeared this autumn, having more the appearance of lepra vulgaris, but they have succumbed before the chalybeate and two or three alkaline baths, and he is again convalesent, but as I do not know his address, which has been entered by the secretary in the register, "Hackney-road," and as the last attendance is dated "August 29th," I could not obtain his attendance to-day.

The last case I shall relate on this variety of lepra is that of Ellen Green, aged fifteen, who applied to the Institution on the 17th of October last, three weeks ago. She was a thin, chlorotic looking girl, of sallow complexion, with brownish hair, and a large cicatrix on the face and throat of an extensive burn. On inquiry, I found she was suffering from leucorrhœa, and also menorrhagia; but otherwise her health was pretty good; she had a small feeble pulse, and a white bloodless tongue. By her statement it appeared that, five years ago, she was much burned, and that before the wound occasioned by this had healed, the lepra appeared in white patches, and that it had never been cured. The case was one of lepra alphos—the backs of the hands, the shoulders, and the forehead being the only parts affected. The treatment was adapted to remove her chlorotic state, *i. e.*, chalybeates were

administered, the sulphur vapour bath ordered, and an ointment of creosote employed. She will attend to day for your inspection, so that on comparision with the model I offer, you will perceive the change effected for better or worse.

The other cases of L. alph. I shall not comment upon; suffice it to say, that improvement pretty constantly follows the curative effects employed, though not in every instance a perfect cure; yet if any gentleman desires the particulars of any case, I will gladly recount it. The only example of lepra nigricans I have to relate to you, of which I possess a model, is that of Hannah Moore, aged twenty-five, living in Ocean-road, Stepney; no number of her house is given, consequently I cannot obtain her attendance; she has suffered for seven years from leprous eruptions, and is a poor hard working woman, with five or six children, and it is remarkable for the past three years during the period of her suckling, a leprous eruption has appeared, which has very quickly been got rid of on her weaning her child; the first time I saw her, it was a most perfect case of that picturesque affection, psoriasis gyrata; the second time it assumed the appearance of psoriasis versicolor; and the last was the lepra nigricans, of which you see the model; this was taken in August, when this affection replaced the psoriasis versicolor which had yielded the 18th of November, 1844. I saw her last on the 19th of September, quite free again from her disease, without this time weaning an infant of two months old she had at the breast. The treatment adopted was the persulphate of iron and sulphate of magnesia, with an excess of sulphuric acid, and combined with aromatics; she also used a tepid alkaline bath once a week, and once or twice the hot air bath, with fumigation, and externally creosote in an ointment. The other model of lepra nig. is probably a leprous eruption with an hereditary syphilitic taint; he applied the 15th ultimo, having had his malady four years, and is at present under treatment, with a weak alkaline bath, and small doses of the iodide of mercury. His improvement in the short time he has been under my eye is not, however, very apparent, but I expect his case to be lingering. I have sent for him for your inspection. I am sorry I have no model of a case of lepra circumscripta, particularly as a marked example of it occurred on the 17th of this month, but the patient, Mrs. Sarah Rousseau, at 8, Vauxhall-bridge-row, was a nervous old lady, of forty-six years of age, who could not bear the idea of the modeller seeing her leg, on the lower third of which this leprous spot was situated, having had for eighteen years an uninterrupted existence in that locality. As the modeller could not be conveniently found at the precise moment when my entreaties might have availed, I directed a blister to be applied to the part for twenty-four hours, and prescribed an iodide of mercury ointment as a dressing; she also took a little aperient medicine, and presented herself last Thursday without any appearance of her ancient malady, the nearly healed surface of the blister being all that met the eye.

The hour informs me that I shall not be able today, as I originally proposed, to discuss the second subject announced for this lecture; I allude to *psoriasis and its varieties*. Neither have I been able to detail at so great a length as I wished several cases of the different forms of lepra, of which the models are before you; the fact is, I have been led to a greater length than I intended in the consideration of the mode of treatment recommended for these obstinate affections, which are commonly regarded by the sufferers, as well as the medical men to whom they apply, as almost *without* the pale of relief. The practice of this institution has furnished me with abundant evidence that this is not correct; at the same time it has taught me, whilst proceeding strenuously forward in the hope of ultimately conquering these afflictive and tedious maladies in all their varieties, that I have yet *much to learn* before the accomplishment of an end so devotedly desired. The next lecture will embrace the subjects of psoriasis and pityriasis, diseases of the skin which will be found to have the closest possible alliance, if not identity with, the leprous affections already considered.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

MEDICAL CASES.

CASE I.—*Acute Rheumatism, with severe Pericarditis and peculiar form of Delirium.*

Elizabeth Bispin, aged sixteen, a nurse, from Hulme, was admitted into the hospital under the care of Dr. Howard, on the 6th of January, 1845. She is a stout young girl, rather of full habit of body, of light sandy complexion. She has not yet menstruated, but states that previous to her present ailment she has enjoyed very good health. Her family have been healthy, except her mother, who died at the age of forty-seven from dropsy.

About three weeks ago she caught cold, the consequence of which was that she was affected with slight cough and pyrexia, which continued to increase, and in consequence of this she left her work on the second instant (four days ago), on which day she was seized with a severe pain in her back and legs, and on the following day was unable to leave her bed. The ankle and knee joints were much swollen, red, and painful, and in a day or two afterwards this swelling extended to the other limbs. She had some medical treatment.

When admitted, she complained of great pain in almost all the joints, but most severe in the wrists and elbows, which were much swollen, red, and hot; the ankles were also much swollen, but less so than they had been, and she was unable to move any joints without suffering most intense pain; the pulse is quick, full, and soft; she has no palpitation nor dyspnœa; but she has a slight cough, with expectoration of a little tenacious mucus. The sounds of the heart and respiration are normal. The skin is hot, and covered with acid perspirations; tongue is loaded with a thick creamy fur; she has great thirst; anorexia and constipation; passes urine freely, which deposits a large quantity of lithic acid sediment.

Ordered: R. Mist. guaiaci, ℥ xij. Capt., ℥ iss omni 4tâ horâ.

7.—Has passed a restless night, having much pain in the limbs, which still continue very red and swollen, the upper extremities being the worst; other symptoms same as yesterday, except that bowels are more freely open. Cont. mist.

8.—Had a very restless night; she began, for the first time, last evening to have considerable pain in the chest, which continued all night. She is now complaining of great pain in the cardiac region, increased by pressure in the intercostal spaces, and by each inspiration; she describes the pain as sharp and lancinating; she has no palpitation, slight dyspnœa, and more troublesome cough. There is heard a slight superficial rubbing sound immediately below the nipple; respiratory sounds are normal; pulse 112, full, hard, and incompressible. She has much pyrexia, but tongue is less loaded, and bowels have been very freely opened several times in the night by the mixture. The limbs are not quite so painful, and the swelling of the joints is somewhat less.

Cont. mist. App. hirudines xiv regioni cordis. To be followed by warm poultice.

9.—Had a restless night; the pain in the chest is rather worse, pressure and inspiration give greater pain; more dyspnœa and cough, but no palpitation; the superficial rubbing sound is now much louder, and more diffused over the cardiac region, but is loudest immediately below the nipple; pulse 118, full and hard; pyrexia increased; bowels continue very freely open; urine loaded with lateritous sediment. Limbs in same state as yesterday.

Omit mist. App. hirudines xvj regioni cordis.

R. Hyd. chlorid., gr. j; Pulv. opii, gr. 1-6th; Ant. potass. tart., gr. ¼. M. ft. pil. Cap. j omni 4tâ horâ.

10.—Has passed a very bad night; had considerable delirium, and does not seem quite collected at present; complains of great pain in the region of the heart, which she says is worse than it was yesterday, and extends to the shoulder, being very much increased by each inspiration, when she says it catches here; the cough and dyspnœa have been more troublesome; she has no palpitation; the rubbing sound is still very loud below the nipple, but is less diffused than yesterday; the two sounds of the heart are less distinct than natural, and appear as it were muffled; pulse 120, full, hard, and incompressible; skin moist, with acid perspiration; tongue much loaded; great thirst; bowels freely open, and passes urine freely. Her hands and shoulders are more painful than yesterday; other limbs remain the same.

V. S. brachio ad ℥ xij. Sumat pilulas tertiis horis.

11.—She says she was much relieved by the bleeding, which she bore well, the blood being slightly cupped and buffed. Had a better night, but got no sleep, cough being very troublesome; she expectorated much more freely than before; there was very little delirium, and she seems now quite collected; the pain in the chest is much better; she has no palpitation; impulse of heart is not so strong; the rubbing, or to and fro sound, is heard very distinctly—it is rougher than before, and is heard over the whole cardiac region; she has not so much dyspnœa, and the pain does not catch her; pulse 118, not so full and hard; tongue cleaner; thirst less; bowels freely open; passes urine freely. Wrist and shoulder joints are more painful; others continue the same. Cont. pil.

R. Vini ant. tart., *m.* xxv; Liq. opii sed., gtt. xij; Potass chl., gr. x; Syr. pap. alb., 3j; Aquæ anisi, ℥ ij. Hora somni sumend.

13.—Has been somewhat better the last day, but had a restless night, with some delirium; the pain in the chest is easier; the dyspnœa is less, and cough is better; rubbing sound is still very loud, and is, I think, more harsh; pulse is quick, but softer; no palpitation; less pyrexia, bowels open. The limbs are still swollen and painful. Cont. pil.

14.—She has had a very restless night; she began last evening, about 9, p.m., to complain of great pain in the head, which has continued all night; she has been delirious the greater part of the night; shouting and calling out continually; this morning countenance is pale and anxious; she still complains of the pain in the head; but is more rational; she says the pain is a severe aching one; the scalp is tender upon pressure; pupils are natural; the pulse is 120, smaller and softer; she has no palpitation; the rubbing sound is decidedly louder, and obscures the heart's sounds; has dyspnœa and troublesome cough; pain in the chest she says is better; has more pyrexia; bowels freely open. Limbs easier, but complains of much pain in the back.

V. S. brachio ad ℥ x.

15.—Was restless, and had considerable delirium throughout the night; has not had any sleep, but appears more rational this morning. She said she was relieved of the pain in her head by the bleeding; the full quantity was not taken; it was neither buffed nor cupped; the pulse is 125, full, jerking, and incompressible; no palpitation; the to and fro sound is still very loud; there is also heard a slight systolic bellows-sound over the base of the heart; this is not audible over the apex; less pain in the chest; has a very troublesome cough; expectorates tough mucus; some dyspnœa; respiratory murmur hard, and mixed with some large soft mucous crepitation over lower lobes; is free from pain in the head; tongue clean and moist; great thirst; bowels freely open; passes urine freely. Limbs are easier and less swollen. Cont. pil. et haust.

Hirudines xij, regioni cordis app.

16.—Slept more in the night; was rambling and delirious all night, but is quite rational at present; her countenance is pale and anxious; she still complains of pain in the chest, which is increased by coughing and inspiration; is free from palpitation; the rubbing sound is louder and more distinct; it obscures all other sounds; cough has been very troublesome; expectoration the same; has considerable dyspnœa, and is at times unable to speak; pulse is 126, fuller and harder; skin cool; moist tongue; great thirst; bowels open; passes urine freely. She has considerably less pan in the limbs; her hands are perfectly free; she is free from headache.

R. Emp. lyttæ, pect. V. S. brachio ad ℥ xij.

17.—Has had some little sleep; less delirium;

and says she feels better; the pain and fulness in the chest and cough are much better; pulse is 115, full and soft; no palpitation; the to and fro sound is less harsh, but is still very loud; has less dyspnœa, and seems much relieved about the chest—this followed the bleeding, and has continued since—the blood was cupped, but not buffed; tongue is moist; she has great thirst, and is complaining of ptyalism, which began yesterday; bowels freely open; passes urine freely.

R. Vin. ipecac., ℥iss; Mist acaciæ, ℥iij; Mist. amm. acet., ℥ij; Tinct. hyoscy., ℥iij; Potass. chlorat, ℈ij; Syr. pap. alb., ℥ss; Aquæ, q. s.; ft. mist. ℥viij. Capt. ℥ij omni 4tâ horâ.

18.—Slept more in the night, had less delirium; pulse quick, full, and soft; skin cool; perspires freely; no palpitation; rubbing sound is still distinct, but two cardiac sounds are less obscured; cough easier; less dyspnœa; there is large, soft, mucous crepitation over all lower parts of lungs; less pyrexia, and limbs easier; ptyalism continues.

Omit pil. Cont. mist.

20.—Continued rather better up to last night, when she began to be worse, and has passed a very restless night, being delirious the greater part of it—more so than she has ever been before; she appears more rational at present; but her countenance and manner are quite unnatural, and she resembles very much a person when in the midst of a severe attack of delirium tremens; her countenance has an extremely anxious appearance, and is very pale; eyes are sunken, and in constant motion; she is continually muttering and tossing her limbs about. She makes no complaint of pain in the head; pulse 130 and hard; skin hot and dry; tongue clean and moist; there are several ulcers upon it, also upon the gums and cheeks; but there is no mercurial fetor; she had some vomiting yesterday, but this has ceased; bowels are open. She does not complain of pain in the chest; no palpitation; breathing better; has a troublesome cough; it has a very peculiar metallic ringing sound; the rubbing sound is about the same. She was yesterday ordered for her cough—

R. Vin. ipecac., ℥ij; Tinct. scillæ, ℥iv. Capt. ℥ss tussi urgente.

This was stopped in consequence of producing the vomiting above mentioned, and she was ordered to continue former mixture. Limbs are less swollen and less painful.

R. Emp. lyttæ nuchæ.

21.—Slept more in the night; was very delirious the greater part of yesterday, and during the night it was difficult to keep her in bed; is very restless this morning, and not at all rational; her manner continues very unnatural; countenance pale and anxious; eyes in constant motion; and is continually muttering; her head is cool, and appears free from pain; pulse is 105, smaller, and easily compressible; skin cool; tongue furred; great thirst; ptyalism continues; bowels open; no palpitation; rubbing sound the same; dyspnœa less; cough continues, and has the same peculiar ringing sound. In the night she was ordered to have cold lotion to the head; sinapisms and baths, and bottles of hot water to legs and feet, and took the following draught:—

R. Liq. opii sed., gtt. xij; Vin. ant. tart., gtt. xxv; Aquæ, ℥ij, s. s.

Complained of the sinapism and blister.

Vespere.—Continues in the same delirious state.

7, p.m.—R. Liq. opii sed., gtt. xx; Vin. ant. tart., gtt. xx; Liq. amm. acet., ℥ss; Mist camph., ℥j; s. s.

8, p.m.—R. Tinct. opii, ℥j; Spt. amm. aromat., ℥j; Mist camph. ad ℥iv. M. Capt., ℥j omni horâ, donec somnus obpt.

22.—Has had a bad night; was somewhat quieter, but still continued rambling and delirious, got no sleep, except that she has dosed a little this morning. She seems drowsy and sleepy at present, as if from the effects of the medicine, which she has continued to take regularly up to the present time; she is occasionally sensible for a few minutes, but is mostly unconscious; is continually muttering and talking; limbs are in constant motion, and she has the same unnatural appearance; pulse 118, small and soft; no palpitation; rubbing sound less severe; cough easier, but has still the same metallic sound; tongue furred, several ulcers upon it; bowels open; passes urine freely; skin hot and dry.

To have blister dressed with ung. sabinæ. Cont. mist. opii.

Vespere.—Omit mist. R. Tinct. opii, ℥j; Tinct. opii camph., ℥ss; Spt. æth. nit., ℥ss; Mist. camph. ad ℥vj. Cap. ℥j omni 4tâ horâ. R. Morph. acet., gr. ½; Spt. æth. nit., ℥j; Mist. camph., ℥ij. M. s. s.

23.—Has had a restless night; was very delirious; slept none up to six o'clock this morning, since which time she has slept several hours, and now appears still drowsy and sleepy; is more collected; but is still irrational in her expressions, and quite unnatural in manner; face is flushed; pulse quick, somewhat hard; no palpitation; rubbing sound about the same; cough and dyspnœa easier. Limbs easy, and free from swelling.

Cont. mist. Rep. haust. morph. h. s.

24.—Had a better night; slept some little; less delirium; pulse 120, soft and full; she appears more composed, countenance is less anxious, and manner more natural; rubbing sound is not so loud, but is still distinctly heard; tongue cleaner; ptyalism continues; bowels freely open after an injection, which was administered early this morning. Limbs continue better.

Cont. mist. Rep. haust. morph. h s.

25.—Had some sleep and less delirium in the night; countenance less anxious, manner more natural; pulse 118; ptyalism improving; other symptoms the same. Cont. mist.

27.—Has continued to improve; sleeps tolerably; has very little delirium; pulse smaller, quick, and thrilling; skin moist; tongue cleaner; less pyrexia; appetite improving. Limbs easy; no palpitation; rubbing sound is less severe; cough troublesome. Cont. mist.

R. Tinct. Scillæ, ℥iv. Capt., ℥ss tussi urgente.

29.—Has had a good night, is perfectly rational, and appears much more composed. She complained of some pain in the side last night, which is now better; pulse is not so quick; tongue cleaner; ptyalism improving; bowels open; appetite improved. The cough and dyspnœa are much better; the rubbing sound is less distinct. Cont. mist.

30th. Sleeps well; there is no delirium, and she is quite rational; but countenance is less composed; she is more restless, appears excited, and manner is again somewhat unnatural. She says she is perfectly free from pain; pulse is 120, small, hard, and somewhat wiry; skin cool; perspires occasionally; tongue cleaner; not much thirst; bowels open. She has now some palpitation at times; the rubbing sound is still slightly audible; she has very little cough; no expectoration or dyspnœa. Cont. mist. et tinct. To have generous diet.

February 3.—Sleeps well; she has again lost her excited manner, and appears quite natural; pulse 102, soft, occasionally intermittent; there is no rubbing sound audible; but there is slight systolic bellows-sound over region of aortic valves; no dyspnœa, and but slight cough; is free from pain or pyrexia, and appetite improves. Cont. mist. et tinct.

5.—Continues to improve; symptoms same as on the 3rd. Cont. mist. ℥j ter in die. Omit tinct.

9.—Is daily improving; has good nights; is free from pain or uneasiness, except a little palpitation at times, particularly when excited; pulse 109, small, hard, and occasionally intermittent; appetite good; bowels regular. Cont. mist. ℥j h. s. s.

12—Continues to improve; is free from pain or uneasiness, except the palpitation, which continues the same; is improving in strength, and sits up much in bed. Cont. mist.

15.—Is gradually convalescing; has a little palpitation occasionally; there is a slight bellows-sound with first sound of the heart over the seat of the aortic valves; has little or no cough or dyspnœa; appetite very good. Limbs perfectly well. Cont. mist.

20.—Continues to improve daily; she now sits up in the ward, and can move about pretty well, except from debility; pulse is not so quick; palpitation troubles her but little; there is no distinct bruit as before, only a little roughness with the first sound; appetite good, and bowels regular. Omit mist.

24.—Is daily improving and gaining strength her appetite is very good; she is up and moving about the ward greater part of the day.

27. — Appears stouter, and says she feels stronger; pulse is quick, hard, and thrilling. She says she has some palpitation upon using any exertion; but not at other times; is free from cough; appetite good; bowels regular.

March 1.—Has continued to improve; pulse is quick, hard, and jerking; has palpitation upon using exertion; there is no morbid cardiac sound; the heart's action appears somewhat laboured and tumultuous; with the exception of this and some remaining debility she appears perfectly well, and was, therefore, discharged.

Remarks.—The preceding case is interesting, in so far as it exhibits, in a most striking manner, two of the most serious complications of acute rheumatism, and the effects of certain modes of treatment. The symptoms at the time of her admission will be seen to have been quite characteristic of rather a severe attack of acute rheumatism; but at this time there was no indication of cardiac disease, as the heart's sounds were normal, and the only circumstance which would have led one to anticipate its supervention was her age, she being much below puberty. On the night following her admission she was, for the first time, seized with symptoms of pericarditis, and on the following morning, when seen, these were of such a nature as to leave no doubt of the commencement of that disease; the to and fro, or superficial rubbing, sound being distinctly audible; the severity or loudness of this sound may be taken as a good index of the extent of the pericardiac inflammation. In this case it was but slight at first, but it rapidly increased in loudness until, in a few days, it quite obscured the other cardiac sounds. Whether there was along with the pericardiac some endocardiac inflammation, it was impossible positively to ascertain. It is probable there was, because when the rubbing sound ceased to be so very loud, a slight systolic bellows-sound was detected. The absence of palpitation is one peculiar feature in the case, showing that we must not invariably expect its presence. The opinion still held by many, that pericarditis is owing to a metastasis of the disease, is, I think, erroneous; in this case it will be noticed that the pains in the joints were somewhat easier on the first and second days, but they were far from being well, and continued throughout the greater part of the time that the pericardiac inflammation was severe. It was on the fourth night after her admission, and at the time when the pericardiac inflammation was severe, that another striking symptom, and one no less important than the pericarditis, showed itself, that was the very peculiar delirium which accompanied the progress of the case. The supervention of delirium during attacks of acute rheumatism is spoken of by most authors, and by many considered to depend upon a metastasis of the inflammation to the meninges of the brain. In the opinion, that it is owing to a metastasis, I cannot coincide, nor do I think that the delirium, in the preceding case at least, was at all dependent upon any inflammatory action going on within the cranium, as its progress and result will tend to show. The delirium itself differs very materially from that arising from meningitis; it was not of that violent nature which we observe in meningitis; but it was a peculiar one, differing in some respects from delirium observed in any other disease, as far as I am acquainted with it; it resembles that of delirium tremens most of any that I can compare it to; but there is a strange and peculiar alteration in the patient's manner, which was very striking in the case previously narrated. At the time it commenced she did not complain of the slightest pain in the head, and it was not until the 14th, seven days after her admission, that she began to suffer from pain in the head, and this, I believe, was only pain and tenderness of the scalp, and although this was quite relieved by the bleeding, still the delirium continued severe, and it was not until the cardiac inflammation began to subside that there was any very marked improvement in the delirium. It was on the night of the 20th and two or three following days, when in the treatment depletion had been carried as far as was thought prudent, and whilst she was suffering from severe ptyalism that the delirium was at its worst;

at this time there was not a single symptom present, except delirium, which would lead one to suppose that any inflammatory action was going on within the cranium. The treatment at this time, also, was just the opposite of that which would have been proper if inflammation had been present; and still it produced most decided benefit and abatement of the delirium; in fact, she seemed to be suffering from want of sleep, and after she was fairly under the influence of large doses of opium and obtained sleep in consequence, she appeared much benefited by it. How far this delirium may be dependent upon the pericarditis, I am not prepared to say; but I believe, at present, that there was a decided connection between the two, and in the narrative of the preceding case it will be noticed how closely they seem to have run their course together.

The progress and termination of the pericarditis, the gradual cessation of the rubbing sound, with the subsequent state of the circulating organs, and the appearance of palpitation, all lead to the supposition that here, as in almost all cases of recovery from rheumatic pericarditis, there is adhesion of the two surfaces together, and that this will lay the foundation for future organic disease of the heart, although the bruit has for the present subsided.

The treatment of the case is well worthy of attention. Upon her first admission, before the cardiac mischief began, she was ordered the mist. guaiaci—a medicine which I have seen very extensively used in similar cases, and with the best result. When the cardiac mischief commenced, she seemed to derive much relief from the active depletion which was adopted, and from the time when she began to be fairly under the influence of the effects of calomel, may be dated the amendment in the severe pericardiac inflammation. During that part of the case, when the delirium was so severe, she derived very marked benefit from the active use of preparations of opium; these seemed to allay the inordinate excitement of both nervous and vascular systems, and gave much relief.

REVIEWS.

Confessions of an Homœopathist. Dublin: Samuel B. Oldham. London: Whittaker and Co., p.p. 399.

This is an excellently written and very amusing book. It consists, as its name indicates, of the self-narrated adventures of an homœopathist. The only fault we have to find with it, is, that it begins, so to speak, with too much beginning; that is, it gives us a tolerably lengthy, though not uninteresting, account of the student's life before accident threw the *Organon* of Hahnemann in his way, and laid the foundation for his conversion to homœopathy. Directly, however, that he starts with his small stock of medicines and smaller stock of knowledge, he brings before the reader's notice such a range and raciness of incident, having all the semblance and vigour of reality, as never let the excitement and interest cease, until the volume is at an end. The trickery by which he commenced his traffic in "killing and curing" at Manchester—the ingenuity of his servant in giving his master a pseudo-philosophical, mock-majestic consequence—the "artful dodging" of a decoy-duck, whom they employed to sound the doctor's praise and secure him patients—the grand success with which the doctor pandered to the vanities, the vices, the follies, and conceits, of the motley multitude who consulted him—all these things are told in excellently good taste, and with a precision that looks like matter of fact. The doctor's career, however, is at length cut short by one of those telling cases that, happily for the legitimate practitioner, now and then, though not half often enough, *will* turn up to try the metal that quacks are made of. The doctor killed the daughter of a man not to be trifled with, and, further, caused the parent an amputation of one leg. The injured man, with a vengeance as steady as that of Falkland against Caleb Williams, and with the open-mouthed ferocity of a bull-dog, directly that a wooden leg has supplied the place of the lost one, commences an onslaught upon the reputation and person of the homœopath. The first time he meets him is at the grave of his victim, where he punches and pummels him until the half-pitying bystanders effect his rescue. This visitation being promised on every succeeding occasion of their meeting, forthwith determines the doctor upon leaving Manchester. Under an assumed name he goes to Chester, but thither his implacable enemy pursues him, and wreaks another summary vengeance upon his head. He next makes for Liverpool, but there again he meets his injured foe, who has lost none of his passion, or of his power to show it. Paisley is the next asylum of the outcast, but his cunning persecutor is still upon his track, and remorselessly adds another penalty to the lengthening catalogue. The doctor betakes himself to the Highlands, but the injured father, faithful as Frankenstein to the object of his pursuit, meets him amongst rocks and rivers, and barely escapes terminating the chase of punishment by carrying Lynch law to its extremity. The doctor next tries Birmingham, with an addition to his many *aliases;* but a note announcing the approach of Smith Smithson Smith, who tracks the fugitive like a blood-hound, determines him upon quitting the country and seeking an asylum in Germany. Even there there is no rest for him—the vengeance of the injured father is insatiable—it hunts the miserable wretch from every hiding place—and not until the victim is on his death-bed, does the restless spirit which has harassed him pause from its career of retribution.

"Thus ended the homœopathist's mortal course, happy only in his death—tormented daily and hourly to support the vague pretensions of a false science. What balance could the acquisition of wealth be to the failure of respectability and self-esteem, the toleration of the scornful eye, and the glance of derision, and last, not least, the conscience which, sooner or later, will awake to torture the time-server and the selfish, whose avarice renders him careless what inflictions he may impose on his weak-minded fellow-creatures, provided they pay. The man who seeks happiness by such a course, however well he may conceal it, is, and must be, wretched the moment the excitement of his career is over. He pays the forfeit every hour for having despised truth; he may think that he is rejoicing in his heart, and chuckling over his prosperity, but time will tell him it is Satan that is laughing in his breast, and when death approaches and removes the varnished mask of self-forgiveness and toleration from thoughts and actions, and they stand forth in quick review, then what a dreadful thing it must be to know that the brand of falsehood is stamped deeply and indelibly on the greater number.

"But Gruber, Eisenberg, Bremer, with his many other aliases is gone! Requiescat in pace!" (p. 385-6.

Such are the moral reflections which, here and there, stand prominently in pages sparkling with the drollest of adventure and the severest of sarcasm. The whole object of the work is to develope and denounce the imposture which forms the basis of its story. Nor do we think that any style could be better suited to the purpose than that which our author has employed. There is grave reasoning, with its mighty *morale*, for those who are only accessible through their severe judgment; and the pointed wit, never barren of wisdom, for that opposite group who can only receive correction with a laugh. The writer deserves that it should be said of him, "Castigat ridendo mores." The book merits, and we have no doubt will meet with, an extensive circulation both professional and general.

The London Medical Directory for 1846.

We welcome with warmth the revival of this useful annual. The medical profession should have its muster roll just as much as our legal friends; and while we can secure, as we hope we may, the annual reappearance of the *London Medical Directory*, we shall look with no jealousy on the *Law Guide*, admirable as is that useful publication. The present volume is a vast improvement on its predecessor, and we recommend it strongly to professional patronage.

APOTHECARIES' HALL.—Gentlemen admitted licentiates, 15th of January, 1846:—William Skaife Gibson, Frederick Augustus Crisp, and John Cowburn.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

We beg to thank several correspondents who have favoured us with suggestions in answer to a "professional query;" among others Mr. Hughes, H. R., A Poor Country Apothecary, J. A. M., A Provincial Surgeon, &c. *We hope, however, the remarks made in our last week's journal will prove sufficient to rid* A Suburban Practitioner's *patient of his parasitical annoyance.*

Mr. Yates.—*The progressively increasing circulation of the* Medical Times *produces a corresponding amount of increase in the number and value of the communications received weekly. This occasions some delay in the appearance of these articles, however great may be their interest. Mr. Yates' paper is marked for early insertion, and the crowded state of our columns has alone prevented its appearance before.*

The insertion of Dr. Robertson's *letter would, we fear, involve us in a controversy.*

Mr. James Miller *has sent us the following*:—"While engaged in my dissections under Dr. Moses Buchanan, Anderson's University, I detected an adventitious muscle deserving the notice of the profession as laying in the space recommended by the late Sir Astley Cooper for tying the subclavian artery. Arising fleshy, and about half an inch in breadth, from the middle and superior edge of the clavicle, close to the outer edge and origin of the sterno-cleido mastoideus, its fibres were directed upwards and outwards, crossing the omohyoid, to be inserted in the upper border of the trapezius, two inches above the clavicle. I imagined at first it might have been a prolongation of the trapezius, but, on separating the cellular tissue, there was a distinct space of more than one inch at its origin."

Dr. Hunter *should address his strictures respecting the omissions in reports of the Medical Society of King's College to the secretary of the Society. The reports are published by us without curtailment or alteration.*

Our Subscribers and Ourselves.—*At the risk of appearing troublesomely egotistical we cannot forbear reiterating our warm acknowledgments for the many handsome testimonies borne to our zeal and usefulness by our numerous correspondents. The occasion of renewing their pecuniary fealty to us is seized by almost each gentleman as an occasion for the expression of his satisfaction at our labours. This one day's post—the day on which we write—convey, among many testimonials, the following:—Henry Norris, Esq., of South Petherton*—"I take this as a favourable opportunity to express the gratification I continue to receive from the columns of the *Medical Times*. I think it must be admitted that there exists no periodical which comprises such a mass of information at so cheap a rate; this circumstance alone must command an almost universal circulation. Its principles, I consider, honest, liberal, manly; undaunted by the coarse attacks of competitors, and unwearied in its endeavours to bring into prominent relief every species of quackery and professional humbug, with a view to expose and put them down. Advocating whatever is honourable, and denouncing the empiric in every shape." *P. Leigh, Esq., Seymour-street, Liverpool*—"It is well worth the money. I enclose you a post-office order for £1 1s. So long as the *Medical Times* continues to furnish such valuable and interesting matter to the general practitioner, I shall, if God spares my life, continue a subscriber. I sincerely wish you a large increase of subscribers to second the noble efforts now making to render the *Medical Times* unceasingly valuable to its readers. I shall not fail to speak a word in its

praise on any favourable opportunity. The *Medical Times*, I am happy to say, has arrived very punctually." *E. Hall, Esq., Dalton in Furness, Lancashire*—"I have only now to add, that I trust the same tone and general feeling with regard to the general practitioners will still be continued, and which appears to have won the esteem and regard of the great body of practitioners in this neighbourhood." *Such spontaneous acknowledgments as these are most cheering, and supported, as they are, by that daily extending circulation to which they so clearly point, make it at once our highest pleasure, as well as duty, to devote our whole energies and abilities to a service only* too *gratefully acknowledged to us.*

A Member, &c.—*The borough referred to is not so overlooked as our correspondent supposes. Measures of a very effective character have already been organised; but the old maxim must be waited for*—"finis *coronat opus.*"

Mr. J. C. Maddever's *paper shall be returned to him.*

A General Practitioner.—*Members of the College of Surgeons in actual practice are exempted from serving in the Militia.*

The communications of Dr. Wansbrough and Dr. Moses have been received.

Several other communications have beenreceived and are under consideration.

THE MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending by a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13s; Quarterly, 6s. 6d. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

AT a Special Meeting of the Committee of the Association, convened on the 21st inst., for the purpose of considering a communication lately received by the Joint Deputation from the Right Hon. Sir James Graham; it was moved by E. Headland, Esq.; seconded by J. S. Smith, Esq., and unanimously resolved—

"That an Advertisement be at once inserted in the Public Papers, stating that a Letter has been received from the Right Hon. Sir James Graham, in reply to an application from the Joint Deputation, informing them that he does not at present intend to proceed with the Medical Bill of the last session; and that it be at the same time stated to the Members of the Association, that the Committee will adopt such measures as, in their judgment, may be best calculated to attain the ultimate accomplishment of the objects of the Association.

Moved by N. Clifton, Esq; seconded by T. Wheeler, Esq., and resolved—

That the Committee be specially summoned for Wednesday next, the 28th inst., to take into consideration the communication from Sir James Graham.

By order of the Committee,
GEORGE ROSS Secretary.

Office, 294, Regent-street, 22nd January, 1846.

THE MEDICAL TIMES.

SATURDAY, JANUARY 17, 1846.

"In the corrupted currents of this world,
Offence's gilded hand may shove by justice:
And oft 't is seen the wicked prize itself
Buys out the law."

SHAKESPERE.

ONE of the most striking proofs that can be furnished of the frequent weakness and corruption of the review system, as it applies to our own profession, is in the contrariety of opinion which we meet with concerning certain works. True it is, that there are some authors of whom all reviewers speak well; whether they merit this uniform praise, or not, we do not pretend to say; neither do we know how they contrive to secure so much compliment, or how much real good they get by it. We know the fact, and we have sundry surmisings about it, as most likely our readers have; but these speculations we keep to ourselves, seeing that their enunciation would add little to the interest or importance of our leading purpose. When we allude to *certain men* of whom all reviewers speak well, we do not for a moment intend to include in the class we thus equivocally mention, those who *deserve* to have, within fair limits, every critic's good word—some there are who merit and meet with it, and right fortunate we call them—but it must not be omitted, that there plenty others, equally deserving, who do not come in for a corresponding share of their deserts. Let it not be imagined that we are pleading the cause of incapables; we know that there are some men who write such rubbish that no power or persuasion which actuates the press can obtain from it a countenance of these said somebodies. We must candidly confess, with all the fault we have to find, that we have never known a book universally damned, but it truly received the recompense due to it. To this fact we know of no exception. But it does not follow that, because a book deserves a castigation, it meets with it. There is a *negative*, as well as a *positive*, sin of reviewership—a sin that is committed much oftener than it ought to be. Cases in point are, when works that are too bad for praise are passed over without notice. This shows a reviewer's cunning, but it does not show his duty. Those works have been sent for his opinion, and he should not be afraid to utter it. If they be censurable, let them have censure, and as much of it as they merit, for in such wise only can the requirements of justice be answered. Whereas, by omitting a notice of them, the public loses the advantage of the critic's estimate, and the author the punishment due to his presumption; whilst both, in utter ignorance of a proper verdict, may be disposed, in the latitude of a thoughtless inference, to subscribe a kind judgment where a severe one was necessary. Criticism, however asked, should at least be administered with candour, regardless alike of the cause and the consequences. It is equally due to society, and to authors themselves, that this should be the case; but unhappily, the examples are as numerous on the side of exception as on that of rule. The fault must not be excused on the ground of expediency—that is, that such-and-such books are not noticed because they do not furnish sufficient interest for the reviewer's pages. Every work possesses, in the critic's hands, some interest, be that work good or bad—the former, because of the truths which it tells, and which are worth repeating—the latter, because of the correction which it calls for. In the explaining away of error, there is often conveyed as much instruction as in the enunciation of facts which, not being capable of contradiction, need no comment. A reviewer only does his duty when he writes for the world; to it should be addressed his first care, for he is committing to it his judgment, and he ought to be honest and open in the expression thereof. His author he may consider next, and praise or punish him as conscience and sober reflection may decide. Himself he should regard last; for, writing anonymously, he is screened from imputation, risks nothing of character, and can, therefore, find no plausible apology for doing the reverse of a simple, but a stern, duty.

The responsibility of a reviewer, and the *general* tendency of his productions, should make him independent of, and indifferent to, all sources of temptation from the path that is peculiar to him. He should have neither friends or foes in the capacity of authors; he should be able to speak of them as *men*, who are indifferent to him except in their works, and not as *individuals, for whom* he has a predilection, or *against whom* he has a prejudice. He should be thoroughly neutral—bandaged like justice—not able to look on *this* side or on *that*, but capable of deciding on the question before him, irrespective of all extraneous consideration. Of reviewership, it should be spoken, as Davy spoke of the commonwealth of science—"It is of no party, and of no nation; it is a pure republic, and always at peace; its shades are disturbed neither by domestic malice, nor by foreign envy; falsehood is the only enemy its inhabitants denounce—Truth, and her minister, Reason, the only leaders they follow." A proper impartiality will make a reviewer as indifferent to friends as to foes. Whilst he is too honest to injure the one, he is too honourable to take advantage of the other. The friend may be even in the same walk with himself; but public duty should outweigh private scruples. Personality should be lost when public interest is at stake. *Coteries* may have for their motto—

Clericus Clericum non decimat.

but this is no badge for responsible office. If it be deserved of thee, chastise thy very brother, and if thy foe require it give him praise. Do thy duty, upon whomsoever the rod, or the recompense, may fall. It is worthy of savage tribes to apply the eptithet—

Lupus non lupum edit,

but such selfish consideration should not obtain amongst rational and responsible beings. We fear, however, that it sometimes does apply—that is, that the stigma of "dog eat dog" is curiously reversed, and with a cowardly-courteous motive, but we blush at the fact, and hope for its amendment.

A reviewer should not be hasty in his decisions, nor desire to draw to a speedy close a subject that is worthy of extended observation. This is a frequent fault with young reviewers, as it is with young physicians, who hope to gain from alacrity and foresight, what should be the result of observation and experience. The error, and the issue of it, apply equally well to both—in avoiding prolixity, they fall into positiveness even more difficult—

"Brevis esse laboro
Obscurus fio."

But this is not all. It may chance that a good author falls into the hands of one of this hasty and impetuous tribe. He thumbs the leaves of the book, and affects to scan them, rolls them again and again through his fingers, and, according to the mood he is in, judges of them with a jaundiced eye, or sees them with a flattering notion—in the latter case the compliment has no merit in it; it may, or may not, do the author *service*—but in the former, there is little doubt that it will do him harm. The book may be worthy, most worthy, but the critic may not find this out; he may be ignorant of its merits, as well from inspection as from influence, but the public is not supposed to understand this; is not expected to be able to apply to the reviewer the apt motto—

Damnat quod non intelligit.

Again, a reviewer should not be over profuse in the notice of a work. By this we mean, that the critic should neither show *himself* off, nor his *author*, more than may be necessary. The very vanity of criticism sometimes prompts men to acts of imprudence. In so far as information can be conveyed by it, this is all very well, but directly that space is occupied by an unnecessary show of the writer's or

the reviewer's character, the value of the performance is gone. Without really meaning it, a critic may, in the prodigality of memory, fill his sheets with parallel passages, references, and so forth, much to the discomfiture of his author's reputation, and of his reader's chance of enlightenment—realising what Scaliger said of Casaubon's notes upon Persius, that "the sauce was better than the fish." This is bad, because it invests an empty authority with ideal importance, and is apt to transfer to a spurious source the credit that is due to a genuine one.

We intended to have furnished whatever ideas we have upon this subject, in this article; but there are sundry other sayings we wish to have, and therefore choose to reserve them for a future occasion. Next week our readers may expect to hear from us again.

THE MEETING OF PARLIAMENT.

We are happy to apprize our readers that we have made arrangements which, during the present Session of Parliament, will secure the Medical Profession the earliest information on every point connected with the numerous projects and proposals now in contemplation for the re-organisation of our Profession. During the last two years, as our readers will remember, it has been our peculiar good fortune to be able to announce every important step made by the Government in medical politics, at least a week before any of our contemporaries; and the distinction thus attained will, we have every reason to believe, be proudly sustained during the present year.

The abandonment by Sir James Graham of his Medical Bill—the great event of this week—throws on the Medical Profession the immediate duty of increased and energetic action. "Themselves must strike the blow," should now be the universal conviction; and better perhaps for them it is so. Government will find it more easy to aid a good bill proposed by the Profession than to give one themselves. The responsibility of introducing so questionable a measure as that which *in limine* satisfies the existing corporations, is one a sensible statesman must naturally recoil from. It would almost be sure not to satisfy the Profession. The great aim of all should be now to organise a measure to be at once submitted to Parliament. For that end union and centralisation are above all things necessary, and fortunate for us is it that in the National Association we have so favourable a point *d'appui*.

Letters testifying the value (?) of certain quack medicines in the treatment of diseases are constantly published in the columns of the London and provincial papers, and form a not inconsiderable means by which the public are unfortunately gulled. These letters occasionally purport to be written by medical men. The majority are undoubtedly forgeries, and very clumsy ones, admitting readily of detection by the profession, but not so perceptible to the layman. Some, however, are, we regret to say genuine productions, written by black sheep for a consideration—and some quack medicines are or have been the property of professional men, whose position as members of the College of Surgeons should have prevented such a degradation. Again, gentlemen of reputation and undoubted honour have been entrapped into giving letters of recommendation of certain preparations of well-known and generally used drugs, in the vain belief that no unworthy use would be made of their communications; but have been woefully undeceived by finding their names and titles paraded in large type, in puffing paragraphs or direct advertisements. The impudence of the quacks in these matters would exceed belief, were it not a matter of notoriety. One physician, whom we could name, were it necessary, finding his name and address daily advertised in this manner, wrote to the parties, indignantly demanding that they should abstain from such proceeding in future, under penalty of an action at law, to which he received for answer, that they had no objection to accede to his wishes, as they had fifty other names to choose from, and that they thought they were doing him a service, by *assisting to make his name known*. Our attention has recently been drawn to this subject, by a complaint that has been made to us, that one of these worthies has been in the habit of dating one of his puffing letters from the house of a surgeon residing in London, and on being remonstrated with, contented himself with averring that the mistake arose from an error of the press! the party whose name was attached to the letter being stated to have lived next door. Our correspondent, who has occupied his present residence for upwards of thirty years, informs us that this statement also is incorrect—that no person of the name and business mentioned, has lived near him within his recollection, and, to clench the matter, has drawn our attention to the fact that the same letter, in every respect, with the same name and business attached, is now dated from a street in London, which has no existence. For obvious reasons, not wishing to give an additional advertisement to the quack medicine which we allude to, we abstain from mentioning its name or that of the proprietor, but we have all the requisite information on the subject, and at some future time may perchance again draw attention to the matter. If all the newspapers' proprietors would adopt the plan to which some to their high honour have propounded and acted on, of refusing to insert the advertisements of quacks and their medicines, the public would be generally benefitted, and immorality greatly diminished, but it would be in vain to hope for such a consummation, while such large profits are derived from the tainted source.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 13th, 1846.

Dr. Chambers, President, in the Chair.

Prior to the commencement of the scientific business of the evening, the president, Dr. Chambers, stated that, in consequence of a gentleman having been black-balled on a recent occasion, and of the complaints that had been made respecting the mode of balloting then adopted, the matter had been taken into consideration by the council, and they had come to the determination that, on future occasions, the ballot-box should be placed near the door, where the assistant-secretary should be stationed to give a ball for voting to every fellow as he entered; and further that the junior member of the council present should sit on a bench nearest the ballot-box, and superintend the arrangements, so as to prevent any undue interference. He (Dr. Chambers) trusted that these measures would prove satisfactory to the Society.

On Diarrhœa in Children, and its connection with Hydrocephalus. By J. S. Allen, Esq., St. Marylebone Infirmary. [Communicated by Dr. Clendinning.]

The author commences by observing that diarrhœa is a frequent and troublesome affection in children, being sometimes idiopathic, but more frequently symptomatic of disease already existing in some important organ; it is to the latter that his remarks apply. During the period of dentition, children are especially subject to severe attacks of this disease, and the object of the paper is to show that the diarrhœa is generally a *salutary effort of nature to relieve herself, and that great and fatal damage is frequently done by suddenly checking it.* The case usually presents itself as follows:—The child is said to have had for a shorter or longer period profuse discharge from the intestines, frequently accompanied by irritability of the stomach; the evacuations are thin and watery, and often of a greenish colour. Astringents have generally been given with partial success, but as soon as they were left off the purging returned. On inquiry, it will be found that on the checking of the diarrhœa the child became restless and uneasy; the skin hot; and that it often started and screamed during sleep; but that all these symptoms usually subsided on the return of the diarrhœa. What is very observable, is, that although the incessant drain from the intestines may have continued for many days or even weeks, the child is not at all emaciated, but is plump and lively; though it will usually be found that the head is hot, with increased action of the carotid and temporal arteries. If the diarrhœa is allowed to continue unchecked, a cure is occasionally effected without the aid of art; but more commonly convulsions supervene, and carry off the patient, or the disease terminates in chronic hydrocephalus.

The author states that during the last five years, he has seen more than 500 cases of diarrhœa in children whose ages varied from three months to three years, and that the proportion of cases of symptomatic diarrhœa to that depending on organic disease has been about six to one. The mode of treatment he has found most successful in the early stage, has been the abstraction of the blood from the head, which in the majority of cases has alone served to stop the progress of the disease. If this is not sufficient, he gives small doses of mercury with chalk, and occasionally magnesia combined with an aromatic.

If the bowels have become costive from the administration of astringents, or other causes, he gives calomel and jalap to purge freely.

The author then details several cases in support of his assertion; in some of these head symptoms with convulsions suddenly supervened on the suppression of the diarrhœa by opiates and absorbents, and death shortly followed; post-mortem examination showed evident marks of inflammation of the brain, with effusion. In others these symptoms were subdued by the treatment above alluded to, and the children eventually recovered.

In conclusion, the author observes that, in the fatal cases, the appearances after death will vary according to the duration of the disease. If the child dies suddenly, great congestion of the vessels (particularly of the veins and sinuses) will be the most remarkable appearance; but if the disease has been of long duration, fluid will be found effused on the surface of the brain and in the ventricles, the intestines being generally healthy.

Dr. Webster observed that there were one or two points in the paper which had just been read on which he was desirous to make a few remarks. He quite agreed with the author of the paper that diarrhœa in children was to be regarded, in many cases, as an effort of nature to get rid of offending matters in the system. He, however, could not admit that it was the result of teething, but rather regarded it as caused by errors in diet—over-feeding, &c. The irritation produced by dentition and bowel-complaint were certainly often co-existent; but, in his opinion, the diarrhœa was not dependent on the former as its cause. He was glad to find that the author seldom had recourse to the use of astringents in that disease. He (Dr. Webster) believed them to be very injurious. The two cases narrated by the author were very instructive in that point of view. In the first, catechu was exhibited, and the diarrhœa arrested by its means, but the child died soon afterwards. In the second case, very serious consequences resulted from the employment of the syrup of poppies, which consequently was not repeated. That child recovered. He himself would be very cautious in employing remedies which would have the effect of checking diarrhœa when occurring in children. He had seen many such cases in his infirmary prac-

tice, and the plan of treatment which he had found most effectual consisted in the exhibition of small doses of ipecacuanha, and of mild aperients, together with strict regulation of the diet. If symptoms of local congestion existed, he would have recourse to the application of leeches, but not otherwise. Under such circumstances they were very beneficial.

Mr. Davis, of Hampstead, wished to draw attention to the diet of the nurses as one of the principal causes of infantile diarrhœa. It was not an uncommon thing for a child to be fed by two nurses. The mother fearing that her own milk would not be sufficient to nourish her child, engaged a second nurse, whose diet being generally of too stimulant a nature, caused great irritation and mischief in the child. He had known instances in which as much as from two to three quarts of porter had been taken daily by the nurse. He (Mr. Davis) was quite sure that, in many instances which had fallen under his care, the diarrhœa was owing to the improper diet of the nurses.

Dr. Cursham thought that the author had mistaken the hydrocephaloid complaint alluded to by Dr. Marshall Hall. The disease described by Dr. Hall was due to exhaustion; its attendant symptoms were certainly similar to those of water on the brain, but the treatment consisted principally in the exhibition of stimulants, and was, therefore, essentially distinct from that of hydrocephalus.

Dr. Copland was of opinion that the author of the paper had erred in considering that hydrocephalus had occurred in his patients as the result of the arrest of the diarrhœa. The cases which had been read were instances of congestion of the brain, caused by sudden suppression of the diarrhœa, and the effusion of serum was a contingent result. It was, however, only to a small amount. This congestion took place in the more acute cases, and if not cut short in a few hours or days would destroy life. When the diarrhœa was prolonged, and the child was badly nourished, and generally anemic, the effusion occurred from the existing state of the brain, a want of due vascularity, or softening of the organ, the serum being poured out to fill up the vacuum caused by the diminished size of the organ from the want of nutrition, and the deficiency in the supply of blood. It was necessary to distinguish between these respective states of the brain, as they required different modes of treatment.

Dr. Golding Bird had listened to the paper with considerable attention, and also with some surprise at some of the deductions which the author had drawn. There was no question of greater importance to the practical physician than that relative to the exhausting and weaning diarrhœa of children being merely a symptom of a more important malady. We should look to the character and nature of the discharge, and endeavour to make out what was the function at fault. Setting aside the cases alluded to by Mr. Davis, in which injurious ingesta had been the cause of the diarrhœa, there were some cases in which the depurating action of the liver, others in which congestion of the mucous membrane of the bowels, and others again in which the skin, was the cause of the disease. These were the most important causes. An appeal to the skin, by the means of the warm bath, and by small doses of ipecacuanha, would often remove the most severe and exhausting diarrhœa, not by suddenly checking it, but by deriving the blood to the skin. In some instances, the liver was at fault; its functions, which in infancy are next to those of the lungs in importance, being badly performed. A few grains of hydrargyrum cum cretâ in these cases would prove of great service. Another form of infantile diarrhœa, in which the evacuations present the appearance described as chopped spinach, he (Dr. Golding Bird) had shown elsewhere was dependent on a modified condition of the blood—a kind of melæna, and caused by a congested condition of the portal system, causing a gradual pouring out of blood into the intestines, which was afterwards acted on by the acid secretions of the system. In these cases, instead of the use of astringents, an appeal should be made to the skin by means of the warm bath and ipecacuanha, which often would be sufficient to remove the disease without any other remedy.

Mr. Macilwain alluded to the fact that cutaneous diseases often alternate with diarrhœa. He confirmed the statement made by Dr. Golding Bird with respect to the liver and skin being frequently at fault in infantile diarrhœa, and considered the bowels to be merely compensating organs.

Dr. Theophilus Thompson was desirous to make a few observations on Mr. Allen's paper, as he thought some important points had been alluded to by Mr. Allen which had not been noticed in the discussion. There was a class of cases in which hydrocephalus and diarrhœa pursued their course together, neither being dependent on the other as its proximate cause. In some of these cases there were some peculiar appearances. The seat of the effusion was different. He had met with several of these cases eleven or twelve years ago. They presented symptoms of meningitis accompanied by diarrhœa, which continued unchecked by remedies, but was not to such an extent as to induce head symptoms by the exhaustion it might cause. Then followed screaming fits and excessive sensibility of the skin. The pupils, in the early part of the case, were contracted, but, as the disease advanced, became dilated. The patients then fell into a lethargic state, and so died. The effusion of serum was found on the surface of the brain under the arachnoid membrane, and not in the ventricles. The disease pursued a course somewhat different to that of hydrocephalus, and there was diarrhœa, and not constipation. He (Dr. T. Thompson) was of opinion that there was not any connection between the head affection and the diarrhœa, but that both diseases depended on some peculiar condition of the system. Had he then been so well acquainted with granular disease of the kidney as at present he would have examined the condition of the urine, as he thought the diseases might have been owing to that cause.

Mr. W. O'Connor was astonished that, in the remarks made by Dr. Golding Bird, Dr. Copland, and others, no allusion had been made to dentition as one of the causes of infantile diarrhœa. Neither had the author of the paper in any way alluded to it. Dentition, however, it is well known, is a frequent cause of diarrhœa in children, that complaint being in such cases readily relieved by freely lancing the gums, and the exhibition of small doses of hydrarg. cum cretâ and castor oil. He (Mr. O'Connor) regarded dentition as one of the principal causes of the hydrocephaloid disease described by Dr. M. Hall.

Dr. Copland remarked that the discussion did not refer to the nature, forms, causes, and treatment of diarrhœa, but to its connection with hydrocephalus. He confirmed Dr. T. Thompson's statements, and had met with many such cases lately. They generally occurred in scrofulous children, and were attended by softening of the brain.

Dr. Chambers observed that there was one point of view in which the question had not been examined, namely, as to the effect produced by the absorption of the foul secretions on the blood. If these secretions were retained in the system by means of opiates, they would render the blood impure, and would thus produce secondary affections of the brain.

Two Cases of Disease of the Brain following the Application of a Ligature to the Carotid Artery. By JOHN P. VINCENT, Esq., Surgeon to St. Bartholomew's Hospital.

The author states that the two following cases appear to possess an interest that entitles them to be placed under the consideration of the Society.

James Mason, aged forty-eight, in July, 1829, was admitted into St. Bartholomew's Hospital with an aneurismal tumour under the right ear. It had been eight months forming, and was about the size of a small orange. On July the 18th the author tied the common carotid artery. In about an hour and a half after the operation, he was discovered to be slightly convulsed on the right side. He afterwards sunk into a state of stupor. He was bled to thirty ounces. After this he became more sensible. He had twitchings of the right side. He was again bled during this and the two succeeding days, and altogether lost eighty-four ounces. His left side became paralysed; his urine and fæces passed off involuntarily; he swallowed with difficulty; and, on the 24th, he died. On examination of the body it appeared that the veins of the right side of the brain were not so filled as those on the left. The substance of the brain on the right side was quite soft and cream-like. There was no deposition of blood in any part, but a little more serum in the ventricles than usual.

On the 9th of April, 1845, William Brown, aged twenty-eight, was admitted into the hospital, having stumbled a few hours previously against a door whilst smoking a pipe, which penetrated the tongue anterior to the right tonsil. The patient felt a portion of the pipe in the wound, but was not able to remove it. There was some bleeding, which gradually subsided. The voice was husky. He complained of pain, which was increased on his attempting to swallow or to open his mouth. On introducing a probe into the wound, no foreign body could be detected. The parts around the wound were greatly swollen. During the next five days the swelling gradually increased, and impeded deglutition. On the morning of the fifth day his breathing became difficult. On the 16th hemorrhage took place to the extent of twenty-four ounces, but was arrested by pressure. The author was sent for, and fearing that if the pressure were remitted the hemorrhage would prove fatal, he proceeded to tie the carotid artery. This could not be accomplished without much difficulty, arising from the swollen and sloughing state of the parts, and from the effusion of pus and blood, and also from the excessive restlessness of the patient. It was observed during the operation that the patient made violent efforts with his right side, but that he never moved the left extremities. During the night the left extremities were frequently convulsed. His pulse, which had been 132, sunk to 96. During the next two days the twitchings of the right side and paralysis of the left side continued. About midnight of the 18th, whilst coughing, about an ounce of arterial blood flowed through the nose and mouth, and from the wound in the neck. He was sensible. On the 21st a fit of coughing, with hemorrhage, to the extent of two or three ounces, from his nose and mouth, terminated his existence.

Examination of the body.—The wound in the neck presented a sloughy appearance. At the bifurcation of the carotid, on the right side, there was a large and firm coagulum, in the middle of which was the extremity of the tobacco-pipe, which had penetrated the artery at the point of division into external and internal carotids. The convolutions of the brain on the right side were flattened and softened. On dissecting the brain, irregular shaped cavities, filled with ash-coloured effusion, with shreds and particles of a greenish hue, were discovered. One of these encroached on the corpus striatum.

The author adds, that if the portion of tobacco-pipe had been detected at the time the patient was brought to the hospital, and withdrawn from the wound, he must have died instantly from the gush of blood that would have taken place, as this body seemed to have plugged the artery. The author had understood that such a sudden fatal event has occurred under similar circumstances

Dr. Copland thought that if the history of the cases in which the carotid artery had been tied were fully traced, that a very large proportion would be found to have been followed by hemiplegia, or more partial palsy. In the first case described by Mr. Vincent, a very large quantity of blood had been abstracted—nearly one hundred ounces in the first few days: he himself should have been inclined to have treated the disease by some other means.

Mr. Bransby B. Cooper agreed with Dr. Copland that the quantity of blood drawn in the first case was very large, but as to the necessity for its abstraction, that must depend on circumstances, of which the surgeon in attendance only could judge. In the second case the patient died from the irritation caused from the continued presence of the foreign body, and not from the loss of blood, although twenty-five ounces were lost from the wound in the common carotid, just at its bifurcation into the external and internal carotids. He himself had twice tied the common carotid. In one of his cases, a gentleman from Barbadoes, the patient was seen by Sir B. C. Brodie. The aneurism was a small one, and at the time did not cause much inconvenience, but the patient was anxious for the operation to be

performed, and it was thought advisable that the artery should be secured, as the gentleman intended returning to Barbadoes, where the heat of the climate and other causes of excitement might otherwise tend to cause a rapid increase of the tumour. He (Mr. Cooper) prepared his patient for the operation by keeping him low, and by the occasional moderate abstraction of blood. No cerebral disturbance nor paralysis followed the operation, and the patient recovered without the occurrence of a bad symptom. The second case was one of attempted suicide, in which a large branch of the carotid was wounded; the principal trunk was secured by ligature, and no evil effects followed. The patient survived the operation for three weeks, sinking at last from the irritation of the wound, and great mental depression.

Dr. George Burrows in reference to the question mooted by Dr. Copland and Mr. Cooper, as to the effect produced by large depletions in inducing paralysis or other cerebral disorders after the common carotid artery had been ligatured, stated that he was of opinion that when hemorrhage had occurred to a considerable extent, either before or after the operation, such cases generally escaped paralysis. In illustration of this observation he quoted several cases in which the artery had been tied, large hemorrhage having occurred either prior to or after the operation, without any paralytic affection ensuing. In one of the cases which he quoted, Mr. Preston, of Calcutta, ligatured the common carotid for the cure of epilepsy. The patient was freely bled both before and after the operation, and neither cerebral disturbance nor paralysis ensued. The patient did not have an epileptic fit during the subsequent three months that he remained under notice. In another case both the carotid arteries were tied by Dr. Hohl, of Leipsic, at a certain interval of time. The disease resulted from a fall from a horse. An aneurismal tumour formed on the side of the head, and the common carotid was tied, venesection having been previously practised. The patient became insensible, and the opposite side of the body was convulsed. Notwithstanding this the patient recovered. Some time afterwards the occipital artery on the other side of the head became aneurismal, and the other carotid was tied. The patient recovered. He (Dr. Burrows) thought it remarkable that in those cases where there was large hemorrhage no cerebral symptoms ensued.

Dr. Copland remarked, that there was only one word of difference between them, and that was the word, excessive. There was no doubt that bleeding was requisite—say to the extent of forty or fifty ounces; but not to eighty or ninety.

Mr. B. B. Cooper added, and also the difference of bleeding before and after the operation. In Dr. Burrow's cases the bleeding was practised before the operation was performed, and was consequently to be regarded as preparatory.

Dr. Snow said that the convulsive twitchings on the side of the body on which the carotid artery had been tied in these two cases, showed that the operation had caused disease on the opposite side of the brain. The atmospheric pressure was not exerted on the brain on all sides, but chiefly through its bloodvessels, and it would seem that when one of the carotids was tied, in some cases, the increase of blood flowing through the other arteries caused a congestion on the other side of the brain proportional to the deficiency of blood on the side on which the operation was performed. This congestion, he thought, was the cause of the twitchings in Mr. Vincent's cases. He supposed it was to relieve this congestion that the venesection was practised in the first case, and of course not on account of the paralysis of the other hemisphere, which resulted from its supply of blood having been cut off, and which caused the paralysis of the opposite side of the body.

Mr. H. C. Johnson mentioned two cases in which he had seen the common carotid artery secured by ligature, and no cerebral symptoms ensued.

Mr. Blizard Curling mentioned the case of a sailor who was admitted into the London Hospital with a wound in the tongue from a piece of tobacco-pipe. Mr. Hamilton probed the organ, and finding a foreign body contained in it, effected its extraction. A gush of arterial blood followed, and proved instantly fatal. On examining the body after death, it was found that the tobacco-pipe had traversed the tongue obliquely, had penetrated the throat below the left tonsil, and transfixed the carotid and jugular vein, to which it had acted, until its withdrawal, as a plug, thus preventing hemorrhage.

Mr. Solly alluded to Dr. Norman Chevers' researches on the effects of ligature on the carotid, recorded in Guy's Hospital Reports, which he thought contained some very valuable information.

Mr. Arnott stated that death did not always necessarily ensue from the withdrawal of the piece of pipe in these cases, even where the internal carotid was wounded, as had been shown by a case which had occurred at the Middlesex Hospital. He had seen two of these pipe-cases; in the first, a man, who had been smoking and drinking in a public-house, went out to make water, fell, and the end of the pipe was driven into his mouth. When brought to the hospital, it was found to have penetrated under the tongue, where it projected, and a piece three inches in length was withdrawn. Inflammation ensued, with hemorrhage, difficulty of breathing, and death. On examination there was found, deep under the base of the tongue, another piece of pipe two inches in length, with ulceration of the lingual artery. In the other case, the patient had met with a similar accident; but here the pipe had penetrated the velum near the right tonsil. The surgeon perceiving a bulging here, put his lancet into the part, but discovered nothing. In the evening, the house-surgeon seeing some substance laid hold of it with his forceps, and pulled out a piece of tobacco-pipe. Two pints of blood followed immediately, but the hemorrhage was arrested by his promptly putting the thumb on the carotid, which artery was tied. Hemorrhage, however, recurred, and being supposed to be recurrent, an attempt (it need not be added, unsuccessful) was made to get at the internal carotid above the injury. The patient subsequently died, but not of hemorrhage, and although the parts were in a state of putridity, so that it could not be completely made out, yet there was every reason to believe that it was the internal carotid which was wounded. With respect to cases of palsy following ligature of the carotid, besides the paper alluded to by Mr. Solly, another had been published ten years ago in the *Lancet*, in which the author had collected several examples of the occurrence. Mr. Arnott had seen one instance where it followed ligature of the vessels in a case of hemorrhage from a deep wound under the angle of the jaw, in an attempt at suicide. Here what was called an abscess of the brain, was found on examination. Individually, we did not see a sufficient number of these cases to enable us to speak confidently, but he had been accustomed to consider the disorganisation of the brain which ensued in these cases, not as the effect of excited action, but as the consequence of the cutting off the supply of so large a quantity of blood to the brain, and analogous to the mortification and other changes which sometimes followed in a limb from tying its main artery, and therefore not to be benefited by the large bleedings already alluded to and deprecated by Mr. Cooper.

Intra-Uterine Perforation of the Placenta.—Mr. Taylor, in the *Provincial Medical and Surgical Journal*, states, that in a case of labour which he attended, the case being footling, he brought down the right foot; but was unable to do the same with the left, as there was apparently a strong and very tense ligament attached immediately below the knee. The child was born soon after, and with it the placenta. On examination the latter, which was lying on the chest of the infant, was discovered to be pierced by the right arm and left leg; the part round the leg being so firmly bound round it as to have destroyed the skin and cellular membrane by absorption; the calf of the leg was much swollen by the pressure during labour. There was no hemorrhage; on the contrary, the discharge was less than usual. The child was small, and about three weeks before its time. It was born dead.

Premature Interment.—The *Constitutionel* states that the cases of premature interment prevented by fortuitous circumstances amount in France since the year 1833 to 94. Of those, 35 persons awoke of themselves from their lethargy at the moment the funeral ceremony was about to commence; 13 recovered in consequence of the affectionate care of their families; 7 in consequence of the fall of the coffins in which they were inclosed; 9 owed their recovery to wounds inflicted by the needle in sewing their winding sheet; 5 to the sensation of suffocation they experienced in their coffin; 19 to their interment having been delayed by fortuitous circumstances; and 6 to their interment having been delayed in consequence of doubts having been entertained of their death.

Fungoid Tumour of the Lower Jaw.—A case of this disease is reported in the *Provincial Medical and Surgical Journal* from the practice of Mr. Greenhow at the Newcastle Infirmary. The patient was a farmer, sixty-two years of age, who was admitted with a large fungoid tumour on the left side of the face and neck, extending from the chin in front to the angle of the jaw behind, and above from near the zygoma down to the thyroid cartilage, projecting very high externally, and being found with a lobulated surface in the mouth; it had an unhealthy livid appearance, especially at its centre, where there was an opening made by the puncture of a lancet two months before, out of which issued an abundant discharge of bloody sanies; the skin was adherent to the tumour for a considerable distance around the ulcer, but at other parts was free and healthy; the tumour had an irregularly soft elastic feel, was moveable at that part which was situated above the jaw, but the other portion was adherent to the lower part of the jaw, and to the structures below it, by firm and immoveable bands. The disease was apparently produced by a blow received on the part five months previously. The man was very much out of health, and the disease rapidly making progress. The operation of extirpation of the tumour was attempted, and partially practised; but owing to its great extent, and its connexion with the important parts in the neck, it was not completely removed. The man, however, did well after the operation, and left the infirmary much improved in health. There is, however, every reason to fear that a relapse will occur, and terminate fatally. The heterologous production consisted of vascular cerebriform matter.

MORTALITY TABLE,

For the week ending January 10, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	1043	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	204	183	188
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	114	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	150	169	157
Diseases of the Lungs, and of the other Organs of Respiration	346	363	294
Diseases of the Heart and Blood-vessels . . .	44	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	79	69	72
Diseases of the Kidneys, &c.	7	7	7
Childbirth, Diseases of the Uterus, &c.	8	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	8	7	6
Diseases of the Skin, Cellular Tissues, &c.	5	2	2
Old Age	44	90	67
Violence, Privation, Cold, and Intemperance .	29	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

The meeting of January 19th, presided over by M. Mathieu, was consecrated to objects foreign to the natural sciences.

ACADEMY OF MEDICINE.

Meeting of January 20, 1846; M. ROCHE in the Chair.

M. Boudet read, in an inaudible voice, a report on several patent medicines. The conclusions were unfavourable.

Professor Blandin requested permission to explain some remarks which he made at the last meeting, with reference to Dr. Diculafoy's cases of injection into the peritoneum; he had no intention of casting any doubt whatever on that gentleman's veracity, on which he placed personally implicit confidence, but merely to say that the cases alluded to did not seem to him possessed of the importance Dr. Velpeau had attributed to them.

THE IODINE INJECTIONS INTO THE JOINTS.
(Adjourned Debate.)

Dr. Laugier cannot conceive why the debate has taken so animated a turn. In hydrocele Dr. Laugier is of opinion that the iodine solution presents marked advantages on the injection of wine. The operation is much simpler with iodine. Thus the injection is made *cold* and *once* only. The wine must be heated, and the injection repeated twice or three times. But M. Laugier has asked himself a question which has not been brought forward in the present debate: What is the active principle of the iodine solution? Is it the iodine? Is it the alcohol? M. Laugier is inclined to think that the alcohol performs a much more important part than the iodine, which is contained in the solution in very small proportions indeed. Thus, two hundred and eighty grammes of tincture of iodine contain only twenty grammes of iodine; all the rest is rectified alcohol. To ascertain the degree of activity of the solution, it would be necessary to make comparative experiments with the watery solution of iodine.

Professor Roux rose again in defence of the wine injection. The liquid must be heated, it is true, but is that an objection of the slightest importance? M. Roux never repeats the injection more than twice, and the degree of heat of the fluid must be between 36 and 40. It is necessary to remove the wine. The friends of the other method are uncertain if the iodine solution should be altogether taken away after operation, or left in the tunica vaginalis. Professor Roux has operated 1500 or 1800 times, and has met only with four fatal cases, which occurred before the year 1825, since which period the learned professor cannot state for what reason he has not again been afflicted with unfortunate results. In these four cases the post-mortem examination displayed the manifestations of inflammatory action in the tunica vaginalis. The liquid contained in the tunica vaginalis was more or less opaque, and presented coagulated albumen and false membranes. The obliteration of the serous cavity is, in the professor's opinion, absolutely indispensable to a radical cure.

M. Caventou was much pleased at the observations which had fallen from M. Laugier, as he intended himself to bring forward the points that gentleman had mooted. Professor Velpeau asserts that all solutions of iodine, no matter how long they may have been prepared, are equally efficient for cure of hydrocele. M. Caventou is satisfied that M. Velpeau has found it so. But with regard to the pain experienced by the patient, M. Caventou is inclined to think that the results must be very different, according to the chemical condition of the solution. Thus, Professor Gay Lussac's interesting researches on iodine have shown that when the tincture of iodine is allowed to stand, a very corrosive substance, hydriodic acid, is generated. This acid, analogous in its constitution and properties to muriatic acid, becomes after a time overcharged with iodine, and in this condition is said to be iodurated; the tincture in this state precipitates no more on the addition of water, and forms a most irritating compound. As to the active agent, M. Caventou is inclined to believe that the alcohol is the active part of this fluid, as well as in wine. This opinion must acquire weight, if it is recollected that the most generous wines scarcely contain twenty-five per cent of alcohol, and the solution of iodine at least thirty-three per cent. The composition of the fluid injected by Professor Velpeau being the following:—pure iodine 7 parts, alcohol 93, water 200.

Professor Velpeau: It is not only the propriety of using the iodine injection for the treatment of hydrocele which is brought before the Academy; it is to a much broader ground that the debate has been transferred. The question of stimulant injections, in an immense group of maladies, is now pending before this society, and the circumstance increases a hundredfold the importance of the discussion. In one of our last meetings a sweeping expression of disapprobation has been used by Professor Blandin, with regard to the operations lately introduced into surgery for stuttering and for strabismus. The section of the genioglossus, or of a portion of the muscles of the tongue, for stuttering, has lived its day. It is undoubtedly a bad invention. But the section of the muscles of the eye, for the cure of squinting, is, on the contrary, one of the happiest applications which have ever been made of myotomy; it is a great conquest of modern surgery. The success of the operation for stammering in the many cases which were formerly published had been brought forward to invalidate his own (M. V's) cases of cure of hydrocele. No comparison, however, can be established. The diagnosis of hydrocele is a very easy one. It is still easier to obtain the knowledge that the cases were cured. M. Velpeau would give M. Blandin, or any person who might desire it, all the satisfaction he might require on that score. It is now twelve years since Professor Velpeau first used iodine solution for the cure of hydrocele, and it was with the view of studying anew the whole question of stimulant injections into closed cavities. M. Velpeau tried the thread seton proposed by Dr. Monro, and the simple puncture of the hydrocele with a sewing needle, which had proved successful in the hands of Mr. Lewis. Finding these various methods did not give such favourable results as their inventors had set forth, Professor Velpeau had returned to the wine injection; like others, he had tried the various sorts of wine—Port, Burgundy, Bordeaux, Roussillon. Impressed with the same spirit of inquiry as MM. Laugier and Caventou, he had asked himself if the alcohol was not the active principle, and had tried pure alcohol and diluted spirit. Both led to less satisfactory terminations than the wine. Professor Cloquet had also tried the alcohol, and had obtained cures only in the proportion of one-fourth of the cases; but occasionally success had followed the experiment. Brandy had been tried, also; camphorated spirit, milk, water, air, had all been injected by M. Velpeau, even the liquid extracted from the tunica vaginalis, and sometimes the disease had been cured; but the proportion of cures was inferior to the average number of cases benefited by the wine injection. With the iodine solution, the pain experienced by the patient was decidedly less severe than when wine was employed, in at least three-fourths of the cases. What is this to be attributed to? M. Velpeau cannot well say; is it that the injected fluid is cold?—or that the tunica vaginalis is not placed in a state of distension? M. Velpeau confesses his inability to answer these questions, but adheres to the important fact that less pain is produced. The cure is at least as speedy as it is after wine. With regard to the precipitation of the iodine, by the mixture of the water with the tincture, this is easily prevented by adding a few grains of hydriodate of potass—an improvement introduced by M. Pétrequin of Lyons. As the tincture simply mixed with water cures equally well, M. Velpeau does not exclusively employ M. Pétrequin's method. M. Velpeau has tried the solution at various degrees of strength, and generally uses a fluid containing one-third of the tincture to two-thirds of water; M. Velpeau has never, after this injection, observed a single case of relapse of true hydrocele. In hematocele M. Velpeau has substituted this operation for the old plan of opening the tumour by a long incision, and looking forward to a cure by granulation. The two systems cannot be compared in point of simplicity, or with regard to the degree of pain or annoyance occasioned to the patient. In hydrocele of the spermatic chord, the cure by the iodine injection is even more simple and speedy than in hydrocele of the tunica vaginalis. In hernial sacs, puncture and injection of iodine have given M. Velpeau the happiest results. M. Velpeau has operated in this way five times for

congenital hydrocele, taking of course the precaution of having the inguinal ring pressed upon during the injection, and no accident whatever was observed. Thus M. Velpeau was brought gradually nearer and nearer to the peritoneum, which he approached with slow and trembling footsteps. In two cases of collection of fluid in the sacs of old strangulated ruptures, the abdominal orifice of which was obliterated by the omentum, M. Velpeau had successfully injected the iodine solution. From this to the treatment of reducible hernia by injection into the sac, only one step remained to be made. Once M. Velpeau had attempted the operation, and had remained in doubt as to the result, on account of the difficulty of penetrating into a sac which is not distended with a serous collection. The patient did not suffer. M. Velpeau has never attempted himself the injection into the peritoneum, but has gradually brought himself to look upon the operation as much less dangerous than is generally supposed. In cysts of the breast (twice), of the axilla (two cases), of the neck, in goitre, M. Velpeau has employed the iodine injection with most decided advantage. In goitre M. Velpeau has now operated ten times, and once the injection accidentally entered the cellular tissue, and no gangrene followed the accident. In cysts of the limbs, of the fold of the arm, of the dorsal and palmar aspects of the hand, of the groin, leg, and foot, M. Velpeau had only to congratulate himself for having employed the iodine solution. In those cysts which frequently form in front of the patella, or behind the olecranon, the Professor had made the same injection, but a cure was not effected, although the patients did not suffer any unpleasant consequences. In cases of hydrocele, complicated with a chronic disorder of the testis, when the cancerous nature of the organic change is not very well demonstrated, M. V. still employs the injection, and has obtained unexpected cures; which he attributes to the powerfully resolvent properties of the iodine. The result of the experiments he had made on animals, and of the operations practised on the human subject, was that iodine possesses strong repellent powers, and a tendency to produce an inflammatory action, which seldom, if ever, terminates in suppuration. In chronic hydrarthrosis most methods of treatment are unsuccessful. The fears expressed by Boyer and other ancient writers with regard to the injections into joints, are well-founded; but they refer to a method very different from that which Professor Velpeau proposes and applies. The cases which Boyer, for instance, brings forward are cases in which detersive injections were repeatedly made into the diseased articulations. M. Bonnet, of Lyons, has now injected twelve or fifteen times the iodine injection into the large synovial cavities without any unfavourable results. M. Velpeau has operated on fifteen cases, Professor Bérard five, and Dr. Robert two. Now, if the practice was such a dangerous one, is it not evident that severe accidents must have occurred in this number of operations? Yet none have been observed. As to the efficiency of the injection for the cure of diseased joints, that is quite another point, and depends entirely upon the state of the articular surfaces. It is plain that the proportion of success cannot be so great as in hydrocele, on account of the differences of anatomical construction of the organs operated upon. Of the fifteen cases which are personal to M. Velpeau, eight were cured, two required blisters to complete the absorption, four were not benefited, and one died three months after the operation of typhoid fever, complicated with pulmonary consumption. Finally, M. Velpeau would say that where no organic alteration exists in the joint, the operation will be almost as successful as in hydrocele, and even when the bones or cartilages are affected the injection does no injury. What were the objections brought forward against the injection in hydrocele? The frequency of relapse? M. Velpeau had not met with any in his experience. M. Bérard had three cases of relapse out of three hundred operations, whereas the statistical results of the wine injection gave five failures in a hundred operations. Iodine was accused of producing pain; did wine produce none? All authors who have written on the subject consider even the pain as an element of success. Every surgeon has also seen wine produce gangrene when the injection escapes into the cellular structures. MM. Gerdy and Blandin had not succeeded in curing hydrocele with iodine; was that the fault of the injection? Their ill success could not disprove thousands of successful cases operated on by more fortunate surgeons. M. Blandin had proposed that a commission be named by the Academy to institute a comparative inquiry into the results of the iodine and wine injections. M. Velpeau was not disposed to second the motion. He did not think that if M. Blandin or M. Gerdy were members of such a commission they would be well disposed towards iodine. They had both to prove the accusations they had brought against the drug, and, of course, would be more than likely to find it guilty. With regard to injection in cases of hydrarthrosis nothing whatever had been adduced against the method but arguments, an entire host of which could not do away with a single fact. M. Velpeau trusted that, after this very long discussion, the Academy would feel inclined to grant its approbation to the author of the memoir with which the debate had originated. The conclusions M. Velpeau proposed were: first, that the author (M. Roux) be thanked for his interesting communication; second, that his name be placed the first on the list of candidates for corresponding memberships.—Professor Velpeau spoke nearly two hours.

The vote of the Academy was put off to next Tuesday, on account of the lateness of the hour.

HOTEL DIEU.

CLINICAL LECTURE. *Pleurisy* (continued). By M. CHOMEL.

One of the most justly celebrated medical practitioners of this city, M. Louis, states in his writings that pleurisy is seldom a fatal disorder, at least when free from complications. This is perfectly correct, if applied to serous pleuritic effusions, but ceases to be true in the case of purulent collections in the pleura. Purulent pleurisy is almost constantly fatal, but it is fortunately of much less frequent occurrence than the serous form. In the case which has been the occasion of the present lectures on pleurisy, we do not think we have to cope with a purulent collection in the chest. Purulent pleurisy is always accompanied by a more or less violent febrile condition, the intensity of which is proportioned to the extent of the thoracic disease, and which would consequently be very well marked in the present case, if the abundant effusion which fills one side of the thorax was of a purulent nature. It is not less important to ascertain whether the effusion is primary or secondary to some organic change of the internal viscera. Primary inflammation does not occur in all serous membranes with the same degree of facility. In the peritoneum, for instance, spontaneous inflammation is hardly ever met with, and some physical cause of morbid action may, in most instances, be readily detected. Not so in the pleura; here, without any appreciable accidental cause, spontaneous disease is often observed. Sometimes the pleuritic affection arises during the progress of pneumonia, following an inverse course from that of the original disease, and increasing in extent during the gradual resolution of the visceral phlogosis. It is only very lately that we had an opportunity of delivering in this amphitheatre some lectures on a variety of pleurisy caused by tubercular disease of the lung. Perforation of the air-cells takes place, and hydropneumothorax is the consequence. In the present case we have examined the respiratory organs with the greatest attention, and we have been unable to detect any traces of local disorder. The case is one of single, uncomplicated pleurisy. The considerations we have entered into lead us to form a favourable prognosis of the case; yet the effusion has, since our last lecture, increased rather than diminished; and here we may say that, in a great number of diseases, there is a period during which the disease cannot be arrested in its onward progress. Thus, pneumonia is constantly, on the third or fourth day of its existence, more extensive and violent than on the first. Whatever may have been said to that effect, I maintain that no such disease can be suddenly arrested (jugulée) by any plan of treatment whatever. Its progress may be slackened, its symptoms diminished in violence, but it can never be suddenly removed. The treatment of pleurisy should be much less energetic than that of pneumonia, because the same necessity for abstraction of blood does not exist. In pneumonia the instrument of hematosis is rendered incapable, in a greater or smaller portion of its extent, of performing its important function. Further, the blood being altered in its chemical composition (Andral and Gavarret), it is evidently of paramount utility to diminish the quantity of the circulating fluid, to render it more watery, and to depress the circulation, in order that in a given time the heart should furnish less food to the inflammatory action which is proceeding in the chest. This is obtained by abundant depletion, and these indications do not force themselves upon the practitioner so urgently in pleurisy; besides, it must be recollected that pleurisy is a disease of longer duration than pneumonia, and that the patient must not be debilitated, as he must look forward to a slow and sometimes tedious recovery. Blood-letting should be used, but with reserve, in the treatment of pleurisy; blisters on the chest, tartar emetic internally, together with diaphoretics, and absorption will be hastened by a prudent exhibition of diuretics and purgatives.

I will close this lecture by relating to you the history of a patient who lately died in our wards, and who was affected with pleurisy. The case was that of a woman, aged sixty, of a debilitated constitution, and impaired digestive powers. The face presented the straw-colour so characteristic of an organic disease, and the expression of the countenance seemed to point out the abdominal viscera as the seat of chronic disorder. On examination of the abdomen, the stomach did not present any tumour, nor could any be felt in the hepatic region. Manual exploration failed to detect any swelling in the other parts of the cavity. The anterior part of the chest was examined with much care, and no physical signs were recognised by auscultation or percussion. The patient died suddenly, and on post-mortem examination of the body the following anatomical changes were noticed:—The stomach and intestines were healthy; the liver was affected with cirrhosis; its colour was yellowish; the surface presented several tumefactions. The sections of the organ presented a yellow colour, mixed with greyish spots. The size was that of the healthy liver.

The diagnosis of cirrhosis during life is purely of a negative nature. Its most frequent symptom is ascites, and cirrhosis is said to exist when the abdominal effusion can be attributed to no other cause. But when the organic disease of the chylopoietic gland has not progressed so far as to interfere with the local circulation (as in the present case), no effusion forms in the abdomen, and the diagnosis of the disease is next to impossible. We asserted during life that some organic change had occurred in the digestive organs or their dependencies, but we could not point out the exact portion of the apparatus which was diseased. A large collection of sero-sanguineous fluid was also found in the chest: how was this not recognised during life? The answer is easy. The patient was dying. We did not choose to fatigue her by examining the dorsal part of the thorax, because it was quite evident that such exploration could not lead us to any plan of treatment capable of restoring life. It is better that a patient should die of an undetected pleurisy, during the last days of an incurable organic disorder, than that he should be wearied by examinations which cannot be productive of any practical results. The pleuritic effusion could not be of a primitive nature On examination of the lungs they were found much reduced in size; one of them presented on its external surface a small fluctuating tumour, which was laid open, and found to correspond to a gangrenous abscess, which had most probably been the first cause of the pleuritis.

RHEUMATISM AND GOUT; by Professor ROSTAN.

Besides venesection, baths are frequently used, and with much success, in the treatment of acute rheumatism; of course, those practitioners who do not admit the inflammatory nature of rheumatism, do not use or recommend the employment of the warm bath. One of the most ancient empirical methods advised for the treatment of the disease

under consideration, consists in the exhibition of large doses of the potassio-tartrate of antimony. This method, which had long enjoyed an undeserved reputation, is at present altogether abandoned. I have tried narcotics in large doses, both by the endermic method and internally, and I have not obtained any satisfactory results. Tincture of colchicum seems of late to have gained in the good opinion of practitioners; it is often used in acute rheumatism with decided advantage. Nitrate of potass in large doses has been recommended by M. Martin Solon and Dr. Gendrin. I have never been so fortunate myself as to see the medicine arrest the progress of the disorder. In the subacute and chronic state of rheumatism, blisters and rubefacients should be applied to the affected joints.

Four days ago a patient, aged 29, a baker, entered our wards affected with acute rheumatism. The disease had lasted three days, and occupied the left wrist, the right hand, and the sterno-clavicular joint, which is hardly ever affected. On admission the pulse was at 92. The patient was bled four times during the first forty-eight hours, and the pulse fell to 72—76; he is now better; no complications have occurred.

Complications.—The frequency of acute disease of the central organ of circulation, as a complication of rheumatism, was, in my opinion, very much exaggerated, when it was stated that coexistence of disease of the heart with rheumatism was the rule, and the reverse the exception. This is not our way of thinking, and we are disposed to attribute the mistake to the frequency of souffle in the heart of persons affected with rheumatism. Pleurisy, meningitis, frequently complicate articular rheumatism. The ancient authors conceived these complications were due to a kind of metastasis, an opinion which is evidently disproved by the fact, that where pleurisy or phrenitis occur, the rheumatism does not on that account disappear, but, on the contrary, continues to follow its course as if no complication was present.

Are gout and rheumatism identical with each other in nature? Most pathologists conceive these two affections to differ materially, and they adduce the following arguments in support of their views:—Gout affects chiefly the small joints, and thercin the synovial membranes. Rheumatism occupies the large articulations, and the fibrous or muscular structures. Gout appears in the shape of attacks; rheumatism is continuous. The urine of the gouty subject contains large proportions of lithic acid; the urine of the rheumatic patient is healthy, or at least contains no more lithic acid than in the healthy state. Gout is frequently accompanied with lesions of the internal organs—the stomach, for instance. Under its influence tophaceous deposits are formed in the joints. It is the disease of the rich, and generally can be traced to hereditary sources. Rheumatism, the disease of the destitute, is not an hereditary complaint; no concretions are produced by it in the articulations, nor is it often attended by gastric complications. Gout afflicts the aged; rheumatism is observed in the young.

In its simple, regular, acute state, gout is often ushered in by premonitory symptoms; but in general the disease begins suddenly during the night, by a violent pain in the metatarso-phalangeal articulation of the big toe. The suffering is sometimes so intense as to render the weight of the bed-clothes intolerable. In the evening the sufferings of the patient return, increase for a few days, and then gradually diminish and disappear.

During the attack the skin is hot, particularly in the affected limb; the pulse is frequent; the thirst intense. Resolution generally follows each attack, and a small amount of desquamation of the epidermis is observed usually around the joint which has suffered. The synovial fluid in joints which have often been thus affected is thickened, opaline, and albuminous. I have seen it purulent or sanguineous. Sometimes the articular surfaces are dry; the synovial is red, and has lost its polish; the cartilages may be corroded, and destroyed; an alteration to which must be, in most cases, attributed the deformation of the toes and fingers, and the change of their original shape and direction. Consecutive ankylosis is not uncommon; in the joints, around them, under the ligaments, irregular, hard, cretaceous concretions are met with, but not so often as one might be led to suppose by the deformation of fingers, or of the diseased articulations.

DAN. M'CARTHY, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

Denmark.

[The following cases are extracted from Professor Otto's Danish journal, *Bibliothek for Læger*, No. 1, 1844.)

ABSCESS OF THE TONGUE.—The author of this case was consulted by a man, aged sixty, on the 4th of May, respecting a tumour beneath the chin, accompanied by pain and swelling at the root of the tongue, whereby deglutition was greatly obstructed. On examination, the tumour of the tongue was found almost filling up the whole buccal cavity. It was of a deep red colour, and fluctuation was detected by the finger. There was no time to lose. A longitudinal incision, made in the swelling with a bistoury, guarded everywhere by an envelope of linen, except at the point, gave issue to a considerable quantity of thin pus, with immediate relief to the patient. The mouth was rinsed with a decoction of carrots in milk, and within eight days the wound had healed. The tumour under the chin also suppurated, discharged its contents, and got well under the employment of emollient cataplasms. The patient was of a phthisical constitution, and had lost three of his children by phthisis. These facts are stated as bearing upon the opinion entertained by some writers that abscess of the tongue seldom occurs except in phthisical subjects. It is, at all events, a rare disease, as the fleshy structure of the tongue does not offer conditions favourable to its development.

CASE OF HYSTERICAL APHONIA CURED BY LAPIS INFERNALIS (*Nitras Argenti Fusum*).—A patient who had been weakly from birth, and in whom menstruation had not commenced, was so deeply affected by the death of her father, which had occurred half a year before, that she was attacked with divers hysterical symptoms, which, from her mother's report, especially implicated the abdomen About two months previously to the writer's visit the patient's voice had become somewhat hoarse and weak, and this affection had since increased to such a degree that, on the 3rd of November, the power of speech was well nigh extinct, and the young woman could express only by gesticulations her wishes and feelings. She had, moreover, a short, dry cough, violent palpitations of the heart, and spasmodic contractions of the lower limbs. The tongue was somewhat loaded; the alvine discharges scanty; pulse small, slow, and feeble. Pills of assafœtida and aloes had been administered with the effect of regulating the bowels, without producing any other change in the patient's condition. A pill, containing one-fifteenth of a grain of argentum nitricum fusum, was now directed to be given every other hour, and friction of the throat with an antispasmodic liniment. After four days' perseverence in this plan the patient was able to articulate in a hoarse and feeble voice, "yes" and "no." The limbs, previously contracted by spasm, she could now extend. The cough was relieved; the strength returning. She continued the use of the pills, and on the 13th of November was able to utter a few words, yet in so hoarse and low a tone that they could only be heard by the application of the ear to her mouth. At times she complained of pain in the stomach; the appetite was impaired, and she suffered from headache. The pills were now left off, and some digestive medicines substituted for them. On the 18th of November the voice was perfectly restored, but the patient was so weak that she could only for a few moments quit her bed. Under the use of the strengthening medicine her condition, however, constantly improved, and menstruation took place, although somewhat sparingly. On the author's last visit the patient could bear to sit up, and the aphonia, with all the spasmodic symptoms, had completely disappeared.

England.

[The following are the only articles of interest to the profession in the last number of the *Lancet*.]

CHOREA.—Mr. Smith observes that the treatment in this complaint must be directed to the following points:—1st. Mental and moral quietude. All attempts to excite the intellect or feelings to be avoided. The extreme excitement about the brain to be subdued by occasional slight local depletion,—by the application of cold water, and by keeping the hair short. 2ndly. The normal activity of the intestines and stomach to be restored, first, by an emetic of sulphate of zinc, to be followed by the employment of brisk purgatives of castor oil, and oil of turpentine; subsequently, small doses of sulphate or oxide of zinc. 3rdly. General tonic measures. Amongst these cold water holds the highest place. It should not, however, be applied so as to give a violent shock to the nervous system, but applied either with a sponge or gentle shower-bath. 4thly. All measures which would have a tendency to congest the brain are to be avoided; opium is therefore not to be given, except in cases where all tendency to congestion of the brain, or its membranes, is clearly absent. Even in these cases, camphor, in grain doses, may be advantageously substituted.

TUBERCULOUS DISEASE OF THE HEART.—Mr. Fenwick narrates the case of a man who, after recovery from typhus fever, presented some of the symptoms of phthisis. The chest was, from accidental circumstances, but hastily examined. The sound, on percussion, was much more dull on the left anterior chest than on the right at its upper part. On the right anterior chest, a dull sound commenced at the fourth rib, and extended downwards to the lower edge of the liver, which was felt projecting below the costal cartilages. Posteriorly, the resonance of both sides was pretty equal and natural, cepting that dulness commenced inferiorly on the right side at the same point as on the front. Mucous râles existed on both sides, excepting over the dull part of the right chest, where respiration was absent. The heart's sounds were not noticed, nor its extent ascertained by percussion. He sank a few days after the examination. At the autopsy the left lung was found to be firmly bound down to the chest by adhesions, requiring considerable force to separate them. Anteriorly, at the part where the dulness on percussion had been observed, there was a mass of false membrane, about three lines in thickness, and at various parts throughout the substance of this membrane were oval patches of tuberculous matter. The right lung was also adherent as low as the fourth rib, below which, the cavity of the pleura was filled with serum containing flocculi of lymph. This lung had no covering of false membrane. The substance of both lungs was healthy, excepting a few scattered tubercles, mostly hard, and of old formation. The heart was covered anteriorly by a layer of false membrane, of the same description as that which existed upon the left lung. The cavity of the pericardium was completely obliterated. Tuberculous matter was deposited in large masses beneath the lining membrane of the ventricles, and throughout the thickened pericardium, but none was apparent amongst the muscular structure, although it in many parts encroached on the walls of the ventricles. Valves all healthy. Liver rather enlarged, and of a nutmeg appearance. Spleen adherent to the surrounding parts, but otherwise healthy. Other viscera healthy.

ANEURISM OF THE LEFT AURICLE.—Mr. Fenwick briefly states the case of a miller who, after having suffered from cough and expectoration for a considerable period, while lifting a heavy sack of malt on his shoulders, experienced a sudden pain in the side, accompanied by faintness and sickness. Nine months afterwards, his symptoms were cough, great dyspnœa, general œdema of the body and blueness of the face, but this latter not to any very great extent. The heart's space, on percussion, was found extensive, and irregular in shape, but did not extend so high as in hydro-pericardium. Both sounds of the heart deadened, and the first accompanied near the apex of the heart, by a bellows murmur, which was only audible over a space the size of a five-shilling piece. As the weakness of the patient increased, the murmur gradually altered its character, so that, shortly before his death, it was noticed as an almost continuous sound, most audible during the ventricular systole. At the examination of the body after death, the pericardium was in a natural state. The heart generally enlarged; the

valves healthy. Projecting from the side of the left auricle was a tumour, the size of a small orange, which, on being cut into, was found communicating with the cavity of the auricle, and almost completely filled with the fibrinous coagula usually found in arterial aneurisms. Mr. Fenwick observes that this case is exceedingly interesting in three points of view—1st. From its rarity. Mr. Thurnam, in his collection of seventy-four cases of aneurism of the heart, mentions only one of the sacculated description as having occurred in the auricle. 2ndly. On account of the healthy condition of the mitral valve, it having been hitherto invariably found, that aneurism of the auricle has been connected with a contracted state of that valve, preventing the ready exit of blood from the auricle. 3rdly. On account of the difficulty which would be experienced in the diagnosis of a similar case. The bruit with the first sound had been caused by the flow of blood through the neck of the sac during the diastole of the auricle, but being conducted by the parietes of the heart, was most audible at its apex. As the sac after death was found almost filled with coagula, the continuous sound was probably produced by the friction of the particles of the blood against the fibrinous clots during both the contraction and dilatation of the auricle. None of the general symptoms would be sufficient to afford us any guide in detecting a future instance of the disease, as they are merely those which usually arise from obstructed circulation. Although a soufflet is not unfrequently found localised near the apex in mitral regurgitation, yet its gradual change into an almost continuous sound of a different character might lead us to suspect some more rare affection of the heart. If, in addition, we should discover irregular enlargement on percussion, and the sudden faintness during or after violent exertion, aneurism of the auricle might be presumed to exist.

Aneurism of the Abdominal Aorta.—Mr. Fenwick mentions a case of aneurism of the abdominal aorta, attended with some of the symptoms of stone in the bladder. The case terminated fatally from rupture of the aneurism into the abdominal cavity.

Chylous Urine.—Dr. Bonyun states that this disease is by no means uncommon in the West Indies, where it is very frequently fatal, and as difficult of treatment as diabetes mellitus, of which, he says, it is evidently a modification. He narrates a case in which the internal exhibition of the decoction of the rhizophora racemosa, or mangrove bark, in ounce doses four times a day, apparently effected a cure.

Placental Presentation.—Mr. Houghton describes three cases of difficult labour. In the first two, there was placental presentation, with abundant hemorrhage; in each case he operated by version; the first terminated fatally, the second recovered. The death in the first case was attributed by Mr. Houghton to the imprudence of her husband, who insisted on seeing his wife. She was apparently going on well, but when he came, she raised herself up a little, made two attempts to speak, became restless and excited, and died in five minutes. In the third case, the placenta was attached to one side of the os uteri. On the occurrence of hemorrhage, Mr. Houghton detached the placenta; the bleeding ceased, and the mother ultimately did well.

Ovarian Dropsy.—Mr. Hunt describes a case of ovarian dropsy, in which the plan of treatment by mercurials, diuretics, bandaging, and cupping, appears to have been successfully pursued. The details of the case are very meagre.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette.*]

Supposed Death.—Mr. A. S. Taylor mentions the following extraordinary case:—In October, 1830, a servant girl, who had retired to bed in apparently perfect health, was found the following morning, as it was supposed, dead. A surgeon who was sent for pronounced her to be certainly dead, and stated that she had probably been so for some hours. A coroner's inquest was summoned for four o'clock of the same day to inquire into the cause of death, and directions were given that a post-mortem inspection of the body should be made in the meantime. The reporter of the case was requested to give his assistance. Accompanied by the surgeon who had been consulted, he went to the house about two o'clock for the purpose of making the inspection. The deceased was found lying on the bed, in an easy posture, on her left side, her body forming somewhat of a semicircle. The countenance was pallid, but so perfectly placid and composed as to give her the appearance of being in a deep sleep. The heat of the body, although she must have been dead eight or ten hours, was not in the least diminished. The room was carefully searched, but nothing in the shape of poison, nor any other means of self destruction, could be discovered. Every article of apparel lay around as it might be supposed to have been left by a person going to bed in perfect health as usual. The heat of the body not diminishing a vein was opened, and various stimuli applied, but without producing any sign of resuscitation. The respiratory and circulatory processes had ceased; no artery could be felt pulsating. Two hours had now elapsed since their arrival, and the parties still hesitated to perform the inspection, when a message was sent to them stating that the jury were waiting for their evidence. The inspection was then commenced, but on moving the body for the purpose, the warmth and pliancy of the limbs were such as to give the examiners the idea that they were inspecting a living subject. The internal cavities were so warm that a very copious steam issued from them when they were laid open. All the viscera were healthy, there were no signs of disease; nothing appeared to account for death, and from what they saw the inspectors regretted that they had not postponed the examination until the signs of death had been completely manifested. For obvious reasons, the name of the place where this extraordinary case occurred, and the name of the reporter, were suppressed. He had evidently communicated the details in a fit of remorse for his precipitancy.

Effusion into the Peritoneum.—At a meeting of the South London Medical Society, Mr. Squires read the particulars of a case of fatal perforation of the colon, with effusion into the cavity of the peritoneum. He was called some time since to a lady, forty years of age; her symptoms were excessive prostration and great nausea, with occasional severe pain at the pit of the stomach, which had existed only three or four hours. There was no abdominal tenderness, no fever, and the pulse was natural; a purgative enema brought away a large figured motion. Effervescing medicine and a mustard poultice to the epigastrium were ordered. The next morning the symptoms were not alleviated; the tongue was clean. The epigastric pain continuing, eight leeches were applied; the purgative enema repeated, and calomel, gr. i., with opium, gr. $\frac{1}{4}$, given every hour, and the warm bath. In the evening there was tenderness over the cœcum and ascending colon; and below the right hypochondrium a hardened tumour about the size of an egg could be felt. As it was then considered to be a case of impacted fæces, castor-oil was given. The following morning the pain and tenderness were general over the abdomen, and the pulse increased in frequency. Dr. Silvester saw the patient, and considered it to be a case of peritonitis, arising from perforation; bleeding to ℥x.; blood buffed and cupped. The calomel to be continued with hyoscyamus, and in the evening bleeding repeated to ℥vj. The day after 18 leeches were applied to the abdomen, and some aperient medicine given, but without relief, the patient dying on the fifth day from the attack. On examining the abdomen two days after death, there was considerable effusion of lymph on the peritoneum, and fluid bile among the intestines. The gall-bladder was felt containing calculi; partial adhesion had taken place between it and the transverse arch of the colon, and an opening produced by ulceration. The adhesion had given way, and allowed the escape of bile into the peritoneal cavity. There were thirty calculi, varying in size from a pea to a marble, in the gall-bladder, from which no symptoms had arisen before the attack.

Osteo-Sarcoma of the Upper Jaw.—A case of osteo-sarcoma of the upper jaw is reported in the *Provincial Medical and Surgical Journal*, from the practice of Sir John Fife, at the Newcastle Infirmary. The patient was a female, fifty-seven years of age, who was admitted last December with osteo-sarcoma of the anterior portion of each upper jaw, extending on the right side to the right canine fossa, the nasal and orbital processes, and a large part of the palatine bone: on the left side to half an inch of the maxillary-nasal symphysis, and anterior portion of the left palatine bones. In the preceding March a fibrous tumour had been removed from the anterior part of the maxillary bone below the right nostril. A few days after her admission, Sir John Fife extirpated the diseased parts. He commenced by making an incision from near the right lachrymal fossa down to and around the right nostril, across the septum to the left nostril, and then downwards through the lip. Another incision was carried from the upper part of this down to the right cuspidatus; some diseased integument included was removed, and the remainder dissected upwards and backwards on each side; the saw was then applied from near the right nasal bone to the canine fossa on the same side, and next to the maxilla below, and outside the nostril on the left side. An incision with a strong scalpel was carried across the palate, after which the bone-forceps of Mr. Liston detached the whole mass. The lips of the wound were then brought together by the interrupted suture. The patient had not a bad symptom consequent on the operation, and union of the divided parts was complete a fortnight afterwards. There was then very little disfigurement, and deglutition and articulation were good.

Medullary Disease of the Heart.—At a meeting of the Birmingham Pathological Society, Mr. Hodgson presented a specimen of medullary disease, affecting the muscular tissue of the heart, which was taken from a gentleman, aged about forty, athletic, and in the full enjoyment of health, who dropped down and died suddenly whilst playing with his children. No disease of the organ had been indicated by symptoms, and consequently the heart had never been examined. The post-mortem examination discovered no disease except in the heart, and here the valves and lining membrane were perfectly healthy; the deposit of medullary matter was in nodules in the muscular structure of the organ. The disease appears to have caused the fatal termination by destroying the nervous influence. The brain was not examined, but no indication of disease had ever been manifested.

Pericarditis and Morbus Brightii.—Mr. Brindley, in the *Provincial Medical and Surgical Journal*, describes the case of a man long subject to gout and rheumatism, who had suffered from an attack of pericarditis, which had been relieved, but not cured by the plan of treatment adopted. Anasarca set in; an attack of pleuritis supervened, and the man finally died comatose. The urine had been scanty for some time prior to death. The body was examined next day. The pericardium and its contents occupied a much wider space than natural, extending on the right as much as two inches beyond the border of the sternum. Some slight recent adhesions existed between the pericardium and adjacent parts of right lung, as well as partially between its lobes, and an old elongated band was attached to the middle lobe; the right pleural sac contained forty ounces of transparent serum; in its lower part the membrane had lost its natural smoothness and polish, but had no coating of lymph. The left lung was dense and infiltrated throughout, a large quantity of frothy serum escaping on pressure; there was no adhesion nor sanguineous congestion. Both lungs were shrunk in size, the one from pressure of the effused fluid, the other from encroachment of the bulky pericardium.

The pericardium contained sixteen ounces of bloody serum, and was of great capacity. Its surface throughout was covered with coagulable lymph, which was deposited on the heart in a thickish and continuous layer, and on the sac in a granular or stellata form; it was most abundant about the base of the heart, around the roots of the large vessels, and the auricular appendages, which were all more or less adherent, the intervening bands, or rather masses of fibrine, being in this situation of a deep red colour, soft, and easily broken down; other bands, or rather threads, delicate and elongated, were observed stretching across from the convex surface of the heart, both anteriorly and posteriorly. The colour of the exuded lymph was of a pale or

yellowish drab; posteriorly it was stained, apparently by the bloody serum. Its consistence was soft and spongy. Above the apex of the left ventricle it was thick, rough, and pendulous; in other The membrane beneath was of a deep red, in patches parts it had a reticulated or granular appearance. and streaks, and was highly vascular. The heart itself was much larger than ordinary, weighing, with the pericardium, and trunks of the large vessels, after being emptied of blood, twenty-seven ounces avoirdupois. This increase in size and weight was chiefly due to hypertrophy of the left ventricle, whose wall at the apex was ten lines in thickness, while that of the right ventricle was three and a half lines. The left ventricular cavity, as well as the left auricle, was also increased in capa city. The endocardium was normal. The liver was large, but healthy, and not congested; the kidneys were small, and studded with opaque or greyish granules, which were observed on their surface and throughout the cortical structure; the capsules were adherent; three pints of clear serum in the peritoneal cavity; peritoneum, and the other abdominal organs, healthy.

Calculus Renalis.—At a meeting of the Birmingham Pathological Society, Mr. W. C. Freer exhibited a kidney, in the pelvis of which was found a calculus in the shape of a dumb-bell, which weighed three drachms. The patient was a gentleman, sixty years of age, of sanguine lymphatic temperament, stout, and a free liver. At fifty-eight years of age he began to suffer from obscure pain in the back, with constant deposit in the urine; his digestive organs were a good deal deranged. Under treatment the symptoms were ameliorated, and he continued tolerably healthy until six months since, when he suffered from the general symptoms of calculus in the bladder. He was sounded, but no stone found; his health continued declining, and six days before death he suffered from head-symptoms, and was comatose for three days preceding dissolution. At the autopsy, the thoracic viscera were found to be healthy; liver large; right kidney contained a dumb-bell shaped calculus, weighing three drachms, the secreting portion of the organ being completely obliterated; the left kidney contained a small calculus; membranes of the brain opaque; ventricles contained a large quantity of turbid serum.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON DISEASES OF THE SKIN.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE IV.

PSORIASIS.

According to Willan, and others.

Genera.	Species.	
Psoriasis.	P. Guttata.	P. Lotoram.
	Diffusa.	Palmaria.
	Gyrata.	Ophthalmia.
	Inveterata.	Pistoria.
	Localis.	Preputii.
	Labialis.	Scrotalis.

As proposed by Startin.

Genera and species.	Divisions.	Varieties
Psoriasis.		
P. Rubra.	Localis.	Guttata.
Versicolor.		Diffusa.
Nigricans.	Generalis.	Gyrata.
		Inveterata.

The subjects for our consideration to-day, will comprise two diseases of the skin—psoriasis (dry or scaly tetter), and pityriasis (dandriff), belonging to the class of squamous affections, of which the variety called lepra was considered at our last meeting. I then mentioned to you the resemblance between lepra and psoriasis; indeed they might, in my opinion, with perfect propriety be considered as one disease manifesting itself under several types and varieties; yet as all dermatologists have adopted Willan's separation of psoriasis from lepra, it may be as well to consider it apart, though there is some difficulty in fixing the boundary between certain forms and stages of leprosy and psoriasis. From the wax models of the disease placed before you, you will perceive one very distinctive characteristic in every case. This is a greater degree of inflammation of those portions of the dermis whereon the exfoliation of cuticular scales is situated. The fact is, psoriasis may be regarded as a more inflammatory disease than lepra, and for the most part, therefore, accompanied with greater constitutional irritation.

By the counter-irritant action of many remedies upon the skin in lepra, it may be converted into psoriasis, and the latter, when approaching a cure, assumes all the appearances of lepra.

Psoriasis may be defined to consist of a diffuse redness, covered with small scales, which are easily detached, and do not commonly accumulate; the redness and scales may be confined to a spot, or extended over the entire body, the figure of the spots or patches being for the most part irregular, and not ending in a defined boundary or elevated border, but being very commonly accompanied with cracks or fissures. It has been customary to subdivide psoriasis into seven varieties, which, however, pos sess very little practical importance; they are named, from their appearance or locality, P. guttata, P. diffusa, P. gyrata, P. palmaria, P. labialis, P. infantilis, and P. inveterata. I shall describe each affection separately, but the nomenclature might be usefully remodelled and simplified by considering P. diffusa, gyrata, and inveterata, as inflammatory examples of lepra vulgaris and psoriasis infantilis—the same affections in young subjects; whilst P. guttata would be the inflamed variety of lepra alphoides, and P. labialis, palmaria, and other local forms, would constitute the inflammatory division of the variety which I have ventured to call L. circumscripta vel solitaria; this division of the subject would embrace all the points of practical importance in their diagnosis, prognosis, and treatment.

P. guttata, dry spotted tetter or scall, is perhaps the most common form in which the advent of this disease is manifested; it appears in small inflamed spots of a cherry redness, which sometimes by the eye, but always by passing the hand over the part, are found to be slightly raised above the surrounding skin. The centres of the spots are not acuminated, but flat, and the cuticle, when they first appear, cracks and bursts over their central parts, and splits in various directions. The spots of psoriasis guttata are seldom so large as a sixpence, and when they attain this size, it is commonly from the confluence of several much smaller portions of the disease; they are covered with minute slightly adherent scales, and have little surrounding redness and inflammation. On comparing the example before you with that of lepra alphoides by its side, you will perceive the only difference consists in a slightly greater degree of inflammation beneath the patches of the psoriasis, and the absence of anything like a circular arrangement or central depression. Every part of the body is liable to be affected by P. guttata—the face, perhaps, more frequently than obtains in most other forms of the complaint—the back, shoulders, breast, arms, and legs, being the situations whereon it is most apparent. Every age, and all ranks and conditions, are subject to this disease, but it is most frequent in the young, among whom it often appears very suddenly, the whole body being simultaneously affected, while in adults it is usually ushered in by a few spots on the limbs or back. There is, for the most part, some degree of itching, the surface of the body is also hotter, and the constitution more affected than in *L. alphoides*, the scales are easily removed by baths or stimulating washes, after which the spots have a shining cherry redness. As the disease disappears, or is cured, this redness becomes less apparent, until the place before occupied by the psoriasis is only to be distinguished by the rete mucosum appearing a little darker than usual. In the black races, the *appearance* of the disease is commonly marked by a whitish aspect on the surface, and its *departure* by the rete assuming a darker tint than in the surrounding skin, which appearance continues for some time after the cure of the complaint.

Psoriasis diffusa, spreading scaly tetter, or dry scall, differs from the last-mentioned variety by appearing in large portions or patches, with an irregular outline, which is shaded off, as it were, into the surrounding healthy skin; on passing the hand over this portion, which often presents a dark red inflamed appearance, it is found to be raised above the level of the surface, and to be rough and uneven to the touch. Close ocular inspection will perceive that this arises from numerous minute asperities, which are the hypertrophied papillæ of the dermis, covered with small dead white scales, which are loose at their edges, being adherent only in their central parts; the grooves, lines, and furrows traversing this diseased part of the skin appear more distinct, and, as it were, enlarged; this arises from the development of the papillæ.

The surface of the body is usually hotter than natural, and there is much irritation, uneasiness, or sense of heat and burning felt in the affected part. This diseased state of the skin may be confined to one limb, or part of the body, or the whole of the cuticle may be implicated to a greater or less degree, or psoriasis diffusa may occupy the trunk, while P. guttata affects the limbs, and *vice versâ*. The foregoing description more particularly refers to the early stages of the complaint; in its advanced or chronic stage it presents very much the appearance of lepra vulgaris, from which, indeed, it is scarcely distinguishable. The redness of the papillary layer of the dermis, and the tendency of P. diffusa to produce cracks and fissures, with the absence of a distinct outline in the affected portions, are its best characteristics, in addition to the symptoms of general disorder commonly manifested, as headache, want of appetite, derangement of the biliary apparatus, languor, and debility. These morbid phenomena vary, however, with the progress of the complaint, often disappearing when the eruption suffers any exacerbation, and recurring under the contrary circumstances. Several other diseases of the skin affecting different parts in its anatomy, seem to be prone to excite the diseased actions producing psoriasis diffusa, which often continues after the cure of the first affection. I have seen small-pox and itch occasionally have this effect, and constantly other chronic maladies of the skin which have a closer natural affinity to the disease, as impetigo, eczema, and lichen. This will be rendered manifest by some of the cases I shall presently relate. In young children P. diffusa is very common, and from its being a much more acute disease, was considered by Willan and others as a distinct variety, but the greater vascularity of the dermis in youth, will, in my opinion, suffice to explain away any diversity of appearance manifested in such cases. I point to one example which, you will perceive, scarcely seems to belong to a squamous affection, and, indeed, this absence of scales, a brighter redness, and tendency to eczemate, or to produce vesicles, are the characteristics of the psoriasis infantilis of Willan.

Psoriasis gyrata (tortuous dry scall, or tetter), is seen on the example to which I point in the annular form. I have, therefore, written *annulata* upon it. On the shoulders and arms of this patient the disease also existed in an annular, or horse-shoe form, but the circle was not complete. I have also seen several cases presenting a pretty accurate resemblance to Willan's plate of this complaint, which I hand round. This is a rare affection, and amongst the cases of squamous eruptions applying to this charity, holds probably the proportion of one in a hundred; 370 instances of the order squamæ having been entered on the books during the past year, and only *three* well marked cases of P. gyrata. I am not aware of any practical fact connected with this picturesque affection; the distinction of it, therefore, into a separate variety is rather curious than useful; it is, however, worthy of notice, that it is much more readily curable than many forms of psoriasis, indeed, I always regard it as the confluent variety of the disease in the first or second stage of cure, and the correctness of this surmise is vouched for by some of the models illustrative of the mode in which psoriasis takes its departure from the system.

The *psoriasis inveterata* (the inveterate tetter, or dry scall), is by far the most formidable variety of this disease. It is characterised by an almost universal scaliness, with a thickened state of the entire

dermis, which appears to have lost much of its elasticity, and, consequently, cracks and fissures are to be found in many of the flexures of the joints, and in the grooves made to facilitate motion. The nails very commonly participate in this morbid state of the cuticle, and have a foliated rugous appearance. The beard and the hair, in very severe cases, is also destroyed. There is nearly as great a production of scales in this disease as in the inveterate form of lepra vulgaris, but the whole surface of the body is more generally implicated, and the flexures of the joints are more constantly affected; fissures in the angles of the mouth, between the nates, behind the ears, &c., very usually attending the complaint.

Chronic forms of impetigo and lichen constantly terminate in this variety of lepra, and in such cases an entire limb or portion of the body may become increased with a scaly incrustation, as seen in the variety to which I point. In this form of psoriasis the scales are often discoloured, and thus resemble in some degree the form of lepra nigricans. I have written *versicolor* on the example, to remind you of this fact—psoriasis inveterata is most common in the aged, and is often congenital, the skin having undergone changes that render hopes of a cure of this affection very precarious, inasmuch as it maintains a harsh thickened rugous state, even when all the scaliness and inflammatory action of the malady have ceased. In the cast of the hand before you, this circumstance is very obvious. You will observe the patient had suffered seventeen years from this complaint, as long as he could remember; indeed, he believed it congenital. I may also mention that psoriasis inveterata occasionally runs into ulceration from the abrasion of some of the scales covering the inflamed cuticle; this most frequently happens in the lower extremities. On the example before you, you will perceive such an occurrence. When speaking of ulcers, I shall again direct your attention to this point.

The *psoriasis labialis palmaria*, and other local forms of this affection, do not merit separate consideration; and, therefore, under the term adopted by Bateman, psoriasis localis, local dry scall, or tetter, I shall comprehend every variety. This form of psoriasis is distinguished from most of the others, by its producing little or no constitutional disturbance, whilst its origin may usually be referred to some habitual irritation of the skin of the part affected, either mechanical or chemical; but in these instances it usually appears as the sequelæ of eczema or lichen, which first took their rise from the irritation. The only exception to this remark is, that chronic inflammation of the hepatic viscus, and a syphilitic taint in the constitution, are occasionally to be regarded as exciting causes. The cuticle in all cases of psoriasis localis is much chapped and fissured, and usually scaly, offering for the most part a red dirty hue, whilst a considerable degree of thickening and tumefaction are found in he part.

In the example which I pass round, the patient from whom it was taken attended, cured, last Thursday; this state will be apparent in this case. The labour of working a printing press with the hand affected was the immediate cause of the complaint; but the patient's general health was deranged: he had slight cough, pain in the right hypochondrium and shoulder, and disordered digestion. Attention to these points cured his psoriasis, though it had existed seven or eight years in the state you see it. Most of these forms of local psoriasis are to be overcome in the same way, by removing the cause, if it can be made out; otherwise they are very obstinate affections. When the lips or the margin of the anus are the seat of the complaint, more than usual difficulty is to be expected, as the constant motion of these parts, and the moisture and secretions with which they are imbued, are very inimical to their recovery.

I have now recapitulated the causes of all the varieties of psoriasis. They are much the same as those cited as productive of lepra; indeed, as I consider the complaints identical, of course they must have an identity of origin; they are more commonly produced, however, by local irritation, whether of a previous cutaneous disease, or by the application of mechanical or chemical agents, as before mentioned. The treatment is to be conducted as I mentioned when describing that of lepra; though mercurials and antimonials require to be more frequently combined with the other means of counter-irritation I then recommended, the hepatic system should always be carefully investigated, as the hidden cause of psoriasis often lurks in that locality. Antiphlogistics to subdue the heat, redness, and constitutional excitement, are commonly advisable, before entering upon the plan I last week detailed. I have no faith in any specifics, nor in sarsaparilla, or any herbaceous diaphoretic decoction, save and except colchicum, opium, and some of the narcotics, which in a particular manner seem to inflame the capillary circulation, and thus to form indispensable adjuncts to our counter-irritant treatment. The recital of the following cases, one or two being selected to illustrate each variety of the disease, will, however, enable you to form your own conclusions. As before, I shall confine myself to recent cases, of which models have been taken during the last three months, and on a future occasion I shall consider the modifications produced by syphilis and scrofula on squamous diseases.

Maria Hubbard, aged thirty, a poor woman living in Spafields, was admitted a patient of the institution on the 4th of August, 1845, suffering from psoriasis guttata, which had become confluent or diffuse in some situations, particularly on the body and back, as also on the head, from scratching the part. She stated that her malady had afflicted her for twelve years, having been occasioned by the heats and colds in her occupation of laundress; but latterly her disease had become worse, and was itchy and painful, and she was recommended by the medical man to whom she applied to seek relief here. The cast of her hand, which I passed round, will show the state she presented on admission, and you will perceive a scratch on the back which has assumed the peculiar inflammatory action of the disease. As there was some degree of inflammation and heat of surface in this case I prescribed low diet, and a magnesian aperient, containing the hot tincture of colchicum in full doses, and a simple water bath. August 11th, a week from the former application, she was relieved, and the medicines and bath were continued; on the 18th there was a marked improvement, and all appearances of unusual inflammatory action had subsided, so that a chalybeate was substituted for the colchicum, and a weak alkaline bath employed. She attended weekly till the middle of September, her condition being much improved; but as her skin had become hotter, and two or three fresh spots had appeared, the chalybeate was omitted, and a mixture containing arseniate of potassium, iodide of potassium, and colchicum, substituted, with a creosote ointment as an external application, and the strength of the bath, which was to be used twice a-week, was augmented. This change was very beneficial, so that by the beginning of October very little of her twelve years' malady could be discovered, the places formerly occupied by the spots being only distinguishable by a slightly darker tinge in the skin. I saw Mary Hubbard for the last time on the 27th of October, and though her disease was not cured, it was so much better that I am led to hope I may find little or no remains of the complaint on her next attendance.

Another case of psoriasis guttata I shall cursorily mention. The subject of it, Henry Murray, aged thirty-eight, of Wells-street, applied on the 5th of September. In this case the psoriasis differed from that of Maria Hubbard, in being confluent on the limbs, and guttata on the body, which, indeed, is the more usual form of this disease. This man had suffered nine years from his malady, and there was little or no constitutional disturbance, with the exception of indigestion.

The diet was regulated, and stimulants interdicted. Liquor potassæ, with tinc. of iodine and liq. potas. arseniti, were administered, and iodide of mercury as an ointment directed to be applied. These remedies had so favourable an action that he attended three or four times only before the 29th of September, four weeks from the date of his admission, when he reported himself cured, and I have not since heard of him, so that I hope he has found permanent relief. But, as I mentioned at the commencement of this lecture, psoriasis in all its forms is apt to be a periodical disease, or to recur frequently from slight exciting causes.

Psoriasis diffusa is the next variety which I shall illustrate by one or two examples. The case related last week was a remarkable instance of this disease, not only as regards the patient's recovery, but as illustrating how close an affinity the affection bears to lepra vulgaris. The casts from this man's arms before you, and the observations I then made upon them, will, it is hoped, have satisfied you on these points.

Sarah Simpson, aged twenty-three, residing in Lock's-fields, was admitted the 1st September last, with well-marked symptoms of P. diffusa. She was a pale, light-complexioned, young woman, and stated that her mother had been afflicted with the same complaint, which originated, in her own case, after having contracted scabies three years ago; though this was then cured with sulphur ointment it had soon re-appeared, and had since continued to torment her, particularly at night. As some inflammation appeared in the case, aperients and iodide of potassium were prescribed, with creosote ointment externally. On the 10th of September, she was less troubled with irritation, and felt cooler; but little change had occurred in her disease, and the menstrual discharge was absent; so that the persulphate of iron was added to her mixture, and the sulphur vapour-bath enjoined once a-week. On her third application, the 23rd of September, I marked her case relieved, and she continued to progress favourably until the 24th of October, when I last saw her

The other cases of psoriasis diffusa, of which models have been taken, I shall not dwell upon, except to point out, in one instance, the mode in which this malady usually disappears. Of course, I have chosen the more successful examples amongst the models for citation, as this form of psoriasis is very intractable, and occasionally resists all means adopted for its cure. The model of Ann Jones, aged twenty, is a remarkable case of recovery after eighteen years' suffering.

Psoriasis gyrata, marked on the model before you P. annulata—which form in Willan's plate of the disease you will find it occasionally assumes—was illustrated in the person of Michael Hughes, aged thirty, residing in Little Moorfields, an athletic and robust hodman, from the Sister Isle. The size of his calf, which the modeller tells me was upwards of twenty inches, would almost bespeak his vocation. He was sent to the Institution on the 4th of July, having suffered two years from his complaint, which presented many irregular forms in different parts of his person. It itched, and irritated him a good deal, and the scales were each day removed by his labour; yet, in the course of a night, they reappeared. His health was apparently good, and he had never been much indisposed, once only having had a gonorrhœa (four or five years ago). He had occasionally "a stitch in his right side, and an oppression at his heart," and his stools were clay-coloured. He could not account for his disease. To meet the last-mentioned indication, bichloride of mercury in quarter of a grain doses was administered twice a-day, with a lotion containing bisulphate of mercury and creosote as an external application, which being continued without change till August 15th, six weeks from his admission, he was discharged cured.

I shall cite one case only of *psoriasis localis*, though this affection is by far the most common of those hitherto considered; but I have already alluded to the model 5176, in which a cure was accomplished in ten weeks, after seven years' affliction.

I am sorry I cannot show you the patient I am now about to allude to, as his case is very remarkable, not only as furnishing an excellent example of the malady called baker's itch, but also for the benefit he has received.

James Clark, 7, Tyrone-street, Haggerstone, aged 42, a bread and biscuit baker, was admitted the 25th of July, 1845, having suffered for fifteen years from a disease in both his arms, which presented the appearance of psoriasis diffusa localis, no other part of his body being affected. He states that fifteen years ago his employment was principally attending to "the bakings," which, I believe, is a very hot and dusty occupation, when, first on the back of his hands and wrists, he found an eruption of a red

colour, which was itching and painful, "and ran clear water." It soon spread rapidly, until both arms were covered, and he was obliged to discontinue his trade (there can be no doubt that this was then a case of eczema rubrum, or baker's itch, in its true form, as he mentioned that a crust or scab shortly afterwards covered all the affected parts). This in time fell off, and left his arms rough, chapped, and scurfy, which, to a greater or less degree, continued up to the date of his application here in July last, as before stated; he mentioned that he had obtained relief, but never a cure, though he had made many trials of different means.

There was, on his admission, a diffuse redness, which reached from the fingers and backs of the hands nearly to the shoulders; the skin was hot and dry, and covered with small furfuraceous scales; chaps, or fissures, were also found about the wrists and bends of the arms, and the limbs were so much swollen as to render his using them impracticable. To reduce this state he was well purged with sulphate and carbonate of magnesia and colchicum, with a Plummer's pill at night, and low diet for a week, and the simple warm bath at 100° for half an hour every third day. At the end of the first week, August 2nd, he was relieved of nearly the whole of the inflammatory symptoms, so that his first medicine was discontinued, and the bichloride of mercury and arsenious acid dissolved in hydrochloric acid substituted, with an external application of creosote ointment; the diet and bath as before. On the 18th, three weeks from admission, manifest improvement had taken place, yet the medicine had produced an erythematous rash on several parts of his body, and his tongue was white, with thirst and fever. He was well purged, and the iodide of potassium, with small doses of the arseniate, substituted for the former mixture; he also used a slightly alkaline bath once a week. He rapidly improved under this change, so that on October 6, when I last saw him, he said he was better than he had been for fifteen years, and should go to work. He has not since visited the institution, so that I hope, as he was enjoined to apply if his complaint reappeared, that he continues well.

In several other cases of psoriasis localis before you, the same views of changing the nature of the existing inflammation by the internal and external administration of remedies, have been followed by equally satisfactory results.

Psoriasis inveterata is the last and most important variety of this disease to be illustrated. It also commonly resists all measures for its cure, as in the case from which this model was taken, though the patient, I should add, would not persevere, having become habituated to her complaint. Her name was Sarah Simpson; she was admitted in September. The model I hand round will explain her state far better than words. You will perceive that in one or two situations the scales have been abraded, and there is a discharge; the arms and whole body of this poor woman were covered with this form of psoriasis, so that she moved about like a person encased in armour, which cracked and pained her exceedingly. Her constitution was very weak, and I fancy she was so poor as to be unable to spare the time from her vocation of ribbon-weaving to attend. Chalybeates and emollient baths containing linseed mucilage were ordered, but she tried two or three only, without much benefit, and I lost sight of her after a few attendances.

In this model of Thomas Gibson, aged fifty-three, you see the result of eight months' attendance and treatment in a case, if possible, worse than that of the cast you are inspecting. This patient, who has suffered ten years from the disease, has been exactly the reverse in point of attendance to Sarah Simpson, and though a great variety of treatment has been essayed, yet that from which he has derived the most benefit has been chalybeates united with sulphuric acid in full doses, and sulphur fume baths. He was a short time ago a patient again, having in a slight degree relapsed from the condition the cast from his hip presents to your notice, but he soon found relief. I should observe that his whole body was formerly covered, as you see the leg of the female, and his arms were so bad that they quite prevented him doing anything for his living; he is now at work, and says he is quite comfortable, yet I fear if the approaching winter be severe, he will suffer a return.

Pityriasis (dandriff), the second cutaneous disease which this day will claim our attention, is very closely allied in nature and appearance to some of the slight forms of psoriasis, indeed it is readily mistaken for this affection, as it consists in a more or less extensive eruption of bran-like scales, which are small and powdery, and never form crusts, each scale being a distinct portion of the cuticle, which has undergone no apparent morbid changes, save that it is commonly thinner than obtains in lepra or psoriasis. Like these diseases, pityriasis is not contagious, or usually accompanied with discharges, but commonly hereditary, or dependent upon some visceral or constitutional affection. It is a very intractable affection, and in some of its forms yields to no treatment with which I am acquainted; indeed, I have often regarded the variety to which I allude as rather an imperfection in the anatomical structure of the skin, than as a disease. I do not like Willan's division of pityriasis; I think all the varieties of the disease are not distinguished, or distinctly defined. As the others, therefore, on this occasion, we will, with your permission, consider pityriasis universalis, P. localis, P. alphos, P. rubra, P. versicolor, P. nigra—the four last varieties being united with, and giving character to, the two first. The first variety of pityriasis universalis, which may be distinguished as alphos, is by no means a rare disease, according to my experience, though not, as I am aware, hitherto described—I think at this moment I know of ten or twelve cases of it. It is distinguished by an universal roughness and scaliness of the surface, the scales being small, loose, and powdery, and constantly desquamating, thus distinguishing it from ichthyosis, in which they are large and adherent. The skin is harsh and dry, and the papillæ prominent, little or no moisture being found on any part of the body, which, therefore, has a dead whitish appearance. The clothes and linen in this disease are filled with this powdery substance, which the microscope proves to be minute cuticular scales, or laminæ, beautifully depicted or subdivided by the morbid action producing them. Much imperfection would appear to exist in the secretory apparatus of the skin in this affection, which is nearly always congenital, several members of the same family being afflicted. There is no pain, and very little uneasiness. Such patients, however, suffer much from atmospheric vicissitudes, and are commonly asthmatic or consumptive; and the eruptive fevers, as small-pox, scarlatina, &c., for the most part produce unusually severe symptoms in persons afflicted with this form of pityriasis. The second variety of pityriasis universalis, which I may call rubra, has been described by Rayer as P. generalis. He justly describes it as one of the rarest diseases of the skin. It generally manifests itself suddenly, without any premonitory symptoms; the patient feels at once, on the parts of the body attacked by the disease, the most acute pains, accompanied by a sensation of itching or tickling beneath the skin, as of living insects, or worms, or "scalding water." The part then swells, and is covered with a red efflorescence, as in erythema, which ends in small cuticular scales; the dermis and cellular tissue on which it rests still remain swollen and inflamed, and the patient is very apt, by the irritation of his complaint, to inflict wounds upon these parts by constant scratching; or if this is not the case, he so augments the inflammation, that large patches of cuticle are detached, and show a red polished surface beneath, which becomes, as before, covered with very minute papillæ, which are scaly. In the advanced stage of this curious complaint, the nails and hair fall off, and the whole body becomes of a bright red colour, and œdematous, the integument having apparently lost nearly all its elasticity. Scales now cease to be formed, but a discharge comes on, and the complaint becomes a variety of eczema, and death very usually follows. There are, however, many alternations in the complaint, sometimes the acutest pain, so that the patient can scarcely find language for his agony, and at other times rather pleasurable sensations being predominant.

The *pityriasis localis* (local dandriff), differs very little from psoriasis localis before described, with which, indeed, it may be readily confounded, and without any consequence of practical importance; it appears in patches like psoriasis diffusa on various parts of the body, which become mealy or scurfy.

By the greater or less degree of inflammation accompanying this pityriasis, or the changes of colour it may assume, it may be designated rubra, alphos, versicolor, nigra, &c. The head and lips are the most frequent seat of pityriasis localis; in the former instance it is commonly the sequela of eczema capitis, in the latter it alternates with psoriasis labiorum, from which it is only distinguished by a white and more scurfy appearance.

The *pityriasis versicolor* may perhaps merit a few words descriptive of its appearance, though, as a disease, it is commonly of little moment. By the model to which I point, you will perceive that it consists in a discoloration of the skin, which appears in small irregularly shaped spots, something like the leaves of certain plants. It is very constantly symptomatic either of hepatic disease or of a venereal taint, either contracted or hereditary.

I find, from the advanced hour, that I must defer the illustration of pityriasis and its varieties by a recital of cases, until our next meeting, when it is my intention that the lecture shall also comprise the diseases of the skin known as ichthyosis and impetigo.

ORIGINAL CONTRIBUTIONS.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

ANTEVERSION.

Having promised a few observations in my last report on the subject of anteversion in the unimpregnated state, I ought also to enumerate the symptoms of this displacement during pregnancy; but, as I do not recollect having met with any detailed account of it in my reading, and as only one case has come under my notice in practice, I think I shall communicate what little I know on the subject better by giving the notes which I made of that case at the time it occurred, and then offering a few remarks in explanation.

January 9th, 1834.—Mrs. F., aged twenty-six, married four months, reckons that she is six weeks pregnant. Was seized ten days ago with great pain about the bladder, attended with constant inclination to make water, and straining afterwards as if she wanted to pass more. This pain returned yesterday with much severity, and a smart discharge of blood, accompanied with some coagula, made its appearance. The pain has come on in fits, and there has been much sickness of stomach, and some vomiting, with considerable oppression of the precordia. Pulse slow and soft; countenance anxious and pale; bowels confined; is sleepy just now from the effect of an opiate glyster. Says that she has been frequently liable to a difficulty in retaining her water for any length of time, which has occasionally come on for some years before her marriage.

Exam. per Vaginam.—I felt a hard body above the upper (or anterior) wall of the uterus, nearly in the situation of the neck of the bladder when much distended. This portion of the vagina was evidently stretched by being pulled backwards. I could distinctly feel where it became united with the cervix uteri, but there was none of that cul de sac which one usually feels in examining the upper part of this canal, where its mucous membrane is reflected upon the cervix uteri. On the contrary, it formed a straight surface running backwards. On passing my finger along this, I came to the os uteri, in the hollow of the sacrum, so completely directed backwards that I could only reach its anterior lip; being, therefore, convinced that it was the fundus which I had felt anteriorly, I pressed it upwards somewhat firmly; the os uteri now came somewhat within reach; it was open so as to admit my finger with ease, and, using my finger as a blunt hook, I gently drew it forwards; the uterus distinctly swung round, the tumour

behind the neck of the bladder disappeared, and the os uteri returned to its natural position. My examination produced a slight discharge of blood, but the patient entirely lost the urgent want to evacuate the bladder, and the dragging pain in the region of the broad ligaments, from which she had before suffered; I recommended her to lie upon her back, with her knees drawn up, so as to prevent the fundus uteri becoming again anteverted; and to preserve this posture as much as she could, until I should see her the next day, a repetition of the opiate was ordered, if required.

January 10th.—Has been very comfortable all night, has no pain, but is tired of lying upon her back; the uterus, os uteri, and the vagina, in their natural situations; scarcely any discharge; pulse stronger; in good spirits.

As I only saw this patient in consultation with another practitioner, I am unable to state the results of the case. The symptoms enumerated point out the nature of the displacement, viz., the os uteri unusually far back in the hollow of the sacrum, the cervix running straight backwards, and, therefore, undistinguishable at the first touch until carefully traced by the finger, and ascertained to be continuous with the os uteri behind, and the globular tumour which was felt above the anterior wall of the vagina close behind the neck of the bladder.

The inability to retain any quantity of urine in the bladder without pain, and the constant desire to empty it, unrelieved by doing so, are symptoms which result from the pressure of the fundus against the bladder, and which, as far as I have had the opportunity of observing anteversion in the unimpregnated state, are of pretty constant occurrence. My attention had been called to this point, the year before, by a case which I had considered to be anteversion, but not having had an opportunity of making an examination, I had merely recorded my suspicions.

The history of this patient seems to show that she had been liable to these symptoms for some years, and that the uterus was apt to become anteverted from time to time, either from constipation, or from its increased weight and fulness at the menstrual periods, or from both causes acting conjointly.

Mrs. H., aged thirty-four, complains of great suffering at the menstrual periods, so as to impair her general health; she is never free from pain except about a week after the period; for some time previously there is pain and irritability of the bladder; when the period arrives she has pain in the lower part of the abdomen, attended by a slight discharge; the pain gradually increases until it becomes *very* intense, with sense of distension, then bearing down pains like labour pains, and these are followed by a gush of bloody fluid and coagula, with relief to her sufferings for a short time. The distension and pain again increase, another effort and discharge follow; this process is repeated several times, and goes on for some days, until the discharge ceases and she is quite relieved. Bowels confined; slight gastric derangement.

Was pregnant nine years ago in the East, and had a severe miscarriage when four months and a-half advanced; in a fortnight after this event she had to perform a journey on horseback, since which she began to perceive the above pains in a slight degree. She increased these pains and the dysmenorrhœa, by riding on horseback during a catamenial period; but they did not attain their present severity until a year ago, when they seemed to have increased in consequence of dancing violently.

Exam. per Vaginam.—Os uteri in the centre of the pelvis, not tender to the touch; but in front of it is a hard and very painful swelling, which is evidently the fundus uteri; for, on trying to pass the uterine sound, I could not introduce it until I had pushed up the tumour somewhat, when the sound passed to the usual extent (two and a half inches), directly forwards, and was evidently within the mass. On raising the fundus into its natural position the swelling disappeared, and with it the tender spot which had been felt per vaginam. Rectum much loaded with scybala.

R. Extr. aloes aquos., ℈ij; Extr. hyosc., ℈iss; Mastiches gr. xij. M. ft. pil. xx, sumat j—ij, h. s.

R. Acidi nitrici dil., Tinct. hyosc., āā ℥ij; Syrupi aurant., ℥ss; Infus. gentianæ co., vij. M. ft. mist. cujus sumat cochl. magn., ij ter die.

R. Pil. hydr. chloridi co., gr. v, semel in hebdom.

September 12th.—Writes word that she was certainly better during the catamenial period which has occurred since her visit; the forcing pains were very severe, but they did not last so long; confesses that she has not given herself a fair chance, having hurried out of town immediately after seeing me, and having used a good deal of exertion, which I had warned her against. Pergat.

22nd.—Catamenia appear to have come on more easily, and she has decidedly had less pain during the interval. Pulse weak; tongue pale.

Exam. per Vaginam.—Fundus not distinctly anteverted.

R. Pil. hydrarg., gr. iij; Ferri sulph., gr. ij; Extr. hyosc., gr. v. M. ft. pil. ij.

R. Acidi hydrochlor. dil., Acidi nitrici dil., āā, ℥j; Mannæ, ℥ss; Infus. aurant. co., ℥viiss. M. ft. mist. cujus sumat cochl. magn., ij ter die.

I have given the details of this case only, for the sake of pointing out the symptoms and causes of anteversion, since my patient could not make up her mind to have the displacement removed by means of local support. The character of the menstrual periods, the increasing pain and sense of distension, followed by evident uterine contractions, and expulsion of fluid collected within the uterus, evidently pointed to the existence of some mechanical obstruction to the discharge of the catamenia, which had been over-come by the efforts of the organ. The anteversion, as shown by vaginal examination, was the sole cause of the obstruction; the os uteri was in the centre of the pelvis, and, therefore, the upper part of the cervix being bent into a sharp curve, was rendered impervious. The hard and painful state of the displaced fundus indicated both uterine engorgement and irritation, which were immediately relieved by restoring the organ to its natural position.

The causes of the displacement are, I think, well-marked, if we examine the history of this case; the symptoms first appeared after performing a long journey on horseback, when she was still suffering under the effects of a severe and very recent miscarriage, and when nothing but absolute necessity, and the absence of other means for travelling, could justify such a step. The uterus was at the time still large and heavy, especially about the fundus, and more soft and flexible than under the usual circumstances; the soft parts lining the pelvis were probably much relaxed, and she was exposed also to the relaxing effects of a warm climate; it can easily be imagined that the constant motion of the horse on which she rode, for many hours in succession, would give rise to uterine displacement, especially with the organ itself so predisposed; her position precluded any degree of prolapsus, but there was nothing to prevent the occurrence of either ante- or retro-version. Her symptoms, and probably also the displacement, were subsequently increased by riding on horseback during a catamenial period, when the uterus was necessarily in a condition very similar to that shortly after abortion, viz., heavier, larger, softer, and more congested than usual; but they did not attain their present severity until some years afterwards, when they were much aggravated by violent dancing.

The following case was treated by me at the Hospital for Women, in Red Lion Square, and the report taken by my clinical clerk.

R. H., aged thirty-four, single, admitted June 9, 1845; complains of constant uneasiness in the pubic region, amounting to actual pain on the least exertion, with frequent desire to pass water, and inability to go long without doing so. Throbbing headache; tongue clean; bowels regular. Catamenia first appeared at the age of sixteen, and have continued regular and in every respect natural until within the last five years, since which every period has been attended with constant retching and vomiting. Two months ago, about a week after a catamenial period, she was seized with retention of urine, pain in the back, loins, and pubic region, extending down the thighs, since which there has been a leucorrhœal discharge; the catamenia were accompanied with coagula.

Exam. per Vaginam.—Os uteri small, projecting backwards; fundus turned forwards; it is enlarged and hard, and is distinctly felt between the os and pubic arch.

R. Pil. hydrarg., Extr. coloc. co., āā gr. v hâe nocte.

June 14th.—Continues much the same.

R. Acid. sulph. dil., *m.* x; Infus. quassiæ, ℥j ter die.

17th.—I reduced the anteversion by means the uterine sound, and applied Professor Simpson supporter; the introduction of the instrument was attended with some discharge of blood; it was difficult to accomplish, from the os uteri slipping off very readily.

18th.—Passed a tolerable night; is free from pain, has lost that sensation of uneasiness in the pubic region which she had previously complained of; no headache; pulse 100, soft; skin moist; tongue clean; bowels slightly relieved. Catamenia have not appeared.

R. Pil. hydr., Extr. coloc. co., āā gr. v. o. n.

July 15th.—Has continued to wear the instrument up to the present date, without any material inconvenience; general health good; it was removed to day.

16th.—Leaves the hospital to day, and is quite free from any of her former symptoms.

September 21st.—Has written to the matron to state that the catamenia have come on regularly since she left the hospital, without coagula or more than ordinary pain. She has lost the uneasiness which she formerly suffered in the pubic region, and only suffers from a slight derangement in her general health.

It is difficult in this case to fix the probable date of the displacement; that it commenced partially five years ago, when the menstrual periods began to be accompanied with much gastric irritation, may be inferred from the fact that no assignable cause was given for the sudden derangement of a function which had hitherto been so healthy; the displacement probably attained its full extent only two months before her admission, when a large proportion of her symptoms were evidently the mechanical effects of severe anteversion.

The difficulty which I experienced in applying the supporter was precisely, that which I have mentioned in my introductory observations on this subject, viz., the liability of the os uteri to slip upwards and backwards on the slightest touch, thus rendering it difficult to introduce the pin of the supporter. Her report of herself two months afterwards was highly satisfactory, as she had experienced no return whatever of her symptoms.

OBSERVATIONS ON THE NATURE AND PROPERTIES OF OX-GALL AS A REMEDIAL AGENT.

By Dr. Clay, Piccadilly, Manchester.

(Continued from page 209.)

Case 41.—Mrs. C., aged twenty-eight, suffering from phthisis, within a few days of death, became subject to distressing diarrhœa, with extensive irritation of the mucous membrane, the motions very light-coloured, and frothy, much in the character of beer yeast; preparations of opium had but little control over either the discharge or the pains accompanying it. In this case no hope of cure was entertained; it was only necessary to soothe to the utmost the few short hours remaining to her. Under this impression I ordered the insp. gall, three grains to half a grain of opium, every three or four hours, and up to the time of dissolution it had the desired effect of correcting the vitiated secretions of the alimentary canal, and consequently relieving the excessive irritation; the motions in a few hours assumed a better colour, a more natural smell, and, I may also add, a better consistence. In cases like this it is very evident that the functions of the liver cease, except in a very limited degree; for some days before death the alimentray canal is, therefore, deprived of one of nature's great correctors and assistants in the digestive process, consequently the food taken is converted into chemical products highly irritating and mischievous to the lining membrane; hence the spasmodic gripings, and tenesmus, consequent on its passing through the system, without being corrected by the biliary secretion. The ox-

gall, therefore, is the substitute for the natural secretion; even in a case so utterly hopeless it may afford some little comfort by rendering the last moments more free from pain.

Case 42.—I was sent for on the night of Monday to Miss S., represented to be in a fit, and dying; she was of an extremely delicate habit, and had long been an invalid. I found on my arrival that the fit had gone off; she was still very drowsy, and only slightly conscious. Power had in a great measure left the whole of the left side of the body; her bowels had been obstinately confined some days; during the spasmodic attack, however, a slight evacuation from the bowels of a blackish nature had occurred. Considering the present mischief to arise from some obstruction in the bowels, I administered saline purgatives very freely, but without effect; these were also combined with calomel and pulv. jalapii, ol. crot. tigl., scammony, &c. Still the bowels resisted every attempt to relieve them, purgative clysters were also frequently exhibited, as well as the warm bath, with no better effect. Thus the case continued until the Saturday morning, and although the spasmodic affections ceased after the first twenty-four hours, still the obstruction was causing great uneasiness, with vomiting of fæcal matter. I then determined to order two or three ounces of fresh gall in a common gruel clyster; this was about twelve o'clock at noon, on the Saturday; by three o'clock, p. m., a notice was sent to me that the clyster had operated very extensively; a large mass of fæcal matter, back as ink, with hard scybala, was ejected, horribly offensive, and in about two hours after another discharge of a similar character took place. On the Sunday morning another injection was administered, which was followed by a copious motion in about an hour, of a better character and less nauseous smell. Her strength became much prostrated by these discharges, but her side in some measure gained its usual sensibility, and the vomiting ceased; it now became a case for mild restorative tonics; her bowels became more regular. In this case, no doubt, the paralytic attack had extended to the muscular coats of the intestines, rendering them to a considerable degree insensible to drastic purgatives; the ox-gall in this case was not in the least a stimulant, but a solvent, and to such an extent as to enable the efforts of nature (weakened and enfeebled to an extreme degree) to propel their contents. A more satisfactory exhibition of the gall could scarcely be wished for; and not a little surprised were the parties witnessing it, as the case was deemed one of the most hopeless description.

I have no wish to add more cases to this already long list, although I could with case cite many times the number here given. I am so convinced, however, of the efficacy of the gall in my practice, that I have ceased to take notes of particulars, except in some few cases which illustrate new facts. I believe I have advanced sufficient to convince unprejudiced minds, that it is an object of considerable value in practice, and that its range of applicability is of the widest character. I believe in all cases where the action of the liver is too sluggish, and as a natural consequence the secretions of the organ are deficient, causing the bowels to be more than usually constipated (with all the evil effects of such a state of the alimentary canal), that the ox-gall is an invaluable remedy. It is equally so where the secretions are of a vitiated character, producing diarrhœa, and increased irritability of the mucous membrane. I cannot speak so confidently of its action as a diuretic, although I have noticed a few cases where such effects were very distinctly apparent. Its corrective, non-stimulating, and powerfully solvent principles, are undeniable, as tested by the practice of others equally with myself. After all it is imperatively necessary to ensure a good result in the application of this remedy, that the practitioner shall be at the trouble of preparing or superintending the preparation himself, which, after careful selection, and attention to the particulars heretofore laid down, I venture to affirm he will not be disappointed in. On the contrary, preparations sold as inspissated gall (at least all such as I have seen) are perfectly useless. Wholesale houses will dabble in attempts at improvement, and, in order to overcome the deliquescent property of the ox-gall when inspissated, mix with it some resinous gum, which at once places the gall in the very opposite condition to that which it ought to occupy. Every practitioner must know how absurd it is to expect a solution of fæcal matter by giving resinous purgatives; just the contrary occurs. All arrangements to improve the keeping properties of the inspissated mass are useless, as without such attempts it will keep in pills buried in wheat flour (occasionally changed) *for two years*, and the facility attending its preparation in one single night with very little trouble, and the ease with which it may be procured at almost any time, call for no improvement of its keeping qualities. I cannot reflect on the exhibition of the inspissated gall in the cases here given without great satisfaction, since it proves, what I anticipated from the first trials, a valuable addition to our materia medica, as it has scarcely ever been given without having considerably improved the condition of the system, and in a vast majority of cases it has produced benefit even in most obstinate circumstances. I think there can be no doubt where obstinate constipation or continued diarrhœa exists, such a state may be fairly attributed to the deficiency or vitiated state of the biliary secretion; *if so*, the substitution of inspissated healthy bile (even though from a different animal) must improve the condition of the material in the alimentary canal almost immediately; whether it arise from the want of a sufficiency to mix with the fæcal mass, or correcting the state of that which may be vitiated, and too abundant, it is merely following up and assisting the intentions of nature in performing her excretory operations. In the whole list of cases here given as illustrative of its action *deficiency of quantity or quality of the bile is the prevailing object producing the abnormal state requiring interference.* As I have previously stated, the only (*at least the principal*) action of the gall appears to be *chemical solution* of such a nature as to effect the lining tissues *so little* as to produce no irritation, no gripings, or other unpleasant symptoms on the alimentary canal itself. The action of the gall is confined to the mass contained in the canal. The only observable difference has been where the kidneys have been acted upon by the elimination of an increased quantity of urine. This was also the opinion of the ancients, but whether the diuretic property is a direct action of the gall or the consequence of the improved state of the alimentary canal, I have not yet determined. I am, however, certain that the gall acts neither as a laxative, nor purgative, if by these terms are meant those medicines that act by stimulating more or less the lining membrane of the alimentary canal. It is generally allowed that the action of purgatives is by the stimulus effected characterised more or less by nausea, griping, &c. But such is not the action of the gall, and yet the result is a motion or evacuation of the fæcal mass with as great a certainty, by enabling the efforts of nature without much exertion to propel it with ease from the system, and accompanied by none of the unpleasant gripings, &c.

I had intended to add some remarks on the peculiarities of some of the cases here given, particularly those in reference to constipation produced by the frequent contact of white lead among painters, glaziers, &c. It appears to me that the lead affects the confined state of the bowels by arresting the secretion of the liver in the first instance; and this is the action of opium only in a less degree, and more temporarily, consequently more easily overcome by the ox-gall. In the cases of the lead contact the liver is again brought into action by the gall, and the evil disappears. So in the cases of constipation from opiates, I have found by very numerous experiments of my own, supported by the testimony of others, that by combining ox-gall with opium *no such constipation is ever produced*, and yet the action of the opium as a narcotic is not in the least deteriorated. Can evidence be more conclusive?

Middlesex Hospital.—The professional expenses of this hospital during one year were as follows:—Drugs, £704 5s 6d; spirits of wine, £68 5s; lint, £33; strapping, rollers, bandages, trusses, &c., £119 11s; surgical instruments, £58 5s. 8d.; tow, £8 7s. 8d.; leeches and cupper's salary, £89 17s; skins, £28 7s.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES..

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

MEDICAL CASES.

Case 2.—*Ascites; Severe Hematemesis; Epistaxis, &c.*

Thomas Lee, aged thirty-six, farm labourer, from Hopwood, was admitted into the hospital on the 6th of January, 1845, under the care of Dr. H. He is a rather large man, above the middle stature, with a pale, sallow-looking countenance, of dark complexion. His health has never been very good; he says he was never a strong man, and has been confined to bed on two or three occasions with a severe cough, accompanied by a tough, but never bloody, expectoration. His family have not been very healthy; his father and mother both died young, and his sister died at the age of seventeen, suffering from severe cough, and great emaciation. His habits have not been very good; he has occasionally taken freely of beer, but has never drank spirits to excess. His food has generally been sufficient, and of good quality. He has been very much exposed for some time back to wet and cold during his work, from the effects of which he has suffered.

About three months ago, after being exposed to severe wet and cold, he began to be very unwell, and was unable to follow his work. He says he felt very languid and weak, and began at times to bleed very profusely at the nose. This recurred very frequently, and with great severity. He had also a cough, which troubled him severely; he spat up a quantity of tough mucus, but no blood.

About six weeks ago, whilst threshing, he was first seized with vomiting of blood; he says he is certain that the blood all came up by vomiting. It was of a dark almost black colour, and in coagula. He says he parted with at least a quart, if not more. Previous to this he had considerable pain in the small of the back, which, he says, he has frequently suffered from, it being at this time very severe, and generally so before each return of the hematemesis. This vomiting of blood subsided for a day or two, and then returned again once or twice. Each time he parted with a very large quantity of clotted blood, and each attack was accompanied with the pain in the back. Soon after the attack of hematemesis, he began to have swelling in the bowels (ascites); this continued rapidly to increase, and the swelling extended until he had general anasarca. He has occasionally vomited his food; the vomited matters were often of a dark colour; his bowels have generally been much constipated; since the ascites commenced he has not made his usual quantity of urine; it has generally been of a deep red colour. He has never had any more icterus than at present. When admitted into the hospital he had universal anasarca, but there was more swelling in the abdomen than any other part. His countenance and skin generally was of a pale sallow hue, slightly tinged with yellow, but the sclerotica is of the natural colour; the skin is dry, rough, and of a mottled hue, but quite pale; pulse is 110, small, hard, and compressible. He has some cough, slight dyspnœa, and expectorates a tough mucus, but this contains no blood.

Physical Signs.—Heart's sounds normal; over the lower parts of the chest, on both sides, there is great dulness on percussion. This is greatest on the right side, extending up as high as the lower part of the mammary region; over the upper parts the chest is more resonant. On the right side, in the infra-clavicular and part of the mammary regions, the respiration is natural, but at the lower part, where there is such marked dulness, there is no vesicular murmur heard, but only a very slight mucous râle. On the left side the sounds are similar, except that respiration is heard over a larger surface. The abdomen is greatly distended with fluid; fluctuation is distinct. There is no appreciable tumour of the liver; the skin is covered with large dark-coloured veins, distended with blood; bowels are costive generally, and stools of a dark colour. He says that six weeks ago they began to be dark, almost black, and he occasionally parted with blood per rectum; tongue is pale and moist; he has some thirst, and good appetite; he passes

very little urine; it is of a dark-brownish colour; heat or nitric acid give no trace of albumen; its specific gravity is 10·20. He complains of great pain in the region of the kidneys, which is increased upon pressure, and is occasionally very severe; this pain he has suffered from for some time back.

R. Pil. hydrarg., gr. v, omni nocte sumend.

R. Pulv. scillæ, gr. xxiv; Pulv. digitalis, gr. vj; Potass. bitart., ʒvj. Misce et divide in pulv. xij, sumat. j ter in die.

9.—Symptoms continue about the same as when admitted; bowels costive; no return of hematemesis; passes but little urine; swelling continues.

11.—Passed a restless night; was much purged; stools of a thin, watery nature; tongue clean and moist; much thirst; appetite tolerable; pulse is smaller, but not so quick; skin is dry and harsh; cough has been troublesome; expectorates much mucus; has passed more urine during the last day or two. Omit pulv.

R. Spt. æth. nit., ʒss; Decoct. scopariæ, ʒxiss. Capt. ʒ iss ter in die.

13.—Little alteration since the 11th; anasarca the same; bowels less freely open; continues to pass rather more urine; skin of a rather yellower colour; cough has been more troublesome; has some dyspnœa.

14.—Continues about the same.

R. Pulv. ipecac., ℈j; Mist. acaciæ, ʒ viij. Capt. ʒ j omni secundâ horâ.

15.—He began to feel very much worse yesterday afternoon; this continued through the night, and early this morning he began, for the first time since his admission, to part with a considerable quantity of blood. This chiefly came up by vomiting, but he also got some up by coughing. He has parted with much more than a pint; the larger part of it is of a dark colour, and partly coagulated; a smaller portion is of a bright red hue, and frothy; he has not lost any for a few hours. The pulse is 120, soft, and weak; heart's impulse very weak; there is a soft, loudish bellows-sound audible over the seat of the aortic valves, and course of the aorta. This is synchronous with the first cardiac sound; cough is troublesome; he has considerable dyspnœa; physical signs same as on the 6th, with trivial alteration; complains of much pain in the epigastrium, which is increased by pressure; tongue clean and moist; bowels freely open; stools dark-coloured; passes urine more freely; has throbbing headache. Omit mist. et pil.

R. Liq. opii sed., gtt. j; Aceti distill., ʒj; Syr. simplex, ʒ iij; Aq. puræ, ad ʒvj. Capt. ʒ j omni 4tâ horâ.

R. Plumbi acet., ʒ ss; Pulv. opii, gr. iij. M. ft. Pilulæ, xij. Capt. j omni 4tâ horâ.

16.—Had a better night; was free from pain; no return of bleeding; complains of great feeling of exhaustion, and also of faintness; countenance sunken, pale, sallow, and anxious; pulse is much weaker, and frequent; heart's impulse very weak; systolic bruit loud and distinct in same region as yesterday; tongue clean; less thirst; anorexia; bowels open; stools almost black; passes less urine; anasarca about the same.

Cont. mist. et pil.

17.—He has been much worse during the night, and very early this morning he began again vomiting blood in large quantities. It is of a dark grumous appearance, with some florid frothy blood, which he seems to get up by coughing. He has also parted with some blood by stool, and his motions are all of a dark, pitchy hue. He appears very much sunken and weak; complains much of exhaustion and faintness; pulse is weak, quick, and small; surface pale and cold; heart's impulse weak; systolic bellows-sound loud and distinct; tongue pale and moist; some thirst; passes little urine.

Cont. mist. et pil. In addition to these medicines he was ordered, when the bleeding again returned—

R. Tr. ferri muriat., *m.* xx, omni secundâ horâ.

18.—He continued to vomit blood at intervals through the whole of yesterday, and during the night he parted with an immense quantity, and although he regularly took the medicines, they had no effect. The bleeding continued until he was completely exhausted and almost exsanguine, and he died at about 5, a. m., this morning.

Post-mortem Examination forty-eight hours after death.—A large corpse; surface generally extremely pale.

Chest.—Upon raising the sternum there was found a large quantity of clear serum in the cavities of both pleuræ; there were probably two pints in each. There were no traces of inflammation about the pleura.

Lungs were extremely pale, and seemed quite drained of blood. Not the least blood escaped from them on incision. At the inferior and posterior part of the right lung there was considerable œdema, and upon slicing it a quantity of serum escaped. This was the only part which did not crepitate naturally upon pressure. The bronchial tubes did not contain any blood, and their mucous membrane appeared healthy.

Heart was extremely pale; contained little or no blood in either of its cavities. The whole of the valves were healthy. The whole of the large vessels were quite empty of blood.

Abdomen.—There was a very large quantity of serum in the bag of the peritoneum.

Liver was larger than usual, and encroached considerably upon the cavity of the right side of the chest. It was very pale; its structure much harder and firmer than usual; upon slicing it no blood at all flowed; its internal structure differed little from the normal state.

Stomach contained nearly a pint of dark, coagulated, grumous blood, which evidently contained very little fibrin. The mucous membrane was rather rougher than usual, and slightly injected, but in other respects normal.

Intestines were distended at upper part with dark blood, and, lower down, contained dark-coloured fæces. They were normal in appearance, except being pale.

Spleen was very large indeed, being almost double its normal size; structure apparently healthy, but containing little blood.

Kidneys.—Left very pale; almost same colour as liver; difference between cortical and tubular structure indistinct; right one less pale; traces of congestion at its posterior part. Upon dividing it, the cortical portion was congested, whilst the tubular structure was pale.

Brain.—Upon removing the calvarium the vessels appeared almost perfectly empty, as also did those of the pia mater. There was a little serum under the arachnoid. The brain itself was very pale, and perfectly bloodless; there were none of the appearances of puncta vasculosa seen upon slicing the cerebral structure. The ventricles did not contain more than their usual quantity of serum. The two choroid plexuses were pale, and quite drained of blood.

Remarks.—The history of the preceding case shows that the man's health had been failing for some time previous to his admission; having originally a bad constitution, and never having been a strong man, his present ailments were probably brought about by his intemperate habits, mode of life, and frequent exposure to wet and cold. At the first he seems to have suffered from great debility without any very evident cause. This, however, was soon followed by profuse epistaxis, which, by its frequent occurrence, shows how strong was the disposition to hemorrhage, and renders it probable that there was at this time a vitiated state of the blood. This view is further supported by the subsequent fatal hematemesis and melæna, which seem to have been simultaneous in their origin, although these latter symptoms were in all likelihood more dependent upon hepatic disease. The severe hematemesis, with subsequent ascites, the altered colour of the skin, and its approach to that of icterus, with the enlarged and dark distended abdominal veins, and the absence of any positive evidence of cardiac or renal disease, led to the supposition that there was hepatic disease, and that this was of such a nature as to offer considerable obstruction to the portal circulation, producing congestion of its gastric and other branches, the result of which was the severe hematemesis and ascites. Hematemesis probably more frequently depends upon hepatic disease, or some of the abdominal viscera causing obstruction to the portal circulation, than any other cause, the blood being thrown out from these vessels, not in consequence of their rupture, but owing to an exudation through the mucous coat, as is almost always the case in all hemorrhages from mucous membranes. This, of course, would be facilitated, and its severity increased, by the vitiated state of the blood, which it is probable existed in this case. This view is borne out by the post-mortem appearances found: the hard and dense structure, with the altered colour of the liver, show that this organ was diseased, and the absence of any appearances in the stomach sufficient to account for the violent hematemesis, as is most frequently found to be the case, show that the blood could only have escaped through exudation. The enlarged condition of the spleen points out that there must have been some obstruction to the portal circulation, and that the blood had in consequence been thrown upon the spleen. This appearance is a very frequent attendant upon the post-mortem appearances found after fatal hematemesis. I have noticed it much enlarged on more occasions than the present. It is worthy of note in a physiological point of view, as it points out one of the probable uses of this organ, namely, that of acting as a receptacle for blood when any circumstance may arise causing congestion of the abdominal viscera, and its enlarged state in the case narrated was probably owing to the great quantity of blood which it had latterly contained, but of which it had been relieved by the severe bleeding. That the hepatic obstruction was not alone the cause of the severe hematemesis, I am the more inclined to believe from the disposition which all the highly vascular mucous membranes seem to have had to throw out, or allow the escape of blood, as was seen from the hemoptysis, hematemesis, melæna, and epistaxis. It is, therefore, pretty certain that there existed that state of the system which has been named the hemorrhagic diathesis, dependent upon a vitiated state of the blood, of which I have given an extremely well-marked example in my surgical cases. The state in which he was at the time of his admission rendered the case almost a hopeless one; the great debility and anæmia, with the great effusion into the chest which the physical signs made clear, and the anasarca, which was probably dependent upon the great quantity of blood he had lost, and also upon the probable thinness and poverty of this fluid, by which its more liquid portions were allowed a readier escape from their proper vessels, were circumstances sufficient, even supposing there had been no recurrence of the hematemesis, to render his recovery more than doubtful. The great pain he suffered in the loins previous to each attack of the hematemesis, coupled with the relief afforded by the bleeding, the condition of the urine, and the appearances after death, render it probable that this pain was the result of excessive congestion of the viscera, and not of organic disease. At the time of his admission the heart's sounds were normal, but after the excessive quantity of blood which he lost there arose, on the 5th, a loud systolic bellows'-sound, which continued up to his death. This evidently arose from anæmia.

Viewing the post-mortem appearances, there is one circumstance connected with those found in the brain, which may throw some light upon a physiological point connected with the circulation through the cranium. It is generally supposed, and is said to have been proved by the experiments of Dr. Kellie, that the quantity of blood within the cranium is at all times the same, owing to its being a shut cavity, upon the contents of which the atmospheric pressure cannot act. This statement I am inclined to doubt, and the bloodless appearance of the brain and its vessels which existed in this case, although there was a suitable quantity of serum under the arachnoid, militates much against it, and is well worthy of remark. The treatment offers little worthy of note; it seems to have produced little or no benefit in relieving the symptoms.

Munificent Legacy.—Mad. de Lenequesaing, lately deceased at Paris, has left property to the value of 835,000 francs to the administration of the hospitals of that city. It is intended to build one of the wings of the new hospital, Louis Philippe, with a portion of these funds, and to call it by her name. The donation is a very munificent one, but if bestowed to the injury of poor relations, it is also an unhappy one.

TRANSACTIONS OF LEARNED SOCIETIES.

SURGICAL SOCIETY OF DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

Meeting of the 18th of January, 1846.

R. CARMICHAEL, Esq., President of the College, in the Chair.

The attention of the Society was chiefly occupied in discussing the subject of the treatment of aneurism by compression, a very interesting case of which was brought under the notice of the Society, by Dr. Bellingham, of St. Vincent's Hospital.

James Hayden, a servant, aged about thirty-five, had been successfully treated by Dr. Bellingham, for popliteal aneurism, in 1843, and again for aneurism of the femoral artery in the following year by the above method. On the last occasion he was admitted in June, 1844, and discharged, cured, in the September after. He was readmitted on December 15th, 1845, having spent the intervening period at service in the country. About three months ago, he now stated, that when stooping at work, or stretching himself, he felt occasional slight pain, referred to the left nipple; it soon became more severe, and was referred not to this part only, but also to the dorsum of the left scapula, and was described as a scalding pain like that of a blister rising; for six weeks previous to his admission it was almost constantly present, and was much increased in severity, rendering him unable to sleep. It was now referred principally to the region of the left scapula behind, extending to the nipple in front, and occasionally shooting to the epigastrium, or to the right side of the chest.

The severity of the pain was greatest at a point corresponding to near the centre of the space mid way between the spine and inferior angle of the scapula, its lowest point corresponding to about a level with the fifth rib; this spot the patient could cover with three fingers, and described the pain to be of a burning or boring character behind, from which it shot to the precordial region or from the latter to the former. The pain was particularly severe at night, becoming increased at 10 o'clock, p.m., and continuing till about four in the morning, the patient being unable to sleep all this time; the pain laterally extended to the left arm—pressure on the parts did not increase the pain, but rather relieved it.

He had been bled, blistered, and given medicine, of which he did not know the nature, in the country, but without deriving the least benefit.

The heart's action was found on examination to be normal, its impulse being rather feeble, but the sounds natural. No evidence of preternatural pulsation at any part of the chest, the sound of which also had the natural clearness; a distinct and feeble double sound resembling that of the heart was audible over the left scapula at the seat of the severe pain, and extended over the space of about a hand's breadth from the spine of the scapula downwards, and towards the vertebral column, not being audible below the fifth rib; it exactly resembled the feeble beating of the heart at a distance, and was unaccompanied by any abnormal murmur.

In tracing it round by the left axilla it was lost, and at this part the respiratory murmur was loud; on approaching the precordial region the double sound reappeared, but possessed the ordinary character of the double sound of the heart, resembling closely that heard behind, but louder. There were present neither dyspnœa, cough, nor difficulty of swallowing; no congestion nor œdema any where, no palpitation nor feeling of pulsation in any part of chest, nor could any be detected by the hand; no dulness on percussion at the seat of the pain; no bruit de soufflet or other abnormal murmur.

The pulse had the same strength and fulness at each wrist. The patient complained of nothing but pain, and was to all appearance perfectly healthy.

On the 25th of December the patient complained that the pain had been unusually severe the previous night, having commenced at 10 o'clock, and continued till four in the morning, and extending from the left side of the chest to the left arm, entirely preventing sleep. He was inclined to attribute the severity of the pain partly to his having omitted his usual opiate. The acute pain subsided in the morning, and the patient had some sleep, and was sleeping when visited. Between twelve and one o'clock in the day he was sitting up in bed conversing with some friends, who came to visit him, when he coughed up blood two or three times, became faint, leaned back, was slightly convulsed, and died in about ten minutes.

At the autopsy the body was observed to be well formed and muscular. The left pleural cavity was full of coagulated blood, the crassamentum occupying the lower, the serum its upper portion; it amounted to more than two pounds, and had come from a rupture of an aneurism in the descending portion of the aortic arch, which had pushed the heart to the right side. This aneurismal sac was about the size of a hen's egg; its walls thin and firmly adhering to the vertebral column, which necessarily caused them to be injured by the removal. The aneurism sprung from the upper part of the descending portion of the arches, and adhered firmly to the left sides of the bodies of the fourth, fifth, and sixth dorsal vertebræ, whose bodies were slightly corroded, principally the fifth, while the intervertebral cartilages were apparently uninjured. At the outer and posterior wall of the aorta was seated the orifice by which it communicated with the sac, and which was of considerable size, but its edges not as smooth or as accurately rounded off as in aneurisms of longer standing; the sac contained only a little coagulated blood, there being no fibrinous deposit. It had formed adhesions with the upper lobe of the left lung posteriorly, and had partly burst into it, a portion of the lung at this point being infiltrated with blood, and the serous membrane being readily separated from its surface. This accounted for the expectoration of the small quantity of blood which occurred immediately before the patient's death.

The heart was about the normal size, an unusual amount of fat being deposited on its surface, and extending somewhat deeply into the substance of the left ventricle; the scalpel was used in laying it open; the cavities of the heart were all empty, and its valves sound. The thoracic aorta was of the normal size, its coats not thickened, but its lining membrane presenting patches of disease.

The abdominal cavities were healthy, as were also all the abdominal viscera; both lungs were free from adhesions.

Dr. Bellingham, in his observations on the case, recapitulated the leading features of it, and directed attention to the fact, that none of the symptoms as above detailed had any of the characters of thoracic aneurism, such as are laid down in books; but the severe pain and the double sound heard at the back of the scapula, in connection with the previous history, at once led to a suspicion of the true nature of the affection, an opinion which the patient himself also entertained. The pain, Dr. Bellingham remarked also, and the character so well described by Dr. Law and Dr. Beatty, are almost peculiar to aneurism of the aortic artery upon the spine; for when it occurs in a situation where the unyielding nature of the neighbouring parts binds down the sac and prevents its enlargement, these signs, together with the feeble double sound just mentioned, and the absence of the ordinary symptoms of aneurism of the other parts of the aorta, lead to the diagnosis of its seat being the descending portion of the arch. Dr. Bellingham alluded to the frequent co-existence of a fatty condition of the heart, with aneurism of the large vessels, as in this case, a circumstance which, he said, would appear to be something more than a mere coincidence. His chief object in bringing forward the case, was the interest it possessed as exhibiting the results of compression some time after the cure had been effected, the patient having remained well in the interval. The preparation made from it, which he exhibited, derived additional interest also from the fact of its furnishing the results of two aneurisms cured by compression at different periods. He would not dwell upon the advantages possessed by this mode of treatment over the ligature, as the employment of pressure appears to be now an established practice whenever the situation of the aneurismal sac permits of pressure being applied to the artery leading to it, and he would confine his remarks chiefly to points illustrated by the dissection of this case, one important point connected with which is its demonstrating that in fifteen or sixteen months from the date of the cure of an aneurism of the femoral artery by compression, the tumour had completely disappeared, the contents of the sac become absorbed, and the artery at the seat of the aneurism become quite impervious, rendering it impossible for pulsation to return, or for an aneurism to form again at that part; indeed, he says, from the mode in which a cure is effected by the ligature, it would appear hardly possible for pulsation to return, though many instances have occurred where this has returned after the application of a ligature. The anatomical conditions just described, he looked on as very important, from their tendency to set aside the objections urged some time since against this mode of treating aneurism, viz., that the time that had elapsed since the introduction of the practice was too short to allow a positive opinion to be pronounced as to the permanency, or the contrary, of the cases treated.

A somewhat lengthened discussion followed the reading of Dr. Bellingham's paper, the improvement suggested and practised by him in this method of treating aneurism, having been warmly eulogised.

Through Dr. Bellingham we now know that pressure, to be effectual, should not be applied in sufficient amount to produce obliteration of the artery leading to the aneurismal sac, as a consequence of inflammation and adhesion of the opposed surfaces of the vessel at the point of compression; but that the pressure should be such as will merely lessen the force and velocity of the current of blood throughout the artery, thus lessening the amount of blood passing to the sac, and encouraging the deposition of fibrine

The preparation on the table fully bore out the correctness of this proposition, for the femoral artery could be seen on each side, pervious and uninjured, down to the site of the original aneurismal sacs, at which points only its channel was obliterated.

PATHOLOGICAL SOCIETY OF DUBLIN.

DR. STOKES in the Chair.

The chief subject of interest brought forward at this meeting was a cast and preparation, exhibited by Mr. Robert W. Smith, of the Richmond Hospital, of an injury of the elbow of a very unusual and rare description. It was taken from the body of a man, aged forty-six, who died of pulmonary disease, and who had met with the injury of the elbow several years before his decease. The forearm formed a right angle with the arm; it could not be flexed any further, nor could it be extended. The hand was fixed in a state of pronation; the power of supination was almost completely lost; no motion whatever could be imparted to the ulna; it was, in fact, obvious that it was anchylosed to the humerus. The head of the radius formed a striking prominence (seen in the flexed position of the fore-arm) below and behind the natural situation of the capitulum of the humerus. The olecranon process likewise was placed behind and below the plane of the condyle of the humerus, but was by no means so prominent as in the ordinary case of luxation of both bones of the forearm backwards. Upon the inner side of the joint three distinct osseous prominences could be felt, placed upon the same vertical plane. Two of these were constituted by the inner margins of the olecranon and coronoid processes. The third, which was inferior, corresponded to the inner condyle of the humerus At the outer side of the joint was also seen a remarkable projection, placed above the dislocated head of the radius, and reaching upwards about three inches along the outer margin of the arm. Where this ceased a great irregularity could be felt in the shaft of the humerus, as if it had been the seat of an oblique fracture. From these characters it was conjectured that the injury had originally been a combination of fracture of the humerus with luxation of the forearm at the elbow. Upon post-mortem examination the following condition of parts was found:—A fracture, commencing about four inches above the outer condyle of the humerus, traversed the bone obliquely downwards

and inwards, terminating about an inch above the inner condyle. This fracture had united with considerable deformity and overlapping, the lower end of the upper fragment projecting forwards and inwards. The ulna was anchylosed at a right angle with the humerus, and somewhat displaced inwards, so that a line, prolonged vertically downwards from the centre of the olecranon fossa of the humerus, would pass completely external to the olecranon, the inner margin of which was exactly in the same vertical plane as the inner condyle. The head of the radius lay in the situation which it occupies in what is termed luxation backwards. It lay below and towards the posterior part of the outer condyle, the inferior surface of which, enlarged and flattened, presented a very shallow socket for the head of the displaced radius; the capitulum of the humerus had altogether disappeared. A strong capsule surrounded the new radio-humeral articulation, and from its inner surface was detached a bundle of ligamentous fibres resembling the round ligament of the hip-joint. This new ligament was firmly fixed in the depression which the head of the radius presented, and which was here much deeper than natural. The specimen, then, was an oblique fracture of the lower end of the humerus, with displacement of both bones of the forearm inwards, and slightly backwards. But, Mr. Smith remarked, it was involved in some obscurity, in consequence of the anchylosis of the ulna to the humerus; for anchylosis is not a result of accidental luxation that has been left unreduced. In such cases the efforts of nature are rather directed towards the formation of a new articulation; so that, in the absence of any of the commemorative circumstances of this case, the question naturally suggests itself, were the lesions of the humerus and of the elbow-joint that had been discovered the results of one and the same accident?—or should the abnormal state of the elbow be considered rather as the result of chronic disease of the joint, occurring totally independently of, and at a period different from, that at which the fracture of the humerus took place? Mr. Smith remarked that it would be extremely difficult to arrive at a correct conclusion upon the question; but he was inclined to maintain the opinion that the two lesions were coeval, and the results of one and the same accident. He had upon a former occasion exhibited to the Society an example of an analogous injury, viz., fracture of the neck of the humerus, with luxation of the head of the bone into the axilla. In all such cases the luxation remains unreduced, and the fracture unites with great deformity, as in the preparation on the table; for it almost amounts to an impossibility to reduce a luxation when either of the bones forming a joint has been fractured close to the articulation. With respect to the anchylosis of the ulna and the humerus, it may have been the result of a wound of the synovial sac of the articulation, by the pointed extremity of the upper fragment, whereby were induced synovitis and ulceration of the cartilages. This, however, was merely conjecture. Such an occurrence is not unfrequently met with when the synovial sac of the knee-joint has been penetrated, in cases of fracture either of the femur or of the tibia. Mr. Smith, in concluding, alluded to a case described at page 465 of the edition of Sir A. Cooper's work, edited by Mr. Bransby Cooper, of an injury of the elbow-joint, analogous to the one he had just described.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

Meeting of January 8, 1846.

Dr. BIRD, F.R.S., President, in the chair; Dr. RAYNER, Vice-President.

Andrew Pritchard, Esq., M.R.I., was elected an honorary member of the above society.

Mr. Chitty read a paper on urinary deposits. He cursorily mentioned the phosphatic and oxalic, as well as the lithic deposits, in his introductory remarks, showing the connection of each with a peculiar diathesis, but his paper, for want of time, was chiefly confined to the consideration of the deposit of lithic acid and lithate of ammonia; these substances, as well as urea, are the effete materials of the nitrogenised tissues; they occur in two forms, crystalline and amorphous lithate of ammonia. Since lithate of ammonia is soluble to a considerable extent, and is a natural constituent of healthy urine, in which no sediment occurs, it is only under an abnormal condition of that secretion that it appears as a sediment, or is decomposed so as to produce the almost absolutely insoluble lithic acid. This abnormal condition of the urine is produced by the following causes:—Deficient action of the skin; peculiar nature of the ingesta; derangements of primary assimilation, or of secondary or destructive assimilation. With respect to the first named cause, the author remarked, Faraday has proved the elimination of nitrogenised matter by the skin. Having calcined pure river sand, and ascertained its purity from nitrogenised substances by appropriate tests, he passed it several times over his hand, after which he obtained an evolution of ammonia from it. Now, from any cause, as cold, checking the cutaneous transpiration, this nitrogenised matter would, by virtue of the well-known reciprocal compensatory action of the skin and kidneys, be eliminated by the latter, probably in a somewhat different chemical form, increasing the quantity of lithate of ammonia beyond the solvent power of the fluid of the urine. Dr. Prout has given three cases of lithic deposits produced by the patient's sitting on a cold damp seat. The very frequent occurrence of calculi in the county of Norfolk, is doubtless mainly due to the circumstance, that it is so much exposed to the cold easterly winds. Dr. Scott, of the Indian army, has never met with a case of urinary calculus within the tropics. Calculi are very rarely found in sailors, which Dr. Copland Hutchinson thinks is owing to their sleeping in a part of the vessel through which no currents of air pass, and where they are so crowded as to be virtually in a vapour bath of perspiration. Sedentary habits, as not conducing to cutaneous transpiration, favour the production of lithic deposits, in proof of which the author cited a case of Sir Benjamin Brodie's. That lithic deposits are caused by peculiarity of the ingesta, is shown by the fact agreed upon by very numerous observers, that if a patient takes large quantities of albuminous food, lithic acid makes its appearance in the urine. A very frequent aberration of primary assimilation, is the production of an abnormal quantity of acid, which being eliminated by the kidneys, decomposes the lithate of ammonia, and produces a sediment of lithic acid, the affinity of lithic acid for ammonia being so feeble that any acid, even the carbonic, is capable of producing this decomposition. Lithate of ammonia is seen produced in enormous quantities, as a result of destructive assimilation in inflammations, particularly in rheumatism. As treatment for the formation of lithates in abnormally large quantities, the author recommends encouraging cutaneous transpiration by friction, vapour baths, and exercise, abstinence from large quantities of albuminous or other nitrogenised food, and drinks containing acetic acid; and for the solution of lithic deposits, as well as for their prevention, alkalies, fruits containing malic acid, as apples, cherries, and strawberries, and large quantities of diluents. He had lately witnessed very marked good effects from the phosphate of soda and benzoate of ammonia; of which he gave cases. The good effect of the latter is doubtless due to its forming hippuric acid by combining with the nitrogenised matters.

A short discussion ensued, in which Mr. Smith, Mr. Baines, and Mr. Griffith took part.

Mr. Reid remarked that the fact of a lithic deposit in the urine being amorphous was very remarkable; many authors considered that this deposit is lithic acid, which is amorphous on account of the rapidity with which it is thrown down, and the presence in it of colouring matter. But if lithic acid be artificially precipitated ever so rapidly by the action of an acid on lithate of ammonia, it is found to be in the form of minute crystals, and crystals of lithic acid often contain colouring matter. Others were of the same opinion as the author, but recent experiments had shown that the deposit consists of lithic acid, ammonia, soda, lime, and occasionally magnesia and potash; and that its amorphous character is due to the nature of the salts contained in solution in the urine.

REVIEWS.

The Nature and Treatment of Cancer. By WALTER HAYLE WALSHE, M.D. London: Taylor and Walton. 8vo. pp. 590.

The old adage of a great book being a great evil, certainly does not apply to the volume before us; for ample though it is, there is nothing in it that is not indispensable to the complete investigation of cancer, in all its relations to physiology, pathology, diagnosis, and treatment. Bringing to bear upon his subject, the ample resources of research, observation, experiment, and practice, it would be expected that Dr. Walshe would produce a work upon this branch of pathology not unworthy the distinguished reputation he enjoys. It affords us, however, sincere satisfaction, to be able to express the conviction that the book we are about to review, is not only the best extant, in any language, upon the subject of which it treats, but that there are few, if any, monographs in the department of pathology, which surpass it in comprehensiveness, correctness, and completion.

The book opens with some introductory remarks concerning the nosological position of cancer. After having considered cursorily the nature and mode of formation of adventitious products, our author concludes that cancer "is a single genus of formation representing the subdivision of infiltrating growths." In the family of adventitious products, it occupies the class of physiological organic formations, the sub-class of blastemal formations (products possessed of dependent existence and derived from a blastema), is of the order vegetative cell-formations (derived from a blastema which generates cells possessed of vegetative faculty, but deficient in permanency), and of the genus infiltrating growths. This, then, is cancer or carcinoma. Dr. Walshe divides it, and we think with the greatest pathological simplicity and propriety, into the species, encephaloid, or soft cancer; schirrus, or hard cancer; and colloid, or jelly-like cancer. These again, are discreetly subdivided, the first, into mastoid (boiled-udder-like); solamoid (like sliced raw-potato); milt-like; nephroid (kidney-like); fasciculate (soft and fibrillar); hæmatoid (unusually vascular) and fungus hæmatodes, when, in the true encephaloid cancer, interstitial hemorrhage leads to the infiltration and accumulation of blood in the morbid growth. The second is subdivided into pancreatoid (resembling the pancreas, but Dr. Walshe doubts whether it would not better apply to certain varieties in the encephaloid and colloid species); chondroid (dense, crisp, and shining schirri, especially in their early stages); lardaceous (like boiled rind of bacon); napiform (like cut turnip); apinoid (like cut unripe pear); and hæmatoid (sanguineous, though in a less degree than belongs to this variety of the encephaloid species). The third, or colloid cancer, has no varieties which are worthy of specialisation. Dr. Walshe, however, observes that "the development of colloid structure sometimes arises in a basis of schirrus—a *schirro-colloid* formation is the result. In one portion of a remarkable specimen of cancer of the breast, contained in the University College collection, the combination of the two species is very distinctly seen. While the major part of the growth is composed of colloid structure, the spot referred to of schirrous character, contains, scattered through it, numerous minute loculi, varying in size from that of a millet-seed, to that of a pin's point, exhibiting the usual properties of colloid carcinoma. From the appearances traceable in this preparation, no doubt can be entertained that the particles of colloid structure were evolved within a pre-existing nidus of schirrus" (p. 29). We quote this interesting pathological fact, because of the opportunity which this place affords us of, to a certain extent, confirming it. We possess a uterus (taken from a patient we attended in her last illness) of immense size, from the development of a fibrous abnormal growth, chiefly at its fundus. In the midst of this fibrous material, we found imbedded, a pure form of colloid-cancer, the size of a fist, and having no appreciable communication with the surface of its investing mass.

The second chapter of Dr. Walshe's book is devoted to the chemistry of cancer. Allowing to chemistry every possible latitude, we are not pre-

pared to admit the probability of its throwing the smallest light upon the nature, origin, causes, or cure, of cancer. Dr. Walshe has enumerated a few of the theories of its chemistry, and of its analyses: we could put him in possession of many more than he has got, especially from Pearson, whom he has not quoted at all, and Crawford, whom he has referred to only once, and that in the Philosophical Transactions (neglectful or forgetful, of his essay) but it is not necessary that we should do so, seeing that whatever he adduces accords as well with his opinion as with our own, that chemistry will aid us not at all in understanding or treating cancer. But we cannot pass over a note at page 33, without asking an opinion upon it. After having said that Müller obtained from a colloid tumour which had been kept in alcohol, and was boiled for eighteen hours, a very small quantity of matter, which, though somewhat allied in properties to the salivary principle (ptyalin) was in truth *sui generis;* he tells us in the aforesaid note, that "it is now believed by a considerable number of practised chemists, that all the animal fluids yield a water-extract which strongly resembles, if it be not altogether identical with, ptyalin." Who, let us be permitted to ask, are these practised chemists (?) who venture upon good authority this bold expression ? of the "animal fluids," does bile, does urine, does sweat, does semen, do tears, does cerumen (it is not a solid), furnish, *except in morbid states*, ptyalin ? We have never heard of an indisputable instance of the kind, and are greatly in doubt whether we shall ever have such a hearing. As for certain things *being like* ptyalin, that is one affair ; but, *being actually ptyaline* that is another ! The colloid cancer referred to by Dr. Walshe, which had been saturated with alcohol before examination, might furnish by "evaporating the fluid in which the mass had been boiled" a something *smelling like ptyalin*, but, in its *actuality*, no more like ptyalin, than we are like Hercules. It is possible to effect in muscular tissue, in serous and mucous membranes, in skin, and even in cartilage, such an alteration by long digestion in alcohol, and especially in very weak acid, that the spirituous or ethereal extracts from these substances, shall look and smell precisely like ptyalin. But they are not the nearer to ptyalin for these superficial resemblances to it. Even in this substance itself, it is well known that alkalies destroy, and acids heighten, the peculiar odour of it. So that ptyalin, with a litle caustic potash added to it, shall smell not nearly so much like itself as a spirituous extract may do, evaporated from muscle previously digested in some weak acids. Odours and common looks stand for nothing in the face of modern chemistry. Before any substance is pronounced to be *this* or *that*, from a *mere seeming*, it should be considered in its *actual essence*, from matter of fact—*from analysis*. By such testimony only can statements involving practical chemistry be trusted.

Want of space compels us to complete this review in another article.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. RANKING, M.D., Cantab., Physician to the Suffolk General Hospital. pp. 472. Churchill, 1846.

The success which attended the publication of the first volume of this work six months since, has stimulated the editor to renewed efforts, and to a larger outlay, of which the profession will reap the benefit. Additional labourers have been engaged, and to their assistance the editor is greatly indebted. The work is enriched by careful reports on practical medicine, pathology, and therapeutics, by Dr. Ranking ; on surgery, by Mr. Ancell ; on midwifery, by Dr. Ranking ; on anatomy and physiology, by Mr. Kirkes ; on chemistry, by Mr. Day ; on forensic medicine, by our distinguished contributor, Dr. Guy ; and on materia medica and pharmacy, by Mr. Day. These reports, which are very elaborate, and do great credit to their respective authors, occupy considerably more than half the volume, the remaining portion being occupied by carefully digested abstracts of the best papers published in the medical journals during the last *semestre*. On glancing cursorily over the pages of this volume we observe numerous extracts from the *Medical Times*, and the invaluable essays of Dr. Wright on Tubercle, &c., are mentioned with the highest praise. This is as it should be. Those papers alone, from the extensive learning, and the profound knowledge and professional acumen they display, are sufficient to stamp their author's reputation, and any work professing to be an abstract or retrospect of the medical sciences would be necessarily incomplete unless it contained a full analysis thereof. Dr. Ranking has added a very useful feature to the present volume in the shape of a complete index.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s. neatly bound.*

Two of our medical contemporaries, who, in the hope of rivalling this journal, some time ago lower edtheir prices, have been recently compelled by the pressure of the "TIMES" *to resume their former charges. This retrograde course of the* Medical Gazette and Lancet *establishes a fact long suspected, that the* "MEDICAL TIMES" *is the only professional journal, whose large circulation permits of a moderate rate of subscriptions. Indeed we happen to know that this journal uses as many stamps in one month as all the metropolitan medical journals in twelve ! The authorities of the Stamp-Office, Somerset-House, will attest the truth of this assertion.*

A Practical Surgeon, Norwich, *favours us with an elaborate and clever article, with the aim of shewing the worthlessness as a professional authority into which has degenerated a weekly contemporary. He founds his strictures on several quotations, of which the following are rather favourable specimens:*—"First, of muscles passing over the bone, and yet are not attached to it at either end ; second, those attached to it at one end, the other end being attached at some point above ; and the third class, those attached, in like manner, at one end, while the other descends, and are attached below it. * * * * I have never used the dextrin in this form with the instrument, but its operation would be simple. I think I cannot be mistaken in the opinion I have formed of it ; indeed, I think it equally applicable in some fractures of the thigh ; of its use, however, in some of the cases in which I have seen it applied, especially the *manner* in which it was applied, I cannot too strongly deprecate. * * * * Nor, indeed, as far as I have seen, has there been less deformity in the *limb resulting* from its use. * * * * The knee is also subject to luxations every way, though, fortunately, they are not frequent. When they do occur, injury is apt to be so extensive, that amputation is required ; yet, in general, it is in those cases where reduction is most difficult, that the surgeon should by all means in his power endeavour to save the limb. It is not our business, however, to lecture, either upon diagnosis or pathology, ours merely relates to practice." *Our correspondent inveighs with bitterness against the attempt to prolong literary existence by cheapened wares and higher prices, and particularly animadverts on the course of lectures, from one of which the above are extracts. For our parts, we trust, that if trashy and useless to readers, they may be of service to the American gentleman whose vehicle they are, in puffing a new instrument which he is merchandising. If paid for as advertisements, however, and they could hardly gain admission in any other way, much disappointment would have been spared if the public had been apprised of the circumstance. The practice of which our correspondent complains, (viz. making the few readers continuing pay for the many leaving off —the living atone for the dead), is common with declining journals.*

J. H. Thomas.—*In our opinion the old apparatus, being the simplest, is the best.*

A Constant Subscriber.—*We do not think the publication of our correspondent's letter would interest the profession generally.*

J. H.—*The remedy proposed by* J. H. *is a common one in the "complaint," and had been previously used in the case alluded to.*

An esteemed Dublin Correspondent *has this week enclosed a communication in a half sheet of letter paper, containing part of a discussion on aneurism. Where is the other part of the report ?*

We shall be happy to examine Mr. Fletcher's paper if he will forward it for our inspection. His request shall be complied with.

Mr. Redman *has sent us the following case:*—On Saturday last, at 4, p. m., I was requested to attend Mrs. P., of St. Mary's-street, Lincoln, in labour of her second child; on my arrival I found that the case was a natural one, and progressing favourably, with pains, which were not violent, occurring at intervals of ten minutes. She was delivered on the same day at half past five o'clock ; immediately after the division of the funis, I discovered that the *os uteri had so closely contracted around the umbilical cord* as to render the extraction of the placenta wholly impracticable. I waited half an hour, ere I administered any remedy, and then gave her two drachms of tinct. opii ; before the lapse of another half an hour I was enabled, from the relaxation produced by the opiate, to remove the placenta : the patient is doing well. *Dr. Rigby's excellent lectures, now in course of publication, will in due time contain some practical remarks on this subject, on which at present most midwifery lectures appear to entertain erroneous ideas.*

A Druggist.—*It does not follow because the bill is not to be passed this session, that the charter of the new incorporation of medical practitioners shall not be granted. The half session of lectures is recognised by the college, and reckoned as a half session towards the full period, and by entering now he would assuredly save himself from any retrospective influence of the charter,* i. e., *he would come under the present regulations. The druggist's indentures will suffice, and will reckon in with the lectures as the time prescribed, viz., that the candidate shall be* "four years engaged in the acquirement of professional knowledge." *Indentures from an apothecary or surgeon are not therefore necessary.*

A Dresser, St. George's Hospital, *asks us the mode of forming a* Dove-Hitch ? *We regret we are totally ignorant on the subject.*

Mr. Beggs.—*The arrangement spoken of should not be delayed by any speculations about a Medical Bill.*

Dr. Hilbers is assured that the review of the work on Homœopathy had no personal reference to himself in any way. Differing toto cœlo *from his views, we are far from blind to the good temper and scholarship displayed in his articles, and we should be the last to infer one word against himself personally. The review, in fact, had no reference to the controversy we have allowed to be opened in our columns.*

Mr. Burton.—*There is no remedy for the folly, the stupidity, or ignorance of a coroner and his jury, in reference to the rejection of necessary evidence, but an application to the Lord Chief Justice of the Queen's Bench—a process at once troublesome and expensive. The intolerable nuisance of coroners and their juries is beginning to be now as well felt as their utter uselessness. Wakley and his jury rejected medical evidence in a case of "natural death," as they called it, which ultimate examination showed to be caused by prussic acid ; in Scotland a woman was hung for a murder which the coroner called "suicide ;" and the case of our correspondent may be analogous. A remedy is of the greatest necessity.*

To several Correspondents *who have addressed us on the Militia.—Neither physicians, surgeons, nor apothecaries are named among the persons who are excepted by the Militia Acts from militia ser-*

vice. By the statue 32 *Henry VIII., c.* 40, *physicians are however exempted from watch and ward; and though the question has never yet been decided, it seems extremely probable that the exemption extends to militia service, in the case of all physicians residing in London and its suburbs, and belonging to the college either as Fellows or Licentiates. By the statute* 32 *Henry VIII., cap.* 42, *all the members of the College of Surgeons are exempted from "bearing of armour," or being put to any "watches or inquests," and the only question is whether this exception does not extend both to service personally and by a substitute. This, however, is another legal point undecided. Apothecaries have no exemption of any kind, either by their own Act of* 1815, *or by the Militia Acts. As there can be no doubt of the hardship of this state of things, we can have little doubt that in the new bill to be brought in by Government the grievance will not be overlooked, and that all classes of medical men will obtain the exemption equally.*

M. S. *should have responded to our appeal in time. We but follow our invariable rule. We rely on the honour of our subscribers, and where deceived we make a point of "posting" the defaulter. We regret the result to M. S., but the fault was clearly not on our side.*

Medicus *has only to send his name with his qualification to the secretary of the National Association, Regent-street, and he will have his name enrolled gratis. He will receive the Transactions of the Association without expense.*

M.R.C.S. *is thanked for his courtesy.*

C.—*Because of the length of the paper, its personal character, and the immense mass of contributions delayed, but which have been promised an insertion.*

Mr. Beale.—*Coroners undoubtedly may demand pooof that a witness professing to be a medical man is so.*

THE MEDICAL TIMES.

SATURDAY, JANUARY 31, 1846.

Unde et quo Cetus.—HORACE.

THE advertisement of the National Association, which appeared in our columns last week, informed our readers of the fact that Sir James Graham did not intend to prosecute his Medical Bill during the present Session of Parliament. The mere publication of this statement will doubtless give rise to a variety of opinions and feelings among the members of the profession. Expectation will stand aghast at this sudden destruction of its hopes. Malice will whet her weapons with a keener edge, confidence will be alarmed, and even apathy will be startled into a consciousness of interest by the event.

We do not, however, as we said last week, see any reason for dismay; on the contrary, we believe that the cause of the General Practitioners will be greatly promoted by the removal of the numerous embarrassments with which the Home Secretary, either in diplomacy or weakness, entangled the feet of its advocates. But what can be said of a man who, after throwing the Profession into a state of turmoil, suspicion, and anxiety, such as never before agitated it, can walk out of the field of contention, and leave his clients to disengage themselves as they may best be able? Is his intellect so darkened, or his will so feeble, that he cannot see what is right, or cannot do what is right? Or, is it that, whether wrong or right, he is indifferent to the public welfare, and will abandon a cause to its own issue whenever it crosses his purpose or exacts too large a sacrifice of his exertion? To whichever category he may answer, such an individual is unsuited for the conduct of business of so great importance and difficulty as medical legislation; and although the Profession may not eventually deplore it, yet scarcely too heavy a censure can attach to a statesman who can trifle so recklessly with the interests of a Profession whose duties and relations are so intimately bound up with the general welfare.

We have not yet, however, seen the end of bill-manufacturing: there are more mills at work; and when their productions are submitted for public inspection, we shall take care to examine very curiously into the quality of the texture. We have no doubt that a certain Coroner, who has, for many years past, carried on a trade in medical reform, is already prepared with some choice patterns—ingeniously designed and contrasted in form and hue—and we are in daily expectation of the publication of some puff advertising his wares to professional notice. The firm in question is almost in a state of bankruptcy—at least as respects public opinion; so that this last contrivance may be benevolently excused.

The College of Physicians must incontinently look to their laurels. They must furbish up all the rusty armour of antiquity, and erect a stockade of forgotten precedents, and a neglected prestige; for another, (Mr. Macaulay), is about to enter the field, armed with a bill that shall demolish all the barriers of ancient privileges, and let in a regiment of Scotch graduates, like an inundation. On the other side, as we have said, our Coroner, who looks as portentous as a witch in a whirlwind, has got *his* bill in his hand, menacing vengeance and "confusion dire" on all his opponents. The great Conjuror is at last to appear upon the scene, decorated in his particoloured habiliments, and blowing his own trumpet. He gave notice to the House, at the close of the last session of Parliament, that he had conceived some new trick to charm the profession into tranquillity, to redress all their wrongs, and unite them together as a band of brothers. Sage old gentleman!

The public expect to witness this grand feat of legerdemain?—The trick will be played, of course?—not at all. During the recess, it has been exposed—the secret has been divulged; and now, instead of bringing in the bill he intended, he proposes to move for a Committee of Inquiry, obtain evidence, and construct another bill thereupon. Thus the present generation may resign themselves to their fate, and make a bequest of the benefits to their successors. We think, however, the last trick better than the first, inasmuch as it will not be so readily discovered.

Fortunately for the Profession, their destiny is not intrusted to such guardians. As we told them last week, the assertion of their rights, and their emancipation from corporate abuses, depend upon themselves. It is idle to suppose that any individual can do for them what must be done by the growth of public opinion, and by the stern unyielding determination of a class.

It is principles, not men, that demand our support. Let *one* grand principle be affirmed—with one heart let it be espoused—let it be clung to with a tenacity, a perseverance, and a resolution, that shall defy all the efforts of our enemies to break us asunder. Let us learn to despise the wily cajolery of a self-interested patriot—emancipate ourselves from the slavery of prejudice—think justly, act promptly, and support our own class in the righteous endeavour to establish the independence of the general practitioner.

Why have we failed hitherto? Not because our claims were feeble, our intelligence unacknowledged, our scientific attainments disallowed, our usefulness denied, our professional qualifications impeached—not because of these things; but because our aims have been divided, and the canker of disunion has eaten into the very heart of the profession.

There is but one body to which we can now look with any trustfulness for support; it has the entire confidence of its members, and is resolved to accomplish, by all the means at its command, the legal acknowledgment of the just rights of the General Practitioner. The National Association, though apparently defeated by the abandonment of the Bill, has, in fact, defeated the Minister. It has prevented bad legislation, and is now in a stronger position than it ever was to secure some great boon for the General Practitioner. Let it make use of the splendid opportunity.

We do not think that medical reformers were ever in a more flattering position. With a strong organisation, already effected and ready for use—unshackled by the exacting temper and greedy ambition of individuals whose pretensions are the curse of every good cause to which they are admitted—free of an indecisive minister—in possession of the intentions and objects of the opposing colleges—how could they more advantageously recommence the campaign, or adapt their plans with a greater chance of success?

The only danger which they have to fear is a disunion on principle. We should think that the experience they have gained in the stormy seas of political agitation will teach them to steer wide of so fatal a rock. A collegiate incorporation on the most extensive and liberal foundations is the thing wanted. We would, without fear or hesitation, launch this ark upon the waters, laden with all the valuable remnants of a past age, and the germs of a new creation, and, after a short period, we should witness results in a new order of things far superior to our present anticipations, and which would confer immeasurable benefit on the whole Profession.

An establishment of this kind may be called by many names, such as an institute, a faculty, a royal incorporation, &c.; let us not quibble on these comparatively unimportant matters, but strive, as one man, to obtain the realities of which these names are merely the exponents to different minds.

POOR LAW MEDICAL RELIEF.

THE present system, so unfavourable to the poor, so unjust to medical men, is at length to undergo a thorough change. The innovation comes to us at a moment the least expected, and in a way the least to be anticipated. Sir Robert Peel, in his important speech of Tuesday evening, on the ground of lessening the taxation of the agricultural body, proposes to assume for the Government the payment of one half the expenditure of medical charitable relief. The Government will hence acquire the right—as they have long lain under the neglected duty—of proposing and firmly establishing some better system by which the just claims of professional men may be reconciled with a full and effective attendance on the pauper sick. In singling out this burden, there can be little doubt that the Premier has been influenced by the known and incurable defects necessarily allied with the present mode of doling out medical relief, and we take some pride to ourselves that we have been instrumental in bringing under prominent notice the evils now, we hope, to be so soon remedied. To the exertions of Mr. Guthrie and Lord Ashley much is also owing. Their parliamentary inquiry made early legislation inevitable. They will now, doubtless, be vigilant to aid that it may take the proper direction. We

subjoin Sir Robert Peel's observations on this subject:—

"There is another charge which is borne by the land in this country, of which again, for social purposes, we propose that a share shall be borne by the Government—I allude to medical relief. There is no part of the administration of the Poor Law which has given more dissatisfaction than the administration of medical relief. (Hear, hear). There has been great unwillingness manifested in many cases to grant this relief—the guardians, perhaps not unnaturally, thinking that their more immediate duty was to relieve the poor from the danger of starvation. I am sorry to say that there have frequently been just grounds of complaint on the subject of medical relief. It will be remembered that the subject of medical relief in Scotland occupied the attention of the house last session, and we propose to extend the same measure to that country, for the purpose of giving the Government a greater degree of control; and for the purpose of gradually introducing an amendment in the amount of relief, we propose to take one-half of the charge of paying the medical officers both in England and Scotland upon the Government. We estimate the amount for England at £100,000, and for Scotland at £15,000; Ireland is under a separate law in reference to medical relief; but the whole subject is likely to occupy the attention of Parliament in the course of the present session."

Nil fuit unquam
Sic dispar sibi. HORACE.

—— Patitur pœnas peccandi sola voluntas:
Nam scelus intra se tacitum qui cogitat ullum,
Facti crimen habet. JUVENAL.

IN our last article upon medical reviewing, we observed that the very fact of scientific works being so variously dealt with by critics, proved that these, often, either dishonoured their calling, or were plainly incompetent to fulfil its obligations. In matters of *fancy* a difference of opinion may prevail, and very allowably; for, as *tastes* vary, it is not likely that judgment could be uniform upon any subject involving their exercise. One man admires the smell of a rose, another is delighted with the odour of assafœtida—harmonious sounds please the ears of some, whilst others are charmed with the direst discord—gaudy hues are gratifying to certain visual organs, whilst certain others are suited only with delicate tints, whose natural grace is heightened by judicious blending. But no fault can be found with these varieties of inclination—they are, for the most part, instinctive tendencies—arbitrary as the laws of nature—and not dependent for their existence upon cultivation or the conventionalities of a changeable fashion. They are matters upon which people can differ without exciting each other's surprise at the absence of agreement. On subjects purely fanciful or imaginative, again, opinions may vary, and without creating any wonder. One critic may admire an elaborate thought, or a flowery phrase, and deem it the very perfection of pure taste; and another may find no such charm in it, or even consider it puerile or vulgar. Yet both may have good reasons for their judgment, and neither be guilty of ignorance, or wilful injustice, in differing with the other. Hence the varieties, nay the diametrically opposites, of criticism, that we meet with concerning poetry and romance. A poet, or a novelist, may be lashed by one party and lauded by another, without any sin being committed against judgment or justice: so much license is there for forming or expressing an opinion upon matters simply dependent upon taste. We do not mean to say that this license is never abused in this field of criticism; it furnishes too much temptation to escape being tampered with—but we only say that, concerning subjects of such latitude, authorities may arrive at opposite conclusions without perpetrating any outrage upon intelligence or honesty. But there is no such liberty allowable in canvassing *matters of fact*. These should be spoken of with the precision of *yea, yea*, and *nay, nay*; for they must be either *true* or *false*, and should therefore be dealt with without any, the smallest, compromise of opinion. If a man, having the perfect use of his eyes, were shown a ball, and told that it was square or three-cornered, he would be either amused with the absurdity, or offended with the artifice, that tried to deceive him; and, without consulting the feelings of the opposite party, would dare to judge for himself, and pronounce the object to be round. But how many men are there, having the perfect use of their senses, and of the mind to which these minister, who are in the habit of giving countenance, or credit, to falsities as palpable as, that a globe is square, or that black is white? Do not the reviewers of scientific works commit this absurdity, or rather this sin, every day? The history of this literary *business* is crowded with examples in proof of what we affirm. How comes it that on subjects that are *demonstrable*, and therefore not *capable of being disputed*, those who sit in judgment should happen to express a variety of opinion. Ignorance, or negligence, or direct wickedness, must be the origin of it. A book relating to, and dealing with, matters of fact, is pronounced by one critic, everything that is good, and by another, everything that is bad. One of them must tell a lie, either ignorantly or willingly, and the question is, not so much with whom does the falsehood rest, as how comes it so barefacedly to be told? A book, whose truths or fallacies are as easily proved as a sum in addition, is said by one party to be right, and by another to be wrong. Were such examples infrequent, they might be passed over, or charged to the account of accident—but it is their constancy that gives them the character of crime. Two centuries and a half ago, Bacon said that there were "more false facts than false theories in science"—but how astonished the philosopher would be were he to visit us again, and see how mightily these "false facts" have accumulated since his time! And, be it remembered, this accumulation has been in the face of mutiplying opportunities for the substantiation of truth. The great blame for these things rests with those experimenters and investigators—alas! how numerous!—who, whilst affecting inquiry and induction, have satisfied themselves with leaping at conclusions, though the leap was in the dark, and they were uncertain whether its consequences would be right or wrong. But it must be admitted that no small share of the discredit falls upon those, who, under the mask of criticism, are performing the reverse of critical duty; who quote the *ipse dixits* of authors without pausing to inquire, are they true or false?

O imitatores, servum pecus!

ye are verily the passive mouth-pieces of falsehood. Bad as these are, they bear no comparison, however, with those blacker sheep, who for pecuniary or personal considerations, will sin in the face of light and truth, and thrust upon the world, with an air of reality, what *they know* to be nothing but fiction. How many there are of this class, or what punishment may be due to their sins, it is not necessary that we should here stay to inquire. It is sufficient that we know, and lament, that physic is not sacred from them, or from the evil they are capable of inflicting.

Wanting the essential requisites for an *exact* science, medicine is peculiarly open to speculation, and to the many mischiefs that may spring from it. The theoretical, aye, and the practical part as well, of our profession, has more idle idealising in it than any other profession in existence. But, what is worse, *ideas* are finally passed off for *actualities*, and the fanciful creation of an ingenious brain invested with the importance, and paid the deference, that are alone due to demonstrable matter of fact. This is the reason of the contrariety of opinion that prevails amongst us, and it is the reason, also, of the vast difficulty that besets the arriving at correct conclusions. Imposition has been permitted so much to usurp the place of truth and reality, that oftentimes our resources of proof are inadequate to guard us against error, and defend us from the bold assumptions of deceit. The joke has something more that jest in it which says—

Who shall decide when doctors disagree?
Nescimus fortasse, nec you, nor me.

But, it may be asked, what share have reviewers in these said serious matters? Why, as the Irishman said, they have all the share. "Once upon a time," as the old narrators have it, if a man wrote a word on physic, and, in so doing, committed himself to folly or falsehood, it frequently happened that some courageous man of fact would step out of the ranks of retirement, and punish the offender for his impertinence. Our forefathers were more daring than we are. They defied personal considerations when propriety dictated. Hence the frequency with which "replies," bravely backed by authors' names, were made to the impositions attempted to be practised on the literature of our profession. But such things are now fewer, and farther between, than even angels' visits, though imposition stalks with a more giant stride. We are afraid of openly defending the truth, when the attempt threatens our personal safety or professional success. The world is evidently becoming daily more diplomatic and time-serving—as in politics, so in physic, extremes meet—safety, however secured, is the order of the day, and we as little *expect* to find independent champions of a good cause, as we *hope* to find the like advocates of a bad one. However, though the man deserves to be admired and praised who will depart, unsolicitedly, from his ordinary pursuits to defend *principle* whenever he sees it attempted to be violated, and this, even at the risk of his own popularity or gain; still we must not go so far as to say that he who will not perform such a feat as this, deserves to be censured. It is not every man who feels that the special errors of another particularly direct themselves to him for correction. But whoever betakes himself to the office of a critic and a judge, can have no reasonable excuse for departing in any wise from his peculiar and self-imposed duties. He commits himself to his task by avowing and advertising his readiness to estimate and decide the various merits and demerits of the works placed before him. He takes a specific position, and engages himself to a responsibility, whose very consequence secures to his avocation—patronage, and to his dictum—deference. Considerations like these are not matters to be trifled with. There is a serious consequence about them, which pleads that they shall not be treated lightly. How often this pleading is properly responded to, will be evident, from what we have already said upon the business. The system must be radically wrong in its working; or, upon subjects that are positive, and approaching to exactness, we should not have the difference of critical opinion we meet with—a difference sufficiently great often to make an unprejudiced observer doubt whether the plan of reviewing necessarily commands anything like honesty, or whether its votaries necessarily require anything like brains. Certainly, as matters stand—we mean the *pros* and *cons*—it would seem

to signify little, however the deduction might be drawn.

In concluding the subject, a painful one we confess, and not over easy, for we have strained a point upon generalities where we would fain have descended to particulars, but that we wished to avoid anything like personality, we have a few parting opinions to give.

1. A reviewer should be competent to judge upon he subject committed to his opinion. Failing in this competency, and none can better determine the fact than himself, he should, like an honest man, decline the task.

2. A reviewer should be regardless of his author, and fearless to declare the truth of him, whether it be in praise or in censure. If he cannot dispossess his mind of prejudice, he should not for a moment pretend to give an unbiassed opinion. Personal feelings, the suggestions of friends, and the temptations of gain, should in nowise influence him towards awarding a verdict at variance with his deliberate judgment.

3. He should remember that he is called upon not only to *review* but to *criticise*—that he must not only give a summary of a work, but that he must speak of its good and bad parts; must corroborate the one and correct the other; and to the end, that he may do this duty truly, *he must really read the book*, and study it with an earnest care. Above all things, let it be his faithful conviction that—HONESTY IS THE BEST POLICY.

MISCELLANEOUS CORRESPONDENCE.

ON SCARLATINA MALIGNA.

To the Editor of the Medical Times.

SIR,—I beg leave to offer the following remarks on this dreadful scourge, as I consider them worthy of perusal by all who look upon scarlatina maligna as an unmanageable disease:—

The number of deaths from this cause which have happened in Great Britain during the last two years is enormous; hundreds of parents have lost all their offspring in the course of a few days, therefore it behoves every philanthropist to do his utmost for preventing, or, at least, lessening, future fatality.

I sent a communication to the *Medical Times* a year or two ago suggesting the propriety of exposing children to the influence of the mild scarlet fever whenever it prevails, as a preventive against an attack of the malignant kind, but it appears to me that the mild sort has almost disappeared, and that the malignant is now more prevalent than formerly, so that some other preventive means is much wanted.

Scarlatina maligna is probably an occlusion of the ducts of the tonsillary and pharyngeal glands, produced by a specific poisonous effluvia mixing with their secretions, and the rash is a mere symptomatic phenomenon—an erythema caused by the irritation of the mucous membrane of the mouth and pharynx, of which the *rete mucosum* of the skin is continuous. If the poisoned secretion is allowed to remain in the orifices of the ducts above two or three days, the pharyngeal glands swell and suppurate with a most offensive odour, which is discharged by the nostrils, the tongue becomes black and tremulous, in short, a malignant typhus speedily appears, and kind death often drops the curtain in the course of a few hours.

Whether the above theory be correct or not, I come now to points of practice which experience has proved to be correct in more than 200 cases within the last few months.

Having long ago observed the want of success which attended the treatment of scarlatina maligna, I endeavoured to find out something that would counteract its destructive progress, and I presume that I have succeeded, provided it is given as soon as the existence of the disease is discovered, and *not later than the first two days*. It is one of those remedies called preventive, and which the mere *philargyroi* would not employ; but it is the philanthropic portion of the profession I wish to address, and call their attention to a most simple and efficacious remedy, *if duly and early employed*; it is this—R. Hydrarg. chlorid. gr. v—x; Antimon. potassio tart., gr. ss.—ij; Sacchari fusc. ℥j m. This is certainly a violent medicine, but it must be remembered that it is to be given at the commencement, while there is strength in the constitution; and, I beg to ask, what kind of a father would we call him who would allow his child to remain in the fire because he is afraid of hurting him by taking him out?

I was myself attacked by the disease about four months ago, and I then took eight grains of calomel and one grain and a half of emetic tartar, in brown sugar. I was sick for two or three hours, and I had the satisfaction to find my pharynx relieved of its swelling. I felt the *modus operandi* of the remedy, and its *specific effect* on the tonsils and pharynx. I was pretty well the following day, but this is not often the case.

I do not mean to assert that this powder will always arrest the disease, but experience will warrant me in saying that it *has always hitherto arrested its malignancy*, and thus prevented its fatal tendency.

The dose must, as a matter of course, be adjusted to the constitution of the patient, but, generally speaking, it should be so effectual as to cause a bilious vomiting.

The following day the carbonate or acetate of ammonia, or some of the fever mixtures, will be proper; however, all these things will depend on circumstances, and the practitioner's judgment.

That the Great Soul of mankind may commit to and keep the above simple remedy in careful hands for the preservation of many of the human race, is the earnest desire of,

Sir,
Your humble servant,
JOHN WILLIAMS.

Corwen, Jan. 13, 1846.

DR. CIVIALE AND MR. BRETT.

To the Editor of the Medical Times.

SIR,—Permit me to supply a defect of Dr. Civiale's in his *statistics* of the average mortality of my cases of lithotomy. Dr. Civiale, in his "Traité de l'Affection Calculeuse," and Professor Velpeau, in his "Medécine Operatoire," have both cited the result of my practice at a period when I had only operated on 28 cases. That list it will be observed has since amounted to 108 cases, and the fatal ones 7. Unless we show a better average than the worthy professor of l'Hospital Necker, we cannot speak of lithotomy without a *blush*, and if we cannot pronounce more favourably on lithotrity than the professor of la Charité, we must not dwell on it without a *sigh*. Annexed is the report:—

ABSTRACT.

	Mooslmans.	Hindoos.	Europeans.	Cured.	Died.	Total.
No. under puberty..	15	53	2	68	2	70
No. of adults.....	8	30	0	33	5	38
	23	83	2	101	7	108

Since my return from India, I have directed much of my attention to lithotrity at the Parisian hospitals, and in this country. In India, lithotrity could only be practised in a very limited degree, because the natives have an insurmountable objection to the protracted and often more tedious process of lithotrity, and though they have confidence and courage to submit to *one* formidable operation, yet they would not endure the *repetition* of operations, even though less formidable. Adapting each method to the peculiarities of each case, lithotrity and lithotomy are now duly estimated by every enlightened surgeon.

I have, &c.,
F. H. BRETT.

23, Dorset-street, Portman-square,
21st January, 1846.

SYSTEM OF CONCOURS.

To the Editor of the Medical Times.

SIR,—Permit me a short space in your valuable and widely circulating columns, to state that I am about to associate the system of *concours* with the Charlotte-street School of Medicine (now removed to most spacious and commodious premises), in the following manner:—

There are to be twelve pupils chosen by concours, or public examination, from the aggregate classes of the Charlotte-street School of Medicine. Those thus elected will have to assist the professors of the school in attending the sick at the Bedford Free Dispensary, which is now being established in connection with the Charlotte-street school.

The election and the due performance of the said duty, will carry with it the following certificate (furnished with the emblematical representation at its head, which I enclose for your inspection):—

"Honorary Certificate of Practice in Medicine and Surgery.

"We hereby certify that Mr. ————, pupil of the Charlotte-street School of Medicine, was elected by us, in consequence of his proficiency in the various branches of the profession and his general good conduct, an assistant medical attendant at the Bedford Free Dispensary, and that he acquitted himself honourably and skilfully, and most usefully in the aforesaid capacity.

"The above appointment affords a vast field for professional experience, and was conferred upon Mr. ———— as the result of his having competed for the same at a public examination (concours), to which all members of the profession were admitted, and at which all the pupils of the Charlotte-street School of Medicine were allowed to compete, who chose to do so, and who did not bear an objectionable character.

"The medical attendants honoured by the distinction of this election, consist of twelve individuals, and they constitute collectively the '*class of honours*' in the Charlotte-street School of Medicine.

["Signed by the teachers of the school, and medical officers of the dispensary, also extra examiners."]

This dispensary, being free to all poor patients, will afford good opportunities for practice, and regular clinical lectures will be delivered. The extra examiners, besides the teachers of the school, are intended as a guarantee or pledge against partiality or connivance. There will be also a regularly chosen jury, as in France, to whom the ultimate decision will be referred.

All the pupils will have the full benefit of the dispensary without extra fee. I need scarcely state that this measure will prove a great stimulus to exertion, as the certificate will carry weight and importance with it, and prove a strong recommendation to its possessor in his medical career in after life, especially in his canvassing for any public appointments in charitable institutions.

Your obedient servant,
G. D. DERMOTT.

28, Bedford-square, Jan. 22, 1846.

HOMŒOPATHY.

To the Editor of the Medical Times.

SIR,—May I trespass on your valuable space for one word of explanation, in reference to a slight misapprehension on the part of the writer of a letter (Dr. Hilbers) in your journal of Saturday last, with respect to a part of my communication of the 13th ult.? In reference to those wards in the Vienna Hospital in which "decoction of grass," and similar things, are used in place of treatment, Dr. Hilbers says, "In speaking with such censure of the Vienna physicians, Mr. Hinds seems to have overlooked the all-important fact which I stated, namely, that the mortality was certainly not greater in those wards where this system prevailed than in the others; nay, in certain instances it was less." Now I was quite aware that Dr. Hilbers stated distinctly enough on a former occasion that "he was informed" such was the case. The information must doubtless be true, and the fact unquestionably *is* all-important, for it shows the *source* of

the contrast so much relied on by those who, for the sake of a system which happens to have been propounded by a highly philosophic mind, and to have something true in it, are content to slaughter the experience of ages. It shows this contrast in its true light, and forces upon every experienced mind the "all-important" fact that this contrast in relation to medical practice in general, as we see it in this country at least, and indeed in some others too, is entirely without foundation. Let us for one moment contemplate what is going on, in this so-called allopathic hospital, and let Dr. Hilbers himself furnish us with the information. "The visitor, on entering some of the general wards of the allopathic hospital, might see patients labouring under various forms of disease, the only difference in whose treatment would be that some might be taking 'decoction of grass,' others 'decoction of liquorice,' &c. He would be horrified at seeing some poor wretch in the last stage of pneumonia, or typhus, or consumption, roused from his death-throes to receive from his nurse his accustomed dose of one or other of these medicines. * * * If he descended into the dead-house, and observed the long row of corpses there daily exposed to view, in all probability, in by far the greater number, no evidences of active treatment would be visible. * * * He would see abundant evidence of the rapid course which some acute inflammation had run unchecked by any of the depletory or reactive treatment which he has been accustomed to consider necessary. The disease has been left to nature, and that is the issue." Let us remember not only the fact of scenes like this being "daily witnessed," but that in some instances even a greater mortality took place in those wards in which the physicians *professed* to *use* active treatment; and then, indeed, we need not the assurance that "nothing is more striking than the *feebleness* which the whole of these men evince in therapeutics, or the art of curing disease." Now I would appeal to every candid and experienced individual, including Dr. Hilbers himself, whether he believes he could find in any hospital in the United Kingdom a parallel to scenes like these, and which he would "daily" witness in the miscalled allopathic hospital of Vienna. The contrast between what the results of good practice ought to be, and what indeed they are, in this country, both private and in hospitals, so far at least as the information and experience which I have been able to acquire enable me to judge of them, and the relentless sacrifice of human life which has been detailed, must surely, as I observed on a former occasion, excite in the mind of every one not altogether deficient of the feelings of humanity the conviction that these merciless practitioners are trifling with the lives of their fellow-creatures.

One word with reference to the homœopathic tables, an extract from which Dr. Hilbers gives in the *Medical Times* of Nov. 8, page 134. Since few of us have any personal knowledge of the construction of those tables, which I contend is quite necessary before we can *understand* them truly, without, however, for one moment doubting the honesty of those who were immediately interested in their construction, —since few of us possess this knowledge, we may just take a glance at the tables themselves, and see if there be any *internal* evidence as to their true import.

Passing over the cases of amenorrhœa, and other diseases which I was going to say *never* kill immediately, let us take a look at the results of the table in such affections, as, being quickly fatal, if not actively and promptly treated, would be most likely to suffer from the *want* of such treatment. Now the very first such disease which we meet with in this table, is delirium tremens. In this disease it is well known that patients will seldom sleep without large doses of opium; and, in the words of Dr. Watson, "if they pass many nights *without* sleep they will surely die." Now I believe it is very common indeed for patients to be cured of this affection. It would indeed be easy to show that cases of perfect and immediate cure are abundant. Dr. Watson tells us of a porter who made his appearance in the wards of St. Thomas's Hospital, with delirium tremens, every three months. But it must be observed that this is a disease that cannot be *trifled* with. The table then gives six cases of delirium tremens, and what is the result?—all of them died! We pass on to another of this class of affections, namely, to hydrocephalus. I presume that, if called early to cases of acute hydrocephalus,[1] every careful and attentive practitioner can, by a prompt treatment of this affection, reckon upon curing two or three out of every six cases. I think Dr. Hilbers himself will allow I am within bounds. At any rate, I am confident that in my own practice I have met with at *least* this amount of success, and I believe most practitioners have been quite as successful, if not even more so. Now, what says the homœopathic table in respect to this disease? Six cases are recorded, and what is the result of the homœopathic treatment in these six cases? We are informed that all of them died! Now I might select from the table *other* affections which *require* an active treatment, and which often die without it, to show the danger of omitting such treatment. At any rate I will mention enteritis, of which every medical man, if called early, will most likely cure five cases out of six. But if we refer to the table as to the result of the homœopathic treatment of this disease, we find that, of six cases recorded, five of them died!

On glancing again at the table, we see rheumatic fever, and acute rheumatism, entered as distinct diseases. *We* consider them as one. And if these diseases are designated in the Vienna Homœopathic Hospital differently from what *we* designate them, what security have we as to the true designation of many of the *other* diseases of whose results we are so often put in mind? Besides, in this table, we see that nearly all the patients not returned as dead, are said to be *cured*. Now every practitioner knows that a very large number of cases, especially in hospital practice, and among the poor, who too frequently place themselves under medical treatment only when their diseases have made such progress that *cure* is impossible, can only obtain temporary relief, and *not* cure. It happens, moreover, that amongst *the cures* (so counted at least) in the table, we find remarkably prominent such cases as very frequently depend upon organic disease, such for example as anasarca and ascites; and many of which therefore could *never* be for one moment properly accounted as cures.

To the candid and impartial examiner do not these things tend to awaken suspicions of inaccuracy, whatever may have been its cause?

There is, indeed, a still further consideration to be attended to in medical practice, beyond what may be called recovery from certain acute diseases themselves. There are many which, though seldom fatal, yet, if not treated with the greatest promptitude and care, are apt to leave behind them the germs of a disease much more surely fatal than that whence it is derived. And "what would be the feelings" (!) of the homœopath if he should reflect that, of the *cures*, for example, of acute rheumatism, many, through neglect of the active and approved methods of treatment, were left the prey to a surely though slowly fatal cardiac disease?

But it is sufficient. Let those who thus trifle with human life reflect on the "awful responsibility" under which they labour.

Finally, if the tables to which I have referred cannot be relied on as perfectly accurate, if the contrast which they are intended to exhibit, in reference to the results of scientific practice, be utterly unfounded, let those tables be henceforth viewed in their true light. If they *are* worthy our consideration, the cases mentioned will speak volumes to every thoughtful mind. They show most clearly nothing short of a sacrifice of human life in those cases which will almost immediately die unless the legitimate methods of treatment be promptly employed.

It certainly appears to me to be a mistake to suppose that rheumatism, pneumonia, dysentery, &c., present a "terrible" appearance to the scientific practitioner. Can we suppose, for instance, that pneumonia was thus regarded by the late Dr Gregory of Edinburgh, when he used to say in his lectures that, "if called early to a case of pneumonia, he would be content to dispense with all other aids than those of a lancet and water gruel?"

In making these few allusions, I wish it to be understood that I have no intention of coming forward as an opponent of homœopathy. In order to oppose this system effectually, it is very desirable to possess actual personal experience of the real doings and feats of its disciples. Such a knowledge is doubtless possessed by your ready correspondent, Mr. Bainbridge, who alone is undoubtedly capable of placing homœopathy in its true light. Besides, it is hardly fair towards Dr. Hilbers himself, who, notwithstanding his courtesy and ability, cannot possibly be supposed capable of answering a whole host of opponents at once.

Moreover, when we remember the promise of a "broadside" from your own able pen, notwithstanding the threat of something gigantic forthcoming from an opposite source, we may, I am sure, safely leave the affair in your hands.

I am, Sir,
Your obedient servant,
WILLIAM HINDS, M.R.C.S.

Birmingham, January 13, 1846.

——— If they wrong her honour
The proudest of them shall well hear of it.
Time hath not yet so dried this blood of mine,
Nor age so eat up my invention.
* * * *
But they shall find awaken'd in such kind
Both strength of limb and policy of mind,
* * * *
To quit me of them throughly.

SHAKESPEARE.

SIR,—The letters of Dr. Hilbers on Homœopathy, as published in the 18th October and 8th November numbers of the Medical Times, seem to have excited a more than ordinary share of curiosity, and attracted a more general interest among your professional readers, than is commonly manifested on the extemporaneous production of an individual. This, however, may readily be accounted for, on considering their nature as well as their scope: the former tending to shake public as well as professional confidence in the mode of medical practice adopted and universally received as most consonant with reason and analogy, from its earliest infancy to its present advanced growth; the latter, to raise over the ruins of this legitimate product of human knowledge and common sense a system of absurdity and ambiguity.

The land of Mesmer and of Hahnemann has contributed to the world, it is true, its more than average quota of scientific wealth—has ever laboured arduously and unremittingly in the field of knowledge as much as, if not more than, any other. The literary products of German minds have ever been, and still continue to be, constituted of such a peculiar combination of what is intrinsically good, and ingeniously cloaked bad, that it were difficult to pronounce as to the actual preponderance in favour of the one or of the other. In attempting too much they have fallen into that very state, to avoid which seemed to have been their cherished ambition. In their efforts after more than mortal attainments they have overstrained themselves. In their laudable love to anticipate the slow, but progressive, stages of human reason, they have but retarded its onward advance, and injured its cause as well as lost themselves.

Homœopathy, one of the most absurd theories of the German mind, has now, however, so far presumptuously obtruded itself before our track as to require, for the protection of the interests of human nature in general, an effort for its extirpation; that effort is called for from all to whom truth and science—twin sisters— are dear, but more particularly from the members of the medical profession, whose best efforts should be directed to meet the assiduous struggles of their opponents to attain an unjust popularity for their dogmas.

In thus freely and undisguisedly publishing my real sentiments as to the doctrine of homœopathy, and their professors, I do most emphatically wish it to be understood that not a single trait of an invidious or inimical feeling towards your correspondent, Dr. Hilbers, has had even the most indirect influence in creating or calling them forth. I look upon that gentleman as a "true believer" in the science to which he has endeavoured, through the

[1] It is proper to observe that the table does not say whether these cases mean the acute or chronic affection, but I presume it is the acute, as comprising the largest number of early fatal cases.

medium of your extensively circulated paper, to draw public attention; one who, although he has devoted so many years of his life to its study, is, like many others equally well-intentioned, deceived as to the cause to which he would assign what he conceives to be its effects.

We will first consider the most important feature in the science of homœopathy—the immutable law which its believers assume, and on which they base the entire superstructure of their faith—*similia similibus curantur*. In the first place, then, its existence is attempted to be proved in those cases only which admit of most doubt, and where the result produced might depend on other causes, equally various and equally indeterminate, its action is thought to be manifested. This, too, occurs on those organs and parts, the changes of which are least appreciable by our senses, and in which there exists considerable difficulty in assigning such changes or effects to determined causes. These are parts occluded by their internal situation from vision and touch. To iodine, for instance, has been imputed the power of producing similar visceral disorders in the healthy subject to those which it cures in the diseased. The followers of Hahnemann do not presume to commit themselves by launching into theoretical speculations as to the *modus operandi* by which so startling a fact may be accounted for. No; the assertion is boldly made, and the *onus* of the proof thrown on its dissenters. By philosophically disclaiming all knowledge of what vital power is, or what the laws which modify its action, by limiting their capacities to the discernment of diseases by their symptoms, by simplifying the combinations of such symptoms, and arriving thereby at what they vainly enough conceive to be a knowledge of their specific cures, they conclude that they have discovered a fixed rule—an immutable law—to guide them through all the arduous difficulties of medical practice, to see, to foresee, and to be prepared for every unexpected and impending emergency which, in the course of a dangerous and tedious case, may frequently call for the adoption of a varying treatment to suit the several complicated exigencies which may unexpectedly start up to bewilder experience, or defy all the efforts of an infinitesimal dose of an uncombined drug.

But, to return. Will the internal or external exhibition of iodine, if it produce similar visceral disorders in the healthy subject to those which it cures in the diseased, produce also similar osseous or glandular enlargements to those which it also cures with undenied certainty of success? If it does, I will then subscribe myself a convert to this so-called homœopathic law; and that by the law of analogy it should, can, I maintain, admit of not a shade of doubt. Were its homœopathic action in the former case such as the disciples of Hahnemann represent it to be, just might we as well say that the beneficial effects resulting from the judicious exhibition of wine, spirits, brandy, or any other suitable alcoholic fluid in the non-inflammatory, collapsed stage of *delirium tremens*, is explicable on the principle that "like cures like;" whereas, in this instance, the very opposite, or "*contraria contrariis curantur*," holds good; for although an immediately sanatory action is with striking evidence induced, it is plainly explicable by reference to that wise universal law by which the animal functions are endowed with the capability of maintaining themselves *in equilibrio*, and of resisting the agency of injurious influences. This is their power of adaptation which we can no farther account for than as we see it daily evidenced in the impunity with which it receives and assimilates substances, which, if not administered in gradually increasing quantities, would not only prove detrimental, but even fatal. Thus, the too abrupt withdrawal of an accustomed stimulus, or its injudicious denial, in the disease under consideration, might prove as undoubtedly fatal as a poisonous dose to a healthy constitution; in the one case, from the want of a due quantity of nervous energy, in the other from its too rapid accumulation. The same effect is induced by two opposite causes—results very analogous to those produced by secluding a person accustomed to a life of energy and activity without the means or the power of employment, and the sensations or effects resulting in one of the opposite temperament by a too laborious occupation—an occupation demanding the consumption of an amount of nervous fluid disproportionate with the power of the constitution in elaborating a corresponding supply. The unemployed surplus in the former instance effects a condition apparently similar, but in reality specifically opposite, to that in the latter effected by the want of it; and by the same train of reasoning may we upset all those other, and among them the most familiar, and to the uneducated most deceptive, instances in which the operation of this Hahnemannic law is thought to be evidenced; for example, that a frost-bitten part or member is best and most easily cured by the application of snow or iced-water, while warm applications would either defeat the object or induce mortification; that "a scald or burn is quickly cured by holding the affected part close to the fire, or by applying hot spirits; whereas the application of cold would increase the inflammation, and materially interfere with the recovery of the patient." Now, before we proceed farther to remove the gloss from this sophistical reasoning, and expose its hollowness, we will beg leave to call attention to the analogy existing between these two cases, supposed to be illustrative of that imaginary law of nature, "*similia*," &c, and in the next observe the consistency of the practice in both instances. In the first, the frozen part is reduced to a temperature below that of the first application, that is, the snow, or iced water, by rubbing with which it is elevated a degree or so higher, the production of which effect is considerably aided by the friction necessarily employed during the operation, which of itself helps in inducing a restorative action, and, by continuing the same system of gradual adaptation of the part to a gradually increased temperature, it is, in obedience to the slow processes by which nature effects her universal changes, at length restored to its normal temperature and healthy condition. Thus it is also with a burned or scalded member, which, by its gradual removal from the offending element, becomes the better adapted to the surrounding medium. In the first instance heat, and in the latter cold, are in reality the therapeutic remedies employed, effects of causes expressed in the allopathic words "*contraria contrariis curantur*." If, therefore, these two vulgar instances by which the operation of this homœopathic law is sought to be advocated, and in which it is thought to be undeniably illustrated, be made directly subservient to the evident manifestation of the allopathie instead, what right, I maintain, have we to conclude the existence of a deviation from, or rather exception to, it in those other cases whose very natures alone only preclude, as I have before observed, the possibility of an equally lucid explanation being afforded? Will the homœopath unphilosophically presume to assert a want of harmony in the beautiful and exquisitely uniform works of nature? Does he want to make her bend to his own views?—does he want to contend for the right of imposing and not receiving laws?—does he want to annihilate reason's guide—analogy—and nip the root of science in its adolescence? Jalap, these students of nature also assert, cures griping pains in the bowels of a patient labouring under such an affection, and produces them, *mirabile dictu*, in the healthy constitution; they publish this assertion as a fact undoubted and without variation of result, which so shocks reason and trifles with experience that the most superficial reflection must necessarily impress it with the stamp of error; but perhaps the curative dose is the homœopathic, while the griping dose is the allopathic; if so, the distinction is a wide one, and the efficient agent more correctly referred to the efforts of nature than to the sanatory influence of an infinitesimal dose. Again, rhubarb will cure a diarrhœa, they say, because, by virtue of its purgative qualities, it can cause one; but will rhubarb cure that diarrhœa which itself produces; for as fire cures burns, and cold restores the frozen limb to its vitality, themselves at the same time the diseases and the remedies, the causes and the effects, so should rhubarb restore to healthy action that morbific one which itself induces, and so should eroton oil or other cathartics, and so on of the action of other therapeutics. This discovery of the coquettishness of the animal economy throws a new and very important light over the practice of physic—a light emanating no doubt from the same pure fountain from which sprang that analogous reasoning power which suggested a new application of the lever power in restoring to his legs a man who had been kicked down; this was to kick him up again for by *a* law of nature and *the* law of homœopathy *similia similibus curantur*.

As I do not wish so far to avail myself of your proffered pages for the discussion of this question as to intrude my observations to an indecorous extent, I shall here terminate.

I have, it will be observed, confined myself in this communication to the refutation only of the most important item in the homœopathic belief. The subject could have been, it is true, infinitely more extended, but I have been of opinion on proceeding so far that enough had been said for the upsetting of an unconditional surrender of obedience to an imaginary law, the existence of which, under considerable modifications (at the same time, without any tendency to, or remote idea of, its Hahnemannic application), had been known, centuries before a single ray of intellectual light from the German law-givers' mind ever beamed on the scientific world.

JOHN ALEXANDER MORRIS.

November 28, 1845.

DR. LEWINS AND THE UNIVERSITY OF EDINBURGH.

LETTER II.

To EPHRAIM HILLOT, Esq., Potsbeck Town, Tenessee, U.S.

Section 1.

Before going into the subject of this letter, permit me to explain and tender my excuses for two excruciating blunders I committed in my last. I therein told you, that during the two last months of the session at Edinburgh, viz., June and July, the dissecting-rooms are deserted: I meant to say no such thing; for as I purpose limiting my remarks to what I have seen myself, or learnt from gentlemen to whose statements I can give my entire confidence, I shall hazard no ungrounded assertions of this nature. What I intended to say is, that the last two months cannot fairly be included in the course; as during July, and frequently great part of June, the dissecting rooms are deserted by the majority of the students. Moreover, I did not mean to say that Dr. Lewins's style of reasoning "outstripped any thing comprised within the ordinary definition of sanity," but "anything comprised within the ordinary definition of insanity." Perhaps this explanation will enable you to decipher the meaning of the passage, and, full of this hope, I shall, without any further digression, renew my examination of "the defence." I doubt whether I shall be able to give you a clear, connected summary of the weak points which Dr. Lewins displays so invitingly: he proceeds in such inexplicable style, one moment at Edinburgh and the next at London or Paris; jumping from British universities to continental institutions, that at certain parts it is with the greatest difficulty I can track my way, or discover the particular subject of his lucubrations. The facts are easily enough dealt with, but his opinions and language are so obscure, that it will require all my vigilance to avoid committing some gross error. Dr. Lewins prefers Edinburgh to Berlin, Heidelberg, Paris, and others. This he supports on no grounds whatever, and as it is merely *his* opinion I shall pass on, after remarking that the secret of the students still continuing to attend Edinburgh may be traced to two causes—1st, Living is very cheap there, and the expenses attendant on the journey thither, are, to all those who come from the North, much less than to the great schools in London, France and Germany. Secondly, the reputation of many of the former lecturers has procured for the University a renown which too often induces fathers and guardians, not always very well versed in such matters, to send their children there. Shortly after this, Dr. Lewins makes an alarming bolt out of the road, and "in the spirit of a Christian recommends O. P. Q. to look at Whytt's Reflections," doubtless with the pious intention of converting his flinty-hearted opponent. His readers are infinitely indebted to him, and it is to be hoped that all ungodly persons will endeavour to profit by the suggestion. But I approach a part of his lucubrations which demands some more severe remarks than this. O. P. Q. having averred that not a single original

analysis had issued from the chemical laboratory of Edinburgh and Glasgow for the last thirty years, and also that the professor of chemistry at Edinburgh knew no more of anatomy than Monro, Dr. Lewins allows it to be quite true, and according to rule immediately tries to wrap it up in some excuse. What do you imagine one component of this precious excuse really is? Why, that the honour of discovering nitrogen gas is due to the late professor of botany. This is in itself the condemnation of the professor of chemistry, even if one did not know that Rutherford remarked this gas seventy-three years ago. I should really be distressed if I thought you would not fully appreciate the ingenuity of application, and judgment in selection, which are displayed here. Dr. Hope's profound ignorance of anatomy he coolly excuses on the plea that the professor was an estimable, high-minded gentleman, of whose anatomical knowledge he could, and perhaps at another time will, tell a very different tale, and filled the chair of chemistry for upwards of half a century with great credit to himself, and advantage to the community; a fact, of which these reasons convince the most sceptical. He appears to have forgotten to favour us with this interesting narrative about anatomical knowledge; but it is easy to pardon this when one reflects on his singular opinions concerning the qualifications of a professor, for I can easily conceive that the man who considered a knowledge of surgery and practice of physic unnecessary in an anatomical demonstrator, and a sound acquaintance with anatomy by no means indispensable in an anatomical lecturer, should regard a knowledge of the science of anatomy as utterly useless to a professor of chemistry, and the removal of such a blemish quite a work of supererogation. His being "an estimable, high-minded gentleman," obviating, it would seem, any necessity for his being a good chemist, or, indeed, knowing anything about medical matters. If, however, he should charitably condescend to lay it before the public, I hope he will not omit producing an ample apology for Dr. Hope's calling cards some fifty times in a session, and endeavouring by this and other means to procure an excuse for giving the students bad certificates, which a deficiency of four cards enabled him to do, and for his constant and gentlemanly refusals to fill up the schedules of the students. I hope also he will make a little digression, and include Dr. Christison's hopeful idea of announcing weekly examinations of the class, which were unhappily forgotten after the first trial.

Under the pleas that all such occurrences have taken place within his recollection, Dr. Lewins denies O. P. Q.'s assertion that for a long period a system of jobbing has been in full play in the election of the professors, that a son succeeded to a father, a nephew to an uncle, and so on. What a lamentable pity that his memory does not extend to the election of Monro, and other brilliant instances, regarding which Dr. Lewins may obtain very accurate information on personally consulting some of the rejected candidates for these chairs.

Having thus happily, and I hope you will add unexceptionably, sponged off this stain, he skips gently over one which is, in its workings and bearings, every whit as bad as the preceding. Dr. Home being displaced with a compensation, Dr. Alison was shoved into his chair, the electors having, with their usual rectitude and fair dealing, effectually excluded all others—a disgusting example of electoral depravity, says he; but then look what a redeeming trait in the character of these high-minded gentlemen he points out in the next passage, which tells us that "Dr. John Reid nearly obtained the chair of physiology by his own talents, aided *perhaps* by his attachment to the Free Church." Here, by one scrape of the pen, Dr. Lewins has laid bare the weak side of his reasoning; he has placed in our hands the master-key to all the secrets of his mental organisation. The power of electing professors is confided to men who consider attachment to the Free Church as an indication of competency to occupy a physiological chair. To what can the emanation of such opinions be ascribed? To bigotry or to ignorance? To both, I suspect; for though we are told that ignorance is rapidly disappearing before the spread of knowledge, yet we know that this is virtually impossible while bigotry exists and flourishes, seeing that these two principles are so essentially and intimately united that they may be regarded as a dual, the bigot being at the bottom really ignorant of truth, and ignorance shielding itself under the panoply of religious prejudice, which, in Scotland, is an invulnerable protection. Alone and unsupported, ignorance is harmless and contemptible, quite inadequate to maintain its ground before the march of knowledge; but bigotry is the most deadly, irreclaimable, and malignant foe which the followers of science have ever been required to confront. No man, free from bigotry, would advance attachments to any church as a qualification in a physiological lecturer; for it would be advancing what he could not support; or pass over such a sentiment in another without censure, for it would show either that he was ignorant of the qualifications necessary to constitute a man of science, or that he considered them inferior in value to the adherence of the person in question to a certain line of doctrine.

I have commented at length upon this short and, apparently, trifling passage, but it is the current reception and adoption of such opinions as these that nourishes the deadly blight now infecting science. It is the corner stone of the horrible "patronage system." The lover of truth sees what a friend and supporter he has in a man who, like Dr. Lewins, values such a trait in the character of the "Edinburgh electors."

With a most delectable coolness Dr. Lewins garbles quotations from the *British and Foreign Review*, with the view, it would appear, of convincing his readers, that writers in such a magazine as this, would place men like the present professor of physiology at Edinburgh, on a level with Harvey or Hunter, because the said men were complimented by the reviewer for "labouring in the same field" with the distinguished physiologists he alluded to.

The pathological chair is allowed to be unnecessary, but not one syllable will he let slip about the summary putting down of such abuses; he dare not trust himself on this point. A gentleman has lately endeavoured to persuade us that the French system of electing by concours could not be brought into play in England. Now, Dr. Lewins is a disciple of the same school as this worthy; the French system could not be brought in, because it would be the destruction of the "patronage system." The necessity for reform must not be admitted, or both the patrons and their system would speedily be hurled down.

Dr. Lewins having called *the* university "far famed," unaccountably feels himself, for once, in a position to defend his tenets. This accounts for a sudden ebullition in a foot-note, where he says, O. P. Q., the writer to whom I was opposed, *presumed* to sneer at the above *correct* expression; and now we have a gratifying proof of the propriety," &c. And why? What shadow of excuse do you think he will now produce for trumpeting forth such a sugared morsel of comfort as this? Why, because a friend of his has written a memoir, and therein stated, that when he presented himself for examination in Brazil he was "treated with extreme courtesy, observed a marked disposition to treat the affair as a mere formality, and he considers himself chiefly indebted for this to the fact of his being a graduate of the world famed University of Edinburgh!" What a comment on the Brazilian examiners! What a chapter on their conscientious discharge of the duties confided to them! What a tribute to the efficacy of an Edinburgh diploma! This "far famed" university was founded by one of the least wise kings that ever mounted a throne, and malicious people have whispered, that, though all that was tangible of the Scotch Solomon is mouldering in the grave, his spirit yet watches over the fortunes of his pet, and sheds its inspiring influence over the congenial minds that have linked themselves with its destinies.

Dr. Lewins grants that town councillors may not be infallible; he should have added "nor incorruptible," as some of the city creditors, or those for whose benefit Dr. Bell's fine legacy was destined, might have said with great justice, nor did he, it seems, regard those of 1842 as the most immaculate of the lot; for, to use his own words, "one of these apostates took an active part in the medical elections of 1842, and" he fears "misled some well meaning councillors." The part which this godless miscreant enacted in the election drama (or farce) was rather too foul for Dr. Lewins; but he might have spared himself the shame of affecting such a piece of candour, and the trouble of writing out their condemnation. The year 1842 is too memorable for nefarious proceedings on the part of the town council to be easily forgotten. In this year, the present professor of pathology at Edinburgh was elected. He had scarcely got familiarised with his place before he was ejected from the hospital for trying homœopathic experiments on the unfortunate patients; yet, firm in his belief, he published a work which has for its express object the upsetting of pathology and allopathic treatment; redolent of the doctrine that "symptoms are the only malady, and that there is no other criterion of cure than curing these:" yet this man holds his chair, practising and writing in favour of one doctrine, and teaching publicly its very antithesis! *for which teaching, students are compelled to pay!* In 1842 Dr. Miller was elected into the chair that Dr. J. A. Robertson should have received. Dr. Alison also succeeded (without an open election) to Dr. Home; Dr. Allen Thomson slipped into the place vacated by Dr. Alison; and, lastly, Dr. Paterson was elected an infirmary physician over the head of Dr. Wood and others, not for superior acquirements, but because he had been a resident clerk in the hospital. Now, you will ask, what difference can this make to the managers of this institution. Here is the solution:—These managers are said to receive large fees with their apprentices, on condition of exerting their interest on behalf of these young gentlemen. It is scarcely necessary to add that they succeed; the hospital clerks are selected from their ranks, and, as you may easily conceive, they are not invariably the most brilliant persons one might wish to see in such places; as an illustration of which I may tell you, that in 1840 several of them were plucked at the university, either for the first or second examination; and as of late years one or two of the more enterprising have tried some experiments, rather injurious than otherwise to the health and security of the patients, people have begun to throw out some ugly suspicions about their capability as a body to fill such posts.

I now turn from these sickening tales of unjust and inexcusable employment of power, of unmerited dispensation of patronage and tyranical usurpation of office, to ask of what use this institution is, and if it ought to continue any longer? Taking it for granted that the chief object of a university is to afford students the opportunity of obtaining a correct and adequate knowledge of their profession, so as to enable them, on obtaining their diplomas, to practise their profession without danger to the community, three great points are necessary. 1. The presence of competent teachers of those branches of education which are really necessary. 2. The exclusion of all unnecessary courses of lectures. 3. A proper system of examination for the students.

On looking at the present state of the University of Edinburgh, a single glance reveals the entire absence of the first of these essentials; for, as you have been shown, an attachment to some particular form of religion, family influence, bribery, &c., and not scientific attainments, are the steps by which a man ascends to the post of professor, hospital physician, or surgeon. The determined hostility lately exhibited by the managers of the infirmary to clinical teaching by the bed-side of the patients informs us that this valuable plan, the only true method of teaching practice of physic and surgery is not to be permitted; hence, the natural inference is, that with such a system of election and government teachers will not be found, and the masterly expositions of O. P. Q. have shown that the surmise is correct; and that in particular the lectureship of anatomy, the most important of all, is in the hands of a man ignorant of the first rudiments of the science. The second indication will not be fulfilled so long as a student is compelled to fee and attend a lecturer on natural history, military surgery, pathology, and practice of physic separately (even admitting that chemistry and materia medica should be taught in class rooms at all); for they are ruinous to his interests by abstracting that time and money which should be employed on really practical

matters. Thirdly, as the grinders in Edinburgh are a flourishing body, and as this shameful system of cramming is found to thrive in exact proportion to the neglect of his duties by the lecturer, one may fairly assume that the third requisite is not fulfilled, and the injurious results of its absence on the general examinations are well shown by the fact, that students are occasionally examined for their diplomas twice or thrice in the same week: a man is rejected and passed within three days! and this in the "far famed University of Edinburgh, at which," says Dr. Lewins, "as sound a medical education is to be obtained as anywhere in Europe." Now, if it does not fulfil the object for which, as a university, it was designed, it cannot be of any use; and as it is productive of incalculable injury to the students, who are yearly allured there, I think we may also assume that it ought to exist no longer. I should, therefore, humbly suggest, that the university (lectures and chairs included) be sold by auction, and that the proceeds be employed in the resuscitation of science and the encouragement of art, taking this latter in its proper signification. Dr. Lewins, I lament to say, is quite of a different opinion; he cannot see the necessity for any reform, he has no doubt, that when carried into Ireland, the same system will succeed there, "with the aid of a *little* modification and superintendence."

Unfortunately, I am not inclined to second the suggestions of any man, when they do not appear either sensible, honest, or rational. The attempt, however, to shield the professors in this amusing style, is not at all new. Some three or four years ago, when it was found that even the presence of the principal of the university was insufficient to restrain the insubordination of the students in Dr. Home's class-room, who, indignant at being compelled to pay for lectures of forty minutes' duration, which, by a person possessed of ordinary powers of utterance, might easily have been delivered in fifteen, would persist in reading, drawing, whistling, cutting out their names on the benches, and so forth; even though a porter was kept in the room to report on the more refractory; and it having been suggested that a very profitable chair (for in 1830 the commission of inquiry had shewed that the lectureship had yielded about £1,000 a year, for five years past) was going to the stable-yards and tanpits; a lively individual, in a letter to a periodical, advocated Home's defence, and maintained that this professor having, about twenty or twenty-five years back, been an incomparable lecturer on materia medica, must necessarily be, *he supposed*, an equally good lecturer on practice of physic; because he (the vindicator) could not suppose otherwise! He confessed he knew nothing of the lecturer's merits, but it was "idle to imagine" that any thing of that kind would be considered necessary in him. Unhappily, the Britisher is rather slow, and not apt to swallow and digest opinions of such a stamp as if they were so many oysters.

(To be concluded in our next.)

GOSSIP OF THE WEEK.

Royal Medico-Botanical Society of London.—The officers of this society elected at the anniversary meeting on the 16th inst., were as follows:—President, Earl Stanhope; Treasurer, H. Cope, Esq.; Secretaries, John Foote, Frederic Barham, Esqs.; Librarian, Edwin Saunders, Esq.; Conservator, Dr. Farre; Professor of Botany, T. S. Ralph, Esq.; Professor of Chemistry, J. E. D. Rodgers, Esq.; Professor of Materia Medica, Dr. Cooke; Professor of Toxicology, Dr. Ayres. The other members of the council are, Mr. B. B. Cabbell, Mr. Coulthred, Mr. H. Gibbs, Mr. Guthrie, Mr. G. Willoughby Gyll, Dr. Houlton, Sir James M'Gregor, Lord Mahon, Mr. Morris, Mr. Mowbray, and Mr. Savory.

Singular Adulteration of Champagne.—A singular mode of increasing the intoxicating power of champagne has recently been discovered in Germany. It appears that a wine-merchant of Rheims has for some years past, enjoyed the almost exclusive privilege of supplying the kingdom of Wurtemburg with that wine, and that an extraordinary effect has been noticed to attend the drinking of a single glass thereof. After several analyses of the wine had been made, the contents of some of the bottles were examined by Liebig, who ascertained by analysing its gases, that it contained one volume of carbonic acid gas, and two of the laughing gas or protoxide of nitrogen. This last-named gas, the peculiar effects produced by which on the animal economy, when it has been respired, are well-known, is prepared by the decomposition of the nitrate of ammonia. If this salt be at all impure, and not unfrequently when it is used absolutely pure, nitrous acid is evolved in the first instance during its decomposition. Chemists, therefore, when preparing the laughing gas, are in the habit of throwing away the first proportions of gas that come over, and further test the character of the gas before they allow it to be inspired, as the nitrous acid gas would act on the economy, as a dangerous poison. Furthermore if the lungs contain air when this gas is inhaled, nitrous acid gas will be formed, and danger result. There is another danger occasionally encountered, when this gas is used for purposes of exhilaration by respiration. In persons of a consumptive habit, it may cause severe pain at the chest, difficulty of breathing, and even spitting of blood. In those who have a tendency to apoplexy or palsy, mischief in the head may be caused by its incautious use. How far these results may be modified by the gas being taken into the stomach, it is at present impossible to say, but the subject admits of, and deserves further inquiry. At all events, there is the danger of a portion of nitrous acid gas being used in the wine, together with the laughing gas, and the adulteration is one of a most improper, as well as singular, character. It can hardly be regarded as altogether innocuous.

Apothecaries' Hall.—Gentlemen admitted licentiates, 22nd of January, 1846:—Thomas Benjamin Horne, Thomas Brooks Bumpsted, Richard Penrose Bell, and Samuel Gibbon

Royal College of Surgeons.—Gentlemen admitted members on Friday, January 23, 1846:—J. H. O'Sullivan, R. Davis, J. G. Cambell, J. Greene, H. S. Hartnoll, J. H. Eddowes, T. Willmott, J. Ryan, A. Hewgile, and E. J. Such.

Promotions.—Assistant surgeon:—T. Somerville (1837), to the rank of surgeon.

Appointment.—Surgeon:—T. Somerville, to the Cleopatra.

Medical Appointments.—Dr. Leeson has been appointed physician to St. Thomas's Hospital, in the room of Dr. Williams, deceased: Dr. Cohen has been elected assistant physician to the Hospital.

War Office, January 16th.—2d West India Regiment:—Thomas Kehoe, M.D., to be assistant surgeon, vice Richardson, deceased. Jan. 23.—19th Foot: Assistant-surgeon, Thomas Waller Barrow, from the 2nd Foot, to be assistant-surgeon, vice Smith, promoted. 69th Foot: Assistant-surgeon, John Charles Graham Tice, M.D., from the Staff, to be surgeon, vice Francis O'Brien, who retires upon half pay. 64th Foot: James Lutch, M.D., to be assistant-surgeon, vice Booth, appointed Medical Officer to the Military Prison at Greenlay. Hospital Staff: Assistant-surgeon, George Northern Foaker, from the 43rd Foot, to be staff surgeon of the Second Class, vice Brodie.

Obituary.—On Saturday last, in Seymour-street, aged 40 years, John Stewart, Esq., surgeon. On the 9th inst., at Nantes, in France, James Wilkes, Esq., surgeon, Royal Navy, in the 87th year of his age. On Sunday last, Edwin Harrison, M.D., physician to the Marylebone Infirmary. At Naples, on Thursday, the 18th of December, Dr. John Clarke, K. H., of Speddock, Dumfriesshire, and deputy-inspector-general of army hospitals. On the 18th of January, aged 27, Mr. E. J. M. Cudmore, surgeon, late of the barque Celt, of this port, formerly of Manchester. Suddenly, on the 27th inst, George Pearse, Esq., surgeon, of 46, Marsham-st., Westminster, deservedly lamented by a large circle of relatives and friends.

Death of Dr. Edwin Harrison.—We have to record the decease of Dr. Harrison, on Sunday, 11th ult. He was born at Ashley, in Cheshire, and originally intended for the law. At the age of twenty two, he began to study medicine at Edinburgh, and took his degree of M.D. at Paris, in 1829. It was here under Laennec (whose favourite pupil he was), that he applied himself to study diseases of the chest. His whole life was henceforth devoted to this pursuit. During his stay in Paris, for many years he attended the Hotel Dieu, and visited the principal hospitals of France and Italy. In 1835, he became a licentiate of the College of Physicians, and attended St. George's and the Middlesex Hospitals. On being appointed physician to the Mary-le-bone Infirmary, he rarely went elsewhere, but employed his time in visiting the sick, and studying morbid anatomy. Few men were ever more cautious or correct in forming an opinion—more willing to learn or to teach. His aversion to writing, prevented his publishing more than his strictures on Laennec, and some occasional papers in the various periodicals.

The pharmaceutical number of the *Medical Times* for February is now ready, and contains, among other interesting articles, a synopsis of the flora medica Americana, by John Foote, Esq., Hon. Sec. to the Royal Medico-Botanical Society; a memoir on digestion, by M. Bouchardat; a lecture on fermentation, delivered at the Royal Medico-Botanical Society, by Dr. Ayres in which M. Liebig's Views are considered; an abstract of a critique by M. Liebig, on the actual state of organic chemistry in France; reports of the Pharmaceutical Society, &c. Price 5d., Stamped 6d.

The bust of Helvetius, the celebrated physician of the seventeenth century, is about to be placed in one of the wards of the Hotel Dieu at Paris.

The following advertisement is extracted from the daily *Times*:—The Ackerleian Purification of the Bones as liquifying the chilled marrow by flame-light electricity, causing reflow of joint-oil lubrication, for stiffened joints, ossific-gout, rheumatism, cancer'os' and ulcer'os' contractions, without confinement or alteration of diet. Sun-like expanding as in plant animal physiology, the nervous fibrils—these respirative tubes being intercorporeal for aireal circulation, giving cartilagen'os' expansion for sleep.

Dr. Hastings, president of the Natural History Society, Worcester, gave, we see from the *Worcester Journal*, an interesting *soirée* on Wednesday last. Communications were received from Mr. J. Allies, Sir Thomas Phillips, and Mr. Beck. One hundred and fifty persons were present.

Newspaper Accounts.—Some people have a horror of housebreakers. A strong fellow in a fustian jacket, with a piece of crape over his face, and a pistol in his hand, is certainly a disagreeable visitor to a country gentleman in the middle of a dark night in December; the hoarse whisper conveying a delicate allusion to your money-bags or your life, is far from a pleasant method of carrying on a conversation; and therefore without descending to any more minute particulars, and pluming myself upon any personal immunity from such visitations on the score of having no house, I agree at once that a housebreaker is a most detestable character, and worthy of all condemnation. A murderer, also, I am not prepared to vindicate. A knife forced into the stomach of an elderly gentleman in a half sleepy state after a bottle of old port—a razor drawn across a beautiful barmaid's throat—or a bullet scientifically inserted through the ear-hole of a deaf old lady engaged secreting her half-year's dividend in a black trunk in the garret—are disagreeable objects of contemplation to the philanthropic mind; and I therefore at once coincide in the fervent execration in which a murderer is held by every person I have conversed with on the subject, except the students of anatomy, and two or three popular authors of the conclusive school. But there is another miscreant, for whom I have no commiseration; a wretch when compared with whose atrocities housebreaking becomes meritorious, and murder innocent; before whose negro-like blackness—to borrow the language of Charles Phillips—the darkness of annihilation becomes as white as snow; whose benediction is a curse; whose breath is a pestilence; whose name is hell; over whose sunless memory shall settle the conflagration of a fury, and whose soul shall shudder beneath appalling convulsions of a fathomless doom for ever. After this description need I say that I mean the unhallowed monster who neglects to pay his Newspaper Bill.—*Correspondent of Blackwood's Magazine.*

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of January 26, 1846: M. MATHIEU, President, in the Chair.

THERMAL ESTABLISHMENTS FOR THE CURE OF THORACIC DISEASE.—In contradiction to the generally received opinions on the subject, Professor Lallemand states, in a written communication to the Academy, that winter is in reality the most favourable time of the year for instituting the treatment of thoracic disease in thermal establishments. In the first place, the pulmonary affections are more frequent and fatal during the cold than during the warm season, and the spring and summer months are, in the second, particularly well adapted to consolidate a cure begun during the winter. M. Lallemand recommends the climate of Roussillon, and the sulphurous springs of Vernet; great advantages are stated to result, in cases of consumption, from the inhalation of the sulphurous vapour at 78° Fahr.

ACADEMY OF MEDICINE.

Meeting of January 27, 1846; M. ROCHE, President, in the Chair.

THE IODINE INJECTION.

(Adjourned Debate—Conclusion.)

Dr. Fontan, a corresponding member of the Academy, had heard, with much regret, the observations which had fallen from Professor Blandin with regard to Dr. Diculafoy's cases of injection into the peritoneum. That gentleman, whose assertions were worthy of the most absolute reliance, had forwarded to Dr. Fontan the history of one of his cases, and that case Dr. Fontan requested permission to read to the Academy.

CASE.—*Injection into the Peritoneum; Ascites; Recovery.*—A dyer, aged forty-two, weakened by chronic enteritis of two years' standing, went, on the 18th of October, 1840, to a fair in the vicinity of Toulouse, where he yielded to intemperance, and whence he returned at a late hour during a cold night. He complained next day of general uneasiness and of abdominal pain, and remarked with surprise, that the diarrhœa he was previously troubled with had completely ceased. On the 29th of October, ascites was detected, and the usual mode of treatment having proved ineffectual, paracentesis was resorted to on the 15th of January, 1842, and five gallons of albuminous, transparent serum were withdrawn. On the 3rd and 20th of February, and the 9th of March, the accumulation of fluid was so abundant as to render the operation again necessary, and on each occasion the same quantity of liquid was removed. It became then every day more and more evident that the patient was in a dying condition; the immense distension of the abdomen and the rapid formation of fresh liquid leaving but faint hopes of recovery. Under these circumstances, Dr. Diculafoy proposed the injection of solution of iodine into the peritoneum, with a view of obtaining obliteration of its cavity. The proposal was acceded to, and on March the 20th, 1841, paracentesis was performed for the fifth time, and a solution of tinct. iod., ℥ j, to water, ℥viij, and potassæ hydriod., ℈ j, was injected into the abdomen. The patient experienced only a sensation of pleasant heat. One half of the injection only was extracted from the abdomen. In the evening the pulse was feverish, and the abdomen tender on pressure. Linseed meal poultices and frictions, with the unguentum hydrarg. removed the symptoms. M. Diculafoy did not again see the patient until the 19th of April. The peritoneum was found to have been obliterated by adhesions in the lower half of the belly. The serosity had accumulated in the superior part, and two gallons and a half of fluid having been removed by puncture, the injection was repeated. On May 30th, M. Diculafoy's attendance was required, and he found that a small space only was now occupied by the effusion, which formed a globular tumour, from which half a gallon only of liquid could be obtained. The injection was performed for the third time, and was followed, after a week's interval, by anasarca, which was dispelled by purgatives. The convalescence from that day forward progressed with slow but secure progress, and the man has since returned to his trade. When he rises from a bent position, he still feels a dragging sensation in the abdomen. In another case M. Diculafoy has performed the same operation with equal success.

After reading this case to the Academy, M. Fontan observed that M. Diculafoy's operation now presented, by its publicity, all the guarantees of authenticity which any one could possibly require.

Professor Blandin stated that he had certainly been misunderstood, if it had been thought that he intended to cast any kind of doubt upon Dr. Diculafoy's veracity. He only considered the case had not the importance which had been attributed to it, and he still continued to hold that opinion. Even now, Professor Blandin did not feel by any means satisfied that the injection had been made into the peritoneum; it might have, in reality, been thrown into serous cysts, a hypothesis which would account, better than Dr. Diculafoy's supposition, for the sensation of *pleasant warmth* experienced by the patient during the operation.

M. Fontan could not doubt that the injection really passed into the peritoneum, and found the proof of the assertion in the rapid accumulation of such large quantities of fluid. No surgeon ever saw cysts fill with such rapidity.

The Academy then came to a vote on the conclusions of Professor Velpeau's report. M. Velpeau proposed, 1st, The thanks of the Academy to M. F. Roux, for his interesting communication; 2nd, The inscription of his name on the list of candidates for corresponding membership; and 3rd, To send his memoir to the committee of publication.

An amendment of M. Gerdy, tending to express disapprobation of the method of injections into the joints for the cure of hydrathrosis, being rejected, the Academy adopted the reporter's conclusions.

M. Capuron read a report on a case of parturition rendered difficult by the monstrous conformation of the child.

Professor Dubois requested, on account of the lateness of the hour and the thinness of the meeting, that the debate on this interesting question be deferred till next Tuesday. The request was acceeded to, and the Academy adjourned at five o'clock.

HOTEL DIEU.

CLINICAL LECTURE—*On Hare-Lip.* By M. ROUX.

The operation for the cure of this deformity is certainly one of the simplest in the practice of surgery, and seemed, even many years ago, to have attained the highest pitch of perfection of which it was susceptible, when, recently, a kind of small revolution has taken place in this branch of operative surgery, and has given rise to a controversy which is not to this day altogether terminated. The case which we are on the point of operating upon is one of incomplete division of the lip, and it is a singular circumstance to which I beg to call your attention that the division is seated on the right side of the mesial line. The result of universal experience is that simple hare-lip, is incomparably more common on the left than on the right side—a fact for which no very peremptory explanation can be well discovered. It is admitted, however, that hare-lip is due to an arrest in the development of the lip; and the two sides of the body being supposed to be endowed with a different degree of vitality—the left—the weaker of the two more frequently presents the traces of imperfect nutrition. The consideration of the present case brings to my mind a much more important remark on the subject of the hemorrhage which occasionally accompanies the operation—hemorrhage of trifling importance in the adult, but of very great consequence in children. The brother of the infant we present to you to-day was brought to me about two years since, to be operated upon for the same deformity. The hare-lip was a complicated one, and although the child did not suffer much, and the loss of blood was not very considerable (the child was only six months old), the blood accumulated in its mouth, and syncope occurred; the accident was even so prolonged that we feared it had been fatal. I introduced a female catheter into the larynx, and displaced a clot of blood which obstructed the air-passages, and which was causing axphyxia. The child recovered perfectly, but the suture of the lip was unsuccessful, and we were compelled about a twelvemonth later

to repeat the operation. The subject we intend operating on this day is a child of the same mother as the infant whose case we have just related. These cases cannot be classed amongst hereditary deformities, although they are occasionally met with in the branches of the same family.

In some instances, however, a hereditary malformation seems positively to have been handed down from father to son. Thus, some years since, a man whom I had long before operated on for hare-lip brought me his child, afflicted with the same deformity. The father, besides, had six fingers on each hand, and six toes on each foot. The same disposition existed in the child. I am inclined to think that the imagination of the pregnant mother has more to do than is generally acknowledged with the production of the monstrosities which are frequently observed. I am aware that in making this avowal, I place myself in contradiction with the received notions on the subject; but I certainly am disposed to admit, from a certain number of facts which have come under my observation, that the popular belief on this point is not so absurd as scientific men will have it. What is the earliest period at which the operation for hare-lip should be performed? Notwithstanding the authority of my friend and colleague Professor Dubois, who advises the suture as soon as possible after birth, I have operated at that earliest period of life in a very small number of cases, and only when I was obliged to yield to pressing solicitation; at any rate, I would certainly reject the operation at so tender an age, when the malformation is not quite simple, and when any complications arise from bad conformation of the bones, the velum, or palate. I was recently obliged, in compliance with the urgent entreaties of the parents, to operate upon a newly-born child affected with simple lateral hare-lip, complicated by separation of the bones of the hard palate and alveolæ. I consented, against my own opinion, to perform the suture; and I was very much surprised to find, after the reunion of the division, that suction had become impossible; the mouth could no longer be adapted to the breast. The infant was reared with the spoon, and fell into an alarming state of weakness. The lips of the wound had not united, and a complete failure of the operation was anticipated; to my great astonishment, however, the infant was brought to me a fortnight later, and the deformity was cured.

HOPITAL DES CLINIQUES.

Case of a newly-born Child affected with Syphilis. By Professor P. Dubois.

A woman, aged twenty-eight, of a strong constitution, in the enjoyment of robust health, was delivered in the hospital during the month of August, 1844, of a well-formed boy. The child presented in various parts of the body, especially on the hands and feet, a pustular eruption in full suppuration. The left leg was tumefied above the ankle, and presented a distinct fluctuation on its inner aspect. The placenta was healthy; the child lived only three days. On post-mortem examination, the tibia of the left leg was found in a necrosed condition, andan asbcess was noticed in the thyroid body, an alteration which Professor Dubois has frequently met with in infants affected with syphilis. The mother did not acknowledge any venereal infection, and no trace of ancient or recent chancre could be detected.

This case, recorded in the *Gazette des Hopitaux*, of January 31st, is one of frequent observation, and which presents an apparently insoluble difficulty—Were the symptoms hereditary? and if so, by which of the parents were they communicated? The question of hereditary syphilis is one of paramount importance, which is not in all cases susceptible of a positive solution. The evidence of a large number of facts proves, however, beyond the possibility of contradiction, that the fœtus in utero may be contaminated by a double process, which has not been hitherto sufficiently distinguished. 1. In its passage from the womb, by direct contact with primary chancres situated in various parts of the mother's organs. 2. Through the poisoned blood of the mother, from which the fœtus derives its nutriment during the greater part of uterine existence.

Dr. Lane mentions it as his opinion that a third opportunity occurs by which the poison may be imbibed from the breast of the mother or nurse. This view, adopted by many practitioners, for whose opinion we have the greatest respect, is one from which we must, however, beg to differ, for reasons which we will hereafter explain.

We will say nothing of the inoculation of a chancre, borne by the female parent on some excoriated part of the child's body. This transmission cannot in sound argument be termed hereditary, and at any rate it is in no way applicable to the case which occasions the present remarks.

The transmission of secondary (non-inoculable) symptoms from the parent to the child is a question of far greater interest. The acknowledged hereditary transmission of cancer and tubercular disease from the father to the child, the mother remaining free from these disorders, does not permit us absolutely to deny that syphilis may also be handed down in this manner; it would, however, require a large number of well authenticated facts to settle the point; which for the present must remain, to say the least, in a state of uncertainty. The same doubts cannot be entertained when the mother alone, during pregnancy, was affected with secondary syphilis; in such cases it is also the secondary form that the child presents. We are inclined to think that in the case above related, the mother was afflicted with indurated chancre at a time not far distant from conception. The reason we refer the symptoms to so ancient a date, is the advanced period of evolution of the disease in the child. Chancre was sought for in the mother; it was precisely the symptom that could not be met with, having according to all probability been healed seven or eight months previously to the time at which the organs were examined. The absence of secondary symptoms on the body of the mother at the period of parturition cannot be adduced as proof that secondary eruptions of a light character did not exist during pregnancy. Indeed, perhaps, the severity with which the infant was affected may to a certain extent account for the lightness of the symptoms in its mother. I am aware only of the existence of two signs which might have led to a positive opinion in the case, and they both refer to the examination of the lymphatic glands of the inguinal and posterior cervical regions. It is a well ascertained fact, that lymphatic glands, once enlarged by disease, hardly ever return to their original size; they always remain in a somewhat hypertrophied state, which may easily lead to a knowledge that they have formerly been the seat of morbid action. With indurated chancre of the genitals, the glands of the groin are always tumefied, and the careful exploration of the inguinal fold might have caused this condition to be detected. Again, Dr. Ricord has shown that one of the most frequent symptoms accompanying the early eruptions of syphilis is the enlargement of the posterior cervical lymphatics, due, beyond a doubt, to the early period at which the scalp becomes affected. Now, the lymphatics of the nape persist in an enlarged state after the symptoms which have occasioned their increase have disappeared, and might also have, in the case under consideration, served to trace to the mother the origin of the disease. But there is a vast difference between this mode of infection and that which had often been, in our opinion, too lightly admitted—through the nurse's milk. In an infected woman, this secretion tested by inoculation, gives no pustules; and if we reflect that even the inoculable pus of chancre, introduced accidentally into the stomach, produces no more accidents than the pus of variola, vaccine, &c., swallowed in pills or in a solution, we are obliged to admit that the gastric juices exercise a neutralising action over the toxic agent called virus, which does not permit these morbid poisons to exert their accustomed influence, and if the inoculable matter itself is deprived of its noxious properties by the peptic action of the stomach, is it not a natural inference that the milk of an infected nurse, containing a very diluted particle of poison (if indeed the virus has not been altogether destroyed in the act of secretion), is incapable of producing in the infant the secondary symptoms it has being so often accused of having occasioned?

LA PITIE.

Pulmonary Hemorrhage — Plessimetric Percussion. By Professor Piorry.—A woman, aged twenty-four, entered M. Piorry's wards labouring under hæmoptysis. The expectorated blood was scarlet and frothy; on auscultation, no sign whatever of local disease could be detected in the lung. Plessimetric percussion, on the contrary, shewed on the left side, below the clavicle, a deep and extensive dulness, in this region, the respiratory murmur was perfectly pure, and superficial percussion did not present any diminution of the sonorousness of the chest. The dull region was limited with a line of nitrate of silver, and when the patient was examined the next day, the extent of the dulness had diminished in every direction about four lines. The professor concluded that the dulness of the lung on percussion was due to pulmonary hemorrhage; that the expectoration of the blood was, in the present case, a favourable termination to be promoted as much as possible by making the patient lie upon the healthy side, and exhibiting expectorative medicines.

Dan. M'Carthy, D.M.P.,
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

England.

[The following are the only articles of interest to the profession in the last number of the *Lancet*.]

Epilepsy consequent on Concussion.—Mr. Anderson describes the case of a little girl, who, having been stunned by a fall, in July, 1842, from the immediate effects of which she soon recovered, became cataleptic a few days afterwards, remaining so for about a minute only, and then recovering with a kind of hysterical laugh. A similar attack occurred the day after, with the addition of a flexed state of the right arm. The fits continued to increase in number and severity every day. For some time they affected the face and upper parts of the body only, commencing with a rapid convulsive quivering of the orbicularis palpebrarum of the right eye, extending to the muscles of the globe, rolling the eye outwards and upwards—then to the muscles of the face, occasioning violent convulsive twitchings, and drawing the angle of the mouth backwards—and to the neck, bending the head downwards and to one side. These paroxysms would continue for about a minute or two, and then pass off. They gradually extended after a time to the muscles of the trunk, and both upper and lower extremities. The flexors of the arms would be violently and rigidly contracted as well as those of the neck. As they increased in severity, sometimes the flexors would be rigid and contracted, bending the limbs into various forms; at other times the extensors violently stretching them; or the flexors of the upper and the extensors of the lower extremities would be simultaneously affected, and vice versa. Latterly these fits terminated with convulsive motions of the limbs, as of violent trembling, and at times the contractions of the muscles of the fore part of the trunk were perfectly emprosthotonic (the abdomen tense and hard), and raised her involuntarily from a lying position. As they became still more frequent and severe, they terminated with an involuntary evacuation of urine. She never referred to the head as the seat of pain or uneasiness, nor could the expression of any sensation of the kind ever be elicited from her; in the intervals her health was perfectly unaffected, and she never complained but of slight uneasiness behind the sternum whilst under the influence of mercury. From one or two daily, the number gradually increased to ten, fifteen, twenty-four, thirty, and thirty-six in every twenty-four hours, up to the middle of September, in which time she could scarcely have had less than twelve hundred paroxysms. Sleep did not prevent, but seemed to aggravate them. The early attacks had more the character of tetanic rigidity, only the latter came on with this same rigidity, always attended with a moaning noise (a rapid succession of short inspirations and long expirations), and terminated with epileptic convulsions. Whilst these paroxysms were limited to the face and neck, but little notice was taken of them, and a course of mild purgatives only was administered, but when they began to be

severe, the fall was recollected, and more active treatment adopted. The head was kept shaven, cold constantly applied to it (occasionally leeches and blisters); purgatives administered; and quiet rest observed. Six ounces of blood, taken partly from the arm and jugular vein, alone made any impression, and that only to lengthen the interval a few hours that day. In spite of treatment, they continued to recur with greater severity and frequency. There existed throughout considerable torpor of the alimentary canal, never observed on any previous occasion, and which resisted the action of ordinary doses of medicine—full doses of drastic purgatives being required to procure action from the bowels. Calomel was given in repeated doses until the breath became fœtid, and was then withdrawn, from a fear of a sudden exhibition of its effects on the mouth, &c. No such effect, however, followed. On some occasions she was considered worse after purging, but it was not much regarded, as she continued to get worse under any treatment. In the intervals, latterly, she became very weak, partly perhaps the effect of the disease, but mostly perhaps of the treatment; and being unwilling to reduce the vital powers too much, for many days little was done beyond attention to the bowels, rest, and quiet, and a few doses of quinine. Mercury was under these circumstances exhibited in the doses of a grain and a half three times a-day, and with ultimate benefit, the fits gradually diminishing in severity and number, until they ultimately ceased. In the course of the ensuing year the attacks recurred, evidently owing to the excitement produced by injuries of the head. This time mercury, pushed to salivation, did not appear to render any service, and the disease gradually wore itself out.

Iodide of Potassium and Mercury in Syphilis.—Mr. Acton observes that secondary symptoms occurring after a primary affection, which have *not* been treated with mercury, are usually *not* in the least degree ameliorated by iodide of potassium and that they will as generally require for their cure the preparations of mercury, given in appropriate doses. Secondary symptoms, following sores treated with mercury, frequently persist, in spite of mercurial preparations, in some cases become aggravated, or only yield to very large and dangerous doses of the mineral. These symptoms will very rapidly get well under iodide of potassium, when administered in proper doses. These statements are supported by the detail of cases in point. Mr. Acton further recommends the iodide of potassium to be exhibited in cases presenting secondary symptoms of the head and scalp in some modified form, in persons whose gums betoken courses of mercury, and who tell you that mercury has been given, salivation produced, and yet the disease has relapsed. The salt is particularly advantageous to that class of individuals in whom dissipation, prolonged courses of mercury, and inattention to the directions of the medical attendant, may be expected. The iodide of potassium, when prescribed in the usual manner, causes pain at the pit of the stomach, and heat at the throat soon after it has been taken. To obviate these objections, Mr. Acton is in the habit of prescribing the salt, in solution, in the following manner:—Two drachms are dissolved in three ounces of water, and the patient is desired to put a teaspoonful of the solution in a large cup of tea, night and morning, and to take the same quantity in half a pint of beer, or any other fluid, in the middle of the day. It is impossible to say how long the use of the remedy should be continued; if, however, as usually happens, the patient gains weight and flesh, a surgeon would do wrong in discontinuing it for some weeks, and the dose may be increased or diminished according to circumstances. The late Dr. Williams considered that the average dose should be eight grains, three times a day; less, he thought, could not be recommended; but it must be recollected, that his observations principally applied to the administration of the salt in nodes. He believed that "iodine has an affinity for the syphilitic poison, which it modifies and deprives of a part of its power to inflict disease. The iodide of potassium is probably absorbed in substance, and so rapidly, that iodine may often be detected in the urine within ten minutes after the patient has swallowed it. It is found also in the saliva, in the tears, in the milk, and, probably, in the other secretions of the body: but it has not been satisfactorily demonstrated in the blood, being either so rapidly removed as to exist only in quantities too minute for detection, or else, perhaps, resolved into its elements. The best test for the iodide of potassium in the urine, is first to add a solution of starch, and then a small quantity of the solution of chlorine, this latter agent immediately setting free the iodine, and producing the usual beautiful violet or indigo tint." The effects of the remedy show themselves in first producing an increased quantity of urine, which is pale and straw-coloured. The general surface of the skin loses its unhealthy character, the appetite improves, the circulation becomes somewhat hurried, and the system rallies. The eruption loses the coppery hue, the scales separate, and the skin, where the spots existed, assumes its natural texture, and the hair regains its gloss, and ceases to fall off. It is, however, of no use to continue the iodide of potassium, or increase the dose, after the first week or ten days, unless some amendment is visible in that period; otherwise it produces a hot skin, a parched mouth, and some fever, or acne occurs on the back or face, accompanied with some headache; in other instances, an unusual quantity of saliva is secreted, the gums become puffy, and bleed when the tooth-brush is used. These effects should induce the surgeon to omit it altogether, or reduce the dose, which may again be resumed when these prejudicial results have ceased. It must not however be concealed that relapses of secondary symptoms occur: a few months after the salt has been omitted, fresh spots may appear, much slighter than the last, offering no longer, it is true, the coppery tint, but if no treatment is pursued, the symptoms will increase to a considerable extent; and if the iodide be again exhibited, the same success does not attend the second relapse, nor is there then the same rapid disappearance of the symptoms; the system, however, is in a condition to bear the use of mercury.

Protracted Labour.—Dr. J. H. Davis narrates a case of protracted labour from rigidity of the os uteri, in a primipara, 36 years of age, in whom, after free bleeding, relaxation of the uterine mouth was induced by nauseating doses of tartar-emetic. Parturition was completed by craniotomy. The mother did well.

Prurigo.—Mr. Hunt describes two cases, one of prurigo scroti, and the other prurigo pudendi muliebris, in both of which decided benefit followed the internal exhibition of arsenic. Cases of psoriasis and lepra, cured by the same remedy, are also narrated by Mr. Hunt.

Paraplegia.—At a meeting of the Medical Society of London, Dr. G. O. Rees related the following case. About three weeks since a woman, aged thirty-two, was admitted into Guy's Hospital, suffering under head symptoms, and paralysis of the lower extremities. It appeared that on Christmas day last, while out in the street, her legs felt very cold, and she was suddenly seized with a desire to make water, with a total inability to do so. She had received no injury of the spine. Feeling generally ill she went to bed. On endeavouring to lift herself out of the recumbent position, she found that she could not move her legs, though she had complete power over, and sensation in, the upper extremities. When admitted into the hospital, shortly after, she was labouring under great mental confusion; as the nurse said, "she was not herself;" there was difficulty of articulation, and sluggishness of the pupils. There was no dyspnœa, and no symptom whatever of spinal affection; the spine, under the suspicion that it might have been injured, having been most carefully examined, and no injury whatever being detected. Catamenia regular; sensation remained perfect in the legs, but the motive power was entirely gone. Various and repeated efforts were made to develop excito-motory action, but without the least success. Dr. Rees was inclined to believe, from the head symptoms, that there was some mischief about the crura cerebri, that probably the corpora striata had been suddenly impinged upon by effusion in that neighbourhood, and that the symptoms presented were dependent on that pressure. Calomel and opium were exhibited until the mouth became affected; the mercury was then discontinued and the iodide of potassium substituted. The patient rapidly recovered under this plan of treatment, the power over the bladder returning as the general symptoms gave way.

Pericarditis.—A case of pericarditis, occurring in a rheumatic subject, which terminated fatally from head symptoms, is reported from University College Hospital. On admission, the man had occasional cough; slight expectoration, sometimes streaked with blood; pain at the lower part of the chest, increased by every respiration; pain in the region of the heart, increased by pressure over the intercostal spaces, and especially by pressure upwards under the left false ribs. The physical signs were sonorous rhonchus under both clavicles, and sibilant rhonchus over the rest of the chest; respiratory murmur sometimes inaudible over some parts, but restored by coughing; sound on percussion healthy; heart's action very irregular; impulse much greater than natural; a bellows murmur heard with the systole over the left ventricle; pulse about 70, very irregular, and counted with difficulty; tongue furred and dry in the centre, but the margins moist; a nauseous taste in the mouth; appetite bad; stomach rejects all food; urine high-coloured and scanty. He was bled from the arm, and cupped over the region of the heart with relief, and the mouth made sore with mercury. Under this treatment, diuretics with morphia being substituted for the mercury, when ptyalism had been induced, the man gradually improved, and was ultimately discharged, the heart's action being still attended with the production of morbid sounds. About a month afterwards, the man was re-admitted in the surgical wards, and was operated on for fistula in ano. A few days afterwards, he became insensible, and was violently convulsed. The heart beat with great rapidity and violence. The convulsions lasted three minutes only, but the insensibility continued all the day. Respirations were short and quick; cough frequent; sibilant and sonorous rhonchi over the whole of both lungs; great pain on pressure under the left false ribs; and the action of the heart was very violent and irregular. The patient was bled and blistered, and five grains of calomel given three times a day, with some relief to the head-symptoms, but convulsions and strabismus soon after supervened, with constant muttering delirium; the case terminated fatally fifty-eight hours after the attack. The body was examined thirty hours after death. Head: scalp very much congested; membranes of the brain exceedingly vascular, but no trace of lymph on them; brain exceedingly soft, and the medullary portion had a greyish aspect, owing to the great number of small vessels in it; an earthy concretion, the size of a horse-bean was found in each plexus choroides. Chest: the pericardium contained a quantity of bloody serum; the heart was dilated, and so soft that its structure could easily be broken down; the lining membrane was softer and much darker in colour than natural; the mitral and aortic valves were indurated and felt leathery; tricuspid valve healthy. Lungs: very soft, and enormously gorged with bloody serum; the pleuræ separated with unusual readiness from the surface of the lung. Abdomen: liver of natural size, very soft, and the torn surface exhibited a granular aspect; mucous membrane of the stomach healthy. Intestines: not examined. Kidneys: very soft, and the vascular part darker than natural. Spleen: very soft, reduced to a dark-coloured pulp.

[The following are the only articles of interest to the profession in the last number of the *Medica Gazette*.]

Colic Abscess.—Dr. Mayo narrates an interesting case of colic abscess occurring in the person of a young lady, subject to hysteria. She had been for some time under his care with anomalous symptoms. While still under treatment, and labouring under hysteria, with delirium, she suffered from tenderness on pressure in the right iliac fossa, the supervention of which was accompanied by considerable collapse. The latter symptom was checked by stimulants, and, to relieve the tenderness, the mouth was affected by mercury. Remedies were also employed to relieve the hysteria, and active purgatives were used throughout. Ten days afterwards some uneasiness was complained of, in the right nates, where a swelling with much tender-

ness, but no redness, was discovered. This ulcerated, and discharged fœcal matter. The opening was freely enlarged by Mr. Travers upwards and downwards, when a copious and offensive discharge of feculent matter intermixed with pus and some venous blood, took place. On the introduction of the finger, a very extensive pouch was discovered, which Mr. Travers felt convinced had a direct connection with the gut whence the feculent matter drained. The patient bore the operation well, and the incised parts gradually healed, under the influence of sedatives and tonics. Another attack was afterwards threatened, but was warded off by leeches, and mercurial and senna purges. Aperient pills were afterwards taken regularly every other night, and a course of the spa waters at Homburg and Schwalbuch completed the cure. Dr. Mayo enters, after describing the case, into some general and vague considerations respecting it, but, in our opinion, entirely mistakes its character. It was evidently a case of abscess in the colon, making its way externally, and caused by the presence of indurated fæces, such do not unfrequently collect at the commencement of the colon in hysterical subjects, and which frequently by the irritation they cause induce severe attacks of hysteria, and even, as in this case, symptoms of head affection. The combined operation of the blue pill and extract of jalap, followed by the course of the German spas, was beneficial by correcting the character of the secretions, and by bringing the bowels into a more healthy state. It was one of those cases, which especially illustrate the serious mischief women sometimes inflict upon themselves by neglecting the proper action of the bowels. The details of the case are written in a very loose and inaccurate manner, and the style is far from being such as to do honour to a physician, who is also an F.R.S. Take, for instance, the first line and a half, descriptive of the young lady :—"Miss N. applied to me first in November, 1843, aged 23." What is aged 23—Miss N.—the month of November, or the year 1843. Similar instances are to be met with throughout the passage. Mr. Travers, too, speaks of the "pelvic guts." Such language is not fit to be inserted in a medical journal, and still less is it fitting as coming from a man of Mr. Travers' standing in the profession.

Scalp-Wounds.—Mr. Brown states that by carefully cleansing and sponging scalp-wounds, removing all the hair by shaving with a razor, applying as few strips of plaster as possible, and by attending to the general health, he succeeds in uring lacerated wounds of the head and face in thirty six hours; all that is required afterwards being merely an application to protect the line of union. He relates two cases in illustration of this statement; the first is interesting on account of the extent and severity of the concomitant injury. The patient was a miner, and while at work a mass of earth came on the back of his head, and drove him to the ground with his face downwards. The nose was completely divided, as also the upper lip, except its very border. The division commenced close up to the inner angle of the right eye, and extended down a little to the right of the middle line of the nose, though detaching the columna nasi as completely from the left ala as the right; it then passed through the mesial line of the lip to its free edge. The edge itself, however, was cracked at two or three points a little distant from the line of the main wound. The two left incisor teeth were knocked out and lost. The hard palate was cloven all the way back, to the width of at least the third of an inch. The columna nasi and continuation of the septum were left standing up as a ragged frill or ridge. Notwithstanding these extensive injuries, by adopting the plan above described, and using the interrupted suture where requisite, Mr. Brown got his patient well, and the fissure in the palate gradually became obliterated. The reparation within the nose was, of course, less rapid. The nostrils having necessarily become blocked up by lymph, after the first apposition of the parts of the nose, were a considerable time in becoming cleared and in regaining their functions; though almost from the first, by a forced effort, the patient could draw in a little air through them The nose is left somewhat flattened and hollow towards the left side, at about the point of junction of the cartilaginous with the osseous part; and the columna is rather short and bent towards the left ala; in other respects there is no deformity.

Fatal Obstruction of the Bowels.—At a meeting of the South London Medical Society, Mr. Wright related the two following cases of fatal obstruction of the bowels:—The first, a man aged forty, of robust constitution, became ill on the 24th with pain in his bowels, which increased on the following day; he was then vomiting frequently; the tongue much coated, and the extremities cold; no pain on pressure of the abdomen; pulse quick and soft; intense thirst; countenance indicating great prostration; bowels not relieved for three days. Artificial warmth was applied, and after a time he was bled to ℥ vj, when he fainted; blood not buffed. Purgative enemata, calomel and colocynth, and the warm bath, were had recourse to without relief; afterwards croton oil. The next day he was seen by Dr. Silvester, who ordered a blister to the abdomen, and Magnes. sulphat. ℥ ij in solution, with Acid. hydrocyan. *m* j every two hours Death, however, took place on the following day, fecal vomiting having existed for twelve hours. Examination twelve hours after death :—A slight band of semi-organised lymph connected a fold of the ileum with the vermiform process of the cœcum, but did not seem to obstruct the passage of the bowels; colon and rectum empty; about one yard of the lower portion of the ileum was dilated and intensely inflamed, of a brown chocolate colour, the mucous membrane ulcerated; both above and below the intestines were normal, and the small filled with liquid fecal matter. The second case—a female aged thirty-four, of hysterical habit—was the subject of strangulated femoral hernia seven years previously, which was reduced, and followed by peritonitis. Five years since she had a vaginal hernia in the right labium, which disappeared by the use of a pessary and the T bandage; she had habitual constipation, requiring enemata and aperient medicines. December 28th, the ordinary aperients having failed in relieving the bowels, she had vomiting and præcordial distress, but no pain on pressure; tongue clean, and no pyrexia. Calomel and colocynth, enemata, castor oil, failed in giving relief; the next morning there was pain on pressure of the abdomen; fever, furred tongue, constant vomiting, small quick pulse, and all the symptoms of strangulated hernia. She was bled to twenty ounces, again in the evening to ten; calomel and hyoscyamus every four hours; enemata of castor oil and warm water. On the morning of the third day prostration increased, also the abdominal tenderness, and she died in the afternoon, the bowels not having been relieved. The most careful examination of the abdomen and vagina could not detect hernia. Examination eighteen hours after death:—About a pint of serum in the cavity of the abdomen; the intestines pale, and glued together by remarkably pale lymph; a portion of the lower third of the ileum, of the appearance of a piece of black-pudding, lay coiled up in the pelvis, as if tied up at the ends, and strangulated by a band of mesentery.

Scotland.

Asphyxia in Atmospheres vitiated by Combustion &c.—In order to elucidate this subject, Dr. Snow has performed a set of experiments on sparrows, linnets, and mice, in a glass vessel holding 2000 cubic inches; he sought to determine separately the effects of the diminution of the oxygen and of the presence of carbonic acid. In a certain number of the experiments a part of the oxygen of the air was removed by a chemical process, leaving an excess of nitrogen, but without any foreign admixture. In other experiments, various proportions of carbonic acid gas were added, together with a sufficient quantity of oxygen to preserve the relative amount of 21 per cent. In a third division of the experiments there was carbonic acid gas present, and a diminution of the oxygen. It was found that a loss of more than three per cent. of oxygen caused death in a few hours, although no carbonic acid were present; that the removal of six or seven per cent. of oxygen caused death very rapidly, and that the removal of 10 per cent. or about one half produced immediate asphyxia. Twelve per. cent. of carbonic acid caused death in a few hours, and a larger amount in a shorter time, when the natural proportion of oxygen was preserved. The effects were more deleterious when, with the addition of carbonic acid gas, there was a diminution of the oxygen, as always occurs in accidents and suicides by vitiated atmosphere. The quantity of carbonic acid gas present however, is not a measure of the danger in such cases, for a distinction must be drawn as to its origin; when it proceeds from a fermenting vat, or a lime kiln, the oxygen and nitrogen of the air are alike displaced, and the diminution of the oxygen is only equal to about one-fifth of the carbonic acid added; but when the latter proceeds from combustion or respiration in a limited portion of air, the oxygen is always diminished to the amount of the carbonic acid added, and generally to a somewhat greater amount, on account of the consumption of hydrogen as well as carbon. The birds uniformly suffered more than the mice in corresponding atmospheres, and Dr. Snow conceives that the human being should be placed between the bird and the rodent in respect of his toleration of vitiated atmospheres. He concludes that five or six per cent. of carbonic acid cannot exist in the air without danger to life, and that an atmosphere with less than half this amount will soon be fatal, when it has been formed at the expense of the oxygen. In several of the experiments the air, which was ultimately fatal, caused no symptoms of distress at first. The mere deficiency of oxygen produced some effects which have usually been attributed to the poisonous properties of carbonic acid. The post mortem appearances were not uniform. The author considers that although the experiments confirm the opinion that carbonic acid gas has a deleterious effect of its own, independent of its mechanically excluding the oxygen of the air, yet that they do not enable him to determine its mode of operation. The paper is published in the *Edinburgh Medical and Surgical Journal.*

Excision of the Cervix Uteri.—At a meeting of the Medico-Chirurgical Society of Edinburgh, Dr. Simpson read a communication on Excision of the Cervix Uteri. Out of eight cases in which he had performed this operation, in three the amputated vaginal portion of the cervix was the seat of carcinomatous disease. He detailed the particulars of these three cases. In one (a case of cauliflower excrescence) the patient has remained perfectly well since the date of the operation in 1840, and in the interval has born and nursed three healthy children. In a second patient, whose health and strength were greatly reduced, the excised part presented a tumour having all the microscopic and other characters of Miller's *Carcinoma fasciculatum.* It is now upwards of two years since the operation, and the patient continues to enjoy the best of health. In the third case, the diseased cervix presented a well marked specimen of Miller's carcinoma reticulare. The patient remained well for eight months, but the disease then recurred, and proved fatal fourteen months after the operation.

Large Purgative Enemata.—Dr. Hall describes, in the *London and Edinburgh Medical Journal,* two cases of obstruction of the bowels, in both of which he succeeded by means of large purgative enemata, slowly and carefully administered, in inducing fæcal evacuations. The patients in both cases were old men, and were in an apparently dying state when the enema was ejected. Both recovered. Dr. Hall considers it perfectly possible not only to inject the colon, but also to cause the injected fluid to pass into the small intestines. He narrates several experiments which he performed on the dead body, and which confirm his views.

Poisoning by Nux-Vomica.—Mr. Fry, in the *Provincial Medical and Surgical Journal,* describes a case of poisoning by nux vomica, in which he used the stomach-pump, removing the remainder of the poison, exhibited castor oil and a purgative enema, and cordials with camphor and ammonia. The patient recovered.

Revaccination.—Mr. Newnham contends for the inefficacy of revaccination on the apparent grounds that he has only once seen a "vaccine arm" (what is that—a cow's foreleg?) follow the operation. The statistics of revaccination tell against his argument with sledge-hammer force.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON PRACTICAL MIDWIFERY.

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

You will recollect, Gentlemen, that at our last meeting I was engaged in telling you the symptoms of pregnancy; I shall now recapitulate briefly the chief points I then described to you, in order to impress this subject as firmly on your minds as its importance deserves.

I told you that among the early signs of pregnancy, one of the most important is the cushiony condition of the os and cervix uteri. Next after this come the appearances in the breast with the areola round the nipple. I mentioned to you that at a later period, you would, by auscultation either with or without the stethoscope, hear certain uterine sounds, and, still later, that the sounds of the fœtal heart would be distinctly audible. I described to you the importance and certainty of this last sign. I also told you that at a later period you would be able to detect the presence of the fœtus by ballottement and feeling its motions through the parietes of the abdomen. I told you that the diagnosis of a plural pregnancy is by no means easy: unusual size of the abdomen has been stated by some to afford a means of diagnosis, but this may arise from a variety of causes, such as a larger quantity of liquor amnii than usual, a very large child, an abdominal tumour, &c.; besides which, women pregnant with twins are frequently by no means remarkable for their size. Flatness and width of the abdomen has also been accounted a sign of twins, one fœtus being supposed to occupy one side of the uterine cavity and the other the opposite. Now this, Gentlemen, is never the case. Two fœtuses usually lie obliquely across the abdomen; the one upwards and forwards, the other downwards and backwards. This appears to be the position in which they are most easily packed together, and occupy the least possible space. The child's motion over an extended space is by no means a sign of any value; the reason of this must be evident to you. I have already fully described the only certain means of diagnosis of plural pregnancy with which we are acquainted. I mean auscultation; and even this requires to be conducted with the utmost possible care. The lower half of the os uteri has been said to be somewhat extended in plural pregnancy; but I am not aware that this is a sign of any value.

It is impossible for me to overrate the importance of a perfect knowledge of the signs of pregnancy; not only character and honour, but even life itself, often depends on the decision of the medical attendant. You are aware, Gentlemen, that, according to the laws of most countries, a woman convicted of a capital offence, if she prove pregnant, has the execution of her sentence delayed until after her confinement. Often serious questions arise here, the whole responsibility of which falls on the surgeon. A case is related by Naegele, which I was the first to record in English; it occurred to the celebrated Baudelocque. A young French countess, during the French revolution, was suspected of carrying on a treasonable correspondence with her husband, who had escaped from France. She was tried, convicted, and sentenced to the guillotine. She declared herself pregnant, however, and two of the best midwives of Paris were appointed to decide on the truth of her representation. They gave their decision against her, and she suffered accordingly. After her execution her body was examined by Baudelocque at the School of Anatomy, and he found her to have been in the fifth month of pregnancy with twins. A case occurred some time since in the south of Ireland, where a woman, sentenced to capital punishment, declared herself pregnant. Dr. Patterson was called in to examine her, and stated that her representation was incorrect, which proved to be the case. A case is recorded by Dr. Evory Kennedy, which occurred at Norwich in 1833, where a pregnant woman was on the point of suffering the extreme sentence of the law through the ignorance of a jury of old women, who, according to the old custom, examined her with the view of deciding whether or not she was pregnant. They gave their verdict against her, and she would have been sacrificed with her helpless infant. She fainted whilst the judge was passing sentence on her, and was caught in the act of falling by a bystander, who was a medical man, and who distinctly felt the motions of the child. A respectable woman called on me some years ago with her daughter, a fine young girl, having a letter of introduction from a surgeon, who believed her to be suffering from ovarian dropsy. I noticed a peculiar tense elastic firmness of the abdomen, very unlike the equable fluctuation consequent on ovarian dropsy; and, on examination per vaginam, I felt distinctly the child's head. Here I was then, Gentlemen, in a most unpleasant dilemma. The mother did not appear to have the slightest suspicion of the real state of the case. To put the matter beyond doubt, I applied the stethoscope, and heard the child's heart distinctly, and I was then, of course, obliged to inform the parties of the fact. A patient was brought into this hospital some time ago who was really ill. I was requested to examine her by one of the physicians, as pregnancy was suspected; but from the state of her health, and her stout denials of the fact, my opinion was slightly shaken, till, one day, the ward being particularly quiet, I heard distinctly the fœtal heart, which previously I had not succeeded in doing. Some cases occur in which the patients, though they know they have exposed themselves to the chance of conception, still really do not believe themselves pregnant. I saw a young woman who had been seduced, but who was assured by her lover that pregnancy was impossible, in whom this conviction was so strong, that even when in actual labour she declared she was not pregnant; of course, on the child being shown her, she soon altered her opinion. A medical man once brought a female to me for my opinion, who was as difficult to persuade as the patient herself. He disputed the fact even when I told him I heard the fœtal heart. I therefore requested him to listen himself, and this soon satisfied the gentleman's doubts.

No department of the healing art requires more skill, more caution, more tact, more gentlemanly conduct and sound information on all subjects, than that of the well-educated accoucheur of the present day. Cases of the most perplexing difficulty, involving happiness, character, fortune—nay, even life itself, and therefore of the most frightful danger and responsibility—are frequently committed to his care. In a case of this sort a medical man feels puzzled with the uncertainty of the symptoms—he is alarmed with the unusual responsibility of the situation in which he finds himself placed, and shrinks from the danger of giving an opinion which may involve himself in disgrace, or the patient in misery and ruin. The previous history and irreproachable life of the patient—the high respectability of her parents and connections, forbid, aye, defy him to taint her even with the breath of suspicion, still less to brand her with infamy and disgrace. His colleagues, whom he has called into consultation for assistance and advice, find themselves in a similar predicament. The obscurity of the symptoms, and great responsibility of the case, render them distrustful of evidence in which, under ordinary circumstances, they would not hesitate to confide, and in coming to a decision they feel that they are approaching the brink of a precipice which they cannot contemplate without alarm. Let us suppose (as indeed I hope) that some one of you is known to have studied these subjects, and to have acquired much experience in midwifery practice, and *you* are consulted, in order to remove the responsibility from their own shoulders, and bring the case to a final decision. *They* are prepared to yield implicitly to your opinion, and to be guided by your view of the case. *You* must be prepared to stand by yourself! *You* have no one to look to for guidance and assistance—it must be solely on your own practised hand and eye, and on your own well stored mind, that you can depend on in such a crisis. *Your* opinion must, and will be, the opinion of all the others. It is *your* conduct, Gentlemen, which is now to save or destroy.

Let me, therefore, entreat you to neglect no means of adding to your stock of useful and available information; no subject requires more study or practice than the diagnosis of pregnancy, and no part of it is more worthy of cultivation than the use of the stethoscope. When all the symptoms of pregnancy are either absent, or so muffled and obscured as to give rise only to conjecture—when the case, from its complication with disease, presents such a tangled skein of conflicting evidence as can only hope to be successfully analysed by the experienced mind of a well practised observer—when the opinions of your colleagues are so doubtful and different as to justify the old adage of "quot homines tot sententiæ," and as regards your own decision, are worse than useless—when the patient, desperate from conscious guilt, and the appalling danger of her situation, and also aware that she has now to deal with a very different person to those whom she has hitherto so successfully eluded, has practised every wily falsehood and artful dodge that a vicious mind and lying lips can devise to throw you off the scent—to baffle, to puzzle, and mislead you—if the fœtal heart can but *once* be heard unequivocally, what need you mind the perplexity of symptoms, or the jarring and discordant opinions of your colleagues? What signifies to you the pertinacious denial of the patient? for what more, I ask, can you desire than to have, as it were, held converse by your stethoscope with the very being whose existence is the object of dispute?

I have put this subject to you thus earnestly, Gentlemen, for I feel very earnest in wishing to impress you with the full extent of its importance, and because the majority of London students are but too apt to look upon these matters as trifling, and indeed rather beneath their notice. I am sure that in future years you will agree that I was right in thus endeavouring to press these points upon your attention as strongly as possible. Few subjects illustrate better the mischievous folly of some teachers in advising their pupils "not to read, but to go to the bedside and learn;" and few have combatted these absurd notions better than the late Dr. Gooch, one of the most practical minded men of his day. "Some are of opinion," says he, "that this art (of examining per vaginam) is a blind tact, to be gained only by practice, not a knowledge to be communicated by instruction; but this is not true. The period of my life when I improved most rapidly in the art of deciding by examination cases of doubtful pregnancy, was that in which I gained clear and orderly notions of the *objects* of examination. The faculty of observation requires rather to to be guided than to be sharpened; *the finger soon gains the power of feeling when the mind has acquired the knowledge of what to feel for.*"

We now come to the consideration of the MORBID CONDITIONS DURING PREGNANCY.

One of the earliest morbid conditions to be noticed during pregnancy, is that called *mole pregnancy*. This is owing to some cause which has destroyed the life of the ovum during the early weeks of pregnancy; when this happens, the ovum is either expelled, constituting abortion, or it is retained for some time longer, and the membranes undergo a variety of changes, forming a fleshy mass, which is called a *mole* or *false conception*. It is necessary for you to recollect, therefore, that this mole must invariably be the result of conception. It has been supposed that when the embryo ceases to exist, the chorion having no longer any use for the matters collected for its nourishment, seems to appropriate them to its own increase, and thus a molar pregnancy arises. I believe, however, that this is, in the majority of instances, incorrect, and that most molar pregnancies owe their peculiar character to the extravasation of blood between the membranes. When this takes place the blood coagulates among the membranes, and they assume a lobulated appearance, as is well shown in this preparation. [A very perfect preparation of mole was handed round]. This is by no means an uncommon form of mole. The outer surface is covered by the decidua, and the inner seems lined by the amnion To say the truth, I believe no ovum that is expelled at an early period is perfect. Baer, who has studied this subject with much attention, both among quadrupeds as well as in the human female, states that he has scarcely ever known a healthy ovum expelled during an early period of pregnancy. Dr

Simpson, of Edinburgh, has the merit of having first pointed out the true character of molar growths: he says, "when the blood is poured out from its containing vessels into the substance or cells of the placenta, or between the membranes, it gradually coagulates, and assumes a very dark purple, and sometimes almost a melanotic black colour; after a time, however, it begins to lose this tint, the colouring matter gradually becomes removed, and the coagulum successively assumes a chocolate-brown, a reddish, or brownish and yellow hue, and latterly, if time sufficient be allowed, it presents a pale yellowish-white, or straw coloured substance, the fibrinous portion of the coagulum being then left alone." In some of these cases of mole we see structures remaining which belonged to the fœtus, such as the vesicula umbilicalis, otherwise rarely seen in these cases.

The question arises, what becomes of the embryo when blighted at this early period? In my opinion it is dissolved. This opinion was advocated by Drs. W. Hunter and Smellie. The latter says, "Should the embryo die (suppose in the first or second month) some days before the ovum is discharged, it will sometimes be entirely dissolved, so that when the secundines are delivered there is nothing to be seen. In the first month the embryo is so small and tender, that this dissolution will be performed in twelve hours; in the second month, two, three, or four days, will suffice for this purpose." Sometimes, according to my experience, a part of the umbilical cord only remains, sometimes a part of the head, with the chorion, amnion and decidua.

Cases sometimes occur in which one of the ova in a plural pregnancy suffers disease. This, then, comes away, and the other ovum may occasionally go on and be safely delivered at the full period.

Moles may vary in many respects, and are often observed to contain hydatids. In these cases each radicle of the chorion becomes converted into a cyst, so that the whole ovum enlarges to a great extent, and continues to increase rapidly until the uterus, being very much distended, is stimulated to contract, and the mass of hydatids is expelled. These cases are known by occasional gushes of water taking place, which often contains small hydatids.

Formerly various kinds of moles were described in systematic works on midwifery. The mola fibrosa, tendinea, aquosa, ventosa, calcarea, &c. None of these, however, really deserve the term except the fibrosa and the aquosa, these being the result of conception.

I know of no symptoms by which you can distinguish a molar from a natural pregnancy, at least, during the earlier periods, except that sometimes signs of abortion occur, which go off again, and the pregnancy continues. As a general rule, moles seldom attain a greater size than that of an orange, except the mola hydatica, which sometimes increases very rapidly, and attains a great size, so that the patient is as large at three months as she would be in natural pregnancy at five months. At length nature begins to attempt its expulsion, when often considerable hemorrhage takes place in consequence of the mole being attached over nearly the whole internal surface of the uterus. On this subject Dr. Gooch, in his work on the "Most Important Diseases peculiar to Women," writes as follows: "I was sent for to ———, a few miles from London, to see a lady, who, having ceased to menstruate for one month, and becoming very sick, concluded that she was pregnant. The next month she had a slow hemorrhage from the uterus, which continued incessantly a month when I saw her; she kept nothing on her stomach. On examining the uterus through the vagina, its body felt considerably enlarged, and there was a round circumscribed tumour in the front of the abdomen, reaching from the brim of the pelvis nearly to the umbilicus. I saw her several times at intervals of a fortnight, during which the hemorrhage and the vomiting continued unrelieved. The peculiarity about the case was the bulk of the uterus, which was greater than it ought to be at this period of pregnancy; it felt also less firm than the pregnant uterus, more like a thick bladder full of fluid Eleven weeks from the omission of the menstruation she was seized with profuse hemorrhage; towards evening there came on strong expelling pains, during which she discharged a vast quantity of something which puzzled her attendants. The next morning I found her quite well. Her pain, hemorrhage, and vomiting having ceased. I was then taken into her dressing room, and shown a large washhand-basin full of what looked like myriads of little white currants floating in red currant juice. They were hydatids floating in bloody water." This case well illustrates the usual course of a hydatic molar pregnancy. The treatment of molar pregnancy I shall speak of when treating of abortion.

We now come to the consideration of the SIGNS OF THE CHILD'S DEATH.

The determination of this point is of vast importance in all cases, where, either from the disproportion of the mother's pelvis to the size of the child, from tumours, or from the undilatability of the soft passages in the female, the delivery of the child, even with the aid of the forceps, would be difficult; since, could we be certain that the infant had ceased to exist, we might at once use the perforator, and by this means save the mother a vast amount of suffering. The German accoucheurs would, in cases where we use the perforator, frequently perform the Cæsarian section, inasmuch as, in their hands, this operation has, in a large number of instances, been attended with success. This increasing success, I think, makes the determination of the child's death still more important, because if the child be still alive, we should be justified in having recourse to the operation, when under the opposite circumstances we might proceed to perforate. The signs of the child's death are very uncertain, and I think we shall obtain with more ease a fair understanding on the subject, by dividing them under two heads.—*The signs of death of the child that occur before labour*, and those *manifesting themselves during labour*. The first division is by far the most important, and at the same time the most difficult to decide upon. I only know of one good sign—viz., that when the child is dead the patient feels a sense of dead weight in the abdomen. This rolls about as she moves, and obeys the laws of gravity, whereas the presence of a living child is no more felt during motion than the woman's own liver or spleen. The dead child obeys the laws of inorganic matter only; the living those of organic matter. On this point the statements of the mother are of little value. Often she says she has felt the child's motions even a few hours before labour, when it has been born completely softened and putrid. On this point the mothers of large families are no more to be attended to than primiparæ, for they are equally liable to be deceived.

Sometimes the patient is seized with a sudden rigor, after which the morning sickness ceases; the tongue becomes foul; the stomach disordered; the breath unpleasant; a strange sensation of weight is felt at the bottom of the abdomen; the breasts become flabby and lose their fulness; the vagina is relaxed with a fetid discharge; the os and cervix uteri lose their elastic feel, and give the sensation of a piece of dead flesh, and there is a sensation of weight and coldness in the lower part of the abdomen. These symptoms taken collectively afford the best evidence I know of of the death of the fœtus, although when taken singly they are by no means to be relied on.

At our next meeting, Gentlemen we shall continue this subject.

DEATH OF JOS. CONSTANTINE CARPUE, F.R.S.—It is with extreme regret that we announce the death of the veteran medical reformer, Jos. Constantine Carpue, at the very advanced age of 82 years. Of Mr. Carpue's scientific career we need not speak, it is already sufficiently well-known to fame, and in No. 187 of the MEDICAL TIMES a truthful pencilling of him has already appeared. About three years since Mr. Carpue was severely injured by an accident on the Brighton Railway, on which occasion two of his servants were killed. For some time his life was despaired of, and he never entirely recovered the shock then inflicted on his frame. Mr. Carpue died on Friday, January 30th, of diseased prostate and general constitutional decay. With him our profession has lost one of its greatest ornaments, and science one of its most devoted followers.

A COURSE OF LECTURES ON DISEASES OF THE SKIN.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE V.

PITYRIASIS.

According to Willan, and others.

GENERA.	SPECIES.
Pityriasis.	P. Capitis. Rubra. Versicolor. Nigra.

As proposed by Startin.

GENERA AND SPECIES.	DIVISIONS.	VARIETIES
PITYRIASIS.		
P. Alphos. Rubra. Versicolor. Nigra.	Localis. Generalis.	Sparsa. Diffusa. Congenita. Inveterata.

ICTHYOSIS.

According to Willan, and others.

GENERA.	SPECIES.
Icthyosis.	Simplex. Cornea.

As proposed by Startin.

GENERA AND SPECIES.	DIVISIONS.	VARIETIES.
ICTHYOSIS.		
I. Alphos. Versicolor.	Localis. Generalis.	Simplex. Papillaria. Cornea.

We stated last week that the disease of the skin named pityriasis, may be advantageously divided into two varieties, viz., P. generalis and P. localis vel circumscripta, both of which again require subdivision, from their appearance, into genera, distinguished by the terms alphos, rubra, versicolor, and nigra. We also proved that pityriasis is a congenital affection, and, in one variety—pityriasis generalis alphos—is commonly dependent on some fault in the anatomical structure of the skin.

Like lepra and psoriasis, the dandriff is also found by the microscope to consist in the exfoliation of portions of the cuticle; it is, indeed, a similar, if not the same, disease as lepra and psoriasis, not only on account of the remarkable exfoliation, but also from its often alternating with psoriasis; on the lips, and other parts of the body, for instance, and by its occasionally occupying those portions of the surface not covered by the eruptions of other squamous diseases. Besides this identity of situation the causes of the disease are found to be similar where they can be traced, and the three diseases, when not congenital, are for the most part to be referred to some sudden derangement in the cutaneous circulation, either from mental or physical causes, as the ingestion of improper food, or the sudden application of cold liquids to the lining of the alimentary canal when the body is heated, or continued external irritation, which has occasioned an augmented action in the capillaries, ending in an increased secretion of cuticle. Such being the probable nature and causes of pityriasis, the treatment of those varieties not congenital will of course not materially differ from that already detailed for lepra and psoriasis; the three cutaneous rules insisted upon by my late respected preceptor, John Abernethy, "*to cleanse, dry, and anoint*," being, however, much more important and serviceable in this than in many other affections of the skin; indeed, they may be regarded, for the most part, as all that can be advantageously done in the commoner and milder forms of the disease. But in following out this indication a different view must be adopted than that advocated for the cure of squamous affections—I allude to counter-irritation. If we desire to alleviate pityriasis by external applications, we must make use of the most soothing expedients within our reach, while, at the same time, they should furnish a substitute for the absent secretion of the skin; for instance, our baths should

be either of the mucilage of linseed, of milk, or the yolk of egg and water, of glue, of the liquor formed from bran, quince seeds, &c., whilst our internal treatment should be demulcent, and slightly diuretic, that we may thus, as it were, solicit the kidneys to take upon themselves an increase of function, and provide a substitute for the deficient efferent action of the skin. Another very efficacious means yet remains to us, which, as a palliative in squamous affections of the skin, has not to my knowledge hitherto been made known or adopted; in fact, it is peculiar to myself, and although I have not yet addressed the profession or any learned body upon the subject, in accordance with my intention, when my observations are matured, I will nevertheless here announce it for your consideration. It consists in the employment of a liquid lately discovered that has the property of remaining fluid, and resisting evaporation, under any temperature to which the body can be exposed; indeed, I have wetted a common dinner plate with this fluid, and kept it in an oven whilst a joint of meat was cooked by its side, and the liquid has experienced no evident change or diminution. The facility with which this body mingles with water or other fluids renders it an invaluable adjunct to lotions, poultices, and applications, whose utility consists not only in diminishing temperature by evaporation, but in softening and relaxing the heated and inflamed skin. The tendency to dry up and adhere to the part, as is well known, often frustrates the beneficial effects of these applications, and various counteractive expedients have consequently been adopted, as the addition of fatty matters, covering the poultice, lotion, &c., with oiled silk. Now, this is rendered entirely unnecessary by the addition of the substance I hand round for your inspection. You will perceive it is like oil, and when rubbed upon the skin it furnishes a watery coating or varnish, which even the microscope fails to distinguish as different from the ordinary secretions of the part. Half an ounce of this liquid, added to half a pint of lotion, will prevent the skin ever becoming dry. In baths the result is also equally apparent; but here the cost is an obstacle, though the liquid is by no means dear, as, at the present time, tons of it are thrown away; but if, as I anticipate, its application prove general, its price will be shortly augmented. This fluid body, to which the chemists have given the name of glycyrrhine, is a peculiar uncrystallisable saccharine matter, found in animal fats or oils, or produced during their admixture and combination with alkalies and oxides. Thus, it is most abundant in the refuse of the soap-maker. That which you are now inspecting was procured from Apotheearies' Hall, and is formed during the manufacture of lead plaster on a large scale. I should mention that it requires to be diluted with water for use, otherwise it makes the skin feel stiff, uncomfortable, and sticky; but as I am now about concluding some experiments long since commenced on the application of this liquid as a therapeutic agent to several forms of cutaneous disease, I will defer any further observations upon it until a future occasion. In the meantime, I shall be obliged if any professional brother will give it a trial in his practice, and communicate to me the result. I have no doubt that the mention of my name to my friend, Mr. Warrington, the very able chemist at Apothecaries' Hall, will enable him to procure a small quantity of glycyrrhine, as from that quarter he may depend upon the genuineness of the article. I beg you will excuse this digression on the ground of the peculiar utility of the substance, and particularly in squamous diseases of the congenital form of pityriasis, of which, and the other varieties of the disease, I shall now proceed to read a few cases.

Margaret Williams, aged twenty-four, of Old Fish-street, was admitted a patient on the 3rd September, 1843, labouring under a severe form of pityriasis alphos (white dandriff), which appeared to be congenital, as she said she had no remembrance of its commencement, and remembered its presence upwards of twenty years. Her whole skin felt harsh and dry, and presented a whitish scally aspect. About some of the flexures of the joints, and around the mouth, the disease appeared in a more aggravated form; there was a blush of redness beneath the scabs, and a tendeney to form rhagades or fissures. She stated that in very cold weather she was much worse, and that her malady then put on rather a different appearance; red pimples, and sometimes even pustules, appearing around the mouth and in the bends of the joints; in short, that her disease followed the not unusual course of being then accompanied by *lichen agrius*. There was evidently an entire want of sensible perspiration in this case, as the patient assured me her skin was never moist. She had a slight cough, and said she had been treated for a liver complaint; the catamenia were regular and natural; but the bowels were habitually confined, and her motions often light and clay coloured; in other respects she was pretty well, though subject to cough and cold in the winter. She passed a considerable quantity of limpid urine, as seen in hysterical patients, and this appeared to give relief, as when it discontinued she always became worse. Such being the indications, baths containing an alkali were administered to remove or dissolve the scales and dust which covered the body. A lotion containing borate of soda and mucilage of linseed being afterwards applied, and an ointment to the pityriasis of the lips and flexures of the joints, composed of lard and creosote. She also took internally small doses of bichloride of mercury and colchicum in elm bark tea twice a-day. On the 15th of September, two weeks from her admission, she applied relieved, and I directed a continuance of all means, save that she should use glycyrrhine, diluted with an equal quantity of water, after the bath, which was now changed to the simple vapour twice a week. These remedies she continued till October 20th, about seven weeks from her admission, when her improvement was such, that she said if she were allowed a few more baths, and a supply of medicine, &c., for a month, she would not give the Institution any farther trouble unless she should become worse. I have not since seen her, and I hope her condition is ameliorated. I am sorry I cannot show you a good model of her disease, that before you being an imperfect production; but there is really little to be seen in these cases; the harsh and thickened state of the integuments betraying itself more readily to the sense of touch than to the eye. I shall now read you a more common case of pityriasis alphos, which is also a much more curable disorder.

William Haywood, aged thirty, residing in Blackfriars-road, was admitted 11th August last, having, according to his statement, suffered six years from a general scurffiness of the whole body; the outsides of the limbs, the breast, and back, being chiefly affected; the whole skin, however, had a rough, scurffy aspect. He could give no cause for his complaint, save that he said he had suffered from fever a short time before he was attacked, and had been much reduced in his circumstances, and had lived badly. There was a yellowish state of the skin in this case, the bowels were loose, and the excretions were far from healthy, containing much mucus, which, as usual, was passed with tenesmus. Had the skin of this patient been slightly inflamed, I should have considered it psoriasis diffusa; but the surface was everywhere white, and covered with minute bran-like scales, which fell abundantly when he exposed any part of his body. I therefore determined to treat this pityriasis as though it had been its twin sister psoriasis. Consequently, to produce an increase of inflammation on the surface, and at the same time to regulate the biliary system and bowels, I ordered the sulphur vapour bath twice a week for half an hour at a time, and prescribed the bichloride of mercury in a lotion, and also to be taken internally, conjoined with small doses of laudanum; so rapid an improvement took place, that by the 18th of August, scarcely three weeks from admission, nearly the whole of the pityriasis had disappeared, and his general health was much improved. I have seen this man once only since that date, on September 20th, about two months from his admission, when I wrote *cured* against his name, merely directing him to continue the occasional use of the sulphur vapour bath.

The next case to which I shall request your attention, is that of one of the rarest diseases of the skin—pityriasis rubra generalis. I have, however, seen three or four cases; but these occurred some time ago, and I have selected the most remarkable for citation.

W. Saunders, aged sixty, a carpenter, of Raven-street, Whitechapel-road, was admitted a patient of this institution, when situated in London-wall, on the 7th of July, 1843. This man stated that he had all his life enjoyed uninterrupted good health, having weighed fifteen stone, till about eleven months before his application, when an eruption like erysipelas appeared in the face, after working hard a day in the wet and cold, in the month of September, and drinking two pints of bad porter; the first symptom manifesting itself was intense headache, followed by a red shining eruption on the skin, which became "glazed and hot as fire," and covered with a powdery substance like a small scurf; there was no discharge, but as the complaint rapidly extended itself over the whole body, where the cuticle was thick as in the palms of the hands and soles of the feet, it cracked and blistered or peeled off, and it is observable that wherever the complaint extended the hairs and nails fell; the pain and irritation of this curious disease were at times so great that the poor fellow described his sensations as "a mixture of itching, tickling, and tingling like any thing alive, and biting beneath the surface, descending from above downwards, like a parcel of spiders or hot water beneath the skin."

The patient's state on admission was most remarkable—the face, neck, arms, lower part of the abdomen, thighs, and legs, were of a brick-red colour, and somewhat shining appearance, which on close inspection arose from minute scales, which covered an exceedingly small papular eruption, which was not larger than grains of sand, and everywhere covered the affected parts. The skin generally had lost most of its elasticity and become thickened and œdematous, an appearance most observable in the eyelids, lobes of the ears, and in the feet; when he moved a limb the integument formed large folds round the joints, like soaked leather might be supposed to do; on the hands, however, the skin had a polished appearance, and was dry, harsh, and contracted both longitudinally, so as to disable the fingers from being extended, and laterally as to give the hand and fingers an appearance of unnatural smallness. The hair from every part of the body, with the exception of a little on the back of the head, was entirely absent; the nails on the hands and feet had been shed, but had again half grown; the pulse was 78; the tongue clean; the appetite pretty good, and exeretions natural. He stated, moreover, that he had not lost much flesh during the progress of his malady, which the fit of his dress seemed to verify. Viewed at a short distance, this patient, with his œdematous features and absence of hair and beard, looked like a fat Chinaman or red Indian returned from violent exercise in the sun. Various treatment had been essayed in this case before he applied to this institution, with little or no benefit; he stated, however, that he had never been bled, blistered, or salivated, but that violent scratching had occasioned blisters to form in several situations. The treatment adopted in this very violent and rare disease was entirely palliative, but I had not then, as now, the command of the bathing arrangements, which, in such a case, might have rendered important service. Opiates and small doses of iodine appeared to afford relief, and purges of calomel and colchicum. Milk or rather whey coagulated by liq. plumbi or sulph. alumin. seemed to afford a little ease; but after continuing to attend three weeks, I lost sight of this interesting case, and my late inquiries would lead me to believe he is no more—which result has, indeed, terminated most of the examples of this disease I have had an opportunity of witnessing.

Pityriasis localis is the next variety I must briefly illustrate by a case. The most common form is that affecting the scalp, the instances of the affection are very numerous, and it can scarcely be regarded as a disease. William Austin (æt. 29) was admitted August 15th, having suffered three months from his disorder—a well-marked instance of pityriasis capitas. His general health was good; but he was pale, and had the light brown hair and fair complexion which are peculiarly obnoxious to pityriasis localis. An aperient chalybeate, an astringent lotion containing borate of soda, and an ointment of creosote, were directed for this patient, and con-

tinued for three weeks, the head being directed to be washed, every third morning, with yolk of egg and tepid water, soap being, in my opinion, very prejudicial in most cutaneous diseases, particularly when the affection is seated in the scalp. The last time I saw this patient was on the 31st of October, rather more than two months from his admission, when he appeared relieved from all symptoms of his complaint.

This local form of dandriff may assume a red or dark appearance; but though this changes its name, as I have before mentioned, it does not materially modify the treatment to be employed. Pityriasis versicolor is another common form of dandriff, which is illustrated by two models on the table. Job Dilks (æt. 25) was admitted on the 6th of October, having suffered two years from this form of the disease. His state is pretty accurately shown by the cast, though the scaliness is with difficulty represented. Small doses of bichloride of mercury internally, and the sulphur fume-bath externally, soon produced a favourable change in this individual—who is still a patient in attendance. A wash, containing the bisulphate of mercury suspended in water by means or glycyrrhine, has been also of much service in this case. I must conclude the subject of pityriasis by an instance of P. nigra, stated by Willan to have been very rarely, if ever, witnessed by himself. This case was a remarkable one, though two others are to be found amongst our cases, since the establishment of this charity.

Mary A. Helbran, a married woman, aged 29, residing in Church-lane, Stoke-Newington, was recommended as a patient by Mr. Moxhay, one of the governors of the institution; she had suffered nine years from her disease, which was that rare affection, P. nigra. Nearly the whole of this patient's body was covered, except the legs and feet; but the neck, arms, shoulders, abdomen, and hips, were so discoloured as to resemble those of a negress rather than an European; her face also was not free; but her hands, feet, and legs, were little changed from their natural state. It is difficult to give you a just idea of this unusual malady without a drawing or model, neither of which I have to offer you. I relied upon procuring one from another patient similarly afflicted, Mrs. E. Watkins, residing at Camberwell, where she keeps a baker's shop, and may be seen by any one at William-street, Camberwell-grove. She, however, was a fine lady, and with much indignation rejected the services of our modeller, and has since absented herself from the cares of the institution; I must therefore endeavour to satisfy you by a verbal description only. If the skin be closely inspected in P. nigra, the cuticle is found to be of a dark colour, and when this is removed, the dermis and rete manifest comparatively little change. You would almost fancy that something had been applied which had stained the epidermis, as occasionally happens when using bismuth as a lotion, and afterwards administering the sulphur fume-bath, the sulphuretted hydrogen from the sulphur and the coals striking a black colour with the oxide adhering to the skin. Much itching accompanied this disease in Mary Helbran's case; but the disfigurement was most remarkable. She used soap freely, but this always appeared to augment the blackness; and she had tried all sorts of remedies with no good effect, as she stated: her general health was good, and I could trace no cause for her disease, save that it came on soon after marriage, and might possibly therefore be traced to a venereal origin, though she never was aware, as she stated, of any infection. This patient attends, occasionally, to the present time, which is nearly four months from her admission; but she is quite free from her nine years' malady, which yielded to a very slight mercurial course, continued until the gums were tender, and to a lotion composed of hydrochloric acid and bichloride of mercury, and the sulphur fume-bath. These, gentlemen, constitute the cases illustrating most of the varieties of pityriasis, which, however, are rare affections; yet I trust their diagnosis and treatment will be gathered from my observations, which I hope will not prove entirely useless in this comparatively overlooked form of cutaneous disease.

The next subject in our rotation is ichthyosis, on which I shall not long detain you, as little good can be effected by medicine for any of its forms—a result naturally to be expected when the complaint is to be regarded rather as a malformation of the skin than a disease. The characteristics distinctive of ichthyosis, as fixed by writers on cutaneous maladies, are a permanently scaly, dry, harsh, and, in one variety, horny or solid texture of the skin, which, in the latter instance, also implicates the subcutaneous tissues. I differ from many of the writers on this disease, by considering it not very frequently hereditary, nor often affecting more than one member of the same family. It may fairly be considered as the first link in the chain of squamous disorders, but differs from lepra, psoriasis, and pityriasis, in the production of abnormal scales. Still, there is no discharge, and the desquamation of the scales is very slow and gradual. Here, again, the microscope furnishes us with a good means of diagnosis, as there are no crusts or accumulations, and the size and configuration of the organised cuticular scales, without any deposit of pus globules or albuminous layers, at once distinguishes the complaint from any other with which it might be confounded. It is a very rare disease, and may take a place, as regards its nature, immediately below that form of pityriasis I have described as P. generalis alphos. As in this disorder, so also no constitutional disturbance exists in cases of ichthyosis, save that produced by imperfect action of the sudoriparous apparatus. Thus, parties with this disease are subject to chaps and fissures, to boils and abscesses, on the surface, whilst they have delicate lungs, and are liable to nephritic affections. It is, however, a very rare complaint, at least I have seen comparatively few examples of it. Ichthyosis may, like pityriasis, be divided into local and general—I. generalis, I. localis—which will again admit of subdivision, into the varieties of I. simplex, I. papillaria or granulata, and I. cornea. I. simplex constitutes that variety where a simple scaly condition of the skin is alone manifested; the second where a hypertrophied state of the papillæ forms the prominent symptom, and the latter, I. cornea, where a horny or hypertrophied state of the integument prevails.

I am very sorry that one case only of ichthyosis simplex generalis has presented at this Institution since the modeller has been employed, and that, in this instance, he was not at hand to take a cast of the affection. I must, therefore, content myself by referring to plates in elucidation of the descriptions I have to offer. Ichthyosis generalis simplex is the most common form of the disease, and is beautifully shown in the engraving executed under the direction of Willan, which I hand round. As will be seen, it consists in more or less discoloration of the cuticle of the part affected, and a deposition of scales, which vary from the size of a grain of linseed to that of the nail. The arrangement of these scales, in some situations, is like those of a fish, or the bark on some plants; in other instances, they overlap after the manner of tiles on a roof. The palms of the hands, soles of the feet, centre of the back, flexures of the joints, and parts covered with hair, are commonly exempt from this scaliness. There is also a general want of perspiration in this form of ichthyosis, and a difficulty in detaching the scales, which are very slowly reproduced. The description also answers for I. localis simplex; a patch of the affection appearing on the limbs or face in such instances.

Beyond the artificial removal of the scales as fast as they are reproduced, by baths, ointment, &c., I know of no efficacious treatment for this disease.

Ichthyosis generalis papillaria, or granulata, consists in a warty or hypertrophied state of the papillæ of the skin, which may extend very generally all over the body, or be confined to a single spot or limb. The surfaces of the papillæ are, for the most part, covered with scales, or horny insensible concretions, and there is no discharge or pain accompanying the disorder. The individuals who have been popularly termed *porcupine men* are sufferers from this variety of ichthyosis, their disease or malformation having been first noticed, in the 14th vol. of the *Phil. Trans.*, by a former Gresham professor of astronomy (Machin), whose vocation probably more particularly led him to dealings in the marvellous. I show you a cast of this malady, not taken, however, from one of my patients, but furnished to me by the modeller; consequently, I know nothing of the history of the child from whom it was taken. The skin, you will observe, is discoloured, and of a brownish hue. By the plates before you, and from my own observation, it is more commonly greenish or greyish.

Ichthyosis generalis cornea is a very rare disease, manifesting itself by a horny, rigid state of the integuments, which, like the last mentioned variety, may extend over the whole body, or be confined to one spot or portion; it commences mostly in a point, generally from some injury the part may have received, a stiffness or hardness being the first morbid appearance; this creeps on until the whole limb is similarly affected, and thence the whole body may be more or less attacked with the complaint; to the eye there is little apparent mischief in the early stages; but the touch discovers a preternatural hardness, amounting to a feeling as though the integument was converted into cartilage or horn, or as if the cuticle had been gummed upon paste-board. After a time the fingers and joints became contracted and horny; growths project from the knuckles, and points of bone, slightly covered by integuments, as you perceive in the plate I hand round; it is observable also that those parts of the body where subcutaneous muscular fibre, or strong superficial fasciæ exist, are most remarkably implicated in this extraordinary affection. I have seen this disease a few times only, once in its general, and perhaps three times in its local variety, but no good effect has in any instance followed the use of remedies. In compliance with the plan with which we commenced, I shall now relate a few cases of ichthyosis and its divisions and varieties.

Frederick Symes, aged twenty-one, of Crouch End (a locality which I do not know), a florid healthy looking country man, applied at this Institution on the 19th of May last, with appearances of scales and inequalities on most parts of his body, which very accurately followed the delineation of Willan of ichthyosis simplex, to which I again direct your attention. He stated "that his skin has never been like other people's from his earliest recollection;" but that it was "sometimes better and sometimes worse." At the present time he had applied in consequence of its becoming much worse, particularly on the arms, where it was divided with painful rhagades and chaps, which opened when he moved the limb, and gave him much pain. Boils also formed in different diseased parts of the surface, and the parts were hot and irritable, and very harsh and dry, being somewhat elevated above the circumjacent skin; in short, it might be said to resemble, save in colour, and the form and close adherence of the scales, a case of lepra vulgaris in one of its exasperated stages. Of course I had no idea of curing this man's affliction, yet proceeding upon the indication furnished by the resemblance I have alluded to, I endeavoured to change the character of the inflammatory action by the administration of counter-irritant remedies. Thus he was directed to take a minute dose of bichloride of mercury and arsenious acid dissolved in hydrochloric acid three times a-day, whilst alkaline baths and stimulating lotions, containing creosote were applied, glycyrrhine not being then one of my commonly used agents. On the 26th of May he reported himself better; the fissures were not so painful, and the heat had somewhat subsided, and he was directed to persist in the means advised. I saw him once only after this date, on June the 11th, a month from his first application, when he said the distance at which he lived would prevent his attending again; but that he felt himself restored to his usual state. The other variety of ichthyosis simplex, which I have called I. simp. localis, is a far more common affection, affecting one portion or spot on the body, and it is either congenital, or produced by the constant pressure of some implement used in the trade of the patient. It may be illustrated, as respects the first variety, by the following case.

Isabella Mayo, aged eleven, of Grove-place, Hackney, applied on the 22nd of August last, with one insulated spot, the size of a sixpence, of the disease on the right cheek, near to, and opposite, the ala of the nose on that side; it had existed from infancy, and, save being continually covered with large discoloured scales, which were constantl removed by washing and picking, thus occasionin

irritation, and a slight yearly extension of the disease, it produced no other symptom. Various lotions and caustic applications were used, to endeavour to destroy this blemish on the little patient with little or no good effect, until about a month ago, when the cuticle being just removed by applying nitric acid, so as to blister the surface, an arsenical caustic paste was slightly spread over the part, which, in a day or two, produced a slough of the whole of the morbid portion; the wound made is now healed and there will be a sear, but no appearance of the disease.

I am sorry I cannot relate a case of what I have designated the papillary form of icthyosis. When I was the resident medical officer at the Birmingham General Hospital, and during my long sojourn on the continent, I saw several such cases, but merely as objects of curiosity, as I am not aware that any treatment has been successfully attempted for their relief: in the 59th volume of the Philosophical Transactions, you will read several instances of these porcupine men, and in the archives of the *Medical Journal*, as also in the French *Bulletin des Sciences*, No. 67, p. 145.

In the first-mentioned periodical, a plate of the hand of one of the patients is delineated. The last variety of icthyosis I shall illustrate by a case, is that rare disease icthyosis cornea; but I must turn to the records of private practice for the only instance I have ever seen of this uncommon malady, which the experienced Willan and Rayer appear never to have had an opportunity of witnessing.

Miss H., aged 24, an unmarried daughter of noble parents, born and resident in Edinbro', until six years ago, had enjoyed uninterrupted good health; when, at a pic-nic party, she was exposed to wet and cold, which rendered her feverish, and brought on an inflammatory affection of the chest, for which her medical attendant bled and blistered her; from the time of the bleeding, which was performed by one of the ablest surgeons in the northern metropolis, gave no unusual pain, and was not followed by any apparent local inflammation; the arm became gradually contracted.

It was rubbed, fomented, leeched, &c., and medicine administered, which removed all the general disorder; but the contraction of the right arm was not in the least benefited, indeed, it continued to become progressively worse for several months afterwards; when what my patient described as a whitlow formed upon the right forefinger, and in succession upon the ends of all the fingers; these were very sore and a long time in healing, which they ultimately did by poulticing and simple applications; but during this process Miss H. found that the fingers gradually contracted, and the wrist became stiff. Whitlows also formed on the left hand, both around the nails and on the joints of the fingers, which healed gradually, but left the same sort of contraction as existed in the right hand and arm.

These small abscesses, I should remark, were improperly called whitlows by my patient; they were, in fact, small suppurating points, which first discharged a little pus, and then became filled with coagulated lymph or albumen, which gradually hardened and obliterated all traces of the abscess leaving a horny point or scale in its place.

It might have been twelve months, according to the statement of Miss H., after the bleeding, before she found the stiffness and hardness of the arms and hands extending to other parts of the body; when she found the neck, legs, &c., in the situation of the superficial fasciæ became affected with the preternatural hardness forming the disease; at this time, also, she was troubled with pains in the head, said to be of a rheumatic nature, but the scalp and cheeks soon became hard, so that when touched they gave you the impression of handling a cartilaginous body, tightly covered by the adherent cuticle. A year and a half from the commencement of her complaint, much derangement in the general health came on—pains in the chest and palpitations, being the principal symptoms. Nearly every medical man of eminence, in Scotland and this country, was consulted, during the three years that followed, without even arresting the progress of her malady, though most of the constitutional disorder was overcome, and her health seemed wonderfully good, under the circumstances of her condition, at the time. She first consulted me in April, 1841, now four years ago, when I received the history I have now copied from my memoranda at the time. Her state was then as follows:—

The complexion was florid and healthy-looking, yet the skin of the neck, at the sides, was covered in irregular patches with dark stains, which also existed on the chest, and other parts of the body, like those produced by taking arg. nitr. As she had been under a Leamington physician, who then much used this remedy, it is possible the appearance was owing to the cause stated. She was thin; her appetite good; tongue clean; pulse slow, 57 to 60, and felt with much difficulty; catamenia and other excretions natural, save that she never perspired; the fingers were very much contracted into the palm of the hand—one or two of them so much so, that the nails abraded the skin; the nails were also thickened and curved, and the hand and arm felt more like a piece of solid wax, covered by cuticle tightly stretched over it, than any thing else; there was very little motion in the wrist and elbow-joints, and scarcely any in the fingers; many parts of the body also manifested the same hardness and stiffness; and on the points of the external malleoli, on the elbows, and on some of the knuckles, small horny bodies could be felt, slightly projecting above the surrounding skin; they were painful, and she would not allow them therefore to be minutely examined. The skin around the mouth was so hardened that the part could be opened only by an unusual muscular effort; it felt like moderately flexible pasteboard; this state was also remarkably obvious over the abdominal muscles; the skin, meanwhile, was very little changed from its normal appearance, a few large scales only being apparent about the ankles, wrist, and fingers. As every kind of treatment, by the first men in the profession, in our own and other countries, had been tried in vain for this unfortunate young lady, it will be obvious that I had little hope of affording relief; nor were my expectations at variance with the result. A little amelioration seemed to follow the daily occupation, for an hour or so, of a drying room in one of my friend's manufactories, which was heated by steam to 170 degrees; but this fatigued her very much, and was discontinued; and she has kept progressively getting worse until the present time, her tongue even participating in her disease. Whilst copying her case, yesterday, I received a letter from her sister, at Torquay (where, by my advice, this patient has been staying for some time). She writes:—"My poor sister is now never off the sofa, or her bed, she is so dreadfully reduced by low fainting fits, which of late have troubled her, and are followed by hours of exhaustion; her stiffness, too, increases, so that she soon will become like a piece of bone. She thinks Messrs. ——'s drying room would relax her a little, were she nearer town, but I fear it is hopeless to think of the journey."

I have only met with one other case recorded, at all resembling Miss H.'s, and that is copied by Willan, in his description of icthyosis cornea, from the Philosophical Transactions: it occurred in the person of a young girl (æt. 17), daughter of a citizen of Naples, and is narrated by Dr. Carlo Crusio, one of the physicians of the Royal Hospital. An excessive hardness and tension of the skin all over the body, so as to resemble wood, or a dry hide, being the prominent symptoms; it commenced in the neck, and, like the case I have detailed, seemed to be more conspicuous over the strong superficial fasciæ. It appears, by the narrative referred to, to have yielded to continued mercurial inunctions, after resisting every other treatment,—a practice which did not prove of any avail in my unfortunate patient. I refer you to the case in the Phil. Trans., vol. xliii. p. 579, for further details.

I should have mentioned, that cases of a cure of icthyosis, by pitch, in large doses, and by decoctions of the Rumex acutus, have been detailed by some writers on skin diseases; yet I should scarcely think it probable these were true varieties of the malady, but rather resembled instances similar to those to which I now point, belonging to the genus impetigo, which, with eczema, will form our next week's subjects. I have no doubt, however, that much benefit would accrue from the use of our new remedy, glycyrrhine, *as a palliative*, in icthyosis, in many of its forms; but, as yet, I have had little experience on this point.

ORIGINAL CONTRIBUTIONS.

A PRIZE ESSAY ON PURULENT ABSORPTION.

Communicated to the MEDICAL TIMES by THOMAS O. RAYNER, M.D., F.S.A., &c.

The attention of medical men has often been directed to the sudden occurrence of symptoms indicating severe internal lesions, and almost invariably terminating in the death of the patient, during the course of a number of apparently dissimilar injuries and diseases. The post-mortem examination has generally revealed the existence of abscesses in various parts of the body, but most frequently in the liver, lungs, and joints. The two following cases:—the first extracted from a paper on Phlebitis, by M. Dance, in the *Arch. Gen. de la Medecine* for 1828; the second published by the late Mr. Rose in the Med. Chir. Trans., vol. xiv, afford examples of the phenomena to which I refer.

CASE I.

A worker in lace, aged thirty-six, of good constitution, arrived without accident at the ninth day after a natural accouchement, the course of which had been regular up to this period. Wishing then to resume her usual occupation, she left her bed, clothed herself lightly, and in consequence took cold; from this time the lochia diminished in quantity, and she experienced several irregular shiverings, with weight and pain at the lower part of the belly. She, however, continued at her work for some days, but soon fresh shiverings with fever and diarrhœa supervened, and obliged her to take to her bed. She presented herself at the Hotel Dieu on the 14th of February, 1828, three weeks after her accouchement in the following condition:—face much altered, expressive of restlessness and oppression; answers slow and unconnected, but without decided wandering; belly soft at the upper part, tender and painful at the hypogastrium, where a round tumour is perceived, the form of which indicates it to be the fundus of the uterus. The mouth of this organ, half open and puffed; oozing of fetid sanious matter from the vulva; abundant diarrhœa; tongue broad and moist, and of the natural colour; pulse frequent, weak; very painful swelling round the middle finger of the left hand—the patient does not know how long since this inflammation came on.

Prescription.—Tussilage guimauve; cataplasm to the belly and to the finger. Emollient injection; low diet.

15.—Wandering and delirious; agitation during the night; deeper alteration of the countenance; sensibility of the hypogastrium more marked and more extensive. Pulse small and frequent; diarrhœa stopped. Same prescription; twenty leeches to be applied to the epigastrium.

16.—Violent delirium during the night; belly painful on pressure over its whole surface; pulse hard; occasional dry cough; resonance of the chest perfect, but to the stethoscope the respiration appears incomplete, and there is a sonorous mucous râle; the left middle finger considerably swelled; there is fluctuation in its first joint. Forty leeches to hypogastrium; hip bath.

17.—Muttering delirium; grinding of the teeth; subsultus tendinum; Hippocratic face; coldness of the extremities; pulse small and obscure.

Death on the 18th, preceded by considerable difficulty of breathing.

19.—*Sectio Cadaveris.*—Of good stature and regular proportions; little rigidity of the muscles; a collection of grey pus in the first joint of the left middle finger; softening and dull appearance of the cartilages of this joint.

Encephalon.—No remarkable alteration.

Thorax.—In the right cavity of the chest there was a large sero-purulent collection, with soft and thin false membranes testifying recent pleurisy. The left pleura natural; each lung contained about fifty purulent collections, which were easily distinguished by sight and touch, for they occupied the periphery of the organ, and most of them showed themselves through the pleura; on the left, one of these collections, more voluminous and quite superficial, had raised and thinned the pleura pulmonalis, through which it was upon the point of

bursting into the cavity of the pleura. All these purulent deposits were isolated, and much more numerous in the lower than in the upper lobes of the lungs; the latter contained not more than three or four each. Their volume varied from that of a lentil to a filbert. The smaller ones were formed of brown or blackish engorgements, which appeared recent; the others were of a white colour and slightly granular aspect; they were, besides, softer near their centres, where they began to form collections (foyers); some, in short, were converted into true abscesses, containing opaque and well-formed pus. The pulmonary tissue which separated these engorgements was entirely sound. Heart natural, containing a little black fluid blood.

Abdomen.—Manifest traces of peritonitis, soft and thin false membranes being deposited on the surface of the intestines; abundant sero-purulent effusion. Dotted redness of the peritoneum sprinkled over many parts of this membrane; stomach and intestines natural; liver voluminous and red. The spleen contained in its substance three purulent collections (foyers), of which the largest would admit a large nut into its cavity. These collections became apparent after an incision; the pus which they contained was coloured red by the debris of the substance of the spleen. Uterus heavy and voluminous, extending about an inch above the superior border of the pubes; brownish and softened throughout its whole thickness, with the exception of the most external layer of its substance; black on its interior surface, where the part corresponding to the placenta presented a knotty appearance. Large veins filled with pus traversed the walls of the organ on all sides, and especially the thickness of its neck. A single incision sufficed to lay open several, but it was necessary to use a probe to penetrate into all the convolutions which they described; without this precaution it was very easy to mistake the cut orifice of each of these vessels for a little abscess contained in the substance of the uterus itself. Some of the largest of these veins were lined by a very thin false membrane, but the greater number contained only liquid pus; their inner coat was whitish, opaque, and much folded upon itself. The ovarian vein of the right side was inflamed for the distance of three inches from its junction with the uterus; its cavity was filled with false membrane, and pus mixed with clots of blood. The ovary of the same side was cribriform, so to speak, with purulent points, but these points were nothing but ramifications of the ovarian vein, inflamed and suppurating within the substance of the organ. The round ligament of the right side was much engorged for the length of two inches, and contained three or four veins filled with pus; the same alteration existed in the right uterine vein which proceeds from the hypogastric. No similar alterations were observed on the left side. The ovary, the round ligament, the ovarian and uterine veins of this side, as well as the other veins of the abdomen, were in the natural condition.

Case II.

George Stacey, aged eighteen, of good constitution, admitted into St. George's Hospital, July 17th, 1827, in consequence of an accident, a cart wheel having passed over the inside of his foot. There was a small wound under the little toe, apparently made by some sharp instrument, which had penetrated under the first phalanx about an inch into the sole of the foot. Considerable ecchymosis had taken place all over the instep and foot, and there was a fracture of the left fibula about two inches above the ankle. Leeches, cold lotions, and aperient medicines were ordered, and the limb kept quiet and supported on a pillow. The leeches were repeated several times.

On the 23rd, he had shivering after a restless night, and this was followed by diffuse cellular inflammation over every part of the foot, by erysipelas extending up the leg and thigh, and enlarged glands in the groin. The integuments in different parts of the foot were divided to set the inflamed parts at liberty, and, free openings being obtained for matter which had formed under the fascia plantaris, the febrile disturbance began to subside.

August 4.—He was reported convalescent, and was ordered some meat for dinner on the following day.

On the 5th he had a severe rigor, which lasted an hour. A purgative was ordered and a return to light diet. The rigor came on before he had taken the meat.

7.—The rigor returned at the same hour as on the 5th, and lasted the same time. The limb continued perfectly quiet, all the wounds were healing, and no cause could be discovered for the febrile attacks. He never had ague, but stated that he had been working where that disease prevailed.

Sumat. quinæ disulph., gr. ij., 4tis horis.

The rigor returned on the 8th, followed by much heat and a quick pulse, and continued to recur at irregular intervals being generally succeeded by profuse sweats.

On the 16th it was observed that he had slight ptosis of the upper lid of the right eye. Pulse nearly 150; tongue dry; countenance unfavourable and yellowish; no appearance of matter forming in any part of the leg, and he could bear pressure over the abdomen. In the evening some degree of emphysema and a little effusion of fluid were detected at the right sterno-clavicular articulation. He had met with no accident at the part to account for this.

He died on the evening of the 11th, twenty-six days after the accident.

Sectio Cadaveris the next day.—Head: The arachnoid appeared more opaque than natural, and there was some lymph effused under the surface of the anterior lobes of the cerebrum and around the junction of the optic nerves; matter was effused into the cellular membrane over the sternal extremity of the right clavicle, and into the synovial cavities on each side of the interarticular cartilage between that bone and the sternum. The pleura on both sides of the thorax was very vascular, and distended with a considerable quantity of a sero-purulent fluid, mixed with loose flakes of lymph. This was more abundant on the left than on the right side of the chest. The lungs on each side contained numerous small abscesses, and soft tubercular masses principally adjoined the surface of the pleura. These varied in form and size from that of a hazel nut to less than that of a small pea. In the middle of some of the tubercles was an irregular cavity filled with pus. One small abscess was found in the substance of the great lobe of the liver, at some distance from its surface.

I have selected these two cases as pretty complete specimens of the kind—the first an instance of one of the forms of puerperal fever; the second very analogous to it in all its principal circumstances, but following a contusion of the foot, with simple fracture of the fibula, complicated subsequently with phegmonous erysipelas. But the same phenomena have been observed to occur after a number of other injuries and diseases apparently very dissimilar in their nature. The following is an enumeration of such cases as are recorded:—Inflammation of the uterine sinuses following parturition; after amputations; fractures, especially compound ones; wounds of the head; after all surgical operations, especially those for the deligation of arteries, operations upon bones, and venesection; after gangrene; in varices; varicose ulcers; ulcers with caries of bone; in hospital gangrene; erysipelas; after the lateral operation for stone; with deep seated abscess of the arm complicated by destruction of the periosteum;* with psoas abscess In short, there is scarcely any injury which may not be sometimes followed by these secondary abscesses; but after the majority of those above mentioned they are by no means infrequent. Cruveilhier believes that they constitute the most frequent cause of death in the patients who perish after operations performed in the Parisian hospitals.

Though the cases I have above narrated are good examples of the remarkable affection I am about to consider, we are not to expect the same series of phenomena in every instance. The symptoms will vary considerably, according to the extent and seat both of the primary and secondary lesions. Thus, in extensive uterine phlebitis, for instance, the primary lesion will often account for all the symptoms, and attract the greatest share of attention during life. The membranes of the brain may become inflamed, and then cerebral symptoms will be most conspicuous. So, also, the number of abscesses found after death is subject to great variation. Sometimes the lung or the liver is dotted with an immense number, sometimes one or two only are met with; occasionally the eye or a single joint only is affected, or the substance of a muscle, or the cellular tissue around a joint. In some instances abscesses have been found pervading the whole body—both thoracic and abdominal viscera, joints, muscles, skin, cellular tissue, sprinkled, as it were, all over with isolated collections of pus. Al these cases, however, differ in degree only, and not in kind, and consequently they must all be due to the same cause.

Authors have proposed several theories to account for these phenomena; the three following are the most important:—1st. That they depend upon the rapid development and softening of pre-existing tubercles. 2nd. That they are caused by absorption of the pus, and subsequent deposition of it in the parts where it is found. 3rd. They have been attributed to a purulent diathesis.

The first of these doctrines is rendered utterly untenable by the following circumstances:—1st. Tubercles seldom exist in many of the situations where secondary abscesses are most frequently met with, as the liver, muscles, and lower lobes of the lungs. 2nd. The tissue intervening between the abscesses is generally in a healthy condition, which would not be the case if the diseased organ was the seat of a real tuberculous affection. 3rd. Consecutive abscesses contain pure pus, and seldom tuberculous matter. 4th. Although they are often found in persons who have died after operations for scrofulous affections, and in whom a presumption of the pre-existence of tuberculous disease is thus indicated, yet they are developed equally often in persons who suffer from accidents, and who were previously in robust health. 5th. Consecutive abscesses are sometimes found co-existing with tubercles in the lungs, each occupying their peculiar seat, and manifesting their peculiar nature.

The second supposition, that consecutive abscesses are formed by absorption of pus, and its subsequent deposition by the absorbents in the situations where it is discovered after death, depended upon imperfect observation of facts; for the supporters of this doctrine believed that there are no general nor local signs of inflammation of the organs found after death to be the seats of abscesses; that no inflammatory changes are discoverable around the collections of pus. More careful investigation has pointed out the falsity of both these assumptions, as I shall show in a future part of this essay, when considering the development of consecutive abscesses. The argument drawn from the cessation of suppuration at the primary injury, on the onset of the symptoms announcing the formation of secondary abscess, is invalid, for every surgeon knows that febrile disturbance of any kind usually causes the same phenomenon.

The theory of a purulent diathesis is so vague and unintelligible, and so contrary to what is known concerning the production of pus generally, that it requires no reputation.

The above theories, then, being insufficient to explain the formation of consecutive abscesses, some other mode of accounting for them must be sought.

By careful reflection on the cases as they occur, the inquirer is soon led to observe, that in many of them inflammation and suppuration within some large vein is the most conspicuous primary feature, as, for instance, in the case of uterine phlebitis, which I have quoted at length, and in many cases of phlebitis from venesection, after amputations, and after operations upon varicose veins. It is possible, therefore, that infection of the blood by pus may be the cause of the phenomena in question; but in order to prove that it is so, it will be necessary, in the first place, to show that it sometimes does happen in most of the cases above enumerated, and the possibility of its occurrence in all of them. I shall first consider the morbid anatomy of phlebitis, and point out what circumstances favour the passage of pus into the circulation; and secondly, I shall endeavour to prove that in all the above mentioned cases one

* Case under the care of Dr. Budd at the Dreadnought.

or more such favouring circumstances occur. Phlebitis or inflammation of veins is a necessary part of every inflammatory process, and the changes that take place seem to be in no way influenced by the size of the vessels involved. The first effect of inflammation in a vein, whether large or small, is coagulation, with adherence to its walls, of the blood within it. If the affection is slight and speedily resolved, no further morbid alteration takes place; the clot softens, commencing in the centre, and the blood drills a passage through it—the calibre of the vessel being thus gradually restored to its original size. If, however, the inflammation increases, lymph becomes effused within the vein; the coagulated blood is deprived by absorption, first of its serum, and in the next place of its colouring matter, the fibrin alone remaining, and, with the effused lymph, filling up the cavity of the vessels; it does not present the same consistence throughout its thickness, being most firm at the circumference where it is adherent to the walls of the vein, and softer towards its centre. If the inflammation is resolved at this period, the central part of the rod of lymph becomes more and more soft, till at last the blood forces its way through it; the surrounding fibrin is removed, and the vein returns by degrees to its normal condition.

This process often takes place very slowly in large veins, and sometimes, when inflammatory action has been protracted, it is never effected at all; the effused lymph becomes organised, and the place of the vein is occupied by a hard impervious cord during the remainder of life. The effects produced by the loss of their functions in this way by a number of small veins, or by the principal trunk of a limb, constitutes the painful affection termed phlegmasia alba dolens, which it will be perceived, from the facts I have above stated, may be either temporary or permanent.

This condition, however, is to be regarded as a fortunate one, in comparison with another which is sometimes produced—when in place of the adhesive or lymphatic phlebitis, the interior of the vein becomes the seat of suppuration. In this, as in the former case, coagulation of the blood within the vessel is the first local change; the clot then softens in the centre, and assumes the appearance of pus, for which it was long mistaken by Cruveilhier and others; the microscopical and chemical researches of Mr. Gulliver have, however, demonstrated it to be merely softened fibrin; it is at first mixed with the colouring matter of the blood, which gives it the aspect of lees of wine; it is gradually absorbed or passes into the circulation, and its place becomes occupied by pure pus, which fills and distends the vein. It by no means necessarily follows that when suppuration occurs within a vein, the suppurative action shall extend throughout the whole length of the part affected; the contrary is fortunately the most common case. The inflammation is less intense, and consequently of the adhesive kind, about the confines of the inflamed part, so that the pus is confined at each extremity by effusions of lymph, and is thus prevented from entering into the circulation. It often happens, when a great length of vein is affected, that alternate portions are found to have suffered the adhesive and suppurative action, and thus a chain of separate abscesses occupies the course of the vessel. A case of this kind is mentioned by Hunter. As the pus accumulates it greatly distends the vein, which assumes a knotted appearance, and at length softens and bursts, a circumscribed abscess being formed. This may be mistaken for an idiopathic abscess in the cellular tissue. All these changes are well illustrated by the case of a man named Blondel, recorded by Cruveilhier, Anat. Pathol., liv. xi, pl. 1, p. 13.

Inflammation of veins, however, does not always run through these regular stages; a thickened state of the walls is sometimes the only change found. The vessel when cut across remains patulous, like an artery. Sometimes the inner surface of the vein is coated with lymph, like an inflamed pleura. I have seen this in the hepatic vein. In this case there could have been no coagulation of the blood within the vein. The inner coat of an inflamed vein seldom presents any red appearance from injection of its vessels, for these ramify in the subserous cellular tissue. It is often whitish and opaque, while that of a healthy vein has a pink appearance from imbibition of the colouring matter of the blood after death.

In place of the suppurative, being bounded as above described by the adhesive inflammation, it may occupy either the whole extent of the inflamed vessel, or else that part of it which is continuous with the healthy structure, and in this case the pus secreted passes readily into the current of the circulation.

(To be continued.)

RISE AND PROGRESS OF HOMŒOPATHY.

By George Hilbers, M.D., Norwich.

On completing my late very imperfect account of the rise and progress of homœopathy in Austria, I had intended resuming the subject with some details relating to its present position in other parts of Germany. Several circumstances, however, including Mr. Bainbridge's expressed wish that we should look nearer home, have induced me to alter my plan. I now, therefore, purpose as briefly as possible giving a slight sketch of its career from the year 1827, when it was first introduced into England by Dr. Quin, to the present time, when we are able to number between fifty and sixty regularly educated medical men as having enlisted under its banners. I think that strong presumptive evidence in its favour will thereby be obtained, the more especially when we remember that the history of its success is not confined to Austria and England, but that in every civilised country in Europe and America its course, though often retarded by the malice of its opponents and other adverse circumstances, has yet, on the whole, been one of steady advancement. In no country can it be said to have declined in public estimation, and examination will show that, with perhaps one or two slight exceptions, homœopathy is at this moment in a more flourishing state, in every country into which it has once penetrated, than at any former period.

The first mention of homœopathy, in connexion with the English medical profession, is to be found as early as the year 1824, in the third volume of the "*Archiv. für die Homoöpathische Heilkunsh*," a quarterly journal published at Leipsig. It is here stated that Dr. Quin, with Dr. de Horatiis, physician to the King of Naples, and to the military hospital, Dr. Romani, physician to the Queen, Dr. Schmits, surgeon to the Austrian army, Professor Quaranter, of the University of Naples, and Dr. Mauro, a Sicilian physician, practising in Naples, with several other medical men, were engaged in an inquiry into homœopathy, and were in attendance at a "clinicum," held for the treatment of the sick poor homœopathically, by Dr. Necker, physician to the general in command of the Austrian army of occupation. It was here that Dr. Quin first became acquainted with the principles and practice of homœopathy, and it is an important fact, *that this inquiry terminated in the conversion, not only of Dr. Quin, but of every one of the above-named medical men, who, one and all, remain to the present day staunch supporters of Hahnemann's doctrines.*

On leaving Naples, Dr. Quin repaired to Hahnemann, at Cöthen, there to study the new practice, under the tuition of its great founder. Afterwards, he visited the principal continental cities, in order to watch the cases treated by the most celebrated of the homœopathic practitioners. On his return to England, being thoroughly convinced of the truths of homœopathy, he entirely abandoned allopathy, and treated all the patients who applied to him for advice, in accordance with his new opinions. He was at this time private physician to Prince Leopold, the present King of the Belgians, and resided in his Royal Highness' household.

On the outbreak of the cholera in 1831, Dr. Quin hastened to the continent, and followed it in its course through Europe, intent on studying its history, and ascertaining the degree of advantage to be derived from the homœopathic treatment. The result of his investigations may be seen in a pamphlet he afterwards published on the homœopathic treatment of the cholera. This work was the first publication on homœopathy by an English author. It contains much valuable information, and affords strong evidence of the superiority of the system which it advocates. Space will not allow of my making any lengthy quotations from it; I must, therefore, rest contented with a single extract. Dr. Quin had volunteered to treat cholera cases homœopathically, in Tischnowitz, a town and district in Moravia, containing 6671 inhabitants; and this is the *official return* of the cases afterwards forwarded to him, at Paris, accompanied by a letter of thanks (also official) from the chief magistrate, acknowledging the obligation the authorities felt themselves under, and "thanking him for the assistance he had so humanely afforded to the subjects of the district."

"Cholera cases treated in Tischnowitz from the 17th day of November, 1831, to the 5th of February 1832.

	Cured.	Died.
Treated allopathically	831...	229...102
Treated homœopathically	278...	251... 27
Treated entirely with camphor	71...	60... 11"

This was in all probability the first homœopathic experiment made by an Englishman on the cholera. Now let us look at the last. I quote from a popular scientific journal, published in London, November 29th, 1845, in which a correspondent thus writes:—"I have waited till the last day for posting my letter, to give you the particulars of an event which has created a considerable sensation, and some surprise, amongst the people of Bombay; but can only inform you that in the General Military Hospital, homœopathic remedies have been applied with success in the treatment of cholera. My information, which is correct as far as it goes, is, that the number of cases so treated is between twenty and thirty; that all or nearly all were cured; and that those were the only cases of successful treatment at that period in the hospital. My informants—several of whom had access to the most authentic sources—further state, that the medical officer who applied the remedies, acknowledged his ignorance of homœopathic practice, and treated his patients, as they express it, 'from a book.' I am of opinion that this could not have taken place without the sanction of the medical board, and that the practice was urged on them by influential persons not belonging to the profession, several of whom, I *know*, are now warm advocates of the system." After such united testimony as to the efficacy of this system, in the treatment of this most incurable of acute diseases, what can be said of the scepticism which will still continue to refuse investigation?

On his return to England, Dr. Quin published the Pharmacopœia Homœopathica, and afterwards he edited Hahnemann's work, "Fragmenta de Viribus Medicamentorum." At the close of 1831, Dr. Belluomini, another homœopathic physician, arrived in London. This gentleman came to England as physician to the late Lord Lynedoch. About the same time Dr. Dunsford became converted through the instrumentality of Dr. Quin, and has ever since remained a practitioner and staunch supporter of the new doctrines. In 1832, Dr. Mabit, physician to the Hotel Dieu, in Bordeaux, and a lecturer on pathology, was sent to England by the French commission to study the cholera. He became acquainted with Dr. Quin, and returned to France a convert; and on the breaking out of the cholera at Bordeaux, he treated all his patients homœopathically, with the greatest success. In 1835 he published a work on the subject, and also an address to the Academie Royale, in Paris.

During the next few years we find homœopathy slowly, but steadily, making way, not only with the British public, but among the members of the medical profession. Some avowed themselves satisfied with the truth and value of the practical part, though they ridiculed and disbelieved the theoretical. This had already been done by some of the most celebrated practitioners in Germany, France, and Italy. The warmest of Hahnemann's admirers can scarcely say that in many instances this condemnation is undeserved; but how few are the instances recorded in history where the discoverers of any important truths are not at last led away by an injudicious enthusiasm, which does far more to retard the progress of the cause they have thus too ardently espoused than all the assaults of open foes.

Many homœopathic publications, of various degrees of merit, now began to issue from the English press; among these I would make especial mention of Dr. Simpson's "Practical View of Homœopathy.

Though I myself do not consider that all his opinions are tenable, yet, on the whole, I think it a book well calculated to remove objections which at first sight appear to be insuperable, and which naturally tend to retard inquiry into a theory which seems so totally irreconcileable with all that we have learned, and all that we have been accustomed to receive as truths. In the year 1833, Dr. Stratten, of Dublin, translated Hanhemann's "Organon of the Healing Art" into English. In this work, the principles and practice of homœopathy are unfolded, and though there are many assertions both visionary and deficient in proof, yet I believe the time will come when its merits will be justly appreciated. In the year 1834, Dr. Stapf, a German homœopath of many years' standing, and physician to H.S.H. the Duke of Saxe-Meiningen, came to England, to attend Her Majesty Queen Adelaide. During his stay, he was consulted by many of the nobility and other persons of distinction. In the year 1835, Dr. Curie, a French physician of eminence, who had served the post of physician to the Military Hospital in Paris, settled in London, and the year following opened the first homœopathic dispensary. We shall, on a future occasion, take an opportunity of referring again to this institution. In the year 1836, Mr. Kingdom urged on his medical brethren the need there was for an investigation into the truths of homœopathy, in a paper read before the London Medical Society. In this year also was published the "Curiosities of Medical Experience," by Dr. Millingen. This is the work of an allopathic army-surgeon, physician to the Hanwell Lunatic Asylum, a man of large experience and learning, as his book sufficiently testifies, also a member of several scientific associations, both at home and abroad. This gentleman, after ridiculing many of Hahnemann's doctrines as the ideas of a visionary enthusiast, states that he has put the practice to the test of experiment, and publishes six cases as illustrating the success he met with. He says, "But the facts I am about to record—facts which induced me, from having been one of the warmest opponents of this system, to investigate carefully its practical points—will effectually contradict all these assertions regarding the inefficacy of the homœopathic doses, the influence of diet, or the agency of the mind; for in the following cases, in no one instance could such influences be brought into action. They were, with scarcely any exception, experiments made without the patient's knowledge, and where no time was allowed for any particular regimen. They may, moreover, be conscientiously relied on, since they were made with the view to prove the fallacy of the homœopathic practice." He then details the cases which he has selected, as instances of the successful results obtained from the treatment. Want of space prevents my extracting any one of them; but the following are his concluding observations, and the summary of his opinions:—

"I could record numerous instances of similar results, but they would, of course, be foreign to the nature of this work. I trust that the few cases I have related will afford a convincing proof of the injustice, if not the unjustifiable obstinacy, of those practitioners who, refusing to submit the homœopathic practice to a fair trial, condemn it without investigation. That this practice will be adopted by quacks and needy adventurers, there is no doubt; but homœopathy is a science on which numerous voluminous works have been written by enlightened practitioners, whose situation in life placed them far above the necessities of speculation. Their publications are not sealed volumes, and any medical man can also obtain the preparations they recommend. It is possible, nay, more than probable, that physicians cannot find time to commence a new course of studies—for such this investigation must prove;—if this is the case, let them frankly avow their utter ignorance of the doctrine, and not denounce a practice of which they do not possess the slightest knowledge.

"Despite the persecution that Hahnemannism (as this doctrine is ironically denominated) is at present enduring, every reflecting and unprejudiced person must feel convinced, that, although its wild and untenable theories may not overthrow the established systems (if any systems can be called established), yet its study and application bid fair to operate an important revolution in medicine. The introduction of infinitely small doses, when compared, at least, with the quantities formerly prescribed, is gradually creeping in. The history of medicine affords abundant proofs of the acrimony, nay, the fury, with which every new doctrine has been impugned and insulted. The same annals will also show, that this spirit of intolerance has always been in the ratio of the truths that these doctrines tended to bring to light. From the preceding observations, no one can accuse me of having become a blind bigot of homœopathy; but I can only hope that its present vituperators will follow my example, and examine the matter calmly and dispassionately, before they proceed to pass a judgment that their vanity may lead them to consider a final sentence."

I am too sensible of the *extreme liberality* displayed by the editor of this Journal, in so freely throwing open its pages for the advocation of doctrines so diametrically opposed to his private opinions, to trespass unnecessarily upon it. I shall therefore abstain from noticing many interesting circumstances which occurred during the next few years, and shall only state that, at the close of the year 1841, the number of homœopathic practitioners had increased to about sixteen or seventeen. If permitted, I shall, on a future occasion, resume the subject, with an account of its progress during the last four years, which I think will effectually silence those who hesitate to investigate it, because they believe that homœopathy is dying a natural death in this country.

I am, Sir, your obedient servant,

GEO. HILBERS.

Norwich.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 27, 1846.

Dr. GREGORY in the Chair.

Case of Congenital Cyanosis of Forty Years' standing, depending upon Patulous Foramen Ovale, and Obstruction in the Pulmonary Artery. By ROBERT J. SPITTA, M.B. Lond., House-surgeon to St. George's Hospital. [Communicated by PRESCOTT HEWETT, Esq.]

The patient in this case was a lady, aged forty, of diminutive stature, and pigeon-breasted, but without any positive deformity. She had cyanosis from birth, indicated by blueness of the cheeks, lips, and tongue. The heart's action was said to have been regular when at rest, but sudden exertion produced palpitation and dyspnœa. She suffered very much from cold. In March, 1845, she was suddenly seized (while at rest) with dyspnœa and partial syncope, accompanied with convulsions, and afterwards with intense pain, referred to the epigastrium, loins, and hypochondria. This condition lasted twenty-four hours, when she died. The patient had previously suffered from four serious attacks of a similar nature—in 1840, in May and September, 1844, and in February, 1845, six weeks before her death. In November, 1843, she had also anasarca of the abdomen and lower extremities, from which she completely recovered, and never afterwards became dropsical.

The author having only seen the patient casually, was unable to give any accurate information respecting the sounds of the heart. She had never suffered from rheumatism.

The following are the post-mortem appearances observed about the heart:—The organ was heavy and firm, and somewhat enlarged. The hypertrophy was chiefly on the right side, the right ventricle being as thick as the left, and the right auricle three times as thick as the left auricle. The foramen ovale was patulous—the opening about four lines in diameter. The auriculo-ventricular valves were thickened, but moveable; the aortic valves healthy. Above the semilunar valves of the pulmonary artery an adventitious membrane was stretched completely across; it was a line in thickness, and perforated in its centre, not by a circular foramen, but by a mere slit, with margins of a red colour, and fringed with fibrine of the blood. The three semilunar valves were thrown up, as they are naturally during the systole of the heart, and fixed in that position by the adhesion of (what would have been) their free borders to the adventitious membrane.

The author concludes with the following deductions:—

1. From the presence of cyanosis immediately after birth, and the absence of rheumatism during life, the adventitious membrane was a congenital malformation.

2. That the hypertrophy of the right side of the heart was the consequence of the obstruction in the pulmonary artery.

3. That as either an obstructed pulmonary artery, or a patulous foramen ovale, may exist separately without the blue disease, the cyanosis in this case was the result of the two lesions combined.

4. That the circulation of imperfectly oxygenated blood impaired no function so much as the formation of animal heat.

The morbid specimen was afterwards exhibited.

Dr. Gregory was not aware that there was any case on record, in which cyanosis had existed during forty years, and inquired of the fellows present, whether any of them were acquainted with an instance in which there had been duration of life for so long a period, under such circumstances.

Dr. Mayo narrated a case which he supposed might be called cyanosis; it was that of a female, fifty-six years of age, a patient under his care in the Marylebone Infirmary, labouring under bronchitis. The cyanosis existed for forty-eight hours only before death. She was evidently recovering from the effects of the bronchitis, when a death occurred in the ward in which she was, by which she was greatly alarmed, and instantly became blue. On examination of the body after death, there was found a patulous condition of the foramen ovale, to the extent of half a crown in size. There was not any appearance of a rent in this opening, the edges of which were perfectly smooth, and it seemed to him that the malformation was congenital. The preparation had been carefully put up, and he believed was still in the museum of the infirmary. The sudden occurrence of cyanosis in this case might lead to the belief that there had been an increase in the size of the aperture by a rent, but such he (Dr. Mayo) felt assured, from the appearance of the parts, was not the case; or else it might be presumed that there existed some compensating power by which the circulation of the blood was carried on in an apparently normal manner, until the occurrence of the fright in the infirmary ward, by which the fatal attack of cyanosis had been induced.

Mr. Toynbee said that some years ago he had had singularly frequent opportunities of conducting examinations of cases in which the septum of the auricle was partially incomplete. About the period to which he alluded he wrote a brief paper on the subject, in which he divided the cases into the three following classes:—In the first, the orifice of communication was valvular, and existed at the circumference of the fossa ovalis. In the second, the orifice or orifices were not valvular, and existed towards the centre of the fossa ovalis, and their margins were very attenuated. In the third, the orifice or orifices were not valvular, and were towards the centre of the fossa ovalis, and their margins were thick and somewhat rough. In the first class of cases Mr. Toynbee believed the disease to be congenital; it was by far the most frequent class, it being usually denominated patescence of the foramen ovale. The second and third class of cases he considered to be produced during life, and that one occurred as the result of a gradual atrophy of the inter-auricular wall, the adjacent membrane being always extremely attenuated; the other, on the contrary, appeared to be the effect of inflammation of the septum, which ended in its ulceration. Mr. Toynbee stated that it was desirable to know to which of these three classes the very interesting case at that time before the Society belonged. It might be that the death of the patient took place as the result of the sudden solution of the continuity of the septum, for it was well known that communications to a very great extent do take place between the auricles without any effect being observable during life; but it must be remembered that in all such cases the communication appeared to take place very gradually, and if

he was not mistaken, in the recorded case where it occurred suddenly, death was the result.

Dr. Spitta was of opinion that in his case the cyanosis was congenital; he judged so from the character of the symptoms, and from the fact that the patient had not been subject to rheumatism.

Dr. Cursham stated that a partially patent condition of the foramen ovale existed in several cases of phthisis. This state of the parts has been described by Mr. Abernethy in the Philosophical Transactions, and he had accounted for its occurrence by the supposition that it was an effort of nature to relieve the lungs by enabling the blood to pass from one side of the heart to the other without traversing the lungs. In these cases there was not any cyanosis.

Mr. Prescott Hewett observed that an examination of the preparation exhibited that evening by Dr. Spitta, showed that the opening between the two auricles was a valvular one. In reference to a class of cases mentioned by Mr. Toynbee, he stated that there was, in the museum of St. George's Hospital, the heart of a man, aged thirty-four, in which there was a direct communication, of the size of a shilling, between the two auricles; the margins of this opening were smooth, round, and thicker than the other parts of the septum; the heart itself was very much enlarged, by dilatation of all its cavities with hypertrophy of the walls; the two layers of the pericardium were adherent to each other by broad and extensive adhesions, and yet this man, who had for many years followed a most laborious avocation, had never had cyanosis.

Mr. Toynbee remarked that he believed a communication might take place between the auricles by ulceration, which, if it occurred slowly, would not be attended by any symptoms, but if suddenly, and the opening were large, symptoms would arise, and death be the result.

Dr. Gregory read the title of the paper, in which the patulous condition of the foramen ovale was nade the more prominent disease; he thought that it would have been better to have described it as a case of obstruction of the pulmonary artery, accompanied by patency of the foramen ovale, as from the observations that had fallen from different speakers, he was led to believe that the diseased condition of the pulmonary artery was the cause, and the other complaint the effect.

Dr. Spitta had placed the patency of the foramen ovale in the more important position in the title, because the cyanosis was congenital, and therefore could not have been dependent on the obstruction of the pulmonary artery.

On the Advantages of Sub-mucous Tenotomy, for the relief of Strabismus. By CHARLES BROOKE, M.B., Cantab., F.R.C.S.E.

The author remarks that this operation does not at the present day prefer any claim to novelty, having been long since proposed and practised; but as the physiological reasons which appear to render this mode of operating preferable to any other, as being more likely to avoid the usual sources of failure, are very conclusive, and have not, as far as he is aware, been clearly pointed out, the subject may not, perhaps, be considered unworthy the attention of the Society.

The occasional return of the strabismus as a consequence of the ordinary mode of operating by a free division of the conjunctiva, may be explained on the physiological principle, that whenever a superficial wound of which the edges are capable of being approximated, is allowed to heal by granulation, and to cicatrise, so strong is the tendency of nature to restore the continuity of the normal integument, that although a cicatrix of considerable width may at first appear, this will invariably be subsequently removed by interstitial absorption, and a linear cicatrix will alone remain. This principle is presumed to be applicable to the eye. When the conjunctiva is freely divided, as well as the tendon itself, both will probably be reunited to the eyeball at a point posterior to that from which they had been separated, and the intervening space will be filled up by granulation. But when the subsequent process of absorption takes place, the conjunctiva, and with it the tendon, will be more or less restored to their former position, and the strabismus will return.

¶ In all the cases in which submucous tenotomy has been performed, the result has been successful. The paper is concluded by a description of the mode of performing the operation.

The instruments with which the operation is performed were afterwards exhibited.

Dr. Gregory drew the attention of the fellows to the very serious consequences described by the author as resulting from the operation for strabismus, but which he believed were not common. Among these was protrusion of the eyeball, which in some cases occurred immediately after the operation had been performed, and in others not until after the lapse of a few weeks.

Mr. Bransby B. Cooper was desirous to make a few remarks on the question as to the desirableness of the operation, taken abstractedly. Children were those who were most frequently affected, and it is wonderful how many of those will get well without any operation. The section of the muscle in these cases impairs the motions of the eye, and substitutes one kind of deformity for another, generally that of protrusion of the eyeball. The symmetrical action of the eyeball was lost. He (Mr. Cooper) believed that the operation would be less and less frequently performed, and that ultimately more attention would be paid to constitutional measures. It was in his opinion a matter of very little importance whether the operation for strabismus were the submucous, or the one previously performed; he believed that the deformity would be nearly as great in the one instance as in the other. He had himself performed the original operation on several occasions, but never with perfect satisfaction, and it was an operation he never would recommend parents to subject their children to, when labouring under that defect. In illustration of this remark, Mr. B. B. Cooper mentioned the case of a child long subject to strabismus, and who was now gradually improving, under the influence of constitutional measures, without the necessity for any operation.

Mr. Prescott Hewett quite agreed with Mr. Bransby Cooper in thinking that no operation for strabismus, however great the deformity, ought to be performed on young children; he, however, thought that the operation was a very fair one in the adult; in the few cases which he had operated upon, the operation had proved successful, and there was a decided improvement in the personal appearance of the patients, whom he saw for some time afterwards. He had had an opportunity, some time back, of dissecting one of the recti muscles, in a case which had been operated upon for strabismus by Mr. Babington, and which proved to be very successful; the patient had died some months afterwards of a disease of the lungs; the rectus muscle which had been divided was attached to the eyeball, immediately behind its original attachment, by means of a long, slender tendon, apparently formed of condensed cellular tissue, and measuring about three lines in length; by means of this tendon, the rectus muscle had been rendered as long as the other recti muscles of the eye.

Mr. B. B. Cooper observed that, if the new tendon were not inserted on the same plane as the other, the eye would not be straight.

Mr. Prescott Hewett replied that the eye did not deviate in the least.

Mr. Dalrymple had seen a good many cases of strabismus in private and public practice, and had never met with any formidable consequences from the operation. In one instance which he heard of, the sclerotica was punctured, and the vitreous humour evacuated. This, however, was not an accident at all referable to the operation, but was solely owing to misadventure on the part of the operator. In another instance great effusion of blood took place into the cavity of the orbit, suppurative inflammation ensued, and the eye was lost. He (Mr. Dalrymple) believed that there would be a greater risk of destructive inflammation from the ecchymosis following the submucous operation, than in the instances in which the usual operation was performed, because there would not be the same means of escape for the effused blood. The muscular artery is sometimes larger that usual, and if the blood were blocked up in the orbit, there would be a greater probability of the occurrence of destructive inflammation. Still these accidents were not generally to be feared. External strabismus is more to be anticipated from the division of the internal rectus muscle, than the recurrence of the internal strabismus. The granulations referred to by the author are of very common occurrence; they spring from the submucous tissue, and are gradually constricted by the cicatrisation of the conjunctiva, after which, at the end of two or three weeks, they may be snipped off with a pair of scissors, and are rarely reproduced. Internal strabismus may undoubtedly recur after the division of the internal rectus, but the external squint is met with more frequently, and requires to be taken into consideration by the surgeon prior to the performance of the operation. Mr. Dalrymple then narrated a case of internal strabismus which he had seen, and the eye did well for six months, following the motions of the other eye. After the lapse of that time, external strabismus and protrusion of the eyeball took place, and became persistent. One reason in Mr. Dalrymple's opinion why external strabismus is apt to occur after the division of the internal rectus, consists in the practice of covering up the affected eye after the operation. The organ being thus kept quiet, the external rectus contracts, and draws the eye outwards. If, however, the sound eye be bandaged instead, the external rectus is prevented acquiring a permanent contraction, and the divided internal rectus does not form adhesions so far back upon the globe, and he (Mr. Dalrymple) believed that good effects would result from using the affected eye soon after the operation. He fully agreed with Mr. Cooper as to the impropriety of operating on children, in whom the disease was brought on by a great variety of causes. He would be inclined to wait until after the period of puberty, at which time the disease was frequently cured. Besides, a person might present strabismus one day, and the next it would not be at all perceptible, or else it might occur under mental emotion only. Of the former kind he had seen a remarkable instance; the patient squinted only on alternate days, and this condition had lasted for six months. If an active surgeon had seen this case while the strabismus lasted, he would certainly have operated, and as certainly failed. Cases of irregularly intermittent strabismus were by no means uncommon; the squint occasionally occurred only once in four or five days. He (Mr. Dalrymple) believed that the operation would present a greater prospect of success, if practised late in life.

Mr. Wade agreed with Mr. Cooper that the operation for strabismus should not be performed before the adult period of life, nor until all the usual means of treatment had been tried in vain. He had once been of opinion that the division of the rectus alone would not be sufficient to secure a straight eye, and therefore he used to divide other fibres, in doing which he broke up much of the cellular tissue. He was consequently much disappointed; the eye became fuller, and he thought very little benefit was derived from the operation in those cases. He had since adopted the plan of making a smaller incision in the conjunctiva, sufficient only to enable him to divide the tendon, and he now never divides other tendons than those of the external and internal recti. He considered it would be very injurious to cut the tendon of either of the oblique muscles, as the protrusion of the eyeball would be very great, and no advantage could possibly result from the operation. He (Mr. Wade) always bandaged up the sound eye after the operation, and kept the patient quiet in a darkened room, and he believed he had reason to congratulate himself for so doing. By this mode of proceeding there resulted a very slight degree of fulness of the eye afterwards.

Case of Aneurism, presenting some peculiarities, with Remarks. By Mr. PRESCOTT HEWETT.

G. B., aged thirty-one, was admitted into St. George's Hospital, under the care of Sir Benjamin Brodie, in May, 1839, with a pulsating tumour in the groin, of the size of a pullet's egg, and presenting all the characters of an aneurism. The tumour had existed about three weeks, and had made its appearance without any apparent cause. The patient's general health was good, but he had been in the habit of drinking hard. As a careful examination of the heart and large arteries did not

point out any disease in those parts, Sir B. Brodie applied a ligature, on the 30th of the month, to the external iliac artery, and all pulsation in the tumour ceased immediately. The operation was followed by peritonitis of a low character, from which he however gradually rallied. The ligature came away on the twenty-fifth day after it had been applied. The wound in the groin healed; the tumour became solid, and gradually decreased in size, and the patient was discharged cured on the 14th of August. At the latter end of November he was re-admitted, on account of a slight return of pulsation in the tumour, which had somewhat increased in size. The pulsation had re-appeared at the beginning of the month. Pressure by means of graduated compresses was ordered to be tried. This plan was persevered in for two months, at the end of which all pulsation and sound again disappeared. In November, 1841, the patient was seen again, and it was observed that there was a slight recurrence of the pulsation, but without any increase in the size of the tumour. In January, 1842, all pulsation had ceased in the tumour, but it had increased somewhat in size. From this period it gradually but steadily increased, and in the course of the ensuing twelve months it grew to the size of the egg of an ostrich, without ever presenting either pulsation or sound of any kind. In January, 1843, the tumour became stationary, and some time afterwards it began to diminish. The decrease in size continued until July in the same year, when the patient died of phthisis.

On examination after death the tumour was found to be connected with the superficial femoral artery, immediately below its origin. When separated from the neighbouring parts, it was of the size of a full-grown fœtal head, and perfectly solid. Upon being cut into it presented the characteristic layers of blood observed in aneurisms. Its covering was formed by the outer coat of the artery, and its cavity was completely blocked up by coagula. About two inches of the superficial femoral connected with this tumour were completely obliterated. The common femoral was dilated to the size of the common iliac. The internal surface of this dilated vessel was lined with some thin coagula, and covered over by a membrane of new formation, beautifully adapted to the internal coat of the artery, of which it at first appeared to be a part. A large and distinct channel was however still left for the circulation of the blood through the vessel. The external iliac, from a little above the origin of the epigastric and circumflex arteries to within a quarter of an inch was obliterated, and reduced to the size of a small quill. The branches given off by the external iliac, common, and deep femoral arteries were much increased in size.

Having remarked on the recurrence of pulsation in this tumour, Mr. Hewett proceeded to call the attention of the fellows to the fact of this aneurism having grown in the space of twelvemonths from the size of a hen's egg to that of an ostrich's egg without either pulsation or sound of any kind being detected in it, though it was repeatedly and carefully examined by several experienced surgeons, many of whom explained the case by the supposition that he tumour was of a malignant character, and fed by large arteries, the supply of which had been cut off by the obliteration of the external iliac—a fact most worthy the attention of practical surgeons, especially when the details of this case are compared with some of the details of the cases of pulsating tumours brought before the Society by Mr. Stanley, and published in the last volume of the Transactions.

Mr. Hewett concluded by making some remarks upon the general pathology of aneurisms, in connexion with the thin coagula, lined by a membrane of new formation, which were found in the dilated common femoral artery.

Mr. B. B. Cooper observed, that it was not remarkable that, in cases of aneurism in which an operation had been performed, and the obliteration of the vessel obtained, unless quietude and rest were secured, for the pulsations to return. By the adoption of these measures, the coagulation of the layers of blood in the sac would be the result, otherwise the obliteration of the sac would be only partial. He related the case of a porter on whom he tied the femoral artery for popliteal aneurism; the man left the hospital apparently cured, but returned three months afterwards, the pulsation having recurred in the sac. By the local application of ice, by quietude and rest, and by the use of remedies to depress the action of the heart and arteries, the pulsation was again arrested, and the man ultimately dismissed cured.

Mr. Prescott Hewett observed, that he was rather surprised to hear the opinion expressed by Mr. Bransby Cooper. The case, which had been read to the society that evening, was not brought forward on account of the recurrence of the pulsation in the aneurismal tumour, a circumstance which Mr. Hewett very well knew did sometimes occur after the application of a ligature to a main arterial trunk, and of which several cases were already on record. The reason why Mr. Hewett thought that this case was worthy of being brought before the Fellows of this Society, was that it exhibited the fact of an aneurism, growing from the size of a hen's egg to that of an ostrich's, without any pulsation or sound whatsoever being perceptible in it. This fact he certainly did think was worthy the attention of all practical surgeons, especially in connection with the cases of pulsating tumours brought before the society last year by Mr. Stanley.

Mr. B. B. Cooper, in explanation, said, he had not heard read the paragraph alluded to by Mr. Prescott Hewett.

Mr. Toynbee remarked, in reference to the aneurism, there was another very interesting point which had not attracted attention, thatt was the formation of a considerably dilated cavity between the obliterated artery and the aneurism itself, indeed, so large was it as almost to form a second aneurismal sac—the effect of the operation on the first. The existence of the dilated cavity would account for the other very peculiar feature in the case just adverted to by Mr. Hewett, namely, the great increase in the size of the tumour after it had apparently become solidified.

STATISTICAL SOCIETY.

Thomas Tooke, Esq., Vice-President, in the Chair.

In a former number of the *Medical Times*, we reported a paper read before the Statistical Society by Dr. Guy, on the duratian of life among the family of the peerage and baronetage of the United Kingdom. The society, on the present occasion, was occupied with a paper by the same author, in which he has extended that inquiry to the male members of the families of the English gentry, and to the females of the upper classes, and to the members of the royal houses. The materials employed by Dr. Guy have been obtained from two distinct sources — the country histories of Northampton, Berkshire, Cheshire, and Surrey, and the history of Leeds, on the one hand, and the annual register on the other. The facts obtained from the county histories consist of the ages at death of all males and females dying aged twenty-one, and upwards, arranged in three classes. First, the male members of the families of the gentry; second, the females of the upper classes, including those of the peerage and baronetage, as well as of the gentry; and third, the members of the several professions. The ages of death are taken partly from the pedigrees of the county families, and partly from mural tablets. The tables laid before the society were:—

1. The members dying at each age of the three classes — gentry (males), females of the upper classes, and professional persons.

2 and 3. The deaths among the gentry and females for periods of five and ten years respectively, with a column added, presenting the per centage proportions at each quinquennial and decennial period.

4. Expectation of life in the male members of the families of English gentry, in the females of the upper classes, and in professional men.

5. Comparison of the duration of life among the gentry, the females of the upper classes, and professional persons, with that of the peerage and baronetage.

6. Has the duration of life among the higher classes varied at different periods, and if so, has it continued to improve, as we have reason to believe has been the case, with the bulk of the community?

7. The numbers dying in each year, from twenty-one inclusive, in the following classes: The members of the royal houses, male and female; the aristocracy; the gentry, and the females belonging to the two last mentioned classes.

8, 9, 10. The numbers and per centage proportions for periods of five and ten years respectively.

11. A comparison of the several results.

12. The expectation of life among the aristocracy and gentry respectively, contrasted with that of professional persons (chiefly clergymen), of agricultural labourers of England and Wales, and of the members of friendly societies in Liverpool.

A careful comparison of table 4 shows, that during the years 20, 21, and 22, the expectation of life among the gentry is somewhat higher than among the females of the upper classes, but that from 23 to 79, both inclusive, the reverse obtains; while, after 79 to the end of life, the expectation among the gentry again exceeds that of females. The difference in favour of the female at the age of 50 somewhat exceeds two and a half years; on the other hand, the expectation for males at 90 years of age exceeds that for females by more than one year. Comparing the gentry with professional men, the expectation is in favour of the latter class up to about the 60th year, after which age it gradually becomes more favourable to the gentry, and continues so to the end of life. With the exception of the ages of 20 and 25, the gentry, according to table 5, enjoy a better expectation of life than the aristocracy, and the same is true of professional persons up to 85 years of age, after which time the aristocracy enjoy a slight advantage. The females of the higher classes at 20 years of age have a lower expectation of life than either the aristocracy or gentry, but from 25 to 75 years of age the expectation for females is more favourable than for either of the other classes. At 90 years of age, again, the balance turns in favour of the male members of the aristocracy, and at 80 in favour of the gentry. Table 6 exhibits an average duration of life, in persons born during the 13th century, of 63 years; the average falls during the 14th century so low as 46½ years; rises during the 15th to 58¼; and during the first half of the 16th century to 68 1-6th; from this, its highest point, it gradually falls in successive half centuries, till, in the latter half of the 17th century, it reaches its minimum, 57 years, to recover itself again during the first half of the 18th century, when it rises to 63¾ years.

Dr. Guy concluded with a brief summary of the chief propositions established in the present and previous essay. 1. The duration of life among the higher classes has varied greatly at different periods. It was a minimum in persons born during the 14th century, and a maximum in those born during the 16th century, and it was nearly equal in those born during the 13th and first half of the 18th centuries. From the 16th century (the period of the maximum) it gradually fell till the latter half of the 17th century, since which period it has again increased, and is still probably improving. 2. The duration of life among the upper classes varies with their rank, being lowest in the highest, and highest in the lowest rank. Beginning with the class which has the shortest average duration of life, the several classes will be found to stand in the following order:—Kings; members of royal houses, males; members of royal houses, females; peers, successors to title; male members of the families of the peerage or baronetage; members of the families of the gentry; professional men, chiefly clergymen; females of the upper classes. 3. The expectation of life among females of the upper class is lower than that of males when young adults are included, but higher when the comparison is restricted to more advanced ages. 4. The duration of life among the higher classes of both sexes falls short of that for the whole of England and Wales. The favourable expectation of the entire male population, with a large number at the top of the social scale exposed to the evils of wealth, and a still larger class at the bottom of the scale immersed in poverty, and surrounded with all its unhealthy accompaniments, leads inevitably to the conclusion that, in addition to the agricultural labourers, there must be a large class who enjoy a better expectation of life than either extreme, and whose longevity is such as not only to compensate the low duration of

ife of the two extreme classes, but to create, so to speak, a fund out of which the higher average duration may be supplied. What the classes are which occupy the favoured position is a question which Dr. Guy has reserved for a future occasion.

REVIEWS.

The Nature and Treatment of Cancer. By WALTER HAYLE WALSHE, M.D. London: Taylor and Walton. 8vo. pp. 590.

(Concluded from page 355.)

In discussing the origin of cancer, Dr. Walshe first gives a summary of the most striking theories that have been advanced concerning it, and then passes on to consider it under the following heads:—

"(A) The nature and properties of the formative material in which the new mass originates.

"(B) The seat or locality in which it originates and germinates.

"(C) The process by which the formative material is itself generated.

"(A) *Nature of the Formative Material.*—A general survey of adventitious products shows that a certain proportion of them originates in a species of fluid to which the name blastema has been given. The physical characters of this fluid, when destined to evolve the well-known material pus, have been demonstrated by different observers at the very earliest moment of its existence. Direct observation of the blastema of cancer at the instant of its production, and while the entire existing material is yet a simple fluid, has not been effected; its characters are not, therefore, matters of demonstration. But their nature may, perhaps, be plausibly inferred as follows:—In the first place, the physical characters of pus-blastema do not, to our existing powers of discrimination, perceptibly differ from those of the germinal liquid, from which the various natural structures form (are formed?). Secondly, blastema of wholly similar qualities generates natural structures perfectly dissimilar; muscle springs into existence in contact with cellular membrane, nerve in close proximity with bone, and all from one homogeneous liquid. Thirdly, the blastema of cancer, when demonstrable, that is, as contained in the substance of growths already evolved, and forming the matrix for addition to their substance, differs in nowise from that of pus or of the natural tissues. The physical qualities of cancer-blastema under the last-mentioned circumstances, may, for these reasons, be presumed to be identical with those of the primary drops; and the qualities of these first-formed drops hence surmised to be fluidity, slight viscidity, semi-transparency, homogeneousness, and total absence of solid particles." (p. 49—50.)

We perfectly agree with this statement as far as it goes, for the researches of microscopists have proved clearly enough the origin of all living structure, normal and abnormal, from a fluid, which fluid is neither more nor less than *liquor sanguinis* endowed with peculiar properties. How these properties are acquired is an ultimate question concerning *life* and *organisation* which no human and finite inquiry will ever be competent to solve; and of the nature of the properties themselves we are only able to form a partial opinion, by judging from the effects we see them produce. The same fluid, differently endowed, produces here bone, there muscle, elsewhere nerve, and enveloping all these, cellular tissue; but we can only with wonder view these diversified consequences. Springing from a common origin, we cannot approach the penetralia wherein the hidden mystery of first causes is contained. Neither can we explore further than self-evident facts permit us, the secret of abnormal growths. In the same body, and at the same time, the self-same fluid may be performing the functions of growth, or of reparation to supply the waste of interstitial absorption, and generating the abnormal materials of cancer, tubercle, or pus. Our philosophy permits us to express the fact, but not to expound it; and instead of wasting our time in idle theorising, it better becomes us to fall back upon the limits wisely put to our capacity of understanding, and bow ourselves in humble adoration "before a wisdom which we cannot fathom, and a power which we cannot comprehend."

Though it is perfectly true, as Dr. Walshe has remarked, that a homogeneous fluid is the origin of all structure, normal or not, yet the first approach it makes towards *formation*, is in developing within itself granules, which, by aggregation, and subsequent change, finally constitute the basis of the particular material to be produced. This fact our author has omitted to notice, and though it calls for little comment, we should have preferred that he had given us the advantage of his opinion.

"(B) *Seat of Germination.*—Derived as cancer-blastema, is, like all nutritive and secretive materials, from the blood; there are three possible situations in which its evolution may take place.

"1. The interior of the vessels;

"2. The substance of the vascular walls;

"3. Spaces outside the vessels.

"1. Cancerous matter is, we have seen frequently, found in the interior of the veins; the question arises, how comes it there? Conceivably in either of two ways; by the absorption and subsequent germination of certain elements of growths pre-existing elsewhere; by primary evolution of germinal fluid which has never escaped from the vessels.

"The embryonic production of a fragment of natural tissue within the vessels, is a sort of anomaly of nutrition, of which no example, as far as I am aware, has ever been witnessed. Again, simple exudation matter, or coagulable lymph, which appears to be nothing but pure *liquor sanguinis* of highly plastic force, does not undergo evolution within the vessels; its escape from these is a necessary previous step. Analogy is consequently opposed to the admission of a germinating power in non-exuded cancer-blastema. Still, the impossibility of germination under these circumstances is not proved, and there is no solid *a priori* motive for supposing that evolution may not take place in particular instances — when, for example, any special obstacle exists to the escape of the fluid from the vessels. Thus, in structures of the erectile class, as the spleen, we might expect to find germination of primary blastema accomplished in the loculi of the organ, and certainly there is some evidence of its actual occurrence" (p. 51—52.)

In this passage there seems to us to be a contradiction of statement. Whilst, on the one hand, Dr. Walshe states that "exudation matter does not undergo evolution within the vessels," and that "its escape from these is a necessary previous step;" on the other, he admits, that "there is no solid *a priori* motive for supposing that evolution may not take place in particular instances—when, for example, any special obstacle exists to the escape of the fluid from the vessels." This is plainly an affirmation, almost in the same breath, that a thing may not happen, and that it may. For our own part, we see no reason whatever, why cancerous matter should not be evolved from liquor sanguinis, contained within the blood-vessels. The absorption into the blood of this matter, from the locality where it was first deposited, is not a very likely occurrence, except by the laceration of vessels contiguous to its seat, or by such a disintegration of the cancerous substance as would render it capable of being removed by the absorbents. But cases have occurred of cancerous cells being found attached to the lining membrane of the blood-vessels, and to the valves of the heart, without any such deposit existing elsewhere, or any evidence whatever to show the remotest probability of the cells not having undergone evolution within the blood-vessels. Analogy, again, independent of actual fact, is in favour of the occurrence. Pus, which we know to have the same ultimate origin with cancer, and tubercle also, are well-known to be frequently formed in the blood. Certain cases of phlebitis have happened, in which there was no evidence whatever to discountenance the supposition, that the great quantity of pus found in the veins had been generated within them. We once ourselves particularly remarked a fact of this kind in examining the body of a woman who had died of uterine phlebitis. But cases still more in point, are those in which deposits of pus have been found in the centre of coagula not extravasated. Of those, we have two incontrovertible examples, where the coagulum occupied one of the heart's cavities; and one, if not more, where the coagulum filled for some distance one of the large veins. And we have evidences equally satisfactory of the evolution of tubercular matter under like circumstances. Dr. Wright says (vide *Medical Times* of Feb. 1, 1845, p. 377), "tubercular matter may be formed either in the blood-vessels or externally to them. It is asserted that 'tuberculous matter can be seen forming in the blood of the spleen, at some distance from the walls of the cells in which it is contained' (Carswell). Gendrin so frequently found local effusions of blood nucleated by tubercular matter, that he believed them to be the invariable source of this morbid product. In those cases, numerous enough in which tubercle is discharged abundantly, and in a state of complete maturation from the mucous membrane of the trachea, or bronchi, or bowels, without any lesion of these parts, such matter must have been formed and matured in the circulating system, whence it was eliminated as a foreign body by the most eligible outlet." We are of opinion that, in a great majority of cases, cancer is evolved in the intervascular spaces; but we also believe, not only that it is possible for it to be evolved in the blood itself, contained in its proper vessels, but that, like pus and tubercle, it is often produced in such situation.

The section on the "Growth of Cancer" is an excellent article.

"The ultimate solid constituents of carcinoma are granules, nucleated cells of spherical, elliptical, irregular, or caudate shape, free nuclei, and fibrillar substance; with these is associated in variable quantities a semi-transparent fluid-blastema, obviously apt for the generation of new solids. Capillary vessels are always discoverable. With these essential elements, fat globules are, from the constancy of their occurrence, almost entitled to take place. Compound granule corpuscles, melanic matter in the form of cells and free granules, saline matters, and certain other substances, occur as accidental and contingent elements." (p. 55.)

After having defined and explained the character of the elementary constituents thus enumerated of cancer, Dr. Walshe passes on to observe upon its more palpable structure. Its blood-vessels are of two kinds—those which are proper to the morbid substance, and whose contained blood exhibits an oscillatory movement independent of the general circulation; and those which are formed by an extension process from the vessels of the contiguous tissues; lymphatic vessels of new formation have not been discovered in cancer. "Laennec's notion that they must exist, conceived in consequence of his having known the substance of an encephaloid mass exhibit a yellow tinge in an icteric patient is unsound; the fact is otherwise simply explicable. I have seen the same tint in post-peritoneal cancer in persons perfectly free from jaundice." (p. 161.)

Nerve is not generated within cancer. "The only nervous filaments discernible in this morbid growth, are those of the tissues amid which it has chanced to be developed." (loc. cit.)

"The consideration of the mode of *enlargement* of cancerous tumours implies that of two distinct questions: (a), the manner in which the nutritious material is conveyed to the seat of primary exudation; (b), the manner in which that material is appropriated and evolved.

(A). Cancerous tumours are supplied with nutritive materials by vessels precisely as the natural tissues; and in them, as in the latter, the different vessels either permeate the substance of the entire mass; or their ramifications spread through a portion only of it; or they merely reach one of its surfaces. In the first of these cases, the mass, fed interstitially, grows by the process termed intussusception; in the third, the assimilable fluid can only be thrown out on the surface, and is either evolved here (growth by accretion), or is imbibed by the mass, in the interior of which it germinates; in the second, both modes of enlargement prevail.

"(B). The materials destined to effect the enlargement of cancerous masses are exuded, like the first drops, in the condition of a structureless fluid, which becomes more or less solid by the generation of cells. The mode of this continuous cell-generation differs in different cases." (p. 63.)

Chapter 4, on the "local morbid changes of cancer;" chapter 5, on the "general pathology" of it; and chapter 6, on its "affinities and nature,"

are very comprehensive articles, executed with very minute care. There is, perhaps, a little more refinement in detail, and occasionally more digression than there need be, but as a whole they are excellent, from the completeness and correctness they display. More than half the work is occupied with the general and local treatment of cancer Here, again, the bibliography is most ample, and its value greatly enhanced by the practical opinions and suggestions of the author. In closing the book, we cannot help again expressing our unqualified admiration of the manner in which Dr. Walshe has executed his laborious task, and we cordially commend his work to the profession.

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☞ *There are some subscribers who have not yet sent us their remittances. They are requested to lose no time in forwarding an enclosure, or a post-office order, or an order on some party in town. Acknowledgment will be given by return of post. Post-office orders must be drawn in favour of Mr. James Angerstein Carfrae. By a recent order of the Postmaster-General, the whole name is necessary.*

We have requested our printer to bestow more care on the subject complained of by Philos.

A Medical Student.—*We are not aware that there is any special chair of military surgery in this metropolis.*

An Old Member of the College of Surgeons, and a General Practitioner *comments on a case which has recently occurred in his neighbourhood, not a hundred miles from St. George's Hospital. The following are the facts:—A clergyman was operated on at a surgeon's house for piles, and sent home alone in a cab. The consequence was so severe a hemorrhage as to endanger the patient's life. We are obliged for our correspondent's information respecting dovehitch. Of course there would be no difficulty in supposing that* clovehitch *was meant, but when, in a surgical lecture, the term "dovehitch" occurs above half a dozen times, one is inclined to ask what is really meant?*

A. M. *The* Lancet *is now again an eightpenny journal. The* Gazette *has also raised its price.*

A very small *proportion of our last week's impression appeared with incorrect paging. Any gentleman who has received one of these spoiled copies, may have it exchanged by communicating with the office.*

Dr. Lewins's *letter shall appear in our next.*

The conclusion of Dr. Clay's *paper on Inspissated Ox-gall will appear next week, when we shall have the pleasure also of publishing a record of his eighteenth case of* Ovariotomy.

V. Wallace.—*The prescription sent seems to us very like nonsense. We never prescribe through the medium of our columns.*

THE MEDICAL TIMES.

Saturday, February 7, 1846.

"Know ye not,
Who would be free, *themselves* must strike the blow?"

We ventured to predict last week the publication of a puff advertising the merits of a panacea for the cure of the numerous maladies that affect our Profession. Late events have justified the prophecy. Had we been admitted to the councils of our poor friend the Coroner, we could not have more clearly defined his conduct. Still, however, we did him more justice than he deserved. We certainly believed that, having created so much uproar, and beguiled the Profession with such a multitude of promises, he would at last have taken upon himself the responsibility of medical legislation. Simple people that we were! We gave him credit for one honest trait, and behold how he serves us! An overweening faith in his consistency—a momentary weakness—has damaged for ever our character for political sagacity. Wakley has deceived us! Henceforth we will trust no man's honesty.

Who cannot admire the way in which the mendacious M.P. has shifted his position, and eluded the responsibility of introducing a bill to Parliament? It is a perfectly unique specimen of that low cunning that amuses, if it does not deceive. If the Profession, forsooth, will take up some scheme of his, and adjust all the difficulties that beset the subject, he, "the framer, would be *delighted* by their placing it in the hands of Sir James Graham" who will thus be required to act the godfather to another man's ill-shaped offspring! What an interesting go-between is our Coroner! How ingeniously he schemes to get even that semi-respectable place between the Ministers and the Profession!

Trickery is the mildest word that can be applied to such conduct. In the first place the Coroner well knows that the Profession could never adjust the differences which the mere introduction of a scheme by him would create; in the next place he would be *delighted* to back out of all responsibility, and evade the odium which the attempt to pass a bill of his would be certain to originate. We have so thorough a contempt for this species of cajolery, duplicity, and meanness, that we expose it to the indignation of the Profession, even at the cost of giving notoriety to a subject long unworthy of notice.

Even the bill itself, if we may judge from the heads published some months since, is radically defective, and would prove most injurious to the interests of the General Practitioner—as we will engage to prove to the satisfaction of our readers, if by any curious accident it should ever be formally presented for our criticism. As we do not, however, anticipate an early opportunity of making good this pledge, any further notice of the matter at this time would be unnecessary and premature.

Any bill that would carry with it a probability of adjusting the perplexities that now complicate medical legislation, must emanate *from* the Profession. It must be devised, arranged, and prepared by themselves. There must be a mutual sacrifice and mutual consent. At the same time the General Practitioners must be true to the principles which for years past have been heaving and agitating the bosom of the Profession, and maintain an unyielding resolution to accomplish their realisation. These principles must not be emasculated, straitened, or enfeebled by concession or compromise. Their truth has been admitted; and because they are true they are indestructible. The present is pre-eminently *an age of transition* for the Medical Profession. Ancient institutions are crumbling away—the footsteps of authority are suffering a gradual obliteration—the sanctity of established forms is derided—the time-worn vestments of custom are falling rag from rag, and discovering the unnatural deformities that disfigure the bodies corporate of the Profession. The edicts of self-appointed councils are now dishonoured—as they deserve to be, and as they ever will be, where the mind is enlightened and the will is free.

It is often said that the science of medicine is one and indivisible. The phrase has become an aphorism; its truth has given it a currency, and has established it as the foundation-stone of medical legislation. There is, indeed, truth in unity—a pure, permanent, and unchangeable truth. Experience from the earliest times to the present has given an ample confirmation of its inextinguishable vitality. Modes may change, but the living principle remains the same; as potent and unalterable last as first.

On what grounds, then, do the distinctions o classes and our separate collegiate establishments exist? In the earliest times not only the science of medicine, but the practice also, was one. The cases of those individuals who more particularly studied surgery alone were exceptions, and depended upon peculiar opportunities for acquiring a knowledge of this class of diseases. But the science of surgery can never be successfully studied without a perfect knowledge of the whole science of medicine. This was a mystery a century since—nay, half a century ago the principle was a problem. But time has plucked the film from our eyes. *Then* it was the ambition of the surgeon to devise new operations and new modes of performing them; *now* he seeks to avoid the hard necessity of his calling, and the mere operator—the representative of the eighteenth century in the nineteeth—is despised. Surgery is no longer a mere handicraft—the surgeon must be both a physiologist and a physician.

In practice he is so, and provided he can obtain patients, he is but little scrupulous concerning the nature of the diseases under which they may suffer. The separation of surgery from medicine was accomplished during the darkness of the middle ages, in the days of scholastic learning, metaphysical abstractions, and unproductive controversy—when medical science was a syllogism, and monks were doctors. These gentry believed that diseases might be cured by necromancy, servilely bowed before the images of Galen and Hippocrates, and were either utterly ignorant of inductive science, or regarded it as a blunder. The institutions of these ages can be no more perpetuated than the ignorance which was their distinction. They must fall prostrate before the march of time, or, if they wish to avoid such a humiliation, they must undergo such changes in their constitution as shall fit them for the mission of truth.

It may be stated that the science of surgery may be more successfully cultivated in a distinct college than otherwise. We deny the position; or, if it be correct, why not establish separate colleges for the study of anatomy and materia medica, or any other branch of professional science? There is certainly great utility in the subdivision of study, and in the grant of special sanctions and encouragements to the pursuit of particular branches of our art; but separate colleges are by no means necessary for this purpose; on the contrary, they

may perhaps, and actually do, from the mutual jealousies they create, and narrow views they engender, become sources of immense mischief equally to science, practice, collegiate usefulness, and social character.

While we thus broadly affirm, upon a sound, philosophical basis, the absolute inutility of separate collegiate establishments, we are, by no means, disposed to give encouragement to those individuals who would demolish at a blow every institution that did not exemplify in its constitution and embody in its practices the principles we have unfolded. The common sense of daily life has ever been the nurse of our philosophy. If the exigencies of society have created a race of *professors* of surgery or medicine, and these gentlemen claim for themselves the privilege of associating in a separate college, let them, by all means, enjoy the distinction. We have no wish to open the windows and let in the light which shall disclose to them the masses of dust and exuviæ that have accumulated on their walls through the long series of years during which their energies have been dormant.

But we claim this, in the name of science, our common profession, and of justice, that the unity of the science of medicine and surgery shall be realised in one college—that the General Practitioners of this country shall be duly and honourably represented in that college—and that, enlightened, instructed, and accomplished in general knowledge as they are, they shall enjoy the means of appointing the curriculum of study and standard of examination for all candidates desirous of the privileges of their class.

These are principles that have been struggling for many years against the oppression and selfishness of our corporate institutions; like slumbering flames they have burnt through the masses intended to extinguish them—with the advancement of education and science they have gathered an energy and power that cannot be resisted. With the possession of knowledge has come the conviction of its rights. Truth, which was erewhile a dwarf, has now become a giant; and how shall the puny efforts of error and corruption vanquish its determination? The attempt is idle, and must prove futile. Let the colleges learn wisdom, and know that if they now match their strength against the General Practitioners, they are fighting against knowledge and enlightenment; and that the malignity of the contest will be gratified only by their ruin. The rights of the General Practitioners are the offspring of their scientific attainments; these are in their nature progressive, and the warfare for the conquest of these rights, if not now terminated by an honourable arrangement, must be progressive also; and can the colleges surmise the end of the struggle?

We are on the side of truth and justice, as we shall be to the end. We have blown a note of warning, which will not pass the ear unheeded by our professional brethren. Reason will make herself heard, albeit she hath a small voice, and the percipient organs of corporate institutions are deaf as the ears of adders. But a day will come when the warnings of reason, if neglected, shall sound like the language of prophecy.

"Quack! quack! nothing like quackery;
Humbug, my boys, of the day is the order."

FORTUNIO.

"Not the least advantage of the liberal sciences is their tendency to liberalise and enlighten the minds of their cultivators. It would be a most excellent thing were this universally the case; but we often find an unhappy exception, as for instance, in that most liberal science of physic. when men keep secrets to themselves, which it is their duty to publish openly, for the benefit of their brethren and the world at large."

MOREAU.

WITHOUT putting ourselves particularly out of the way to tell the Profession what fine fellows we are; how we champion their cause; advocate and promote their best interests; denounce their abuses; and war, with our choicest weapons, against enemies from without, and traitors from within; and especially how we mean to make onslaught against all quackery—without bragging of these things, for we are too well known to need it, we may yet say to those who are not thoroughly acquainted with our pretensions and principles, that the leading object we have in view, is the faithful maintenance of the HONOUR AND DIGNITY OF THE PROFESSION. No personal consideration, no private or party motives, shall tempt us to swerve from this responsible task. Approaching our duty, as we do, with hands free and unfettered, with practice untainted, and with purpose unbought, we have both the daring and the power to be independent in opinion. With no selfish considerations to serve, allied to no clique, wedded to no faction, impressed with no predilection, and impelled by no prejudice, we are at liberty to sink every inferior motive before the paramount object, PRINCIPLE. That sublime purpose we will serve, at whatever effort, or whatever cost. Some will dislike it, no doubt, for we are told by an old superstition, that Satan would have some reservation for himself whenever any great good was intended for humanity, but we have no fear of opposition in the grand maintenance of truth and justice, and we know that the best feeling of the profession is on our side. However it may be here and there disgraced, it is a noble profession still; pregnant with the best of purposes, and numbering in its ranks some of the wisest and the best of men. With a sterling regard for these, for their peculiar interests, and for the objects they hold most sacred, it becomes our imperative duty, as their accredited organ and advocate, to be ever ready and active in their defence. Against every insult, aggression, or injustice, to war for, and warn them. And though, in the carrying out of our great scheme, personality, or undue severity, may be imputed to us, we beg it may be understood that these have no place in our feelings or desires—we shall lay strictures upon none but those who need them—and this, only with the object of remedying evil, redressing injury, reforming offenders, and renovating the character of the Profession.

The articles we intend to devote to the purposes specified, will follow no regular or prescribed order—they will not be "cut and dried" affairs, directed against imaginary evils, or defensive of ideal proprieties—but regular cannonadings, shot and shell, levelled at whatever abuses may call for summary correction. Achates-like, we will be faithful to our trust—we will watch while others are sleeping—and we warn all adventurers in trickery to attempt no experiment upon our vigilance.

Three weeks ago, we quoted, from the *Lancet*, a panegyric from the pen of some Mr. Bower, we suppose a legitimate practitioner, concerning the golden virtues of a certain preparation of senna, the offspring of a certain ambidextral cleverness on the part of a chemist named C——. The prolific praise of the aforesaid Mr. Bower was manifested in the following didactic terms:—"High honour and much praise are due to Mr. C——, of ——, pharmaceutical chemist, who, after long perseverance, untiring zeal, and nice discrimination in the application of pharmaceutical knowledge to the obtainment of effective medicinal agents, in union with elegance of form, has proudly triumphed over all other competitors, and produced in his liquor senuæ comp. what may not inappropriately be designated the philosopher's stone, from the alloys of aperient medicines." Shade of Paracelsus, big with all the bombast of thy bloated original, try to beat that! If the veriest czar of medical puffery, who lived between the days of Hippocrates and this moment, ever went beyond it in pomposity and pretension, then are we no judges of likeness. No panacea, prophylactic, alexipharmic, or other redoubtable commodity of the kind, that any magician's brains brought to light, was ever paraded with a puffery like this. Certainly Paracelsus went to great lengths when he sublimely said of himself, "Greeks, Romans, French, and Italians, you Avicenna, you Galen, you Rhazes, you Mesne; you doctors of Paris, of Montpellier, of Swabia, of Misnia, of Cologne, of Vienna, and all you throughout the countries bathed by the Danube and the Rhine; and you who dwell in the islands of the sea, Athenian, Greek, Arab, and Jew, you shall all follow and obey me! I am your king; to me belongs the sceptre of physic!" Oddly enough, Paracelsus did not mention Englishmen. Who knows but his affected divination had some reality in it, and that through the dim vista of future years he saw the star of Mr. C—— twinkling with benignant brightness over the costive bowels of its countrymen, with Mr. Bower, faithful as Adam Bodenstein, under the magnetic influence of its magic, vaunting the virtues of its nectar, and vowing it would not gripe! Whether Paracelsus actually saw, or only suspected, that such coming events were casting their shadows before, we cannot say, nor do historians inform us; but it is very queer that he did not include Englishmen in the constituents of his tail-piece, and very lucky too, for the days we live in would show, that at least one portion of his nether garment had forgotten its decency, and gone pretty considerably in advance of him.

But to be serious. We were not surprised that the *Lancet* admitted the unhappy article alluded to, within its columns, because congenial company has something comfortable about it; but we were very much surprised to find a half-qualifying foot-note appended to the said article. And we were delighted at it also, for we have charity and pity enough in our composition to be sorry when we see even our foes and inferiors treading the miry paths we would fain have them avoid. Prompted by this feeling, we suggested, that as "the communication was nothing more than a lengthy puff of a druggist, it ought to have been paid for as an advertisement." We hope the *Lancet* will take this hint as its guide in future, for though it may be regardless of the interests of the Profession, it should not be so suicidal as utterly to disregard itself.

We regret to find that Mr. Bower has been bold enough to attempt to justify his panegyrie, in the *Lancet* of last week. That panegyrie was called quackish because it was praise that had neither moderation nor measure in it, and because the article vaunted, was the property of an *individual, who was solely to profit by its sale, and who kept the secret of its preparation to himself!* Mr. Bower, however, defends what he wrote, and calls in the aid of Johnson's Dictionary to help him out of the dilemma. Let it not be supposed that we are making Mr. Bower the subject of these remarks—we are only taking him for our text, upon which, to speak great truths—of his actuality we knew nothing until we saw his name in print—and we now only use his manœuvres as a mouth-piece through which to express our opinion of right and wrong. Our desire is the reverse of offending him, but as he has made himself public property by his singular and infelicitous defence, we are in duty bound to comment upon it, as much for his own welfare as for the rights of the Profession.

Mr. Bower says "Dr. Johnson defines the word 'quack,' 'a tricking practitioner in physic,' and 'quackery,' 'mean or bad arts in physic.' What was there mean or bad in my communication?" He may answer this question by asking another—what was there liberal in it? Was it accordant with the characteristic openness and candour of the Profession? A *secret remedy* was vaunted to the skies, further even, if possible, and why?—for no other object that we can see, than that the Profession and public should purchase it. We will forego any further comment on the rhapsodical, mock-heroic style of Mr. Bower's eulogy, for we sincerely believe it to have been written without any preparation or forethought, and, perhaps, after the delectable operation of the nostrum itself, and simply ask, would he say as much of Solomon's Balm of Gilead, Lignum's Drops, or Franks' Specific, if he found it equally efficacious in its way? We hope he would not. And why should not these "authorities" and their "compounds" be well spoken of if they deserve it! Plainly, and simply, because the practice of the men themselves was not, and is not in keeping with our notions of professional propriety, and because they made a secret of the preparation of the articles vended! The fundamental principles of our education teach us the reverse of such things—honour, openness, candour, liberality, all these, are the stepping stones which lead to the genuine dignity and probity of our calling. Is there no meanness, no trickery, in vaunting to a professional brother a remedy, and, when he asks its nature, telling him the preparation is a secret, but he may buy it if he likes? What would be thought of a physician who wrote hieroglyphics to a druggist so that his prescription could go no further? What of a college of physicians who, instead of giving us a pharmacopœia for our guidance, said that we might buy at their manufactory, but they had an objection to tell how the articles were made? What if a writer on physic, who, whilst enumerating and describing diseases, informed his professional readers that he must be paid for telling them how these diseases were to be cured? Such imposture would be denounced at once as a libel upon our honour, and its partizans banished from all communion with their more respectable brethren.

A nostrum which, as Johnson says, is "a medicine not yet made public, but remaining in some single hand," is no commodity for legitimate practitioners to puff with boundless panegyric. Once introduce this secret system, and all our liberality will go, and with it all our honour. Hospital reports and records of cases will be a parade of diagnosis and pathology, wanting the treatment; and about as valuable as the play of the Prince of Denmark with the character of *Hamlet* left out. Chemists and druggists may sell away as hard as they like—counter-business is their calling, and a very respectable one, too, for they are bound by no solemn obligations against specific medicines, advertisements, and so forth. *But we are*, and we must be, mindful that latitudinarianism does not so take hold of us as to make us forget the essence of our noble character. Advertising quacks of every denomination may steer their own course in their own sea, but WE must not only avoid imitating, we must spurn their practices. Fas est et ab hoste doceri.

WE are desirous to draw the attention of our readers to the series now publishing of the *Pharmaceutical Medical Times*, believing that it contains a large amount of valuable and important information on subjects with which it is necessary they should be acquainted. Although professedly a pharmaceutical journal, it is not necessarily confined to details of pharmacy strictly speaking, but embraces other kindred sciences, among which physiology and chemistry stand pre-eminent. The number for February, just published, for instance, contains some very interesting details by MM. Bouchardat and Sandras on the digestion of fat bodies, the action of the bile in the process of digestion, and on biliary calculi, and the treatment of the diseases which they occasion. The last-named subject is one equal importance to the physiologist, the physician, and the chemist.

On the formation of biliary calculi, hitherto enveloped in great obscurity, much light is thrown by the researches of the French chemists, and although much yet remains to be done fully to elucidate the subject, yet the first step appears to have been made in the right direction, and we may now form the hope, that further experiments will ultimately enable us to trace the causes by which these concretions or calculi are produced, to be able more accurately to diagnose their existence, treat them when they do occur with more judgment, and we may even express a belief that, as science progresses, we may have it in our power to prevent their formation, when the causes which produce them are known to exist. The almost certain formation of cholesterine from the fat bodies which are taken into the alimentary canal, and absorbed thence by the chyliferous ducts, would seem to point out the requisite mode of treatment, and of prevention. The directions on this head given by Messrs. Bouchardat and Sandras appear to be dictated by sound sense and well-founded reasoning. The essay of which we have given this brief sketch is deserving of the most serious consideration by the members of the Medical Profession, and also by those chemists and experimentalists who are engaged in prosecuting similar researches.

The first article in the Journal is a synopsis of the Materia Medica Botanica of America, by Mr. Foote. It consists of a brief notice of the principal medicinal plants of the United States and the Canadas, gleaned from the most authentic works of the American writers, and will, in all probability, extend through six numbers. It can hardly be necessary for us to point out the value of such a communication. Among the medicinal plants of America, there are doubtlessly a few which are well-known to medical practitioners on this side the Atlantic, but there remain a very large majority of them eminently serviceable in the treatment of disease, which, as yet, are almost wholly unknown, except through the medium of Schöef's work, beyond the transatlantic continent. With these it is the writer's object to make his professional brethren acquainted, and, if we may judge from the first result of his labours, the information he is about to convey will be very valuable. It must not be forgotten that not a few of these plants are indigenous in Canada and in our West Indian colonies, and if they prove, on trial, to be equal to the report made of their uses by American physicians, the value and importance of those territories will be greatly increased.

An interesting article from the pen of Dr. Aldridge follows, introducing a new theory of the nerves, in which their functions are considered according to the laws of forces, and this is followed by reports of the Royal Medico-Botanical and Pharmaceutical Societies. The first of these is peculiarly interesting, as it contains a valuable and original lecture on fermentation, by Dr. Ayres, the professor of toxicology to the society, and lecturer on chemistry Ayres has given a very careful and well-written history of the discoveries in fermentation, and has given to every one his just due. Among other important facts, he has shown that Colin has anticipated Liebig in many of his views, and skilfully criticises many of the doctrines advanced by the last-named chemist, whom he shows in more than one instance to have committed grievous errors.

Next succeeds an analysis of Liebig's essay on the present state of organic chemistry in France, which appears to be rather a coarse attack on Messrs. Gerhardt and Laurent than a philosophical examination of the state of that particular branch of science. It is altogether unworthy of the reputation he has acquired, and of the honours which have been conferred on him. This is followed by a detail of the chemical researches on cetraria islandica, by Dr. G. Schnedermann and Dr. W. Knop, by Personne's essay on the preparation of alcoholic tinctures, Knop's method of making the proto-iodide of iron, by an abstract of the experiments made by Messrs. Bouchardat and Sandras on the digestion of starch and sugar, and on the part which those matters perform in nutrition, and by several other articles of interest, besides a correct drug price list, the whole comprising a large amount of information, which, added to the contents of this journal, convey all the most striking facts contained in all the medical and pharmaceutical journals of Europe and America. How all this can be done for fivepence, or with the government stamp sixpence, is one of those mercantile mysteries only to be explained by that large combination of support so long enjoyed by the MEDICAL TIMES.

DR. KNOX'S LECTURES.

We have just received a note from the distinguished physiologist and eloquent lecturer Robert Knox, M.D., F.R.S.E., &c., which we subjoin. Our readers will see that in a few weeks we shall commence the publication of his valuable lectures, which we recently announced for the present volume of the MEDICAL TIMES.

(To the Editor of the Medical Times.)

"DEAR SIR.—Pressing business requiring my presence in Paris will delay for ten days longer the appearance of the second part of my physiological lectures in the MEDICAL TIMES. On my return I shall not lose a moment in completing my promise to your readers.

"I remain, my dear Sir,

"Faithfully yours,

"R. KNOX.

"London, Feb. 5, 1846."

DR. LEWINS AND THE UNIVERSITY OF EDINBURGH.

To EPHRAIM HILLOT, Esq., Potsbeck Town, Tenessee, U.S.

SECTION II.

(Concluded from page 362.)

Dr. Lewins, having now sat down on the carpet of rest, prepares to smoke the pipe of congratulation. Forthwith a votary approaches. A convert to the reasonings of Dr. Lewins comes forward with an oblation in the guise of a letter, which, in common charity, ought to be regarded as the production of a Quixote; for he rattles on frantically about "knights reeling in their stirrups, unscathed by the lance of the enemy," and similar matters; the relation of which to university politics must be quite apparent to you. If this eccentric being cannot make a better use of such immortal works of fiction as Ivanhoe, his friends ought to see that they are kept out of his reach.

A Mr. Annan, who, I must tell you, is a simple-minded, kind-hearted, Scotch surgeon, living in a little town near Loch Leven in Scotland, a man of

the most unbounded hospitality—a generous, sincere, and invaluable friend—far superior to the ordinary cast of practitioners there, and an occasional contributor to the journals, is the next to offer at his shrine. After congratulating Dr. Lewins "on his able and triumphant vindication of our mutual Alma Mater" (how proud the dear old lady must feel of her faithful and dutiful children), he gently reprimands him for calling the disruption of the ministers in the Scotch Church "resistance to the law of the land;" and then, for his especial edification, recommends the perusal of a tract (which he encloses him) termed a "Pastoral Address." I take the liberty of seconding Mr. Annan's motion, but, I am sadly afraid, to very little purpose; for if the pamphlet contain anything like sound sense or correct principles, it will prove unsuited to the taste of his reader.

Till now I have sedulously abstained from all abuse of Dr. Lewins's style of composition; for though it is execrable, yet I think it is only fair play to leave every man to his own judgment on this point; if he please his own taste, it ought to suffice, provided only that he write intelligibly, sensibly, and with a strict adherence to truth. But there is one thing which I cannot pass, and in it he has the satisfaction of knowing that he is only one in a host of offenders. Throughout the defence I perceive indications which tell me that this wight has fallen a victim to the besetting passion for making a common hack of the ideas and expressions of other men; he is a thorough man of the day in that; for most certainly, if you were merely to glance at the countless pages now issuing from the press, you would swear either that these Britishers had no mother-tongue, or else that they had never been taught to use it. This folly numbers in its ranks as well the autocrat of the press as the humble penny-a-liner—and exacts fealty alike from the bulky review and the ephemeral halfpenny pamphlet—scraps from popular romances, quotations from obsolete poets, shine forth in every leaf; and, owing to this, many a man obtains a surreptitious renown, when, but for the blind idolatry of his admirers, he might slumber in undisturbed obscurity. The defence bears unmistakeable marks of this system of disembowelling and appropriation; it is one of the most highly seasoned affairs I have had the good fortune to meet with. I find I am losing myself, but Dr. Lewins's poetical compliments to Mr. Annan were an irresistible attraction.

The tide of praise has not yet ebbed, for, in a very late number of the *Medical Times*, I find the doctor, after belabouring Mr. Syme, breaking out as follows:—"In conclusion, permit me to state that my humble efforts in vindication of the far-famed University of Edinburgh, of *her* distinguished professors" (I find by this that I have been labouring under a serious delusion in considering "university," as a noun of the neuter gender) "and *her* industrious students, although unfortunately not entirely agreeable to Mr. Syme, have been pronounced, '*candid*,' '*impartial*,' and '*triumphant*,' by writers on both sides of the Tweed, *fully competent to form an opinion on the subject.*" (*!*) This unparalleled explosion of egregious vanity and pitiable weakness imperiously demands some comment. If by "vindication" Dr. Lewins means arguing in defence of a vicious system, until men are tired of hearing and combating sophistry, why he may do that very easily; any newspaper writer could work him up in this; here perseverence is the only requisite, for men of sense will not contend with those who, from being possessed of a fluent and plausible tongue, can talk nonsense to eternity, and never know that they are beaten; but if he means to say that he has disproved the allegations of O. P. Q., or redeemed the professors from the charges brought against them, I will not stoop to give the statement the denial it merits; but I will ask openly if such be the case, and leave the decision to my readers. As to the judgment contained in this passage, I must frankly own that at first I was stunned at such an apparition in the columns of an extensively circulated periodical, of the merits of which I need not speak here, to say nothing of the inconsistency of its emanating from one of those who have so savagely lashed us for national pride; the absurdity and folly of such language are so preposterous and glaring, that I feel tempted to ascribe it to a sudden deprivation of reason. Without mentioning the name of one of these writers—without adducing the slightest proof of their competency "to form an opinion on the subject"—without animadverting for one moment on the complete refutations which have been brought against his statements relative to St. Andrews, and other points—he triumphs in a compliment of which he is more the appropriator than the receiver—sacrifices at his own altar—and, in one word, is guilty of an outrage on common sense of which a man should blush to own himself capable.

But now the last foe is vanquished, the last plot baffled, and the hero tranquilly awaits the advent of the laurel wreath which he has so magnanimously contested and won. Compassion prompts one to say that, after such unheard of performances, his repose should not be disturbed; yet such is the uncontrollable wickedness of human nature, that I should feel in no way surprised if some one who had smarted at the "far-famed university" suddenly invaded his quiet.

Now, as the doctor piques himself on being well versed in the lore of the university, he could scarcely employ his time more agreeably than in inditing an epic on his far-famed revered Alma Mater.

In the tactics now in vogue there he has a splendid subject for all his powers of eulogy. I would venture to recommend to him the sublime diction and anatomical knowledge of Dr. Monro, and the enmity of the infirmary managers to clinical teaching; the sudden raising of the anatomical fees in 1842, without any previous intimation to put the student on his guard; the unceremonious expulsion of Mr. Mackenzie, the anatomical demonstrator; and the publication of a homœopathic work by a professor of pathology; these will furnish him with matter for some fine episodes. A beautiful chapter might be worked out on the connection between moral philosophy and immoral writings; the necessity for a lecturer on military surgery occupying a seat on a university examining board; and the persistence in the system of exacting theses from the students (which are to be had in MS. at a guinea a piece; ground up in two nights for defence; and which compel the student, if he shrink from buying them, and cannot obtain access to a good library at home, to waste, during two or three months of the session, the most valuable part of the day in rummaging among books when he ought to be in the dissecting room or hospital), and similar delicate points. In this field he has ample scope for indulging his fondness for figures of speech: he can rant unrestrained about being "unmoved by sharp artillery," which would come very well from a whinstone rock. The very nature of the subject will render it additionally grateful to Dr. Lewins, who is evidently quite one of those erratic beings whose system of reasoning is so utterly at variance with the laws of logic, that we can only explain its inconsistencies by assuming an abnormal cerebral development. These people, except in the most ordinary affairs of life, such as eating, drinking, or sleeping, see things through a medium the exact converse of that of other men, and draw from unmistakeable facts inferences which are diametrically opposed to the results of sense and reason. In them opinion tends constantly to error; they cannot observe, they do not know how to examine, and hence in every argument, in lieu of philosophic discussion and fair controversy, they ramble on through a train of trite-worn sophistry, and, at the conclusion, triumphantly congratulate themselves, and sneer at their opponents, who, astounded at such proceedings, are unable to decide whether contempt or disgust shall predominate. You cannot grapple with such people, for they are as slippery as an eel; you cannot prostrate them by any blow, however well aimed and strong, for they are as unsubstantial as shadows; they bend, turn, or glide, as suits the occasion; looking not at the validity of the argument, but at the opinions of a certain sect regarding it. The majority of writers are naturally enough loth to contend with such adversaries, for the man who would face a lion will often shrink from a serpent. Perhaps Dr. Lewins may avail himself of my suggestion, in which case I shall be happy to yield him all the information in my power, if he will do me the honour of communicating with me. Or, as he seems tender on the point, he may employ his pen in shielding the council of the College of Surgeons from the attacks which the *Medical Times* has been making on it;[1] or perhaps he will hold his tongue and give his friends the opportunity of forgetting his folly. This will be infinitely the wisest thing he can do, for unless by some miracle a reform be effected in the policy of the Edinburgh University the whole affair will be swept away; it will pass like a mist from the face of the earth, and satisfactorily enough demonstrate the wild futility of his attempts, or indeed of those of any mortal, to uphold such an accumulation of trickery and humbug; meanwhile, if he only rest quiet, no one (unless, as I said before, some irate victim of the University should make an unexpected irruption, and belabour both him and his idols) will court him as an antagonist. Who would hawk at the sparrow when he can aim his bolt at the eagle?

In conclusion, I must do Dr. Lewins the justice to say, that I believe him to be sincere; he certainly merits some recompense from his "mother," and *her* offspring, for the chivalrous courage which he has displayed in thus valiantly plunging into the mire in their defence. True, he has splashed both them and himself, but his motive was good; and the least the Senatus Academicus can do will be to procure from their patrons, the town councillors, the liberty of the city for the doctor, and send it to him in a letter of thanks; both being handsomely emblazoned with the twofold emblem "the thistle;" and, above all, they must not dream of neglecting to prepay the expenses of carriage.

Adieu, Hillot; accept my love, and believe me as ever your faithful

JACKSON BRIGGS.

Strand, London, England.
Jan. 20th, 1846.

THE LATE CASE OF POISONING AT CHELTENHAM.

A short paragraph appeared in the Gossip department of a recent number of the *Medical Times*, in which allusion was made to an unfortunate case of poisoning of two children at Cheltenham, by the incautious exhibition of tartar emetic. The verdict of manslaughter returned by the jury at their adjourned meeting, having invested the case with still greater interest, we deem it advisable to give a more detailed account than we had previously found room for.

The children who were the victims of poisoning, were a boy, five and a half years of age, and a little girl, two years younger. It appeared from the evidence at the inquest, that the boy having complained of headache, pain at the stomach, sickness, and nausea, his mother sent her daughter to Mr Gregory's shop, "for a penn'orth of vomiting powder for a little boy about six years of age." The girl returned after the absence of an hour with a white powder, in quantity about enough to cover a shilling, put up without having been weighed, and delivered a verbal message, sent by the younger Gregory, by whom she was served, that all the powder was not to be given to the child as it would kill him. Half was in consequence given to the boy, and the remainder to the girl. Twenty minutes afterwards both the children were seized with violent vomiting and purging; the boy died the same night, and the girl the next morning. About an hour after the children were taken ill Mr. Gregory, jun., was sent for, and attended; he sent some medicine, after taking which they became convulsed; he did not again visit the unfortunate children, nor did he advise that other medical assistance should be sought. The boy's mother, it appeared, had been in the habit of giving an emetic to her child, when out of order—but the colour of the powders previously exhibited, was according to her account slate, and not white.

The medical evidence tendered at the inquest was to the following effect—being of great importance, we give it entire:—

[1] "The short-comings of the council of the College of Surgeons (the London College) have been greatly exaggerated by *certain designing men* who delight to fish in troubled waters. Of the accuracy of this opinion I had demonstrative evidence this day."—Letter of Dr. Lewins, October 25, 1845.

Mr. David Hartly, surgeon, deposed that, having made a post mortem examination, he found the general surface of the stomach inflamed; he described the general appearances presented. He analysed and tested the contents of the stomach, which he subjected to five or six different tests, but none of them indicated the presence of any preparation of antimony.

Coroner: Do the appearances which you have described indicate that some irritant substance was in the stomach or not?—Yes, they indicate that some irritant substance had been taken into the stomach.

What species of drug is tartar emetic—a narcotic, irritant, or what?—It is an irritant.

I believe it is sometimes administered medicinally?—Yes, it is.

When it is taken medicinally, it is a useful medicine for the purposes for which it is applied, if properly administered?—It is; the ordinary dose for a grown-up person being two grains: but I should not generally give it all myself, and, at all events, should prefer giving it in a fluid form; for such a boy as deceased half a grain would be a dose.

Were the appearances presented by the stomach such as might have been produced by tartar emetic, or were they inconsistent with that?—They were perfectly consistent with the results stated to arise from tartar emetic; but that drug is so very soluble that I should not expect to find it in the stomach, particularly after the child had been so very sick. The prostration of strength, and, indeed, all the appearances, were just what I should expect after an over-dose of tartar emetic.

Is there anything that indicates death from any other cause than the irritation produced?—In my opinion death was caused by the very great irritation of the stomach; there was no organic disease whatever; every organ was as sound as possible. The immediate cause of the child's death was concussion of the brain to a very great extent, which might have been caused by the violent vomiting. Small-pox could have nothing whatever to do with the death of deceased.

In reply to further questions from the Coroner, the witness stated that a large dose of metallic poison would occasion such concussion, and like wise convulsions. Five days after death the jaws were closely fixed, indicating some tetanic spasm,—a result stated to arise from tartar emetic in excessive doses by some of the best medical authorities, but cases were very rare, and witness could not speak from personal khowledge. Had a paper with the word "emetic" been brought to him, he should have given one dose or two, the second to be taken if the first did not operate—a very usual course. If he were called in to a case where an over-dose of tartar emetic had been taken, he should have recourse, if the patient were in a state of collapse, to restoratives; but if he were vomiting or purging, he should give diluents to get rid of anything remaining on the stomach, having also regard to duly soothing the parts irritated. He should also give, as an antidote, anything containing tannin, of which the best were bark, strong green tea, &c. The vial brought by Haines from Mr. Gregory's, the witness then stated to contain ammonia and water, or sal volatile, which would act as a restorative but not as an antidote. It contained no tannin, nor was it soothing in its properties. If a patient were vomiting and purging, he was not in a state of collapse, and he should give antidotes, soothing the irrritated parts, as he should think there was a chance of doing good.

Mr. Newman, surgeon, in reply to the Coroner, said there was nothing in which he disagreed with Mr. Hartley.

Mr. Gregory suggested the probability of the post-mortem appearances having been caused by a vegetable poison. This, however, was distinctly negatived by Mr. Hartley, who added further, that although none of the tests he employed indicated the presence of tartar emetic, yet, if the whole had been ejected by vomiting, it might be the cause of death.

After four hours' deliberation, and returning one verdict which the coroner refused to receive, the jury returned a verdict of manslaughter against the younger Gregory.

It appears that Mr. Gregory, sen., was a practitioner before August, 1815, and his son is a medical student at one of the London schools. The medicine sent by the elder Gregory consisted principally of sal volatile.

There can be no doubt but that great blame attaches in this case to the young man, against whom a verdict of manslaughter has been returned: in the first place for selling tartar emetic for administration to a child of such tender years, when ipecacuanha would have been a much safer emetic; in the next for supplying so large a quantity; and in the third, when he became aware of the consequences of his fault, in not at once seeking professional assistance, to avert the fatal termination. The exhibition of sal volatile by Mr. Gregory, sen., was another error; he should have given the yellow cinchona in the form of decoction, to decompose the poison, and opiates afterwards, relieving the inflammatory symptoms by appropriate treatment. The cases were sadly mismanaged, and afford another proof of the danger of administering powerful and dangerous medicines to children, without professional assistance.

BRITISH AND FOREIGN MEDICAL AND GENERAL BIBLIOGRAPHY.

How's Book of British Song, illustrated by several distinguished Artists, with Piano-forte Accompaniments, and Biographical and Historical Notes. By George Hogarth, Esq. Imperial 4to. cloth, gilt edges, 21s

Illuminated Calendar and Home Diary for 1846. Copied from the "Hours" of the Duke of Anjou, King of Sicily and Jerusalem, royal 8vo. bound, £2 2s

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Mitford (E. L.) An Appeal on behalf of the Jewish Nation, in connection with British Policy in the Levant, sewed, 1s 6d

GOSSIP OF THE WEEK.

Apothecaries' Hall.—Gentlemen admitted Licentiates on the 29th of January, 1846: Francis Ezekiel Burton, George Ayton, Charles Panton Slaytor, Arthur Hewgill.

M. Flaubert, the principal surgeon to the Hotel Dieu, at Rouen, expired lately after a long and very painful illness. M. Flaubert, who was an associate of the Royal Academy of Medicine, was one of the most distinguished surgeons of France, and was held in high estimation by his professional brethren. He was in his 61st year.

Premature Interment.—The *Constitutionnel* states that the cases of premature interment prevented by fortuitous circumstances amount in France since the year 1833 to 94. Of those, 35 persons awoke of themselves from their lethargy at the moment the funeral ceremony was about to commence, 13 recovered in consequence of the affectionate care of their families; 7 in consequence of the fall of the coffins in which they were enclosed; 9 owed their recovery to wounds inflicted by the needle in sewing their winding sheet; 5 to the sensation of suffocation they experienced in their coffin; 19 to their interment having been delayed by fortuitous circumstances; and 6 from their interment having been delayed in doubts as to their disease.

Obituary.—On the 19th inst., at Gateshead, in the 69th year of his age, Isaac Ryall, Esq., Deputy Inspector of Hospitals and Fleets. At Heversham Vicarage, Westmorland, in his 91st year, John Evans, Esq., M.D., of Llwynygroes, in the county of Salop. At Hurlford, on the 21st inst., John Howie, Esq., in his 68th year. At Perth, on the 12th inst., John Macfarlane, Esq., M.D. On the 28th inst., at Groom's-hill, Greenwich, Samuel Kenning, Esq., M.D., aged 71. On Friday, the 30th ult., Thomas Brown, Esq., surgeon, Epsom, 78. On the 2nd inst., at 46, Finsbury-square, John Jones Davies, Esq., M.D., aged 26. Dr. Davies was a lecturer to the School of Medicine, conducted by Mr. Dermott; recently, Alexander Hannay, M.D., of Glasgow.

State of Medicine in Spain.—By a law which was published at Madrid last September, five faculties of medicine are erected in Spain—at Madrid, Barcelona, Santiago, Valencia, and Seville, and two schools of pharmacy, one at Madrid, and the other at Barcelona. The professorships are to be awarded by concours. There are to be three degrees of professors—one-half to be of the first rank, one-third of the second, and one-sixth of the highest rank A professor holding a lower rank cannot, compete for a higher position, until after having occupied his then professorship during eight years. Every additional step is to be obtained by concours, and every professor throughout the kingdom, holding analogous chair, may compete. Students before they can be admitted to attend the faculty of medicine, must hold the diploma of bachelor of philosophy, and have studied, for at least one year, chemistry, minerology, zoology, and botany. They are required to study medicine during seven years; at the end of five years, they obtain the title of bachelor of medicine, and two years afterwards that of licentiate. The doctor's degree is conferred only at Madrid. There is but one order of medical men in Spain. Two medical journals are published at Madrid. They are both of recent date.

MORTALITY TABLE,

For the week ending January 31, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	901	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	184	183	188
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	85	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	145	169	157
Diseases of the Lungs, and of the other Organs of Respiration	285	363	294
Diseases of the Heart and Blood-vessels . . .	29	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .		69	72
Diseases of the Kidneys, &c.	7	7	7
Childbirth, Diseases of the Uterus, &c.	8	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	10	7	6
Diseases of the Skin, Cellular Tissues, &c.	10	2	2
Old Age	50	90	67
Violence, Privation, Cold, and Intemperance .	20	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of February 2nd, 1846: M. Mathieu, President, in the Chair.

Cure of Stammering; by Dr. Serre (d'Uzès).—Dr. Serre's communication excited an unusual degree of interest, due to the circumstance, that the learned essayist had struggled since his youth against the infirmity to which he this day directed the attention of the Academy; and, certainly, the distinct enunciation and unhesitating utterance of the speaker were the most striking proofs of the correctness of his views on the subject. The unfortunate results of the surgical operations proposed, not long since, for the cure of stammering, no less than the disgraceful charlatanry to which they were made subservient, threw them into well-merited discredit. The method now brought forward does not bear the same character; it is purely the result of philosophical induction, and rests upon the perseverance and reason of the patient. The following precepts are laid down by Dr. Serre:—1. Stammering, like other defects of speech, can only be got rid of by a firm and persevering determination. 2. Equisyllabism, or the enunciation at equal intervals of each syllable of every word, is the first rule to which the stammerer must submit; under its influence, regularity takes foreibly the place of that disorder which characterises his utterance. 3. The action of the orator not only constitutes a language completive of vocal expression, but serves, also, according to Dr. Serre, to modulate the sound emitted, the volume and energy of which is instinctively regulated by the precision of the accompanying gesture. 4. The frequent exercise of equisyllabic pronunciation combined with appropriate action must infallibly restore the function of speech to its natural conditions. Stammering is certainly so often the result of bashfulness, that the rules laid down by Dr. Serre cannot fail in producing a favourable change in most persons afflicted with the infirmity. It is obvious that they must, on the contrary, prove inefficient when some physical obstacle exists to a proper enunciation. Such instances are, however, comparatively rare, and to all others Dr. Serre's method is immediately applicable.

Purification of Dissecting-Rooms; by Dr. Sucquet.—Dissecting-rooms have been hitherto deplorable centres of infection. The noxious emanations from putrescent organic matter have not only rendered the neighbourhood of anatomical theatres an intolerable nuisance to the inhabitants, but have every day compromised the health, and occasionally endangered the lives of those engaged in the practical pursuits of science. Few members of the medical profession have not had to watch anxiously the sick-bed of a friend, wounded at the dissecting-table, or dying of a typhus produced by too zealous attendance at the anatomieal school. The warmest feelings of gratitude are, therefore, undoubtedly due by the profession, to those who, like Dr. Sucquet, endeavour to diminish the risks incurred in the acquirement of practical knowledge. Many attempts have been made to ward off the dangers and sufferings to which all medical men are more or less exposed, and which the public does not always take into sufficient consideration; but hitherto the methods proposed have been rejected, either because, like the injection of alum, corrosive sublimate, and pyroligneous acid, they change the colour and aspect of the tissues in such a manner as to render their discrimination extremely difficult, if not altogether impossible; or because, like arsenical preparations, their use is not without some degree of danger. Most of the substances hitherto employed were also open to one very great reproach, that of blunting and otherwise injuring the instruments of dissection. Dr. Sucquet's plan has now been for three months in full operation at the Ecole Pratique de Medecine in Paris, and has effected the most complete and beneficial change in the state of the place. The pavillions were formerly, as all medical gentlemen who have visited Paris can testify, in a most filthy condition. The emanations were perfectly intolerable, even to the most inured anatomists, who often preferred prosecuting their practical studies at great expense of time and money in the far distant, but well ventilated, theatres of Clamart, to exposing their health, and perhaps endangering their lives, in the pestilential atmosphere of the official school of dissection. Thanks to Dr. Sucquet, the aspect of the Ecole Pratique is now altogether changed. The rooms present no appreciable odour; they can be heated to a proper degree, and subjects are preserved a much longer time than heretofore, without manifesting any signs whatever of putrefaction; in fact, the problem seems to be solved in the most satisfactory manner. These results are due to the use of two substances—the hyposulphate of soda and the chloride of zinc. The first is a transparent inodorous fluid, marking 18+0 by Beaume's areometer; its reaction is neutral, and it is obtained by passing sulphureous acid through a concentrated solution of carbonate of soda. One gallon (4 litres) of this liquid injected into one of the carotids, into the brachial or popliteal arteries, completely arrest during thirty or forty days the progress of decay, and renders the subject fitter for injection of the vascular system. Within three months no less than two hundred subjects have been thus prepared, with the most unvarying and beneficial results. The chloride of zinc enjoys even more powerful antiseptic properties than the hyposulphate of soda; it is a colourless liquid, marking + 40 by Beaume's areometer, and is obtained by the saturation of muriatic acid with zinc filings. The abandoned and uncovered parts of the bodies are washed with this preparation, and the most fetid remains are instantly rendered inodorous by its contact. Even those which testify by their greenish hue an advanced state of decomposition, are instantaneously restored, and after a few moments recover their proper colour. The first mentioned salt is supposed to act by the absorption of oxygen—an active cause of putrefaction—for the formation of sulphureous acid. The second, by the coagulation of all the soluble organic matter suseptible of putrefaction, which it changes into a compound insoluble and imputrescible even under water, and at a temperature of 15 or 20 centig. (60° or 70° Fahr.). This great reform—this invaluable boon conferred upon the profession, for such we must consider it—is due to Dr. Sucquet's researches, promoted and encouraged by the illustrious Dean of the Faculty of Paris.

The Respiratory Organs of Birds; by N. Guillot, M.D.—G. Cuvier, Meckel, R. Owen, and others, state that in birds atmospheric air is conveyed through permanent apertures of the bronchi, into a cellular apparatus through which the air is carried into the bones, to the surface of the liver and intestines, into the intermuscular cellular tissue, and even into the quills. M. Guillot has dissected the respiratory organs with the greatest care, and asserts that from the bronchi the air is led into distinct reservoirs perfectly independent of each other. The first is the thoracic receptacle, which other anatomists have described; but which M. Guillot shows to have no communication with the abdominal reservoir. This abdominal receiver may easily be distended by insufflation; it rises in the very centres of the peritoneal cavity, in the shape of two large spherical bladders, constituted by a transparent membrane of extreme tenuity. These organs, when empty, float on the surface of the viscera, and their presence may not be detected; but when filled with air, they not only distend the abdomen, but even descend so low as the middle region of the thighs. In the turkey cock, the diameter of each cavity is more than one decimeter (4 inches). These bladders are symmetrical; they are separated from each other by the mesentery, the liver, spleen, and digestive tube. They arise from the basis of the thorax, on a level with the last rib, from a marginated aperture, at the bottom of which can be discerned a portion of lung, perforated with several minute orifices; hence they descend in front of the kidneys, and adhere to the ridge of the ilium; in every other part of their extent they are free. Their cavity does not in any way communicate with that of the peritoneum. The aerial cavities of the thorax are divided into numerous cells; all these receptacles are distended during inspiration, but air cannot be detected in any part of the body, outside the special reservoirs destined for its reception.

ACADEMY OF MEDICINE.

Meeting of February 3, 1846; M. Roche, President, in the Chair.

COMPOSITION OF MINERAL WATERS.—CRENIC ACID.

M. Henri read in a low voice, in the midst of universal inattention, a report on the composition of some mineral waters.

M. Caventou regretted that the meeting had not listened with more interest to the truly remarkable report of M. Henri. He had heard M. H. mention crenic acid, and wished to know from the learned reporter if he had met with that acid in many ferruginous wells.

M. Henri stated he had found the acid, with the few characters pointed out by Berzelius, in the waters of Forges (Départ. de la Seine Inférieur).

N. Fontan had found crenic acid in the greater number of ferruginous spas which he had visited, both in France and abroad. Thus, it is to be met with in the waters of Cambo, of Bagnéres de Bigorre, of St. Marie, in the Geronstére at Spa: it is even to the presence of the acid that the last named wells owe their activity, although they contain a smaller amount of the chalybeate principle than other springs in the neighbourhood. Dr. Fontan detected crenic acid in a spring at Laborrette, at Aix-la-Chapelle, and also at Aix in Savoy. In summer, the decomposition of organic substances being more rapid, crenic acid generates sulphurcous matter: thus the formation of crenated springs often coincides with that of accidental sulphureous waters—a circumstance which proves that these two mineralisations should be attributed to the same cause, viz., the decomposition of organic principles. Dr. Fontan was the first to point out, in France, the existence of crenic acid, with the chemical characters assigned to it by Berzelius. In the orator's opinion, M. Henri had not established a sufficient line of demarcation between the sulphurcous springs of different origin—a distinction of high interest in a chemical and in a practical point of view. Thus, the primary, or natural sulphureous wells, like most of those of the Pyrenees, are sulphureous even at the greatest depths at which they can be observed, and their temperature and sulphuration increase with the depth of the well, although the waters rise from granite or schistous soils, and meet in their course with no organic matter. This sulphuration does not depend upon the animal substances they hold in a dissolved state (Barégim, or Tyrénéine), for, when these waters are evaporated and preserved in hermetically-sealed phials, they never resume their sulphureous character, although they still contain organic matter together with alkaline sulphates. On the contrary, secondary, or accidental sulphureous waters, preserved in the same manner, after evaporation, very soon resume their sulphureous properties. These secondary wells are quite distinct from the primary springs: they never rise out of primary soils, but from secondary layers containing organic matter. The deeper the well, the less is it suphuretted; the warmer the waters, the less are they charged with sulphur. With respect to their therapeutic action, the accidental are much less active than the natural springs: thus, at Sales (Hte. Garonne), a sulphureous spa exists twice as loaded with sulphur as the waters of Enghien, and yet its therapeutic action is much less powerful than that of springs containing twenty times less sulphur. This difference of energy it is not impossible to explain:—the primary springs result from the same original component force which raised the granitic giants of the Pyrenees. The secondary springs have been formed by a slow, chemical decomposition, which gives them no more strength than that possessed by the artificial waters which the hand of the druggist prepares by an analogous process.

The conclusions of M. Henri's report were unanimously adopted.

DYSTOCIA FROM MONSTROUS CONFORMATION OF THE CHILD.

Professor Dubois requested permission to make some remarks on a case of dystocia which M. Lapuron had reported upon at the close of the last meeting.

The case was the following:—A young woman, at her second accouchement, was attended by a midwife, who, becoming alarmed at some delay in the progress of labour, requested the assistance of a physician, who found the head of the child at the outlet of the pelvis; labour not advancing with desirable speed, the accoucheur introduced his hand, and found a second head above the outlet; he endeavoured to push it upwards, and discovered, to his no small astonishment, that the movement was communicated from one head to the other, and that both heads belonged to one body. The funis was examined, and no pulsation being detected, the child was supposed to have ceased to live, and decapitation, by tearing away the head, was accordingly performed. The second head then presented with an arm; this limb, interfering with the accouchement, was amputated, and shortly afterwards she was delivered, whether spontaneously or not, is not recorded. The case occurred in Spain, and was forwarded to the Academy by Dr. Chrestien of Montpellier.

Such was the history of the case:—Professor Dubois would agree with M. Capuron, that it was presented in a very incomplete and insufficient manner; but the learned reporter having blamed the accoucheur, and reprobated the principle of mutilation, Professor Dubois felt himself called upon to make some remarks on the subject. The tearing away (arrachement), of the head, is a plan of conduct very properly rejected. Modern science has taught us more civilised and less perilous precepts; but it is the principle itself of mutilation which M. Capuron had blamed, and it was to defend this principle in some few cases of necessity, that Professor Dubois had risen; what conduct was the accoucheur in the present instance to pursue? Was he to attempt turning? if the operation was still possible, it would certainly have been right to turn; but, in the first place, let it be recollected that one head was already at the outlet, probably impacted, and, even if mobility still existed, version could hardly have been effected without exposing the uterus to rupture, and increasing the difficulties of subsequent delivery. The crotchet might have been used, it is true, but only after great efforts, and with considerable danger to the mother. The mutilation of the child is again blamed on the score that it was not certain that life was extinct; it appears to me that the funis, having been examined and not presenting any pulsation, it is extremely probable that the child was dead; but I will go farther, and say, even had the child been alive, still the mutilation was indispensable. I cannot, for my part, feel, with the accoucheur of the last century, any very solicitous anxiety about the preservation of such monsters as the unfortunate subject of the present discussion. True, some children, afflicted with a similar deformity, have lived a more or less long time; but they have dragged on a wretched existence, burthensome to themselves, the causes of deep misery to their families, and sometimes the objects of shameful and immoral speculations. I may also add, that these monstrous children, who survived their birth any time, were always born naturally—by spontaneous delivery. I do not think, in conclusion, that in the present instance the accoucheur was guided by a bad principle: he used an improper method of decapitation; but the principle should be defended, in order to spare the surgeon and the young mother much more serious consequences. M. Capuron had been the first in this country to recommend great reserve to accoucheurs in the performance of the ovarian operation, which is so often fatal to the mother; let him make one step more, and adopt with us the following precept:—in cases of monstrosity, rendering spontaneous delivery impossible, the surgeon should, whether the child be alive or not, direct all his thoughts towards the safety of the mother.

Professor Monan adopted completely the principle and adheres fully to all the observations which had fallen from Professor Dubois.

Professor Velpeau could not but applaud the precepts laid down by M. Dubois; but M. Dubois said, that turning in the present case would have been impossible, on account of the presence of one head at the outlet. Now, in cases of bicephalic monstrosity, the child presents in one or two manners; either the most anterior head presents first, and the accouchement terminate naturally, or the posterior head engages first in the excavation, and the accouchement then becomes impossible. In such cases would it be impossible to push back this head, which renders delivery impracticable, in order to allow the other to come down?

Professor Dubois: In the present case absence of detail does not permit us to say if such manœuvre would have been possible. In a general point of view, M Velpeau's supposition may be a correct one, but would, at all events, be of extremely difficult execution.

M. Capuron persisted in blaming the conduct of the accoucheur in the case reported upon. The case was incomplete and wanting in the most necessary details. Besides, turning would seem to have been practicable for two reasons: the first, of which was the usually small size of each head under the peculiar circumstances referred to; and the second, the mobility of the head, at the outlet which permitted the introduction of the hand. M. Capuron persisted in his conclusions, which the Academy adopted.

Meeting adjourned at five o'clock.

HOPITAL DES ENFANS.

CLINICAL LECTURE. *Remarks on Fractures in Ricketty Subjects:* By M. GUERSANT, Junior.

In children affected with rachitis, the consolidation of fractures is extremely slow; sometimes after eighteen or twenty months solid union of the fractured bone has not yet taken place; this non-consolidation is doubtless, closely connected with the existence of rickets; and this particular diathesis has not only the power of delaying the cure, but interferes also with it, during its progress by the production of some special accidents. Thus ricketty subjects are predisposed to thoracic, abdominal, and cutaneous affections. Now, when any one disease referrible to the lungs, the stomach or the skin supervenes during the treatment of a fracture, it may be safely prognosticated that the union of bone will be slow, and that the slowness of the cure will be proportioned to the intensity of the complication. Thus, if a ricketty child is affected with bronchitis or pneumonia during the treatment of a fracture, you may pronounce that the consolidation will be protracted. The prognosis will be the same if diarrhœa occurs. As to eruptive fevers, measles, and scarlatina, their unfavourable influence is even better marked than that of the above mentioned diseases. The prognosis of a fracture should, therefore, be very reserved in a case of rickets; if, however, no other complication of rachitis interferes with the formation of callus, bony union may in many cases be expected in thirty-five or forty days. The treatment of fractures in children afflicted with rachitis is essentially different in simple or compound fractures. The treatment of simple fracture should be nearly the same as that applied to healthy subjects. Under these circumstances M. Guersant applies the common roller bandage for fracture of the femur, as follows:—M. Guersant applies a roller from the toes to the groin; three narrow splints are then placed, one on the inner side, a second, longer than the first, on the external side, and a third, on the anterior aspect of the limb. The splints should never bear upon any bony projections—a precept which gains importance by the remark, that in ricketty subjects the extremities of the long bones are almost always more voluminous than in the healthy state, and therefore more prominent. Of course, during the application of the splints, the fracture is, by the intelligent efforts of the assistants, maintained in a proper state of coaptation. The limb is then enveloped in a piece of oil cloth, in order to prevent the urine from impregnating the bandage. This precaution M. Guersant deems of paramount importance in young children, for two reasons:—first, because it prevents the urine from irritating the skin; and, secondly, because the renewal of the bandage is not so frequently called for. As a general rule, M. Guersant seldom finds it necessary to change the dressings more than once in a week. The application of the starch bandage to the fractures of infants is absolutely impossible. The involuntary emission of urine would constantly dissolve the starch and relax the bandage. When the patient is simply affected with rickets, M. Guersant recommends a nutritive, animal, and even stimulating diet. Some authors have asserted that feculent and farinaceous nutriment was more fitted to ricketty children than animal food; an opinion to which M. Guersant finds an absolute answer in the fact, that the poorer orders are fed almost entirely upon beans, potatoes, and farinaceous food, and it is certainly amongst the poorer classes that rachitis is chiefly observed. M. Guersant does not recom-

mend a sudden change in the diet of the affected subjects; a sudden change from vegetable to animal food would, in all probability, occasion enteritis and diarrhœa; but the child should be gradually accustomed to a more nutritious sustenance, in order that good effects may be obtained. If a complication of pneumonia or eruptive fever has occurred, it is evident that the analeptic treatment can only be instituted after the complication has been cured. The bandage should be removed very late in complicated cases. M. Gildom seldom removes it before the fortieth day; as to medicines, he has derived benefit from the hydriodate of potass, and from the exhibition of cod-liver oil, the effects of which being very slow, are less clearly marked in hospital than in private practice.

DAN. M'CARTHY, D.M.P.

Germany.

THE OPERATION FOR HERNIA.—Dr. Buckheister, of Hamburg, had had occasion to perform a considerable number of operations for strangulated hernia during the earlier years of his practice. For the last five years, however, he has never been obliged to resort to the knife in any one of thirty-seven cases which have been treated by him. All these cases he has succeeded in reducing—a fact which he attributes to the use of belladonna clysters, and the application of ice to the tumour. This gentleman also remarks that such herniæ as have not been subject to the influence of a truss, are reduced with much greater facility than those in which this instrument had been worn.

CAOUTCHOUC IN SLOW FEVER AND PHTHISIS.—The first mention of this substance as a remedial agent is contained in *Schmidt's Jahrbucher*, and the first proposer of the practice says that out of twenty-six cases in which he used the remedy during four months, he never could find any trace of the pills in the fæces, except in two cases, where pills much softened were passed during a severe fit of diarrhœa. He also found in most cases that the fæcal matter was glue like, and capable of being drawn into long threads, which he concludes arose from the solution of the caoutchouc in the alimentary canal. In one patient who died a few days after taking the pills, they were found softened like butter in the vermiform process of the cœcum. Three pills vomited three hours after they had been taken presented the same appearances. The author also employed the lactic juice of the ficus elastica (from which caoutchouc is obtained), and this, of course, did not pass unaltered through the bowels. Besides these facts, there are other circumstances showing the solubility of caoutchouc in the human body; the *Jatropha Marrihot*, a species closely related to Jatropha elastica (from which the caoutchouc of commerce is obtained) furnished mamoi, out of which the Americans prepare a very nourishing bread; the tapioca, a fine sort of flour separated from the lactic juice, containing caoutchouc, is used in America instead of arrow-root; the lactic juice of tabernæmontana utilis, which also contains caoutchouc, is taken as milk with coffee. The lactic juice of crecopia peltata, out of which caoutchouc is obtained, is used in the West Indies as a remedy; also the juice of cecropia palmata, and of ficus indica in America, both of which contain caoutchouc in abundance. On the other hand, another gentleman states that he administered three caoutchouc pills, one of which he caused to be rejected soon after, another a few hours after, and the third was passed by stool after thirty-one hours; neither had undergone any change.

England.

[The following are the only articles of interest to the profession in the last number of the *Lancet*].

CAROTID ANEURISM.—Mr. White records a case of aneurism of the carotid artery, on which he operated successfully. Hemorrhage to a considerable extent occurred on the ninth day, and also once or twice afterwards, but was controlled by pressure. It is not stated whether the blood lost was arterial or venous.

ANTEVERSION OF THE UTERUS.—Dr. Edwards alludes to several cases of anteversion of the uterus, and describes one at some length. In the last named case, the patient, after suffering from evidences of uterine congestion, became affected with the symptoms of anteversion of the uterus, consequent on sea-sickness. She complained of a weight low down in the pelvis, especially behind the pubes, with a disagreeable sensation of irritation about the rectum, rendering her frequently inclined to try and evacuate its contents; the bowels were usually constipated, but after aperient medicine had been taken, defecation was but slightly painful or difficult; the bladder was very irritable; the urine was retained but a short time, and was passed with acute pain and difficulty. She complained also of pain at the lower part of the back, extending occasionally down the thigh. Exercise, and the erect posture, increased the severity of all the symptoms; the easiest position was on the back, with the legs flexed. There was also a trifling vaginal discharge, inodorous, yellowish, and somewhat tenacious; the os uteri could not be brought into view with the speculum; the vagina was of higher temperature than usual; anteriorly, a large hard tumour was felt towards the pubes, which was tender on pressure; the mouth could not be reached, except when the tumour in front, formed by the body of the organ was pushed upwards, when the neck became a little depressed. Symptoms of spinal irritation, with occasional sickness after taking food, a furred tongue, and a rather hard pulse, were also present. Dr. Edwards applied himself at first to relieve the tenderness of the parts by local bleeding, and to get the bowels into better action, after which he reduced the misplaced uterus in the following manner:—The patient was placed on her back, with the pelvis elevated, and the thighs flexed. The rectum having been thoroughly emptied by an enema, the fore and middle fingers of the right hand were passed up to the cervix, while the fore finger of the left hand elevated the fundus of the organ, which, by depressing the cervix, enabled the finger to be passed round it; when, by gentle traction, assisted by the elevation of the fundus, in the course of a short time the uterus regained its normal position. Relief was soon experienced; the recumbent position was strictly enforced, leeches again applied, and aperients exhibited. An ulcer on the cervix was touched with nitrate of silver, and a month after the replacement of the uterus, the patient had all but regained her strength; had menstruated, although not so freely as usual and had lost all pain and irritation about the bladder. The discharge had also completely ceased, and the ulcer had healed.

RUPTURE OF THE UTERUS.—Mr. Tyte describes a case of rupture of the uterus during parturition, occurring in the person of a young woman, in labour with her third child. All appeared to be going on well for some time, until, after a strong pain, a complete cessation of uterine action occurred, and severe pain over the lower part of the abdomen was complained of. Accompanying this there was great depression, but no hemorrhage nor vomiting, nor was there a sensation as if something had given internally, nor did the head recede. After waiting some time, and finding the pains not return, a consultation was held, at which it was determined to deliver by means of instruments. The vectis and forceps were first used, but unavailingly. Craniotomy was then practised, and the chest and abdomen afterwards eviscerated. The operation lasted four hours, and was borne with much fortitude by the patient, who, however, was greatly exhausted, and died a few hours afterwards. The examination of the body after death showed a transverse rupture of the uterus, upwards of four inches in extent, with separated and gangrenous edges. The peritoneum was intensely inflamed.

TETANUS.—Mr. Preshaw describes a case of tetanus apparently cured by enveloping the patient in a linen sheet well wrung out of cold water, over which three or four blankets were placed, so as to exclude air, and prevent evaporation. After being in this condition for an hour, the patient was plunged in a cold bath, rubbed quite dry, and enveloped in dry blankets for six hours, during which time he perspired freely, and slept soundly. This was frequently repeated, and the cold douche, with a fall of twenty feet, was also had recourse to.

MELÆNA.—Mr. Crisp has described several cases of melanotic discharge from the bowels, which he appears to regard as blood in a decomposed state. He believes that one of the most frequent causes of melæna is obstruction to the passage of the blood in the intestinal, splenic, coronary, or portal veins. This obstruction may arise from various causes, such as enlarged glands, scirrhous, fungous, melænotic, and other disorganisations of the liver; in short, any impediment to the passage of the blood to the vena cava, is likely to produce congestion of the portal and intestinal veins, and the consequent discharge of highly carbonised blood. Another very probable cause, in some instances, is a deteriorated condition of the blood itself, in consequence of which it escapes from its containing vessels. Mr. Crisp is induced to think, however (contrary to the opinion of some writers), that this evacuation has often a salutary tendency, by unloading the portal system of superfluous and vitiated blood, and that it may not unfrequently—as in the second, third, and fifth cases—indicate a favourable crisis. With respect to the treatment, where this discharge is consequent upon disorganisation of the liver, but little permanent good can probably be expected from medical treatment. In other instances, in which simple congestion, with functional derangement only appears to exist, the administration of an occasional brisk purgative, followed by mild mercurials, with attention to the state of the skin, will often effect a cure. In the more formidable examples, where the blood itself appears to be diseased, and the exudation is probably from a large extent of surface, the mineral acids and the oil of turpentine are likely to be most serviceable.

PARAPHYMOSIS.—Mr. Hancock was consulted on the 7th January, 1846, by a gentleman, aged sixty-five, suffering from paraphymosis. The penis was much swollen, and the prepuce, especially at the under part, much thickened, attended with great pain. He stated, that for three months previously he had experienced sensations of tightness and heat round the corona glandis, that the parts occasionally swelled, at times being better, at others worse. He described the sensation as that of a tightness, extending from the tip of the penis to the corona glandis, underneath which it had increased rapidly for the last three weeks, so much so, that he was induced to come to London, from Suffolk for advice. For the last two years he had ridden very spirited horses, and being a fat, heavy man had frequently struck his penis against the saddle, but without at the time experiencing any inconvenience. He has suffered much pain latterly, as if a string were tied tightly round the corona glandis; has had a double hernia of large size for several years, and has been in the habit of wearing trusses having very strong heavy springs. The prepuce was not tight naturally. Mr. Hancock endeavoured to reduce the parts in the usual manner, and thought he had succeeded, but in two days the patient returned with the paraphymosis as bad as before, having suffered severely from the endeavours to remove it. Mr. Hancock, having drawn back the skin, divided the thickened mucous membrane with a sharp-pointed bistoury—as is usually done in cases of paraphymosis—and desired him to go home, where he would visit him on the following day. On the 10th he again saw him, and found him as bad as before, not at all relieved; the glans and the whole of the penis were swollen, the penis being twisted, inflamed, and exceedingly painful. He examined the parts very carefully: the skin was free, as was also the mucous membrane, which had been completely divided by the cut previously made, but he found a band of condensed cellular tissue, about a quarter of an inch wide, encircling the corona glandis, which he concluded was the cause of all the mischief; he consequently cut down through this to the fibrous covering of the corpus cavernosum, with immediate and decided relief to the patient, who is now nearly well, although thickening of the prepuce still exists.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette*.]

LIGATURE OF THE POSTERIOR TIBIAL ARTERY.—Dr. J. C. Hall describes a case of wound of the posterior tibial artery, in which he operated by securing the vessel by ligature at the place where

it was wounded. The injury was inflicted by a kick from a horse, the animal being shod with what are called "caulkings." On removing the patient's clothes, a wound of about an inch and a half in length was seen in the calf, a little below the junction of the upper with the middle third, from which the blood was beginning to flow freely. A tourniquet was applied to the femoral artery, which retarded the hemorrhage, but did not altogether check it. The nature of the injury was evident, and the necessary steps were immediately taken for securing the posterior tibial artery. Introducing a long narrow-bladed knife into the wound, the muscles were carefully divided above and below the seat of injury, down to the deep fascia which was clearly seen on sponging away the coagulated blood, and into which a small opening had been made. This having been enlarged, after removing a good deal of coagulated blood the artery was found, and was secured by passing the ligature above and below the wound, and dividing the vessel between them. The wound in the muscles was then brought together, and a bandage passed from the toes to the upper part of the thigh; the patient appeared to experience much relief from this, which, in a great measure, checked the spasm and quivering of the muscles, which was somewhat severe during and immediately after the operation. A large dose of Liq. opii. sed. was given. No constitutional disturbance worthy of notice took place. Both ligatures came away on the twelfth day after the operation. Dr. Hall states that the leg thus operated on is quite as useful as the other.

Poisoning by Opium.—Dr. Sharkey narrates two cases of poisoning by opium. In the first case the effects of the opium were apparently overcome, and the patient was left by his medical attendant. Early next morning, however, he was again summoned, and found his patient in a comatose condition. The case terminated fatally three hours afterwards. The body was examined twelve hours after death, when the following appearances were noted:—A quantity of white froth surrounded the mouth and nose. Body still warm and rigid. Stomach healthy; containing a quantity of fluid, apparently gruel, which had not any smell of opium. Intestinal canal also healthy, as were all the other viscera. Head: veins of scalp gorged with blood, also the veins of dura mater, sinuses, &c.; no effusion in any part of brain. The contents of the stomach were tried by the usual tests, but exhibited no trace of morphia or meconic acid. The opinion that was formed of the cause of death was that a second dose of laudanum had been taken by the deceased, and this opinion Dr. Sharkey deems corroborated by the fact that on raking out the cinders of the fire-place, a small mass of melted glass was discovered, and also because it was proved in evidence that two separate purchases of laudanum, of half an ounce each time, were made by the deceased at the shops of two different druggists. The editor of the *Medical Gazette*, in commenting on this case, observes that, although Dr. Sharkey's explanation may be correct, yet several cases are on record which show that a person may recover from the first symptoms of poisoning, and yet ultimately die from the effects of a single dose. The second case is that of a sailor, who took medicinally two pills, each containing a grain and a quarter of the extract of opium, was immediately attacked with a convulsive fit, and died. The following particulars of the appearances after death were noted:—He was a most muscular man, very fat, short-necked, and plethoric. There was an extensive lividity of the integuments of the neck. On opening the head, a great quantity of blood flowed from the scalp, superficial veins, and sinuses of the brain. Some effused blood in a fluid state, and a small clot, were found surrounding he medulla oblongata. The stomach contained a quantity of fluid of a reddish tinge, probably from admixture of some wine which he had taken. Extensive ecchymosed patches were observed on its mucous membrane. Gall-bladder distended with bile. Heart flaccid and pale, nearly empty, and when handled, crepitated distinctly like a piece of lung; on dividing the large vessels, a small quantity of fluid blood escaped, containing a great deal of gas. Fermentation seemed to have commenced in the stomach, as many bubbles escaped in the fluid, which issued at the nostrils on pressing the epigastrium. Vena cava and venous system generally much gorged. On this case Dr. Sharkey observes that it is rather a remarkable one, especially as regards the condition of the heart and the blood contained in it. The temperature at the time scarcely allows the supposition that the contained gas could be the result solely of decomposition after the lapse of twenty-four hours, so that he was led to the conclusion that the blood must have been in a morbid condition, which predisposed to the fatal effusion. An important and difficult question was put to the medical witnesses by the jury, viz., "whether they thought that the dose of opium taken had accelerated the death." Now, says Dr. Sharkey, in any ordinary case, such a dose would have been innocuous. But if, as in this case, there was such a state of circulation as to cause a strong tendency to sanguineous effusion, it is undeniable that even such a dose would be hazardous; and it is quite certain that no judicious physician would think of prescribing opium in any quantity for such a patient.

Oxgall.—Dr. Allnatt recommends the inspissated oxgall dissolved in water, exhibited in the form of enema, in the constipation of pregnant women.

Fistulous Communication between the Œsophagus and the Left Bronchus.—Dr. Winn describes the case of a female, who had for some time presented symptoms of difficult deglutition and stricture of the œsophagus. A few days before death she was suddenly seized with incessant cough, accompanied with a profuse expectoration of a bloody mucous fluid, having an unpleasant sour odour. The post-mortem examination revealed the following singular lesions:—The portion of the œsophagus which lies contiguous to the left division of the trachea formed a large pouch, capable of holding a hen's egg. The walls of this pouch appeared to have been produced by ulceration of the surrounding tissues, as portions of the aorta and of one of the bronchial glands were denuded, and formed part of the boundaries of the cavity. In the anterior part of the pouch there was an ulcerated opening, which communicated with the left bronchus about an inch below the bifurcation of the trachea. Immediately above and below the pouch the œsophagus was thickened, contracted, and hardened, forming, as it were, two scirrhus-like rings. The œsophagus in its other divisions appeared quite healthy. The lower portion of the left lung was hepatised to a great extent, and the mucous membrane of its bronchial tubes vividly injected. The right lung was quite healthy.

Injury of the Head.—Dr. Toogood narrates several cases of injury of the head in the *Provincial Medical and Surgical Journal*. The first is the case of a man, thirty-two years of age, who was thrown from his horse, and received a violent blow on the left side of the head and shoulder, by which he was stunned, and remained insensible for some time. He recovered from this state, and on examination no injury of the head could be discovered. When seen the next day by Dr. Toogood he was in a state of abstraction, but not insensible; was easily roused, and answered questions rationally; the head was fixed to the pillow; the pupils natural and readily contracted; there was great intolerance of light; the pulse was frequent, but natural, neither full nor hard; the respiration and skin natural; he was very irritable and restless, and complained of much pain in the head; the tongue was furred and loaded, and there was frequent sickness; he was deaf in the left ear, but heard perfectly in the right; there had been no discharge of blood from either. The head was carefully examined again, but no injury could be detected. He was bled several times, and cathartics administered, with apparent relief. Four days after the fall, he complained of a tingling sensation and numbness of the left arm. On minutely examining the head, he shrunk on pressure being made over the temporal muscle of the right side, and on increasing the pressure, he immediately had a violent epileptic fit, from which he soon recovered. Towards night he had another fit, and afterwards the fits succeeded each other every quarter of an hour until death, which took place at three, a.m., the next day. On denuding the cranium, not the slightest injury could be discovered. The right temporal muscle was removed, but no fracture could be detected at the part on which pressure seemed to have produced the epileptic fit. The left temporal muscle was black with extravasated blood, from the blow which seemed to have been received on this part. The vessels of the dura mater were loaded with blood, and on removing it, the right hemisphere was found enveloped in coagulated blood. On removing the hair, two fractures were immediately visible—one on the right side, extending about two inches upwards and downwards in a right line through the squamous suture; the other running through the centre of the mastoid process and petrous portion of the temporal bone, to the centre of the base of the skull. A piece of the petrous portion, about the size of a pea, was entirely detached, but not displaced so as to cause pressure. The second case was one of fracture of the skull, caused by the patient being thrown from his horse. On a careful examination of the nature of the injury, it was found to be very extensive, the fracture running through the anterior superior angles of the parietal bones and upper portion of the frontal bone, immediately over the longitudinal sinus. Several loose portions of bone were driven into the brain to a considerable depth, so that it was a good deal lacerated. It was determined at once to proceed to an operation. Accordingly an angular portion of bone was first removed with Hey's saw, with the intention of raising the depressed pieces; but this was found to be impracticable, until a larger portion was removed by the circular saw, which gave plenty of space for detaching the numerous broken pieces. One very large portion was driven down under the frontal bone, immediately over the longitudinal sinus, the removal of which was effected with much difficulty, and followed by profuse bleeding from the sinus. This, however, was completely checked by the introduction of a plug of lint. He was bled freely, and the usual antiphlogistic practice pursued. The patient recovered. The third case is that of a boy, fifteen years of age, who had the temporal and occipital bones fractured, and the scalp extensively lacerated by a blow from the vane of a windmill. The bones were broken into many pieces, some of which were completely detached, and driven into the brain, portions of that organ being discharged from the wound. Sixteen pieces of bone were removed; the largest had been driven down to the base of the skull, and was extracted with difficulty. Although the patient did not regain his speech or senses until the tenth day, he completely recovered in a short time without any active treatment. The fourth case is one of fracture of the frontal bone, and was very extensive. It was caused by a kick from a horse. Dr. Toogood operated, and removed eighteen fragments, including the whole frontal sinus. Symptoms of irritation afterwards set in, for which he was repeatedly bled, with apparent advantage at the time, but the symptoms always became worse afterwards. The plan of treatment was then changed. Opiates were administered, and the patient recovered. The fifth case is one of supposed fracture of the base of the cranium, the principal symptom being hemorrhage from the ears, which continued to be so profuse for three days as, after the first venesection, to preclude the necessity for the further abstraction of blood. The patient recovered his senses after the bleeding from the ears had ceased, and under the use of cold, occasional local bleeding by leeches, Dover's powders, and saline medicines, with perfect quiet, he slowly, but completely recovered.

Iodine.—Mr. Edwards states, in the *Provincial Medical and Surgical Journal*, that he has found the external application of the undiluted tincture of iodine of service in the following cases:—Conjoined with the unguentum hydrargyri nitratis in tinea capitis, after the first inflammatory action has been subdued. In ulcerated and sloughing tonsils, both from common and specific inflammation. Very much diluted, in cynauche, after the capsicum and alum gargle has been used. In lepra, after the application of nitric acid. In that disease of the knee-joint, called housemaid's knee, after cupping and blistering. In acne, after the application of the lancet, and in hydrocele, the water being absorbed very rapidly from painting the scrotum with the tincture, and taking five grains of blue pill

twice a-day. He has also employed it in the treatment of polypus of the nose with advantage.

Paralysis of the Portio Dura.—A case of this disease is reported in the *Provincial Medical and Surgical Journal*, from University College Hospital, in which the endermic application of strychnia entirely failed. Benefit was derived from galvanism, but an absolute cure was not effected.

Treatment of Ulcers.—Four cases are reported in the *Provincial Medical and Surgical Journal*, from the practice of Mr. Greenhow, at the Newcastle Infirmary, illustrative of the benefit resulting from the application of lotions. The first case was an instance of an indolent and unhealthy ulcer of the foot, following the loss of the toes and metatarsus by sloughing. The lotion used was a solution of the sulphate of copper, half a drachm to six ounces of water, and it was employed beneficially, until it was used too freely; when the granulations appeared to be corroded, and were covered with a cupreous deposit. Cold water alone was then applied, and the patient recovered. Towards the close of the treatment, bleeding, purging, and low diet, were required, on account of palpitation and vertigo. The next case was one of phagedenic ulcer of the penis, and the local treatment consisted at first of a lotion of liquor plumbi and laudanum, which was soon changed for one prepared with the solution of the chloride of lime, for which was substituted the sulphate of copper lotion without advantage. Consequently the chloride of lime solution was resumed, and the patient was cured. The decoction of sarsaparilla, with the iodide of potassium, was given internally. The third case was a serofulous ulcer of the foot with carious bones, cured by the lead lotion with laudanum, and the internal exhibition of tonics; and in the fourth, one of extensive burns, the same lotion was equally effective after the sloughs had separated.

Scotland.

Ovariotomy.—The opinions of Dr. Simpson, of Edinburgh, on this operation, as elicited during a discussion at the Medico-Chirurgical Society of Edinburgh, and reported in the *Monthly Journal of Medical Science*, are worthy of notice, from his position as Professor of Midwifery at the Edinburgh University, and from his acknowledged skill and high reputation. He remarked that the diseased condition of the ovary, to which the operation of ovariotomy was particularly applicable, if applicable at all, was that form of ovarian dropsy which was by far the most frequent of all, and consisted in multilocular cystic degeneration of the organ—the gelatiniform, or areolar cancer of some authors. All other forms of ovarian dropsy (as they were called) were rare in comparison to this. In most instances—in nine cases out of ten—this species of ovarian dropsy pursued he believed, a regular progress onward, towards greater or less enlargement, insufferable distention, more or less repeated palliative tappings, frequently disintegration of the morbid structure, local irritation, constitutional exhaustion, and death. Generally, it took a series of years to run its course, but sometimes it passed through its phases and progress more rapidly. A sufficient body of well observed facts to know the average duration and simple natural history of this, as of many other diseases, are yet wanting. Some authorities averred that the disease occasionally went on for 20, 30, 40, or 50 years. He (Dr. Simpson) doubted the truth of such alleged cases, and believed that abdominal tumours, with this history, were not affections of the ovary at all (certainly not its cystic multilocular disease), but fibrous tumours of the uterus, which were often exceedingly chronic in their progress, and, as he had repeatedly seen, were very frequently mistaken for the ovarian affection under dispute. Again, it had been as strongly averred that cases of multilocular dropsy of the ovary had been absorbed and cured. He equally and entirely doubted the validity of this observation. Errors in diagnosis would, he believed, account readily for all such therapeutical incredibilities. He had seen hysterical tympanitic distention of a portion of bowel and collections of fæces mistaken for ovarian tumours; and these were certainly curable. He had, in several instances, seen also ovarian dropsy very perfectly simulated in form, figure, situation, &c., by large chronic inflammatory effusions in the cellular tissue of the pelvis and broad ligament, always commencing with and accompanied by inflammatory phenomena, and these, like similar inflammatory effusions elsewhere, were always more or less completely amenable to medical treatment. But he had no belief whatever that iodine, or mercury, or muriate of lime, or liquor potassæ, or diuretics, or deobstruents, or aught else, were capable of absorbing and removing the complicated structure and contents of a multilocular cystic tumour of the ovary. He would almost as soon believe that the head could be absorbed and removed by medicine. When the disease was accompanied with much local vascular action and congestion, the occasional loss of blood was certainly sometimes beneficial. But in the general run of cases of this malady, he had long come to the conclusion that all that was possible was done with medicine, when the individual functions of the economy were kept as nearly as possible to their individual standards of health. If the activity and vigour of the system be broken down by mercury or other debilitating medicines, the ovarian disease will too often progress with double strides. The only operative proceedings applicable in these cases are tapping and total extirpation. The former is only a palliative measure, and far from being free from danger. Four out of twenty patients, or one in five, died of the effects of the first tapping; four patients died of inflammation within a few days after the operation; three more died in one month; in all, fourteen died within nine months after the first tapping. Of the remaining six, two died in eighteen months, and the other four lived from periods varying from four to nine years. Paracentesis, whilst thus merely a means of palliation, was still a proceeding in which no inconsiderable amount of danger appeared to be incurred. Ovariotomy, on the other hand, was an operation which, if successful, was professedly a means for the perfect and radical *cure* of the disease. It is however, a most serious and dangerous operation, and must be tested by the principles applied by surgeons to the determination of the propriety of other capital operations for chronic diseases. The first objection to ovariotomy is, that it is an operation accompanied with great danger and mortality. Its statistics, collected by Dr. Churchill, Mr. Phillips, Dr. Cormack, and Dr. Atlee, show its mortality to be 4 in 10, with six recoveries. The statistics of amputation of the extremities, including fingers and toes, in Paris, according to Malgaigne, shew that about 4 in 10 proved fatal. Of these, 6 in 10 cases terminated fatally in amputation of the thigh, 5½ in amputation of the leg, and 4½ of the arm. Dr. Lawrie has given a scarcely more favourable result in the cases at the Glasgow Infirmary. Out of 276 amputations, 101 proved fatal, or nearly 4 in 10. Of these 128 were of the thigh—46 died, or 3½ in 10; 62 of the leg—30 died, or 5 in 10; 53 of the arm—21 died, or 4⅕ in 10. There were 72 amputations during four years at the Edinburgh Infirmary, of which 35 died, or nearly 5 in 10. Mr. Phillips has collected the histories of 171 cases in which the larger arteries of the body were tied: of these 57 died; or about 3⅓ in every 10. Dr. Inman has collected 199 cases of these operations; 66 died, or about 3⅓ in every 10. Out of 40 cases of ligature of the subclavian artery which he has tabulated, 18 proved fatal, or nearly 5 in every 10 died. In his work on hernia, Sir A. Cooper records 36 deaths among 77 operations for that disease, so that nearly 5 in every 10 died. Dr. Inman has collated 545 cases of operation for hernia; 260 proved fatal, or nearly 5 in every 10 of the patients died. In the earlier years of life lithotomy is comparatively a safe and legitimate operation, and few die. But it is quite different when the operation is submitted to at 40 years of age, and upwards. At and above this term of life, Dr. Willis has shown, from numerous statistical returns, that from 2 to 5 out of every 10 operated upon die. The mortality then in many capital operations is higher than in ovariotomy. The second objection is, that the ultimate results of ovariotomy are unknown, and unfavourable. This objection would tell equally against other capital operations, the details of which are rarely carried on beyond the first few weeks. Dr. Simpson, at the same time, adduced various facts, to shew that as far as regarded ovariotomy, the allegation did not in reality hold good. The process of reparation after ovariotomy is, say some, too great to be accomplished with health and safety. Theory may argue so—but facts here give a direct practical denial to theory, by demonstrating the reverse to be true. In one of the first cases operated on (Emiliani's in 1816), the patient has since become the mother of five living children,—an ample proof of the completeness of the cure. Dr. Simpson read a note from Dr. Clay, of Manchester, stating the present condition in (14th December, 1845) of the patients that he had operated upon two or three years back. His first patient, operated on 12th September, 1842, "continues quite well, and follows her household duties with ease and comfort." A patient subjected to ovariotomy on the 25th September, 1842, "is at this time perfectly well, and capable of greater exertion than most women of her age, viz., 60." Regarding a third patient operated upon in November, 1842, Dr. Clay states, "I saw this case a few days ago on account of a polypus of the nose—in every other respect she is quite well." A patient operated upon in August, 1843, "is at this time perfectly well, saw her a few days ago." Dr. Clay operated on two cases in October, 1843; "the first remains at this time quite well,"—the second reports herself "in better health now than in any part of her former life." A case was operated upon in Nov., 1843. "I have," (says Dr. Clay) "seen this woman frequently of late whilst attending other branches of the family; she is quite well;" and so on with regard to some others. The third objection is to the effect that the extirpation of the affected ovary did not necessarily effect a perfect cure of the disease, or secure the patient against its return. This, says Dr. Simpson, does certainly hold true of the diseases for which several of the major operations in surgery are performed, but as certainly it does not hold true of multilocular dropsy of the ovary. The surgeon amputates a limb, or excises a tumour, for some form of carcinomatous disease, hazarding more or less the life of his patient for the temporary removal of a diseased action which is almost certain to recur. He ties the subclavian for aneurism—but is not that a disease which is very liable to co-exist in different vessels at the same time, or to form consecutively in different parts?—and if the patient escape the great and immediate dangers of the operation, has he any surety against its reappearance elsewhere? The thigh is amputated to get rid of a scrofolous or tubercular knee-joint. But in how many cases is local tubercular disease the mere result of a general diathesis, that ere long will betray itself in some other part or organ? Dr. Simpson thought it a point of the highest practical moment to consider that, on the contrary, the pathological nature of multilocular disease of the ovary was such that it had no tendency to recur after its complete removal. From the character of its morbid structure, and its clinical history, it was certain that it presented no liability to spring up again, like malignant or tubercular disease, in the same locality—or in distant and in different organs of the body. The other ovary might be partially affected, and if so, might require removal along with the first — a step which at the time would probably not add much to the absolute danger of the operation, seeing the abdomen was once opened. Do not surgeons operate for popliteal aneurism, when it is present in both limbs, even with the additional chances of an analogous diseased condition of the vessels existing internally. Probably it will be found that a surgeon would more rarely require to repeat ovariotomy, in consequence of the remaining ovary subsequently becoming diseased, than he now requires to repeat lithotomy, in consequence of a second or a third stone forming after a time in the bladder. The fourth objection is that ovarian disease does not produce such dangerous and urgent symptoms as to demand an operation. The dangerous and ultimately fatal tendency of the common multilocular dropsy of the ovary has been already adverted to. The sufferings attendant on ovarian disease Dr. Simpson believes to be equally great as those experienced in many cases in which other capital operations are performed, and the tendency to shorten life to be equally marked. The fifth and last objection examined by Dr. Simpson, was that which referred to the impossibility of

completing the operation from the presence of adhesions, and the discovery of the non-existence of any tumour after the operation had been commenced. These failures arose from errors of diagnosis, and these, he believed, would gradually disappear, from the progress of knowledge on these points. Much had been already done, especially by Dr. F. Bird and others, with regard to the discovery of adhesions, and he thought it not more extravagant to expect an improvement with respect to the physical diagnosis of the diseases of the abdominal viscera, than it would have been thirty years ago with regard to the vast aid and certainty derived from auscultation in diagnosing the diseases of the chest. But, admitting to their fullest extent the occasional difficulties which have been found to beset the diagnosis of ovarian tumours for operation, are not occasional difficulties of exactly the same kind met with in other surgical operations, which do not yet deter surgeons from interfering? Is the trephine never used without detecting any effused blood, or pus, or depressed and fractured fragments of bone? In tying the carotid and subclavian and iliac arteries for aneurism, it has repeatedly happened that all the great dangers of these operations have been submitted to most uselessly, the disease, during the operation or after death, being found not to be aneurismal at all, and hence not at all curable by such a procedure. Has not the uterus, and the mamma, and the testicle, &c., been sometimes found to be the seat of simple inflammatory and curable effusion, after all the usual operative measures for the removal of supposed malignant tumours from these localities had been commenced, or even completed? He (Dr. Simpson) had seen amputation of the thigh performed by a celebrated surgeon for supposed scrofulous disease of the knee-joint, and where, on examining afterwards the amputated limb, no traces of such a disease could be found. In some cases of hernia, is it not occasionally found impossible, as in some cases of ovariotomy, to finish the operation and return the bowel in consequence of extensive morbid adhesions or other causes? Is not the stone sometimes found encysted in lithotomy, and for that or other causes its removal rendered impossible after the bladder is cut into? Is the operation for the removal of an incarcerated piece of necrosed bone not sometimes found impossible after it is begun? Grave errors have been committed in diagnosis in ovariotomy cases, but he doubted if as grave errors were not as frequently committed in some other recognised capital operations. A much greater amount of caution was undoubtedly requisite on this head. In summing up his statement, Dr. Simpson allowed that ovariotomy was a most serious and dangerous operation; but at the same time he maintained, that surgeons, in declaiming against it, had used a series of arguments, all, or almost all, of which would equally, and some of them still more strongly, apply against those capital operations for chronic maladies regarding the propriety of which they did not affect to entertain one single doubt, and which they every day performed without the slightest scruple. For his part, however, he entirely doubted whether surgeons should resort to many of these operations, under the circumstances in which they often adopted them. He doubted whether, for example, they should at once subject a man to all the immediate and fearful perils of lithotomy and lithotrity, because he had a stone in the bladder which gave him little or no uneasiness, and which might allow him, under proper medicine and treatment, to live and perform the duties of life for a long series of years. He doubted whether, in a case of axillary, or carotid, or popliteal aneurism, slowly increasing, or not increasing at all, having some small chance of spontaneous cure, and having no inconsiderable chance of being followed or accompanied with the same disease in other parts of the arterial system, all the dangers of the ligature of the vessel nearer the heart should be at once recklessly encountered. He doubted whether, in malignant or carcinomatous disease of the fore-arm or leg, amputation of the arm or thigh should be at once resorted to, with the hazard of death, in a few hours or days in one out of every two operations, and the almost perfect certainty of the same morbid action reappearing sooner or later in the stump, or in some other part, if the patient did happen to survive. And, on the same principle, he doubted whether ovariotomy had not been employed in some cases under perfectly unjustifiable conditions, when the health and life of the patient were not immediately threatened by the stage and progress of the malady, and when the evils of the disease were as yet prospective rather than real. But if the health of the patient were becoming rapidly undermined by the disease,—if the progress showed that ere long it would inevitably prove fatal,—if the question were thus reduced to one of certain and not distant death from the course of the malady, or possibly an entire escape from the affection, with prolonged life and health from the operation,—and if, in addition, the ascertained or apparent freedom of the tumour from adhesions and other circumstances were such as to present no counter-indication,—then he believed that ovariotomy might be undertaken under conditions far more justifiable and legitimate than the surgeon could possibly urge in favour of some of his stone, and aneurism, and other capital operation for pathological lesions of a similarly chronic cha racter and course. Lastly, Dr. Simpson stated, that if in time ovariotomy came to be a recognised surgical operation, as fit and proper in such cases of ovarian disease as he adverted to, or in others, he had no doubt the steps of the operation would meet with improvements. Such improvements were almost always wrought out by experience. How different is amputation now from what it was formerly with the hot iron, or boiling pitch, to seal up the cut vessels! How comparatively safe and simple is the tying of an artery now from what it was half a century ago, with its flat double ligatures and ligatures of reserve, &c.! One great source of danger was the irritation and injury inflicted on the intestinal canal and peritoneum from the strong ligature which was required for the stalk of the tumour being passed through the abdominal cavity, and out at the external wound; remaining there for days or weeks, and keeping a portion of the wound in the abdomen necessarily open by its presence, and, consequently, so far still more hazarding the occurrence of peritonitis. Probably it might be possible to devise some other measures of securing the large vessels, principally veins, be it remarked, of the pedicle, and thus save the several dangers arising, (1st), From leaving the ligature to irritate there; (2d), From the ligature, by its constriction of the stalk, producing strangulation; and (3d), From its producing phlebitis. And if the ligature still continues to be employed, it would, Dr. Simpson believed, be found a great improvement, as had been suggested to him by his excellent friend and assistant, Dr. Keith, to pass it down, perforate the very thin layer of serous and mucous membranes, dividing the utero-rectal reflection of the peritoneum from the vagina, and bring it out along the vaginal canal. Dr. Simpson knew that on the dead subject this could be done with the greatest facility. It would have several advantages. It would enable the surgeon to close at once the whole length of the incision in the abdominal parietes, the sides of the vaginal canal being in contact, would act as a valve sufficient to prevent that dangerous access and egress of air to and from the peritoneum under strong respiration, vomiting, &c., which had sometimes occurred through the aperture kept open by the ligature in the old form of operating; the ligature would not pass through the same extent of the peritoneal cavity, and would scarcely, if at all, touch or irritate the folds of the intestinal canal; if the uterus happened to be placed backward upon the rectum, the ligature applied to the posterior surface of its broad ligament would be included and imbedded in a cavity almost divided and separated from the general cavity of the peritoneum; and where the process of reparation and adhesion might often go on without fatally extending upwards into the general peritoneal sac. Farther, the cases already published recounted some errors which the experience derived from them showed might be avoided in future,—such as taking great care to close, as accurately as possible, the peritoneal side of the wound, to prevent strangulation of a fold of intestine in its edges, adopting precautions with the same view of not allowing a similar effect from the free part of the ligature; not allowing the bladder to become much distended, lest it drag the uterus, or disturb the reparative process; or excite inflammation by moving the ligatures or inflamed structures.

Valerianate of Zinc.—In the *Northern Journal of Medicine* are recorded by Mr. Bell several cases of neuralgia, in which he exhibited the valerianate of zinc with marked benefit, after other remedies had been tried in vain. The digestive functions were also attended to, and proper medicaments prescribed.

Ireland.

Effects of the Potato Disease on the Human Subject.—In the *Dublin Quarterly Journal of Medical Science*, Dr. Banks has published an account of several cases in which severe consequences resulted from eating diseased potatoes. The patients were, a labourer, fifty-one years of age, and three of his children, a girl, twenty-two years of age, and two boys, one aged fourteen and the other five. These four ate of the diseased potatoes without previously removing the bad parts, and consequently suffered from their imprudence. Three other members of the family, who took the precaution of peeling the esculent, and of cutting away those parts which were unsound, escaped. The potatoes on which the family breakfasted, dined, and supped, according to the man's account appeared sound and good before they were boiled, but afterwards exhibited black spots and fibres in their structure. They were very sweet to the taste. About an hour after breakfast, the four persons above alluded to experienced a sensation of uneasiness in the stomach, which soon amounted to pain, and extended to the abdomen, following the course of the colon; they also suffered from severe pain in the back, and difficulty in passing water. For six days they were treated at a dispensary for constipation of the bowels and retention of urine, but, failing to obtain relief, they were admitted into the Whitworth and Hardwicke Hospital, under Dr. Banks, when they presented the following symptoms:—The countenance was expressive of pain, and the features were sunken; shivering, coldness of the surface, swelling of the abdomen, with excruciating pain and tenderness on pressure; the region of the bladder was distended; the pulse was weak and rapid. Pain of an acute character was referred to the anus, which, on examination, was found perfectly patulous and exquisitely tender to the touch. Mr. Maguire, under whose care they were at the dispensary, informed the clinical clerk that two of the four patients had prolapsus ani when he saw them, which was probably caused by the violent and ineffectual efforts to discharge the contents of the rectum. There had not been an evacuation from the bowels, nor had they passed water, except in drops, and with extreme suffering, for six days. On introducing the finger into the rectum, which caused acute pain, it was found that the intestine was completely filled, to within an inch of the orifice, with a solid substance. A peculiar and most offensive odour was immediately perceptible on approaching their beds. Twelve grains of calomel were administered to the father and daughter, and eight to one and six to the other of the younger children; a hip bath was directed for each, and the removal, by mechanical means, of the contents of the rectum, and also the introduction of the long tube, by means of which warm water and oil were to be thrown up. Mr. Birch removed an enormous quantity of the substance which was found in the rectum; it very much resembled the *debris* of apples after the cider has been expressed; its odour was remarkable, and was not in the least like that of fæces, and there was total absence of bile; it adhered very closely to the mucous membrane; portions of it were quite hard, and, as it were, glued to the folds of the intestine. The catheter was introduced, and much urine, of a dark colour and disagreeable smell, drawn off. The girl would not submit to the operation of removing the hard masses from the rectum, but enemata were administered, and she passed balls which resembled horse-dung. The next day the male patients were better, but the father was still unable to pass water without the catheter. The female was rather feverish; a large quantity of the debris was removed from the rectum, after which, towards evening, she complained of cramps in the arms. About the same time symptoms of prostration set in in the eldest patient, requiring the administration of stimuli. With the

exception of occasional pains in the abdomen, the boys suffered but little afterwards. The girl, however, again required the mechanical evacuation of the rectum, and another large quantity of the debris was removed. The evacuations in the father and daughter continued to be involuntary for some time afterwards, but were of a natural colour. Three weeks after the commencement of the treatment at the hospital, they were cured, except as regards debility. Dr. Hill and Dr. Aldridge made a microscopic and chemical investigation of the matters removed by the operation. They were found destitute of any feculent appearance or odour; they consisted of large patches of potato-peel, mixed with spongy balls of very decayed woody fibre, in which all traces of structure seemed to have been lost, except in the fragments of peel; there was no appearance of regular cells, vessels, or even of starch globules in the dark brown, soft, and spongy masses, but a large quantity of minute dark-coloured bodies or granules were seen adhering to the peel, which resembled very closely the sporidia of the fungi found in unboiled diseased potatoes. The odour was sour, like that of vinegar, but mixed with something very disagreeable, approaching that of coal tar. The reaction was acid, and when concentrated sulphuric acid was mixed with some of the brown mass, fumes of acetic acid were copiously disengaged. When a little of the mass was mixed with water of potash, and heat applied, ammonia was liberated in such abundance as to show that the acid must be present in very considerable quantity to overcome its reaction. Not a trace of starch, gluten, or albumen could be detected. Drops of oil were visible in the mass submitted to the microscope, and this oil could be extracted by ether, when it was found to be colourless and volatile. The ammonia in this case may be supposed in great part to originate from the putrefaction of the nitrogenous elements of the potato; the complete destruction of the starch is remarkable, and it is probably from this source that the acetic acid proceeded. What is the origin of the oil it is not so easy to divine; it is evidently different from the yellow fatty oil which naturally exists in the raw potatoes, and is destroyed by cooking; the nearly entire absence of the alimentary excretions in these discharges is also worthy of notice. Dr. Banks is inclined to regard the symptoms in these cases as produced by some poisonous influence exerted by the blighted potato, evidenced, he thinks, by the paralysed condition of the sphincter ani and the retention of urine. He observes that the most remarkable and interesting symptom was the perfectly patulous state of the anus; this condition remained after the masses of accumulated matter had been removed; when there ceased to be any evidence of the intestinal canal containing more of this peculiar substance, the sphincter was still powerless, and the dejections flowed away involuntarily. In all the cases there was retention of urine, and at times it was found impossible to introduce the catheter, owing to spasm of the urethra, which always, however, yielded to the warm bath. From the identity of the symptoms in the four cases, and from the nature of the contents of the intestines, he thinks there cannot be a doubt as to the disease having been induced by eating largely of potatoes far advanced in decay. It appears to us, however, that the whole progress of the disease clearly shows its cause to be the presence of an immense mass of an exceedingly undigestible material, which, when it arrived in the bowels, caused paralysis, and consequent constipation, and, by its pressure on the urethra, prevented the discharge of the urine. It is very evident that the rectum was completely blocked up by an enormous quantity of this substance, and it is quite feasible to admit that the pressure on the vicinal parts must have been correspondingly great.

In the *Dublin Hospital Gazette*, Dr. O'Brien details several cases in which a disease of another kind, which he calls a peculiar form of gastro-enterite (itis), occurred from eating these unsound tubers. The cases are five in number. In the first the patient complained of rigors, headache, and pain in the abdomen; the pulse was quick, tongue white, skin harsh and dry, and bowels confined. In forty-eight hours the face presented an erysipelatous appearance, puffed and bloated, and every four or five hours becoming perfectly pale, at which time he complained of great nausea, and tenderness in the epigastric and right hypocondriac regions. He was exceedingly restless, and shouting with pain in every joint; the tongue was coated, white, and bore the cast of the teeth; bowels open. In three days the symptoms were—tongue dry, parched with erect papillæ, and resembling a beefsteak; excruciating pain in the muscles of the neck, large joints, and shoulders; very scanty loaded urine; quick, small pulse, and œdema of the eyelids. He was not convalescent until a month after. The treatment consisted of saline purgatives in the early stages; subsequently opium and calomel, and, lastly iodide of potassium in infusion of gentian. In the second, the disease set in with symptoms of fever, followed by great debility, pain in the region of the kidneys, obstinately confined bowels, hurried respiration, and abdominal tenderness. The face and eyelids were swollen. The deltoid and biceps muscles were tumid, and so tender that he could hardly allow the bed clothes to rest on them, and he was totally unable to raise either arm to the head. He complained loudly of pains in his bones; the quantity of urine was very scanty; and the pulse 185, small. In the third there were also vomiting and purging. In the fourth and fifth, an eruption like nettle rash made its appearance, which in the fourth was confined to the face, but in the other patient showed itself all over the body. The fourth patient became completely jaundiced also. These are all instances of the directly poisonous action of the diseased potatoes. Dr. Banks's cases, as we have already said, seem to us to be merely the results of their mechanical action.

ORIGINAL LECTURES.

A Course of Lectures on Practical Midwifery.

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

LECTURE V.

We commenced at our last meeting, Gentlemen, the subject of early death of the fœtus, the symptoms of which we divided under two heads—those manifested previous to labour, and those appearing when labour has actually come on. I told you of the importance and difficulty of this subject, especially that division of it which refers to the child's death before labour, and I also mentioned to you the only sign I place any confidence in, viz., the peculiar sensation of weight and rolling in the abdomen experienced by the mother. In some of these cases, however, this rolling sensation may be felt whilst the child is actually alive, as happens occasionally when the patient is very much weakened, and it generally goes off gradually as her health improves. This matter has been noticed by Dr. Evory Kennedy, and I shall more particularly allude to it, with its causes, when I come to speak of retroversion of the uterus. I believe that, in these cases, the uterus is generally in an atonic flaccid condition. I before told you that the loss of the sensation of the child's motions by the mother is as fallacious a sign of the death of the fœtus as the presence of these movements is fallacious when considered as an evidence of pregnancy. I warned you against paying attention to the statements of the patient herself in this respect, as nothing is more common than for her to be deceived.

Although auscultation is capable of affording direct evidence of the child's life, it cannot be so much depended on in determining its death; for, here it can only be admitted as negative evidence. It must be clear to you that your not being able to hear the fœtal circulation must depend for much of its value as a direct proof of fœtal death on your skill in the use of the stethoscope, and your care in making a thorough examination. When, therefore, you have obtained tact in the examination of the abdomen from long experience, you may consider the stethoscope capable of giving evidence on which you may rely with some degree of certainty.

We now come to consider the signs of the child's death, which manifest themselves during labour. In the common presentation of the head, when this begins to pass through the os uteri, which forms a kind of band upon it, that part of the scalp which is within the circle of the os uteri becomes considerably swollen, forming a puffy œdematous swelling, so that the bone cannot be felt in the centre of it. This is caused by the returning venous circulation of the scalp being arrested by the pressure of the os uteri and walls of the vagina. It is called on the continent, "*caput succedaneum.*" The Germans call it "*vorkopf,*" which literally means, "forehead." But then this word is, as you know, used in a very different meaning in our language. It must be evident to you that, considering its mode of formation, this caput succedaneum cannot occur where the child is dead; on the contrary, the scalp will slip up and down, in a loose manner, under the finger, if the child has been dead for any period, and the bones of the head can be easily felt and seem sharp and rough at their edges, from the flabbiness of the scalp. The edges of the bone overlap a great deal at their sutures, and grate against each other, giving a sensation which has been compared by Dr. Wallace Johnson to that produced by a number of oyster-shells rubbing against each other in a bag. The fontanelle also feels flaccid and loose, and if the child has been dead for any length of time, the scalp will present an emphysematous crackling feel. This does not often occur, however; I have myself only once observed it, and in that case the child was so much softened by putrefaction that my finger passed through the scalp, and let out some portion of the brain. We may, however, have a combination of these various circumstances. The child may have been alive at the commencement, and may die during labour; in which case the caput succedaneum will have formed, and may deceive us for a short time. Soon after the child's death, however, this loses its firm tense feel, and becomes soft and boggy. If the face presents we shall, in a living child, feel the lips hard and firm, like living texture, and they will, in all probability, commence a sucking motion on the introduction of the finger between them. Moreover, if the finger be introduced a little further, the tongue will be felt firm, and it will most likely move against the finger; whereas, if the child be dead, these parts will be soft, flabby, and motionless. When the breech presents, the sphincter ani, in a living child, has a firm resistant contraction, which reacts on a gentle attempt to introduce the finger. If the child be dead, however, it will be found relaxed and insensible to the stimulus of the finger.

In malpositions of the child, I mean, Gentlemen, where the child lies with its long diameter not corresponding with that of the uterus, or, in other words, where the arm presents, this will, in a living child, give the firm sensation of living tissues, and from being tightly encircled by the os uteri, it will very soon swell, and ultimately become livid and black. If the child be dead, however, we shall find the skin brown, and covered by bullæ, and if death has taken place some time previously, the skin of the arms will peel off. The absence of pulse at the wrist is of little importance as a diagnostic in these cases, as the pressure from the os uteri contracting round the arm, which is generally sufficient to produce swelling of it, is also sufficient to render the pulse very indistinct, if not to arrest it entirely.

When the umbilical cord presents, in a living child, it will be felt full and firm, with a distinct pulsation; whereas, if the child be dead, it will feel empty and flaccid, and without pulsation. In this presentation, therefore, we have certain evidence of the state of the fœtus. The presence of meconium is not a certain proof of the child's death, as it may be expelled by the pressure of the uterus when the breech presents. But if, on the other hand, the nates do not present, and the meconium be discharged, the presumption will be very strong that the child is dead, or at least very weakly. A highly offensive and thick slimy condition of the liquor amnii has been considered an indication of the child's death. This is incorrect, however, as in most of these cases the child is born not only alive, but quite strong and healthy. In a case of this

description, the other symptoms will soon remove all difficulties.

We now proceed, Gentlemen, to the consideration of the subject of extra-uterine pregnancy. This means pregnancy occurring out of the uterus. It sometimes so happens in females that the ovum does not pass into the uterus; it either remains and is developed in the ovary, or it is arrested in its passage through the Fallopian tube, and then undergoes a certain degree of development; or, thirdly, it may fall into the cavity of the peritoneum, from some defective action in the fimbriated extremity of the Fallopian tube, and may become attached to some of the abdominal viscera; or, fourthly, it may pass to the uterine opening of the Fallopian tube, and become developed there in the substance of the uterus, as it were. This has been particularly described by Breschet, and is probably only a modification of Fallopian pregnancy.

Hence, extra-uterine pregnancies have been classed under four heads—tubarian, ovarian, ventral, and that named by M. Breschet, *graviditas in substantia uteri.* Extra-uterine pregnancy is fortunately a very rare occurrence. I say fortunately, Gentlemen, because recovery from it is quite the exception. This form of pregnancy may continue a longer or shorter time, according to its situation. When, in the Fallopian tube or ovary, these become enormously distended, forming a sac, to one of the walls of which the placenta is attached. The distension continues to increase, till at last the containing sac bursts, and the patient usually dies from internal hemorrhage. Thus, tubarian or Fallopian pregnancy seldom continues longer than the second month, whereas, in ovarian pregnancy, it may go on to the fifth. In ventral pregnancy the fœtus may be retained for an almost unlimited period. After a time it dies, becomes shrivelled, and is then often enclosed in a sac, sometimes for the patient's life; but sometimes an abscess forms, and it is discharged piecemeal either through the abdominal parietes, or more frequently into the intestines. Sometimes it finds an exit through the uterus, vagina, or bladder. At other times it becomes encrusted with calcareous matter, and a fœtus in this condition used to be called *lithopædion.* The word is memorable from its having given rise to an unlucky mistake by Dr. Smellie, who took it for a man's name, and in a celebrated letter to him by Dr. Burton, of York, which was nothing more than a most uncharitable critique of his work, he frequently reminds Dr. Smellie, sarcastically, of his friend "Lithopædion!"

In cases of extra-uterine fœtation, the uterus undergoes much the same changes that occur during the earlier months of natural pregnancy. Its parietes become thick and more vascular, and the changes which its internal membranes undergo in forming the membrana decidua, are also observed. These changes are well shown in the preparation before you (a preparation was handed round in which the uterus was shown increased in volume, and lined by decidua, and with the ovum, in an early stage of development, occupying the right Fallopian tube.)

As the ovum increases in size, severe colicky pains are felt in the lower part of the abdomen. These come on at irregular intervals, and sometimes they are accompanied by a discharge of a bloody fluid containing shreds of decidua. Sometimes, without any premonitory symptoms at all, the patient feels something suddenly give way within her, becomes faint, and ultimately dies, after repeated attacks of syncope. I recollect a case of this kind:—A lady, about two or three months advanced in pregnancy, whilst stepping out of her carriage to go to an evening party, suddenly felt something give way in her abdomen; it hurt her a good deal at the moment, but it did not prevent her going up stairs; she soon became very faint, the faintness increased; she was taken home, and died about four o'clock in the morning. On examination, a large quantity of blood was found effused in the abdomen, with a ruptured ovarian pregnancy. After a time, however, (in ventral pregnancy), as I before told you, sometimes an abscess forms and bursts, and portions of the child are discharged at different periods, sometimes a very long time after the commencement of the pregnancy.

We are occasionally able to point out the exact position of the fœtus. A case occurred, in this hospital, some years ago, where we were able to determine this with great accuracy. Within the last few weeks, I was requested to see a case of extra-uterine pregnancy, as I was told; the form of a hard tumour within the abdomen, and the patient's history, seemed to confirm this view. On examination, I found the os uteri pulled upwards and to one side, as is not unfrequently the case in ovarian dropsy, but I did not pay sufficient attention to the circumstance; and the result soon showed I was wrong.

Nothing is known as to the cause of extra-uterine fœtation, and, therefore, I can give you no information on the subject. It probably depends, as I said before, on some irregular action of the fimbriated extremity of the Fallopian tube; but, as we are entirely ignorant of the mechanism by which this organ grasps the ovary immediately over the impregnated Graafian vesicle, all opinions on this subject must remain mere conjectures.

In the treatment of extra uterine pregnancy, little can be done. You must watch the patient and mitigate any symptoms that may arise by opiates, and should any inflammation be set up in the peritoneum by fomentations, leeches, &c.

In speaking of the diagnosis of extra-uterine pregnancy, I omitted to mention to you a curious fact which has been observed by my friend, the late Dr. Heim, of Berlin, who has contributed considerable information on this subject, it is that, in all cases of this kind, Dr. Heim noticed a peculiar, whining tone of the voice, especially when the patient expressed her sufferings during a paroxysm of pain. On several occasions Dr. Heim was able, from this fact alone, to announce the presence of extra-uterine conception, which the sequel fully proved. In the one of these cases—a case of ventral pregnancy at the full period—gastrotomy was performed, and a living child was extracted. The mother, however, did not recover. In this case, the uterus had been pushed up out of its situation, but had afterwards again settled down. At the full term of her pregnancy, pains came on, and she lay in pains for some time, refusing to undergo the gastrotomy, so that when the operation was performed so much inflammation and tympanitis had come on, as to make it almost impossible to return the intestines; so, of course, the operation had not a fair chance.

In a case which occurred in this hospital, on the nature of which we pronounced early, the placental souffle was very distinct, and the fœtal heart could be heard at the time of the patient's admission. The child, in this case, appeared to have died on the day after the patient's admission, as, when I examined her, the fœtal circulation was inaudible. Nature made several efforts in this case to discharge the fœtus, but the patient at length died quite exhausted and worn out. When a student, I once was shown a patient by Dr. Heim, of Berlin, in whom the process of discharging the fœtus was going on. She suffered dreadful attacks of abdominal pain, from time to time, during which portions of the fœtus were discharged per anum. In cases of extra-uterine pregnancy, no morning sickness occurs; this is probably because the uterus is not distended, and, consequently, no sympathetic gastric disturbance is set up.

A question arises as to whether or not gastrotomy should be performed in these cases? This important question has not, as yet, been decided; but I should expect that, from the cyst containing the fœtus not being contractile, like the uterus, severe hemorrhage might be expected to follow the detachment of the placenta. Mr. Hey, of Leeds, relates a case of extra-uterine fœtation in which the child appears to have slipped out through a ruptured uterus, the placenta remaining attached within this organ. This seems to have been a pregnancy in the structure of the uterus, and probably one portion of the ovum burst through into the cavity of the uterus, the other distending the uterine parietes to form a sac.

Before quitting this subject I will mention some varieties under which extra-uterine pregnancy has occurred. Thus, for instance, a healthy uterine pregnancy has been converted into an extra-uterine one by violence, which has caused rupture of the uterus, and thereby escape of the fœtus into the abdominal cavity. My friend, Professor Naegele, jun., has recorded a very interesting case of this sort, where the injury had been inflicted by a cow's horn. A similar case has been recorded by Dr. Harris, of Clarkville, in Virginia.

A stout, healthy negress, aged thirty-three, and mother of six children, was, in consequence of violent exertion, attacked, in her eighth month of pregnancy, with violent pain of the abdomen, and discharge of blood, which, after lasting some days, became very profuse. The cervix uteri was about an inch long, thick, and rigid; the os uteri very slightly open; the head was felt presenting. In four days afterwards she ceased to feel the motions of the child. The breasts subsided, the membranes gave way, and a quantity of stinking fluid escaped. On the twelfth day the placenta was expelled in a very putrid state. She vomited every dose of ergot which was given her. Every attempt to dilate the os uteri was unsuccessful, on account of its extreme rigidity, as also were the attempts to diminish the head with the blunt hook. The treatment was therefore confined to the use of injections. In about three or four weeks' time a small tumour was observed below the navel, close by the linea alba, which projected through an opening in the muscle of about half an inch in diameter. In three days it had increased to a diameter of two inches; a puncture was made, and a quantity of greyish pus and very fetid gas escaped. The next day Dr. Harris introduced his hand, and with the help of a blunt hook and a forceps extracted a putrid fœtus of between seven and eight months, the cranial bones of which he found in the cavity of the uterus. Injections of soap and water, and afterwards of strong decoct. cinchonæ, were thrown into the uterine cavity. The lips of the wound were brought together by sticking-plaster, and secured by a bandage. Nourishing diet, tonics, and opiates formed the treatment of the case. The wound healed in the course of three weeks under the use of injections, and applications of charcoal, and bark powder.

In my System of Midwifery I have mentioned the extraordinary fact of natural pregnancy following an extra-uterine one. Perhaps a still more remarkable fact is that of its having occurred *twice* in the same female, and without dangerous results, as shown by the following case, which I have extracted from the *Journal des Connaissances Medicales*, as recorded by Dr. Balliery.

A young woman, whilst pregnant, had been thrown down and maltreated. Pains came on in the ninth month, but disappeared again. She passed some months without any further trouble, and began to suspect that she was not pregnant, when violent pains came on, and portions of the fœtus continued to pass from the rectum for several months. From 1829 until 1834 she avoided all chances of becoming pregnant, but at length she did become so. She felt the motions of the child in the fifth month, but these soon ceased, and some weeks afterwards she passed the fragment of a fœtus per anum, and without any pain.

So much, Gentlemen, for what I have to tell you about extra-uterine pregnancy. At my next lecture I shall commence the subject of retroversion.

A Course of Lectures on Diseases of the Skin.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE VI.

Hitherto we have considered those cutaneous diseases only, which seem to consist of an increase of function in that portion of the skin secreting the cuticle, rather than diseases which are the products of inflammation, producing redness, heat, swelling, and ending in the formation of pus or lymph, ulceration, or gangrene. Where any of these appearances have been witnessed, in the class of squamous diseases alluded to, they have either been accidental, forming no necessary portion of the disorder, or they have evidenced a complication with some other cutaneous malady. Thus our diagnosis of this class is most simple, as its crusts are organic, that is to say, they consist of cuticle either in the normal state, or more or less modified by the particular disease, but without any of the usual products of inflammation: and I have endeavoured to prove to

you, that the rational and most successful mode of cure in squamous diseases, is to effect a change by internal and external means in this peculiar morbid state of the apparatus secreting the cuticle, so as to obtain, if possible, the products of common inflammation in its stead; this, it has been found, is more prone than the former irritation to terminate in a healthy condition of the parts, and thus to cure the disease, for which it was instituted. I have the honour, to-day, to direct your attention to another form of cutaneous disorder, which, in addition to the production, in its chronic stages, of cuticular scales, is *always* accompanied by the products of inflammation, pus, lymph, and true scales or crusts, which are not organised, though occasionally mixed with portions of diseased organic cuticle. This affection of the skin has been called by Willan and his followers *impetigo*, and it is defined to consist, "in an eruption of yellow, itching pustules, appearing in clusters, and terminating in a yellow, thin, scally crust." I would add to this, that the microscope always demonstrates the existence of true pus globules in these crusts, and also an oily sebaceous matter, furnished probably from the sebaceous follicles of the skin, which are the parts chiefly implicated in this disease. The impetigo is not contagious, is attended with no fever, and may either be general or local; like lepra, psoriasis, and the other diseases I have hitherto described, it is very prone to produce an excess of cuticle, which, however, is *not* in its normal state, and it also very commonly commences healing from the centre of the diseased parts, as is witnessed in scally disorders. So close is this resemblance in the chronic forms of impetigo, that they were very commonly considered by Celsus, and most medical writers previous to Willan, as the humid form of leprosy. More anciently, impetigo and lepra appear to have been used as synonymous terms. It has been customary to divide this disease of the skin into five varieties, thus named by Willan:—I. figurata, I. sparsa, I. erysipelatodes, I. scabida, I. rodens. This, however, is a complication and refinement which, in my opinion, is unnecessary, as leading to no practical result; Rayer's subdivision, into two of these varieties, the I. figurata, and I. sparsa, is much more useful and natural; but a difficulty exists in discriminating either of these forms in its early stage from another disease of the skin called porrigo, which is contagious; a fact, of course, at once distinguishing one affection from the other; but, as it may not always be expedient to wait for this means of diagnosis, I have been accustomed to consider pustules, which contain matter or pus globules, accompanied by the production of morbid cuticle, and often attended by ulceration, to be impetigo, whilst pustules containing matter, pus globules, and probably animalcules, and not forming morbid cuticle, or being accompanied by ulceration, constitute porrigo. This consideration will be found to refer many instances of I. figurata as at present described, to porrigo, as in the example which I hand round; but then it will much simplify the consideration of the two diseases, as will be better seen hereafter. In the first moment of either eruption, however, unless contagion can be traced, a constantly correct diagnosis will be scarcely possible, save, that animalcules or their ova, in all probability, be found to exist in porrigo, and may admit of microscopic demonstration; though, as yet, my researches have not completely satisfied me on this point.

I shall consider impetigo to be divided into three varieties:—I. figurata, I. sparsa, and I. rodens, and these may be subdivided into four states or conditions, as pustules, crusts, scales, or ulcers, predominate; thus, of the three varieties we shall have forms that will be named pustulosa, scabida, squamosa, and ulcerata, which, you perceive, will also sufficiently mark the acute or chronic stages of the disease, and at the same time notify characteristics, so different as to be otherwise scarcely recognisable as appertaining to the same disorder.

Impetigo figurata is most frequently seen in infancy and youth, though the middle aged and the old are by no means exempt from its attacks. It is commonly found amongst the poorer classes, or those whose food or habitations are necessarily or by choice unwholesome. It appears also, in many instances, to be periodical, which may possibly be accounted for rather by the indulgence of the patient in some improper article of diet, presenting itself at a particular season, than by any atmospheric or other external influence. Impetigo figurata is most commonly sudden in its attack, and not unfrequently preceded by some bodily indisposition or mental anxiety; but it seems to be most obnoxious to persons of lymphatic temperament, with pale complexions, and light hair. Its most usual localities are the face, instep, backs of the hands, wrists, and flexures of the joints—a circumstance arising from the greater proportionate development in such situations of the sebaceous follicles; but any parts of the body may be the seat of the complaint, which, for the most part, appears in small red patches, accompanied by some degree of irritation, which augments as the spots become enlarged and more apparent, till at last they are covered with small, yellowish, confluent pustules, termed psydracia. These pustular spots occur in no regular order, but, like the patches of psoriasis diffusa, they assume various irregular figures, resembling the outline of continents, islands, &c., on a map. Each group is surrounded by more or less inflammation, and by passing the finger over the part it is found very slightly swollen, and raised above the surrounding healthy skin. At the end of a few days the pustules either break or are broken by the hands of the patient in his efforts to relieve himself from the itching, which always more or less accompanies his complaint, and a yellowish or greenish crust is then formed by the concretion of the discharge. This crust always contains pus globules, and sometimes layers of albuminous secretion, which show the disease to be more or less complicated with eczema—an occurrence far from infrequent, as I shall presently mention. Occasionally much pain accompanies this complaint, with a sense of burning and intense itching, and the crusts are constantly removed by the patient, exhibiting the skin beneath, of a bright scarlet, deprived of its epidermis, and more or less cracked and fissured, whilst many small points may be distinguished, which pour forth an abundance of straw-coloured secretion. This soon again hardens or dries into scabs, whilst layer after layer of morbid cuticle is produced, and thrown off, or removed by the patient's scratchings, with the newly-formed crusts, and at length ulceration may be induced. When the fingers or toes are thus affected, the nails are commonly thrown off with the cuticle, and if reproduced are very ill-shaped and unequal in their growth, frequently having a porous laminated texture, which resembles conical pieces of slightly fried horn, more than the natural part. It may also be well to mention that large irregular cicatrices very commonly follow impetigo, which are not noticed in squamous diseases, or in scabies, porrigo, or eczema, with which it may be confounded.

I. figurata may continue for months or years, and thus the disease may run through the stages of pustulosa, scabida, squamosa, and ulcerata. These forms are very often found co-existent, and even in the most advanced stages of the disease the earliest symptom, that of pustules, is very constantly to be seen. Impetigo figurata may exist on several parts of the body at the same time, or it may leave one situation to occupy another, or keep gradually enlarging from the circumference, whilst it heals at the centre, as in the hand I pass round for your inspection. In other instances, several patches of impetigo figurata appear to coalesce, and then the variety I shall next mention is produced—

The impetigo sparsa, which, in reality, differs very little from the form just described, save that it is more commonly spread over a wider surface, and with greater irregularity in the disposition of the pustules, which are generally produced singly, rather than in clusters, whilst the intervening skin is inflamed, red, and desquamating. The pustules and the inflamed surface amid which they are situated are very little, if at all, raised above the sound skin; but small fattened specks, or spots of pus, are to be seen irregularly spread or scattered in the part, and, as it were, bound down by the epidermis wherever it covers these inflamed portions of the integuments. Impetigo sparsa more commonly attacks the aged, and the lower extremities, than the first variety, and, in these instances, it not unusually runs into ulceration; it would also seem, for the most part, to be occasioned by varicose veins, as this morbid state is almost always to be remarked when the legs are affected; it also is often found accompanying pregnancy, and adding much to the inconvenience of that condition. The inflammatory form, impetigo sparsa assumes under the latter circumstances, and the œdema with which it is accompanied, place it in the division of I. erysipelatodes of Willan, though the face or any vascular part of the body may be equally affected with this form of the disorder. In young children, too, impetigo often assumes this type, and proves a dreadful torment to the little sufferers, occupying the large flexures of their joints, the back of the neck, the face, &c, and manifesting increased inflammation on the cutting of every tooth. The application of many irritant substances to the skin, as lime, sugar, resinous plasters, &c., may produce either of the described forms of impetigo, as well as of eczema. Thus, grocers' itch, bricklayers' itch, bakers' itch, &c., are the popular names of maladies having this origin; but, according to their stage, and the parts implicated in the irritation, they may resemble impetigo, eczema, or psoriasis; and, of course, they are not contagious in any case, as their name might indicate. Impetigo sparsa, originating spontaneously or from constitutional causes, may also assume the aspects I have described when speaking of I. figurata, viz., pustulosa, scabida, squamosa, and ulcerata. The second and third forms are very commonly joined, and together constitute the impetigo scabida of Willan, which oftentimes is a very severe affection, particularly in the young, whose entire body I have seen covered with these pustules, scabs, and scales, so that they have presented, as a whole, a more frightful appearance than belongs to any other chronic cutaneous disease, except elephantiasis. The scalp is very commonly the seat of this form of impetigo, and I have often seen it of ten or fifteen years' duration in this locality; indeed, it is commonly of long duration, wherever situated, resisting all means attempted for its cure, and it may, and does, ultimately desquamate into the inveterate forms of lepra or psoriasis.

The impetigo rodens is a much more rare affection, and is probably of a cancerous nature, having been witnessed by Willan in a few instances only, and never by Bateman, Thomson, and other authors, some of whom do not mention the disease. I have, however, seen many examples of it, and, at this moment, have several well-marked cases under my care. It attacks the young as well as the middle-aged, and may be subdivided into the forms, ulcerata, scabida, and squamosa, like the other varieties of impetigo, though the form ulcerata is the only one described by Willan; it commences with the eruption of a small cluster or of clusters of red patches, which are unlike those that precede the other varieties of impetigo, in being harder and more deeply situated beneath the cuticle in the substance of the dermis; they may commence in the face, or in any part of the body; suppuration comes on in two or three of these points, and pustules are formed which, after a time, break, and discharge an acrid matter, which more or less excoriates the surrounding parts and implicates them in the affection, not infrequently producing an attack of erysipelatous inflammation, in the mean while ulceration proceeds in another direction, and laminated scabs or scally secretions appear over the former ulcerations, which after a time fall off, exposing red, tender, and depressed cicatrices, which, however, prove only temporary, as they are usually the seat of a fresh crop of pustules, which again ulcerate, and corrode the part more deeply. Such violent paroxysms of pain, itching, burning, and tingling accompany this rare disease, that it can be compared to nothing less than an attack of tic douloureux, there being superadded the torment of an inflamed ulcer, which the unhappy patient cannot resist tearing and irritating with his hands and nails. In fact, in the extensive opportunities of witnessing aggravated human suffering which have fallen to my lot for many years, at home and abroad, I have never witnessed the same amount of acute suffering belong to any other disease; this dreadful complaint often encircles the limb or part of the body whereon it is situated, or else follows the distribution of a superficial nerve and commonly resists all measures for its cure opium or its preparations, in very large doses affording only a temporary relief.

I have never been able to trace any cause for this affection, which has been rarely mentioned by authors, under the name of ileus serpiginosus, and is considered by Rayer as a form of lupus in common with the next variety, impetigo rodens scabida.

This, like the former, commences with a few patches, very commonly on the face, though occasionally on the body or limbs, arranged in an irregular form, yet somewhat resembling the segments and portions of a circle, which, as seen in the models and drawings, increases by the formation of pustules at its circumference, and runs over the features, so as to embrace one or more of them in its area, dark laminated crusts, like those of rupia, form over the ulcers left by the pustules in many points, which become very adherent, and, when detached, show numerous firm granulations of irregular lengths which, like small warts or elongated papillæ, shoot upwards into the centre of the crusts; many of these are torn across when the scab is separated, and bleed freely, whilst their base is found to rest upon an ulcerated surface considerably beneath the healthy skin, exterior to the diseased circular portion.

When this scab is thus repeatedly removed, these papillæ become cicatrised, as you observe in the models from Scott's hand, and the boy's heel, and manifest a granular or warty appearance, presented, I believe, by no other disease, whilst, as you perceive, the subcutaneous cellular tissue and the former structure of the skin is completely destroyed, and a new surface, intersected with irregular bands of a whitish colour, like those following deep burns, substituted, which is lower than the surface of the healthy parts around it, whilst the lips and other features are commonly more or less tumefied. I should have mentioned, that attacks of erysipelas are also very common in this affection, and that I have occasionally witnessed a partial cure of the impetigo from such an occurrence.

The third variety of impetigo rodens, which I have termed squamosa, appears very much after the manner of lepra circumscripta, and it may arise on any part of the body; the patches, however, are redder, and have a more scattered arrangement, smaller, and the cuticle, which is tightly stretched over them, is very lightly covered with scales; this state may continue for years, when, all at once, minute pustules form under the polished, brittle cuticle; they soon break, ulcerate, and are furnished with scabs, which, after a time, fall off, leaving a white, healed surface, or cicatrix, situated below the level of the healthy skin; other pustules in succession form, ulcerate, and go through the same course, until a large, irregular, whitish scar is produced, which much resembles that left after a burn which has destroyed not only the skin, but a portion of the cellular membrane beneath; I have no model or drawing of this affection, though one or two patients are in attendance here at the present time, but they do not present striking examples of the disease. This description ends the last variety of impetigo which it is necessary to mention; I shall, therefore, shortly state that the origin of this disease in all its forms is often very obscure, but still it may be occasionally traced to similar causes to those producing lepra and psoriasis—the idiosyncracy of the individual, perhaps, determining the nature of the eruption; I think, however, that some cachexy in the habit predisposes to impetigo more than to squamous affections; this is the case with scrofula, consumption, or other chronic visceral affections; the fair-complexioned, with light hair, being the most susceptible; a varicose state of the veins, as before mentioned, is also very constantly observable in impetiginous affections of the lower extremities. Indeed, languid circulation, from any cause, seems very much to increase the liability of the individual to this disease.

We shall resume the subject of impetigo next week.

Aneurism of the Brachial Artery.—Mr. Salter places on record in the *Provincial Medical Journal* a case of false aneurism of the brachial artery, resulting from a wound of that vessel, which occurred several years ago, and which he treated successively by compression. The patient dying afterwards of phthisis, he had an opportunity of verifying his diagnosis by the dissection of the part.

ORIGINAL CONTRIBUTIONS.

SUCCESSFUL OVARIOTOMY.

By Dr. Clay, Piccadilly, Manchester.

Case 18th.

Previous History.—Mrs. Smith, of Finsley Banks, Lancashire, aged fifty-one, long subject to irregular menstruation; bowels generally confined; the left side of the abdomen more tumefied than the right; tumour to the touch of the cystic character; has noticed the enlargement five or six years; frequent pains in the abdomen, chiefly on the left side; size of the abdomen equal to that of mature pregnancy; uterus per vaginam perfectly healthy; countenance good; disposition languid; no cough; tumour very movable; fluctuation distinct; sleep disturbed; recumbent position uneasy: when lying on the right side a dragging sensation in the groin; recollects pain and swelling in the abdomen, chiefly on the left side, some years ago, after lifting a heavy weight. Digestion impaired; often troubled with flatulence; has never applied bandages; subject to leucorrhœal discharges; occupied only as a housewife; stature tall; has never been tapped; married; has had only one child, twenty-nine years ago.

Present Condition.—Tapped the sac January 10th, 1846; removed 22lbs weight of dark coffee-coloured thick fluid; ordered the inspissated gall, grs. x night and morning, with the view of emptying the bowels well before extirpation, and to allay intestinal flatus, which that remedy does most effectually. January 14th, 1846, 11 o'clock a.m., extirpated the sac in presence of Sir Arnold Knight, Drs. Watson and Lewis, of Liverpool, and Dr. Radford and Mr. Winterbottom, of Manchester. Pulse before operation 90, soft. The incision from umbilicus to pubes; the sac, with some four pints of freshly secreted fluid (since tapping), about 6lbs in all, which, added to the former 22lbs, presenting a total weight of 28lbs; pedicle as predicted on the left side, and of moderate thickness; no adhesions; the tumour, one large thick-walled cyst, without solid matter; temperature of the room during operation, from 70 to 74; pulse, immediately after, 90, soft; blood lost not two ounces; bore the operation with great fortitude; gave a draught with three-fourths of a grain of Mur. morphine.

PROGRESS OF THE CASE.

Two o'clock (three hours after the operation).—Temperature of the room 70; pulse 94, soft; tongue moist and clean; no hemorrhage; skin warm and moist; felt considerable pain at the pedicle (left groin); no cough; no shivering; no movement of the bowels; passed no urine (the bladder having been well emptied before operation); no thirst; no flatus; respiration calm; no disposition to sleep; no sickness; bowels perfectly free from tenderness; ordered thin gruel and tea with softened bread in it.

Six o'clock, p.m. (seven hours after operation).—Temperature 68; pulse 96—98, firm but soft; no hemorrhage; tongue moist and clean; general surface warm, with copious perspiration; pain at the pedicle much less; no cough; no shivering; no motions; passed ℥ viij of urine by her own efforts; no thirst; no flatus; respiration calm. The morphine had produced one hour and a half of sound sleep; no tenderness; no sickness; Ordered one grain of calomel; diet as before.

Eleven o'clock, p.m.—Temperature 68; pulse 86, soft; no hemorrhage; tongue moist and clean; skin warm and moist; pain left the pedicle; no cough; no shivering; no motions; passed urine ℥ vi without assistance; no thirst; no flatulency; respiration calm and free; had slept since last visit one hour and a half. Ordered one grain of calomel, and a draught with Mur. morph. three-fourths of a grain; diet, weak fluids as before.

January 15th, seven o'clock, a.m.—Pulse 82; tongue clean; skin moist and warm; no pain; no cough; no shivering; no motions; had passed urine three times during the night (℥ xxiv); slight thirst; no flatulency; respiration free; had slept three and a half hours; no tenderness on pressure; slight sickness (from the calomel). Diet as before.

Twelve o'clock, a.m.—Pulse 80; tongue clean; skin moist; not the least pain; no cough; no shivering; bowels not moved; passed ℥ viij of urine; no thirst; no flatulence; respiration free and calm; had slept one hour since last visit; no tenderness on pressure; slight nausea from the calomel. Diet as before.

Six o'clock, p.m.—Pulse 80; tongue clean; skin moist; no pain; no motions; had passed urine twice copiously; no thirst; no flatulency; respiration good; had slept two hours; no tenderness on pressure; sickness left. Ordered Fel. bov. inspiss., grs. x; diet as before.

Eleven o'clock, p.m.—Pulse 80; tongue clean; skin moist; not the least pain; bowels not moved; no urine since last visit; no thirst; no flatus; respiration good; had slept two hours; no tenderness on pressure; no sickness; diet as before, with boiled bread pudding.

Eleven o'clock, a.m., January 16th, forty-eight hours after operation.—Pulse 84, very soft; tongue clean; skin moist; no pain, except an uneasy feeling in the bowels, as wanting a motion; urine had passed freely; a little flatus from the bowels; respiration very good; had slept four hours since last night; no tenderness on pressure; very slight nausea. Ordered a gruel clyster of the simplest kind; diet as before. In this the first forty-eight hours, no less than fifteen hours and a half were spent in sound sleep.

Eleven o'clock, a.m., January 17th, seventy-two hours after operation.—Pulse 86—92; this rise probably owing to the clyster not acting; tongue clean; skin warm and moist; not the least pain; a trifling uneasy sensation of fulness, and wish to have the bowels emptied; urine in considerable quantity the last twenty four hours; a little thirst experienced; no flatulency; respiration good; had slept eleven hours since last report; not the least tenderness on pressure; no sickness. The wound was examined; all the sutures removed; the incision perfectly healed. Ordered a clyster, with ℥ ij of recent ox-gall added to it. Dict as before continued.

Eleven o'clock, a.m., January 18th.—Fourth day completed. Pulse, highest 80, lowest 76; tongue clean; skin moist; no pain; the clyster had acted in less than half an hour after exhibition, producing a very copious motion; urine somewhat less in quantity, probably owing to the bowels having been acted upon; no thirst; no flatus; respiration good; had not slept so much last night; no tenderness on pressure; no sickness. Ordered a little veal tea, diet in other respects as before.

Eleven o'clock a.m., Jan. 19th.—Fifth day after operation. Pulse 80; tongue clean; skin moist; free from pain; bowels freely moved by natural efforts; urine passes freely; no thirst; no flatulency; respiration good; slept through the night at least seven hours; no tenderness on pressure; complains of hunger. Ordered a broiled mutton chop.

Eleven o'clock, a.m., January 20th.—Found her sitting up; pulse 80; bowels freely moved; urine passes freely; skin moist; relished her mutton chop; slept all night. Ordered a chop to dinner, and a poached egg to her tea. From this time the case went onwards to a rapid recovery.

January 21st.—Sat up a considerable time to day; feels well except weakness; takes her food, and sleeps well; bowels regular; urine passing freely.

January 22nd, the eighth day.—Sat up a great portion of the day; feels in every respect well.

January 23rd.—Continues well.

January 24th.—Continues well.

January 25th.—Sits up most of the day; eats and sleeps well.

January 26th.—Continues well; takes a little porter.

January 31st.—In good health and spirits; is preparing to leave Manchester in a few days.

OBSERVATIONS.

The temperature of the room was gradually lowered after the operation, and on the second day a small fire just necessary to make it comfortably warm, was all that was allowed.

The pulse was remarkably soft and compressible throughout, the highest range never exceeded 98, and that immediately after the operation, which proved only to arise from nervous excitement, and, therefore, but of temporary duration, as it soon fell to 86, whilst her natural pulse some days before the

operation was about 80. A second rise of the pulse was observed on the third day, when it reached 92, owing probably to the bowels wanting emptying. The natural pulse of 80 assumed its position on the fifth day, and became permanently steady. As the blood lost during the operation was so trifling (scarcely amounting to two ounces), it was probable the circulation would have made greater efforts after; such, however, was not the case. Hemorrhage was entirely absent in this case.

The tongue exhibited throughout a moist cleanliness, which I certainly attribute to the action of the inspiss. ox-gall; in placing the stomach and alimentary canal in as good a position as possible before operation.

The skin, with the exception of a few hours after the operation, was always moist and warm. Immediately after operation severe pain was felt at the attachment of the ligature, which gave way in about four hours, after which she experienced no pain, with the trifling exception of a little griping, occasioned by the calomel exhibited with the view of creating a little nausea to check the force of the circulation. Not the slightest cough was observed during the treatment of the case; no shivering; the bowels were not moved till the close of the third day; the simple clyster on the second day had no effect, but the clyster with recent ox-gall acted immediately; after all, the inactive state of the bowels was no more than is usually met with after childbirth, and the common consequence of removal of pressure, and lying still in bed with low diet. One of the most remarkable features of this case was the active secretion of urine from the time of the operation to recovery; not the slightest assistance by the catheter was given. In four hours after the operation, at least eight ounces were passed easily, although the incision through the abdominal parietes was six inches. Indeed, the secretion by the skin was equally active with that of urine; the latter, when abundant, is indicative of a good termination of the case, and, on the contrary, when deficient, a fatal result may be anticipated. Little or no flatulency was observed; the absence of this very troublesome symptom is always of great importance, and I have never observed it where the ox-gall has been given, but have seen much annoyance and trouble with flatus where it has not been used.

The respiratory organs were not in the least disturbed. Sleep in this case was also a remarkable item, no less than fifteen and a half hours in the first 48, after operation, and equally as much in proportion afterwards.

An entire absence of tenderness on pressure showed how little the peritoneal surface suffered from so extensive an injury—a fact that would have been deemed past belief a few years ago.

Sickness was scarcely ever observed, and what little did appear arose from the exhibition of calomel with the intent to produce nausea.

As to medicine, two draughts with the mur. morph., two grains of calomel, and about twenty grains of fel. bov. inspiss., were all that was necessary.

The clyster, with two ounces of recent ox-gall, was immediately followed by a motion; I cannot too strongly recommend this species of clyster to the profession, where an immediate action is wanted without using irritating, and, therefore, mischievous materials.

The wound was quite healed on the third day, and the sutures entirely removed—a circumstance at all times desirable, as any object that has a bare possibility of irritating should be dispensed with as early as it can safely be done.

The diet in this case was common with that of my previous cases; plain oatmeal gruel; weak tea with softened bread in it; simple boiled bread pudding; toast water, &c. After the bowels had been moved, and all other symptoms favourable, a little weak broth allowed; in this case veal broth was given on the fourth day. On the fifth or sixth day a broiled mutton chop was added to the no small satisfaction of the patient after so spare a diet.

It would have been almost impossible to have desired a case of so serious a character to progress to a cure more favourably than this, and it is another addition to the many proofs I have already adduced of the justifiable nature of the operation of *ovariotomy*. I have still some other cases to bring forward, after which the whole of my cases will be published in a separate form, by which time I hope much of the prejudice of the profession in respect of this operation will have passed away.

In addition to these remarks I have been favoured with the remarks by Dr. Watson, of Liverpool, to whom I presented the extirpated sac and contents secreted since tapping:—

"The fluid was coffee or rather cocoa-coloured; it had two deposits on standing; the lower stratum of a brown colour, the upper of a reddish-pink colour, due to the presence of the red corpuscles of the blood, proved by the microscopic test.

"The presence of albumen in such a fluid follows of course, and this in a *free* state. Nitric acid produced an almost pulpy mass, so large was the quantity of that substance.

"No evidence of the presence of cholesterine was obtained. The filtration of the fluid required a day or two to effect.

"This is Dr. Brett's report to me of the analysis. It is rather puzzling to find this exceptional state to the general rule of ovarian fluid. In fact, this is more like altered blood than a regular secretion. Dame Nature had not a fine sieve by her there, and so she coarsely strained off a lot of the contents of the arteries nourishing the sac. It only shews how she 'abhors a vacuum;' in the lengths she will go to ——!

"I hope you will be able to establish that the limpid and colourless fluid is free from albumen, and that the colour is great enough to give opacity; it generally indicates the presence of free albumen, which, however, may be as remote from ascitic fluid on the one hand, as the non-albuminous and translucent fluid is on the other—diagnosis from ascites being as well marked in the one state as in the other; so it strikes me.

"I am ever yours,

"G. C. Watson."

ON THE CHEMICAL AND REMEDIAL ACTION OF AMMONIA IN PNEUMONIA.

By Walter Yates, Esq., Surgeon, Nottingham.

July 1st, 1845.—Mary C., aged twenty-four, is a person of spare habit of body, and of sanguineous temperament, and one, who up to the present time has enjoyed a good state of health, yet she has never been strong.

A few days ago she became very hot and feverish, accompanied with general uneasiness of the whole frame; and during the last two days she has had much pain of an acute character darting through the right side of the chest. Now, the whole surface of the skin is very hot; she has been shivering during the day; she complains much of headache; her face is exceedingly red; she is covered with a hot perspiration; her tongue also is red, except in its centre, where it is loaded with a rough and darkish coloured fur; she has a severe cough, which prevents her from sleeping; the pain in the right side of the chest still continues, and catches her acutely at the lower lobe of the lung on deep inspiration. The expectoration is slight, but what there is, is rather inclined to be rusty; it has assumed the appearance of thin jelly.

On percussion, the whole of the lower half of the right side of the chest, both in front and behind, yields only a dull sound, very different from that produced on the other side of the chest by the same means. There is also to be heard, on listening with the stethoscope or ear, a very distinct and extensive crepitating sound, and also a gurgling sound, such as you hear after the first stage of acute bronchitis. The epigastrium is tender, and she is annoyed with thirst, which is unabated by draughts of water, &c. Her breathing is unusually hurried, the respirations being 40 in the minute; the whole chest heaves tremendously; the pulse is about 100 in the minute, but not very wiry, although somewhat hard. Her urine is scanty and very deeply coloured. She appears to be very weak, and attributes her chest affection to cold. She was ordered as follows:—

R. Vini ipecac., ℥ij; Antim. pot. tart., gr. j; Sp. ætheris nit., ℥ij; Potassæ nitrat., ℥i; Aquæ puræ ad. 0ss. M. sumat ℨj 4ta quaque hora.

R. Pil. hydrarg, Rhei. co., āā gr. iv.; Pulv. ipec., gr. ij. M. ft. pil. ij o.n.s.

On the 2nd she was in much the same condition; and on the 3rd she was ordered a blister for the chest, with five grs. of Extr. hyosciamus with every dose of the mixture.

5.—She complains of the pain still being there, and is still very much excited.

Applicantur hirudines, viij pectori et postea emp. cantharid.

R. Hydr. chlor., gr. xij; Pulv. ipecac., gr. vj; Extr. hyosciami, ʒij. M. ft. massa in pil., xij dividenda cap. j ter die. Cont. mist.

6.—Headache is almost intolerable; face very much flushed; the thirst is great, and she has felt sick during the night; bowels open; pulse feeble, and reduced to 90; tongue not quite so much furred; cannot sleep; she is very weak.

R. Sodæ sesquicarbonatis, ℥j; Tinct. conii, ℨj; Tinct. cardam. c., ℨss; Ammon. carbon., ʒij; Aquæ puræ ad. ℨxvj. M. capiat. ℥j; 2da. quaque hora cum., ℨss; Mist. sequentis.

R. Acid tartarici, ℥j; Aquæ puræ ad., ℥viij. M. Cont. pilul.

9.—She is in a very critical condition from debility; the expectoration is considerable; however, it is not so gelatinous; its rusty tinge is also disappearing; her head is considerably relieved; and she expresses herself more comfortable in regard to her sickness; for the first time she has had a moderate night's sleep; her face is not so much flushed; the pain still continues, though to a less extent; her debility prevents the use of the lancet; bowels open; cough troublesome in the extreme. Let her have eight leeches applied to her chest, and continue the use of the other remedies.

10.—Improves slowly; expectoration indicates some bronchitic catarrh; it has lost much of its particular pneumonic character.

R. Tinct. camphor. comp., ℨss; Mist. salin., ℥viiss. M. capiat. ℥j, 4ta hora.

11.—Has derived benefit from the above mixture; is emaciated. Let her begin to-morrow to take an ounce and a half of the following mixture every four hours:—

R. Ammoniæ sesquicarbonatis, ℥j; Decocti senegæ, ℨxvj. M.

R. Pulv. ipecac., ʒj; Extr. hyosciam., ʒij—Coloc. c. ʒj. M. ft. pil., xvj, capiat. 1 ter die.

20.—Has continued to improve up to this period: has had occasional doses of castor oil; but in every respect, both as regards her general appearance, her headache, the condition of her tongue, pulse, and breathing, she is much improved.

R. Acid. sulph. dil., ℥j; Decoct. cinch. onæ. 0ss. M. Capiat., ℨj ter die. Capiat. pil. scillæ c. hyosc., gr. x o.n.

30.—Apparently quite convalescent; she is recommended to go into the country, and to wear a large calefacient plaister over the whole chest, with which she was furnished.

Remarks.—In regard to the nature of this case, there can be no question as to its being an acute attack of peripneumony, and subsequently of a slighter form of bronchitis, as indicated both by the rational and physical symptoms. Now, when we have presented to us a case of this kind, admitting of no doubt as to its character, we might, at first sight, imagine that it admitted of no doubt as to its subsequent mode of treatment; but there are many circumstances to be borne in mind in the successful management of all such like cases, and one in particular, and above all others, is the propriety of blood-letting. It is, I may almost say, an established, or at the least a very common, rule to bleed in cases of confirmed pneumonia. Had this person been in her times of health a strong and robust woman, there perhaps would have been no hesitation on my part to have drawn blood in the first instance, and, when the disease having fully developed itself, had made some progress. Two circumstances in her case, however, influenced my opinion in regard to its propriety; and on a mature, though clinical, consideration I decided against its use. Now the first and most decided objection to let blood from this female was, that she was debilitated, and that the inflammation was not only threatening, but had actually taken place, had actually advanced into the middle of its first stage, to wit, that of effusion of serum into the air vesicles, accompanied by the

pathognomonic symptoms of moist crepitation, and the confirming sign of dulness on percussion, with other rational auxiliaries. I may here mention my opinion, as a general rule, in respect to the advantages and disadvantages accruing from the use or abuse of this agent (the lancet) in this particular stage of the disease. It must be remembered that no blood-letting, to however great an extent it may be carried, can completely arrest or cut short inflammatory action when once thoroughly established; it may, I allow, be considerably checked, but that it cannot be cut short is pretty evident. Therefore it comes to be a matter of the greatest moment, not only touching the welfare of the patient, but also as regards the success and reputation of the practitioner. Now the pneumonia having advanced to this stage, and the patient being but a weak subject, it was determined to place her upon a moderate plan of treatment, consisting of mild mercurial and antimonial agents. Had there been any symptoms of approaching inflammation, in short, had the malady only threatened, venesection, in my opinion, would have at once cut short the attack; and although the lancet is an heroic remedy in all acute inflammatory affections, and amongst others in this, yet there is a time for all things, and when employed improperly, or in other words at an untimely hour, it can be as a curse only, and not as a remedial agent. In putting by the lancet I would just hint, at a few facts, gathered at the bedside of the patient, in connexion with the employment of stimulants in all acute inflammatory chest affections. In relation to the subject now before us, it may be observed in passing, that Mary C.'s chest was leeched; and on previous and subsequent occasions counter irritation was had recourse to, in the shape of blisters. It is to be regretted that the physical symptoms could not be exactly ascertained in their different changes; this was owing to the continued irritation of the blisters, which were highly sensitive to the least touch, and for a longer period than usual, thus preventing me from following up the matter to my own satisfaction. However, touching the timely administration of general stimulants, it is to be feared that their employment is, in the greater number of cases, delayed beyond the favourable time, when their remedial powers are as nothing, comparatively speaking. From this delay alone patients not unfrequently sink beyond any hope. This, it may be said, is, or may be, mere fancy, but I am firmly convinced of its truth. It requires a nice degree of judgment to decide upon the exact time when stimuli should be administered. We can lay down no correct law in regard to time, since the duration of the several stages of the disease itself is not confined within any known space—in short, because the disease obeys no regular laws. Yet you will find that a person, after having suffered from the affection for a period of six or seven days, or thereabouts, will feel his physical powers begin to fail him materially; that his mind becomes exceedingly uneasy, more so, even, than at the beginning of the attack; and that there is also a peculiar and most important change in the features. It is this change of the features that ought to influence our practice in respect to the use of ammonia; not that the other symptoms are to be neglected—far from it, for the effectual practice of medicine is made up of trifles: consequently all the symptoms must be looked into; every information must be collected; and then a diagnosis may be drawn from the whole accordingly. It is no easy task to express the nature of this change of countenance, since it is a change of a nature not to be described, but to be known only by actual inspection and experience.

Now, as regards the action of ammonia on the lungs, I have some opinions peculiarly my own to offer (as far as I am aware). It is pretty universally allowed at this time, that inflammation of any part and of any texture, is owing to an over-oxidation of the blood contained in that particular part; or, in other words, that inflammation is the development of certain changes going on in the blood. These changes, of course, consist in its becoming more fibrinised, and consequently more highly organised. The opinions of the justly celebrated Leibig and Mulder on this subject are effectually the same. Theirs is a war of words, the mere shadow of discrepancy, arising out of a difference of expression. In the end they both affirm the blood, as a whole, to become more oxidised under the influence of inflammatory action, or, to speak more properly, when the blood is undergoing these changes, that pneumonia (and inflammation in general) begins to show itself.

In respect to the action of ammonia on this condition of the lung, I have some reason to suppose that it ($N.H.^3$) is made to alter its nature by a *bonâ fide* chemical operation, by which it undergoes a regular and well-defined metamorphosis into water and nitric acid. I will explain the manner in which these changes are brought about. In doing so, it is necessary to say that the blood also is subjected to an alteration, by which it is reduced to its own state. It would be preposterous to look upon it as a chemical decomposition and combination, and to suppose at the same time that either the one or other agent remained in the same condition in which it was before the chemical act took place. This is in opposition to all reasoning.

Well, then, viewing ammonia as a combination of $N.H.^3$ in its gaseous form, we may at once imagine the hydrogen of the ammonia combining with a part of the over-oxygenated blood, and forming *water*, or, to use another expression, hydrating the blood, just as we may conceive the nitrogen of the same compound combining with the remaining surplus of oxygen, and forming *nitric acid;* and thus we have these two chemical combinations induced at the same time. We have then, firstly, the stimulant effect of the ammonia upon the system in general; and, secondly, the tonic effect of it in the form of nitric acid, or nitrate of water, in which condition it always exists, exactly at the time when the frame stands so much in need of it.

For my own part, I cannot imagine any organs so well adapted to accomplish these changes through the same means as the lungs. Of course, from this reasoning, they take place better and with more rapidity and certainty, when these organs happen to be under the above named conditions.

DIAGNOSIS OF PREGNANCY.

By A. W. Close, Manchester.

Some cases have occurred in the course of my practice, which are worthy of note, and may serve to illustrate the excellent lecture of Dr. Rigby, reported in the *Medical Times* of the 24th ultimo.

He observes, "the movements of the child may be distinguished at a comparatively early period." "They may be distinguished by a well-practised hand about the seventh month of pregnancy, or perhaps rather earlier."

These observations no doubt refer to auscultation. But a *well-placed hand*, as the following case will prove, may also distinguish the movements of the fœtus at an early period. And, verily, the question of pregnancy is one of the utmost importance to every practitioner. Woe be to him that erreth in this matter. Yet most singular cases of mistake on the part of the practitioner are of every day occurrence. I saw, not long ago, a patient's prescription papers, in their aggregate as long as my upper extremity, containing oft-repeated demands upon the mist. ferri comp., ordered by a physician to a large provincial hospital; the necessity for which was fully disproved by the appearance of an infant now "whining and puking in its mother's arms." Another physician, of equal practice and experience, in consultation, dogmatically assured a medical friend of mine, who suspected pregnancy, that the case was one of ovarian tumour. This tumour made its entrance on the stage of the world, in the incipient form of Cicero's "Animal providum, sagax, multiplex, acutum, memor, plenum rationis et consilii, quem vocamus Hominem."

The question is one, too, of peculiar delicacy and difficulty. The honour of the aristocrat—the lady of noble birth—the character of the poor servant-girl—often hangs upon the decision of the practitioner.

> "He who filches from me my good name,
> Takes that which not enriches him, and leaves
> Me poor indeed."

The difficulty exists, not in the diagnois, for, when every facility of inquiry is permitted failure can seldom occur; but every right-minded man is wishful to consider the patient innocent, until the contrary be proved, and he is loth to put any question, or make any examination, which would give the slightest mental discomfort or suspicion. I am of opinion, as the following case will show, that the most convenient and most efficient single test, is the sudden application of the cold hand to the abdomen. Under the pretence of seeking for the existence of abdominal or pelvic disease, it is done as a matter of course, and will seldom fail to convey to the mind o the inquirer that amount of information which will either confirm or disperse his suspicions, or warrant a more close and searching inquiry.

On the 13th of April, 1845, I was requested to see Miss ——. She had been several weeks under treatment for amenorrhœa. No suspicion of pregnancy had been entertained either by her friends or the person under whose treatment she had heretofore been placed. Proceeding very cautiously, and assuming all the "suaviter in modo" I was capable of, I endeavoured to fix upon some symptoms for or against the suspicion. But as adventitious circumstances were against it, and not even the appearance of the areola, in itself sometimes a most valuable guide, at all in favour of it, I was at my first visit puzzled and perplexed.

On the 14th and 15th, I was enabled to give a decided opinion as to the fact of pregnancy, by feeling distinctly, at each visit, the jerkings of the fœtus in utero, when my hand was placed flatly, firmly, and with considerable pressure, on the right inguinal region. The movements were to my perception distinct, and not be mistaken. I at once took the liberty to declare her state to Miss ——, and she confessed that she had been placed in circumstances not unfavourable to its production.

On the 13th of August, during my unavoidable absence from home, she was attended by a medical friend of mine, and delivered of a fœtus, at least a fortnight premature. It would seem, then, that the movements of the fœtus in utero were distinguished by me between the fifth and sixth month, I believe soon after the fifth.

I have met with a case of self-deception almost as curious as the one recorded by Klein to which Dr. Rigby refers.

In the month of December, 1837, I was sent for to Mrs. H , residing at the village of Oldfield, who was declared to be in labour. On arriving at the house I found all the appurtenances and paraphernalia—the linen for the mother and the expected infant properly aired, prepared, and arranged. The nurse and other female friends were assembled, and the aged matrons in solemn conclave pronounced the labour to be rapidly progressing. Mrs. H., grasping a towel and holding in her breath, made most strenuous efforts to accelerate the expulsive stage at which she seemed to have arrived. On examination, I felt a substance protruding at the os externum, which, for the instant, I took to be the vertex of the fœtus; another moment convinced me that it was not. On endeavouring to pass my fingers beyond the protuberance, they were suddenly arrested by a cul de sac, apparently formed by the doubling of the vagina upon itself. The tumour I ascertained to be the unimpregnated uterus, a little larger than usual, and forced down to the os externum, by the voluntary propulsive efforts of the patient, bringing with it the adjacent and connected sides of the vagina.

The patient was twenty-nine years of age, the mother of three children. She stated that she had experienced all the usual signs of pregnancy to which she had been accustomed—the morning sickness; the longings; the quickening; the frequent movements of the fœtus. She had occasionally seen a "red discharge;" but as this had occurred in the course of her former pregnancies, it had not attracted her particular attention, nor disturbed her persuasion. She had not enlarged as much as formerly, this had surprised her; but the distention of the abdomen from flatus in the bowels was quite sufficient to favour the deception. At the expected period slight pains were felt; these were succeeded by more violent, accompanied with a strong inclination "to bear down."

I placed her head low; elevated the pelvis; pushed back the uterus; kept her in bed a few days, and jocosely wagered that she would bring forth nothing having flesh and bones for nine

months after. A year and a half subsequently she gave birth to a full grown fœtus. The mistake laid her open to the jeers and jokes of her acquaintances, and I have no doubt she will be very careto avoid it in future.

The influence of the imagination in such cases in the simulation of disease, in its positive establishment, and on the action of remedies, is a subject deserving of thought. In the wielding of it exists all that is worth anything in homœopathy, and all the power of the homœopathist.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

MEDICAL CASES.

CASE 3. — *Colica Pictonum—Dropt Hands, and severe general Paralysis affecting Muscles of Speech, with general Anesthesia and Bronchitis—Recovery under the Use of Quinine and Sulphuric Acid.*

William Dean, an unmarried man, aged thirty-one, house painter, from Windmill-street, was admitted into the hospital on the 22nd of February, 1845, under the care of Dr. Howard. He is a thin, delicate-looking man; appears at least ten years older than he states himself to be; is much emaciated; countenance of a pale sallow hue, and much sunken. He has been engaged in his present employment for the last nineteen years. His habits have been irregular; he has drank hard at times; his family have enjoyed tolerable health; his mother died from some chest affection. He states that he does not himself remember to have had a day's illness, until about nine years ago; previous to this time he was a strong hale man. During his work he has been daily in the habit of using preparations containing lead.

History of Attack.—About nine years ago he had the first attack of colic; this was severe, and laid him up for some weeks, during which time he had severe constipation. He was under medical treatment for this attack. As soon as he was convalescent he returned to his employment, his bowels remaining very costive, and obliging him constantly to take aperient medicine; but very soon afterwards he had another severe attack of colic, from which he recovered in about the same time, and again returned to his work. These returns of the colic continued to occur at short intervals, and about twelve months after the first attack he lost the power of the extensor muscles of the hand, and had dropt hand in consequence. Along with this he had very severe colic. At this time he was admitted into the hospital, and recovered from the colic, and partially from the paralysis, but since this time he has never had full command over the hands. He returned to his work after each attack, and has continued to suffer from colic and paralysis at short intervals up to the present time. The attacks have been very severe; he has often been delirious during the severity of the attack, and latterly he has in some measure lost the power of articulation. The paralysis has been more general, affecting the muscles of the entire arm, and also those of the lower extremities, so that he has not been able to walk as well as usual, since and during the last four or five attacks of colic. He has each time, during the interval, suffered from constipation, for which he has taken strong cathartic medicines. He has, however, recovered perfectly the power of walking, but never the full power over the muscles of the hands and arms. The attacks generally came on first with severe constipation, pain in the epigastrium, and then colic. He next begins to suffer from severe pain in the muscles of the extremities, and this is preceded by paralysis. There is generally some pyrexia. He has had considerable medical treatment at various times, and of various kinds, amongst which have been blisters, and other applications to the extremities, and he has, during one or two attacks, according to his own account, taken pills, which have caused severe twitchings and startings in the limbs—most probably strychnine. He has suffered from colic, on an average, every five or six months, and had his last attack about three weeks ago, which was very severe. He has lately been unable follow his employment.

Present State.—He appears much sunken, and is extremely thin and emaciated; muscles are very loose, soft, and flabby; countenance is of a dingy white hue, much sunken, and not unlike to that of a person suffering from a malignant disease. He is just able to walk about, but this gives him considerable pain in his lower extremities. He has lost all power over the extensor muscles of the hand, which drop and hang like the talons of a bird; the flexors and extensors of the forearm are also much affected; he cannot either extend or flex the arm, and is unable to raise it to his shoulder, in consequence of the paralysis of the deltoid, which muscle is much emaciated, as also are all the muscles of both extremities. He has not much power over the muscles of the lower extremities. He has some difficulty in articulation, which has come on latterly; he states that it is rather better at present than it was a short time back. The whole of the voluntary muscles of the body are evidently affected; as he cannot raise or support himself in the sitting posture, and is perfectly helpless. There is general anesthesia over the whole surface of the body to a very considerable extent, but he has least sensation in the upper extremities. Pulse is 120, soft, and rather full; he says he has no palpitation. The hearts sounds are normal. He has a troublesome cough, which has come on lately, and he expectorates a quantity of thick yellowish purulent looking matter. He has never spat blood. He has some dyspnœa constantly, but this is aggravated at times, and particularly by using any exertion.

Physical Signs.—Chest rather flattened superiorly; over the right side percussion yields the normal sound, and the respiratory murmur is distinct and normal, unmixed with any other sound. Over the left side in the infraclavicular region the sound elicited by percussion is dull, and here there is an absence of the natural vesicular murmur, and loudish bronchial or blowing respiration is distinctly audible; at this point there is also some increased resonance of voice or bronchophony. In the mammary and lateral regions of this side percussion yields a better sound, and vesicular murmur is audible mixed with a very slight bronchial râle. On the posterior part of this side, in the scapular region, percussion yields a dull sound, and here the vesicular murmur is not audible, but is replaced by a large and soft crepitation, and there is also some increased resonance of voice. Below this the respiratory murmur is audible, and percussion yields a normal sound.

There is not the least trace of any blue line upon the gums; tongue clean and moist; some thirst; no sickness or vomiting, nor has he had any since the colic subsided; appetite is tolerable at present, but varies at times; bowels are very costive, and are seldom moved without aperient medicine. He is free from pain or uneasiness in the abdomen. He has some difficulty in voiding urine; it is often thick, and deposits a lateritous sediment; skin is cool, soft, and dry; he seldom perspires; he has no night sweats, nor has he had any. He has generally very bad nights, sleeps little; has little or no headache; his memory is as good as usual, and his intellect unimpaired.

R. Quinæ disulphas., gr. xviij; Acid. sulph. dil. ℥ ss; Decoct. cinch., ℥xij; M. ℥ j ter. in die sumend.

Generous diet.

25.—Has restless nights, and continues in very much the same state as when admitted; pulse is 125, full, and incompressible; skin is cool and dry; tongue cleaner; bowels constipated; no nausea or vomiting, and abdomen is free from pain; cough troublesome; dyspnœa rather increased; physical signs the same; passes urine more freely. Cont. mixt.

R. Linct. papav. c scillæ, ℥iv; ℥ss tussi urgente sumend. Ol. ricini ℥ j s. s.

26.—Had a better night; pulse 122, smaller, and hard; skin cool and moist; tongue more furred; thirst increased; appetite failing; if he takes any food, he has pain in the epigastrium for some time afterwards; bowels constipated; he was obliged to take a second dose of ol. ricini, which operated once or twice, the motions being clay-coloured; has slight pain in the abdomen; passes urine more freely; cough troublesome; expectorates about the same; dyspnœa easier, but is worse in the night. The paralysis and anesthesia remain the same, with the exception of the power of articulation, which is much improved. Cont. mist. &c.

March 1.—Has tolerable nights, but complains of some pain in the chest, which he says is increased by coughing and inspiration. The physical signs on the left side are the same, except that there is a little soft crepitation. On the right side there is also some small soft crepitation, over the upper part of the mammary and infra-clavicular region; this is mixed with some vesicular murmur. Sound elicited by percussion is rather dull at this part. He has some dyspnœa, and cough is troublesome; expectoration of same character; pulse 125, full and hard; tongue clean and moist; some thirst; anorexia; bowels less costive, and is free from pain in the abdomen. Paralysis and anesthesia the same, except that he thinks that he has a little more power over the arms. Cont. mist. et linct.

R. Emp. lyttæ pect.; White wine, ℥iv daily.

3.—Had a restless night; pulse 112, softer, and more compressible; cough still troublesome; he expectorates a considerable quantity of thick yellowish sputa; dyspnœa and pain in the chest are easier; he says the blister relieved them. There is some small soft crepitation heard over the apex of both lungs; other physical signs the same; tongue clean and moist; appetite improves; bowels less costive. He has rather more power over the extremities, and can now, with great difficulty, feed himself. Speech is much more distinct. Cont. mist. et tinct.

5.—Slept well in the night; has had some nausea, and inclination to vomit; tongue furred and moist; some thirst; bowels costive; appetite tolerable; pulse 100, smaller, and soft; cough better; he expectorates less; dyspnœa less severe; the pain in the chest is entirely gone. There is some large soft crepitation audible over the upper part of the right lung; over the same point on the left side there is some small moist crepitation, and dulness on percussion is less. Is gaining power over the limbs, and the anesthesia is less marked. Cont. mist. et tinct.

R. Haust. sennæ co., ℥ij s. s.

8.—Continues to improve; says he feels better; pulse 96, and soft; skin cool and moist; cough much better; expectorates less—the sputa have less of the purulent appearance, and appear much more like tough mucus; dyspnœa much easier. Over apex of the right lung percussion now yields natural resonance, and all crepitation has subsided, and is replaced by a harsh vesicular murmur. On the left side the dulness on percussion is less; the bronchial breathing and resonance of voice are not quite gone, but are much less distinct, and there remains some small crepitation. Over other parts of the chest the vesicular murmur is normal. Appetite improves; tongue is cleaner; bowels are open daily; passes urine freely; has more power over limbs in bed, but has not yet much power when up; anesthesia is subsiding. Cont. mist. et linct.

10.—Is somewhat better than on the 8th. Chest symptoms continue to improve.

13.—Has better nights; pulse 96, harder, but small; skin cool and soft; cough and dyspnœa continue better; expectoration less—it is chiefly tenacious mucus; tongue is clean and moist; thirst less; appetite tolerable; bowels have been costive, and on the 11th he took a dose of ol. ricini, which operated freely. He thinks his limbs are improving. Cont. mist. et tinct.

16.—Has continued free from pain in the bowels till this morning, when he began to have some pain, and bowels being costive, he took a dose of ol. ricini, which operated freely and relieved the pain; tongue is clean and moist; appetite good; pulse 100, soft and regular; skin soft and cool, but dry; cough is better; he expectorates less; has very little dyspnœa. In the infraclavicular region on the left side, sound on percussion is almost of normal resonance; there is no crepitation now heard, but there is a rather harsh and loud respiratory murmur, approaching to slight bronchial breathing, and some resonance of voice. He has more power of limbs, and anesthesia improves. Cont. mist et linct.

19. — Has continued to improve, and is this

morning sitting up in the ward, and appears much better; the countenance has lost much of its sallow unhealthy hue; pulse 98; respiration less hurried; cough much better, and expectorates less; tongue is clean and moist; bowels regular, and is free from pain. The paralysis is improving; he can now with some difficulty feed himself; can raise the arm to a level with the shoulder, and can walk much better. Cont. mist. et linct.

22.—Is daily improving; is free from pain; pulse 95, rather hard; cough is very much easier; has little or no dyspnœa, and expectorates less. In the infraclavicular regions there is more natural resonance on percussion; on right side vesicular murmur is normal, on left side there is harsh vesicular breathing, and very slight bronchophony; appetite good; tongue clean and bowels regular; he does not require aperient medicine; he can move his limbs much better; but the dropt hand still continues. Cont. mist. et linct.

25.— Continues to improve in health; is up the greater part of the day, and walks about the ward; paralysis is improving much in every part except the wrists. Cont. mist., &c.

29.—He is sitting up in the ward; can move about and assist himself much better, but he has as yet very little power over the wrists; pulse is 90; cough troubles him but little; appetite good; bowels regular and free from pain. Cont. mist. et linct., and to have splints placed on the under surface of the hand so as to prevent the hand from dropping.

April 4.—Continues to improve in every respect; he looks much better; gains strength; bowels are regular and less costive; cough almost gone. Paralysis improves; continues to have a splint bandaged to each hand. Cont. mist., &c.

10.—Is gradually convalescing; pulse 86; bowels regular and free from pain; cough almost gone; little or no dyspnœa; respiratory murmur, less harsh over apex of left lung, and very indistinct resonance of voice; no crepitation; and percussion yields almost normal resonance. Paralysis is much better; he has good command over limbs; hands are better, but continues the splint. Cont. mist.

18.—Has improved rapidly; health much better, and says he is stronger; has but little cough—no dyspnœa; pulse 90, full, and soft; bowels regular, and free from pain; is gaining strength in all the limbs; hands are better; he continues the splint. Cont. mist.

23.—Has continued to improve in health and strength; he has lost much of the unhealthy aspect which he had when admitted; is almost free from cough; no dyspnœa. The only abnormal sound about the chest is a little remaining harsh vesicular murmur over apex of left lung, and very indistinct resonance of voice. He has regained pretty good use over all the limbs, except the hands, and these are very much better, and droop less when the splints are removed. The anesthesia has quite disappeared, and sensation is normal. He was made out-patient, and left the hospital, but was ordered to continue to use the splints for a time, and to take the mist. quinæ.

He continued to come to the hospital as an out-patient for some time afterwards. His improvement was gradually progressive. He continued to take the quina mixture, with occasional purgatives, and used the splints to the hands, and ultimately he regained very good use over the hands and other limbs.

Remarks.—The history of the progress of this case affords perhaps as striking an example of the progressive effects of lead upon the system as could possibly be offered. Here, as in most cases, it commenced with attacks of colic, frequently recurring, and alternately terminating in paralysis, first of the extensor muscles of the hands, ultimately extending over the whole body, in consequence of continued exposure to the influence of the lead. At the time of his admission the paralysis was very general, affecting even the muscles of speech, and along with this there was a remarkably wasted state of the muscles, as is generally the case, probably the result of inaction, and of the effects of the lead. With this paralysis there was a great loss of sensation over the whole surface. The paralysis does not confine itself to the voluntary muscles, but affects also the involuntary, as those of the intestines, hence, the severe colic; and, in this case, the detrusor urinæ was affected; hence, the difficulty which he experienced in voiding his urine. This general state of paralysis and anesthesia led to the supposition that this poison acts by destroying or paralysing the functions of parts of the nervous system, implicating both the motor and sensory tracts, its action on these parts being just the reverse of that of strychnine. The chest symptoms described as being present on his admission were serious complications, and tended much to render the prognosis less favourable that it otherwise might have been. From the physical signs present there could be no doubt of the existence of some bronchitis; but whether the consolidation at the upper part of the left lung, shown to exist by the absence of the vesicular murmur, and presence of bronchial breathing, with bronchophony, was dependent upon pneumonia or tubercular consolidation, was somewhat doubtful; but from the absence of hectic, and nature of the crepitation at the posterior part, it was thought to be pneumonia, although neither the character of the sputa nor its situation were favourable to this view. This diagnosis was rendered more certain by observing the daily progress of these sounds. The gradual subsidence of the blowing respiration and bronchophony, with the appearance of crepitation, pointed out that it was pneumonic consolidation being removed. It is possible, however, that there may be some small tubercular deposit, as there was some harsh vesicular respiration and indistinct bronchophony remaining when he left the hospital.

The appearance of the blue line upon the gums, spoken of as such a sure index of the presence of lead in the system, of which there can be no doubt, was not present in this case, probably because this man had been some time away from his work, and his system had not very lately been exposed to the absorption of lead. This blue line is an early symptom in the disease, and if it be not then searched for, it may not be found, its absence, however, being no proof of the absence of lead in the system.

The treatment in this case produced very marked benefit. The exhibition of sulphates, and of sulphuric acid, is strongly recommended by many who have had much experience in this disease, both as a preventive against the influence of lead, and for the cure of the disease. At the same time, in consequence of the great debility present, it was necessary to give tonics, good diet, and wine, whilst at the same time counter-irritation was used to relieve the chest symptoms. Under this treatment, his amendment may be said to have been rapid; and the use of splints to the hands was a valuable aid to the other remedial means, in remedying the dropped hand, which is always the last symptom to disappear.

TO CORRESPONDENTS.

A Subscriber for the last four years *will find in the* Medical Times *of January* 10, 1846, *an answer to his question.*

A. B., a Subscriber.—*We have received no particulars of the inquest to which our correspondent refers.*

Dr. Lees.—Quot homines, tot sententiæ. *We wish to remind our correspondent that the discussion alluded to was one of considerable interest to a large class of British practitioners. In future, however, we hope to keep such controversies within moderate bounds. The most unpleasant part of our editorial duties—next to that of rejecting contributions—arises from differences of opinion, which unfortunately seldom fail to become matters of personal recrimination.*

The first part of Dr. Nicholson's essay will appear shortly. The second division has been safely received.

V. Wallace.—*The prescription seems to us very like nonsense.*

The letter of Ephraim Hillot *is under consideration.*

M.B. *need not be alarmed on the militia business. There is now no chance of its being called out, unless the Government form it by the system of bounty.*

A correspondent (Mr. Wood, of Oxford) *sends us proof that when the militia was last called out, the authorities of the Horse Guards would not sanction the drawing of medical men in actual practice. In one case, where a surgeon was drawn, and paid for a substitute, they sent him back the money he had so disbursed. This is as it should be, and it is a pity that the written law on so plain a point should be left in so obscure and unsatisfactory a state.*

☞ *There are some subscribers who have not yet sent us their remittances. They are requested to lose no time in forwarding an enclosure, or a post-office order, or an order on some party in town. Acknowledgment will be given by return of post. Post-office orders must be drawn in favour of Mr. James Angerstein Carfrae. By a recent order of the Postmaster-General, the whole name is necessary.*

THE MEDICAL TIMES.

SATURDAY, FEBRUARY 14, 1846.

Non uxor salvum te vult, non filius; omnes
Vicini oderunt, noti, pueri atque puellæ.
Miraris quum tu argento post omnia ponas
Si nemo præstet, quem non merearis amorem?
HORACE.

THE abandonment of medical legislation by Sir James Graham has doubtless caused immense satisfaction among the Council of the College of Surgeons. According to the provisions of the latter bills which the Minister introduced, the General Practitioners would have been incorporated in an institution of a collegiate character; and, whatever the Council may profess, or mischievous agitators assert, there is nothing which this College dreads so much as the incorporation of the General Practitioners. The sense of their own misdoings—of the trusts they have betrayed—of the injuries they have inflicted—of their own incompetency, illiberality and selfishness—and the pressing conviction of the growing intelligence and respectability of the General Practitioners, have wrought in them a fearful apprehension of the doom that is lowering, like a dark cloud, above their heads. Fall it must; they desire beyond all things to prolong the evil day.

Corporations are inherently selfish: in them we see the evolution of man's worst principles, without the check of personal responsibility or honour. What is no man's shame is no man's blame. Crime finds an apology in companionship; and even treachery will affect the mien of conscience when the veil of official duty is drawn between it and the world. A crime which *one* man would blush even to meditate, twenty-one councillors will commit with alacrity, and impudently make it their boast. Corporations cannot, therefore, be dealt with like individuals: they recognise no motive but self-interest; no law but their own will. This is especially true of the Council of the College of Surgeons. They make bye-laws to secure their own privileges in secret; they devise schemes in secret, and in secret obtain the sanction of the Government to their plans of spoliation, deception, and self-aggrandisement.

To be thus deliberately wronged, is an offence which even generosity would be culpable to excuse; but to be wronged and, at the same time, to be gratuitously and superciliously insulted, is an aggravation of injury for which the records of mercy afford no example of pardon. Resentment now

becomes a virtue; it is justified by the cause—it is hallowed by the noble self-devotion of those who suffer for the common protection. In degrading the great mass of their members, the Council were only extending a policy they had been long striving to accomplish:—it was but a part of a great system—one phase of their revolutionary progress—and, although the injury done was not so momentous as that meditated, yet it was ample enough to arm the indignation of the whole Profession against them; and to elicit one stern resolve to humble their presumptuous arrogance, and establish the entire independence of the General Practitioners.

Even at this manly and righteous determination the Council indulged a covert sneer. Screened behind the entrenchments of their new charter and ancient prejudices, grown insolent by the right of possession, and callous to every honourable sentiment, they dared to meet the complaints of their members with scoffs, and their menaces with ridicule. We will endeavour to pourtray as nearly as possible the conduct and character of the Council of the College of Surgeons and the General Practitioners respectively in the following colloquy:—

The Council (*loquitur*). "Gentlemen,—You appeal to us in vain: you are totally unworthy of the honour of the Fellowship: you have always been a lower grade, and we intend to keep you so: you have worn the chains of degradation for many years, and we now intend to rivet them. Besides, you are very ignorant of surgery, only qualified, as 'you ever must be,' 'for the ordinary exigencies of surgical ministrations'—bleeding, tooth-drawing, the exhibition of a clyster, and the like. The race of barber surgeons must be perpetuated: we never intended to elevate your professional character, *and never will do it.* How could you expect us to commit an act so suicidal to our own interests? Further than this, you are low-bred, ill-mannered, discreditable individuals,—a disgrace to society, and a scandal to your Profession;—many of you 'have violated the laws of your country—are professional paupers—and are persons of notoriously bad character; you are puffers and vendors of nostrums and secret remedies, and the writers of indecent advertisements, &c.' You must not be offended at these remarks—truth is a drastic to vanity, and exceedingly nauseous to the palate. We are, however, resolved to avoid the moral contagion of your society, and to maintain the virgin purity of our College. Besides, what right have you to make so impudent a demand? Did we ever ask you to buy our diploma? Did we ever 'compel you to do so by legal enactment, as you would have an equal right to practise surgery without it?' We certainly held out to you certain high hopes and splendid promises:—every man who has an useless article to sell must puff its imaginary merits. You bought at our shop of your own free will; you knew that the diploma was not a legal qualification—that the title was a mere assumption—that, in fact, it was an 'organised hypocrisy;' that you would be dupes if you bought it, and we rogues if we received your money; you bought for vanity—we sold for gain. Now, you see, we understand each other; and so ends the matter."

The General Practitioners: "The insolent indifference of your manner would have stung to revenge men whose minds were less deeply penetrated than ours with a sense of their wrongs: our contempt saves you. You may affect a scorn towards us, while you in reality dread us; we despise your weakness, and are strong in the justice of our cause. You are verging on senility and annihilation, clinging to life and possessions with the tenacity of despair; we are silently and surely growing in knowledge and power—young in genius, exulting in the promise of our career, with a burning faith in our destiny, and watching the bright star of our ambition increasing in splendour hour by hour, and gradually rising to the zenith of our aims. It is true that we owe nothing to your fostering care; that you have contumeliously spurned the men whose money you were so knavish as to receive. It is true that, under the mask of official explanation, you have dared to insult us, and impudently attempted to rob us of our status and our title! What did we buy from you? Nothing? And have you the temerity to declare it? We will not, however, revile *you*, nor disclose *your* unprofessional practices. In spite of you, we have advanced in acquirements, character, and reputation; and we will never rest satisfied until we have established a college, whose massive walls shall cast a long and dark shadow across your portals, the liberality of whose government shall be a monument of your shame, the genius of whose professors shall attest the inherent greatness of our order, and the imbecility of yours, before the splendour of whose fame your lustre shall pale away; for, since you have neglected to trim the lamp of science, you cannot expect to be remunerated with its light."

We believe that the foregoing remarks represent accurately enough the sentiments of the antagonistic parties; if they do not, then, official documents are a studied lie, for we have religiously copied the written word. The Council of the College, and their mean-spirited panegyrists, have repeatedly blazoned forth the august celebrity of its professors as its great claim to public and professional support. Nothing was ever more delusive; and the ignorant eulogists who puffed such silly adulation to so unworthy a shrine, deserves a suitable chastisement for their folly.

We ask the Profession what has the College ever done for science or its professors? We ask them if ever one man has been cherished into fame by the generous aid of this Alma Mater? The Abernethies, the Clines, and the Coopers, and the other great stars of surgical science, were great in reputation and practice long before they became members of the Council. They indeed conferred honour upon the College, but the College conferred none on them; nay, the great abilities of these men were not even evoked by any judicious educational courses, nor encouraged by any collegiate rewards; they grew into maturity, and ripened into fame by virtue of their hospital appointments, and under the vivifying rays of public approbation. These were great men in spite of the College, and the College was obliged to own them.

But look to the other side. How did they reward the scientific Brookes and the lamented Carpue? Were these men received on the Council? Had the College any honours to bestow on the brightest talent of the profession, struggling against penury, and holding on its independent course in disdain of the low artifices and cringing senility of fortunate sycophants? If these worthies had obtained a seat on the Council, they would have been among its brightest ornaments, and their names would at this moment have been cited among the past glories of the College; as the case stands, they are a record of its shame.

The history of the College of Surgeons indisputably proves that not one effort has been made on its part to encourage rising talent, to promote the respectability of the great body of the Profession, or to send into the world a race of practitioners duly qualified to meet the numerous exigencies of general practice. Neither the Profession nor the public has benefited one jot by the existence of this institution.

There are two or three individuals among the present councillors who are worthy of their reputation, but the remainder have scarcely had talent enough to profit by the large experience which their hospital appointments have necessarily afforded, and are unquestionably, as regards the advanced state of science, in a false position. Conscious of these deficiencies, they shrink from public notice, or trust that their professional delinquencies may be overlooked by affecting a simpering liberality of sentiment. They are victims of unmerited honour, and feel the mediocrity of their talents crushed beneath the weight of their official dignity. We must leave these men to their fate. There are many hundreds of general practitioners in the provinces, whose natural abilities and surgical skill would cast indelible reproach on these magnates of the Profession.

The general practitioners must not be misled by the crafty advice of subtle and intriguing agitators, nor induced by the insidious promises of interested officials to accept any measures unequal to the actual wants of the general body. The miserable and impotent stratagems that have been lately employed by a very small section of the Profession to obtain a slight measure of good from the Council of the College, rather with the view, we believe, of helping themselves and damaging the general cause, than of advancing the great interests of the Profession, must be regarded with suspicion; and although we most heartily wish that some honest reformers would engage in the enterprise of punishing the Council of the College, and doing justice to the members, yet we must enter our protest against any attempt of this kind being made the substitute of that comprehensive and enlightened system of polity which the present condition of the Profession demands.

QUARTERLY TABLE OF MORTALITY.

The report of the Registrar General for the quarter ending in December, 1845, contains some very interesting statistical particulars. First, may be remarked the great decrease in the number of deaths, in comparison with the same quarter during the previous seven years. In the last quarter of 1845, the registered deaths were 39,178, being less by 14,740 than the number (43,918) in the corresponding quarter of 1844, and by 2,357 than the average of the same quarter for the seven preceding years; and this has been, notwithstanding an increase of population, at the rate of nearly 1·74 per cent. annually. In the intervals of the last censuses, it was found that the excess of births over deaths was nearly one and three-fourths per cent., and this maintained up to the present time; it may, therefore, be assumed, that the numbers living have continued increasing at the rate of about nine per cent. for the five years intervening between the middle of 1839—40, and the middle of 1844—5. Now, if the rate of mortality for the three years 1838—40 had been sustained, *even without any increase*, there would have been in the last three years 45,262 more deaths than we find registered. The *actual* decline of mortality, therefore, is surprising.

For the increased healthiness of the country, several causes may be assigned. The mildness of the season has no doubt had a great share in producing it. Severe winters make sad havoc amongst the poor, who are ill-clothed and fed; and even the better classes are not exempt from the ravages it makes. It is calculated, that a fall of the mean temperature of the air from 45° to 4° or 5° below

the freezing point of water, destroys from 300 to 500 lives in the metropolis; and that, in the rural districts, the effects are still more fatal. "This is illustrated by the subjoined table of deaths, exclusive of those by violence, registered in the metropolis, and the mean temperature at Greenwich of the last six weeks of 1844 and 1845. The deaths and the temperature were the same at first; on the fifth week the deaths were 1,343 in 1844, and only 933 in 1845; the temperature in the previous week (the fourth) had fallen to 28° in 1844, and only to 39° in 1845."

Number of Weeks.	1st.	2nd.	3rd.	4th.	5th.	6th.
1844. Mean temp. of the last 6 weeks . .	44°5	37°6	31°7	28°2	37°0	33°4
1844. Deaths registered in the last 6 weeks	884	1037	965	1170	1343	1200
1845. Deaths registered in the last 6 weeks.	886	943	935	949	933	898
1845. Mean temp. of the last 6 weeks. . .	45°5	46°1	42°4	39°2	43°6	40°1

We can ourselves confirm, to a certain extent, these observations, from dispensary and other practice. It has occurred to us, almost constantly, to remark, that, not only have diseases (not epidemic) been more frequent in inclement seasons, than in mild ones, but more fatal also. It usually happens, that even in the same individual, the same disease will borrow something of its type from the prevalent condition of the atmosphere, in its relations of temperature, moisture, electricity, &c. We have often been able to foretel, with a very near approach to accuracy, on journeying to hospital or dispensary, what would be the state of the patients in general, simply from the particular condition of the air at the time. And, whilst this fact, to some extent, applies, when the variations of the atmosphere are inconsiderable and infrequent, it more particularly holds good when such variations are severe and constant. But even a uniformity of cold weather tells against the strength and stamina of those whose adventitious means of protection are not sufficient to avert the mischiefs of inclemency. We have a proof of this in the table above quoted, and, as far as our own experience relates to the two past winters, we can confirm the statements of that table, in the relations which it affirms to have been existent between the amount of disease and of death, and the temperature of the atmosphere, at certain seasons.

Other causes, however, may be reasonably supposed to have contributed to the improved health of the inhabitants of this country, especially in populated districts, during the last few years. There can be no doubt that Temperance Societies, and other similar sources of moral instruction and restraint, have been vastly effective in reforming many of the degrading habits of our countrymen, and, consequently, in inducing a healthier and a happier state of existence. The confirmed drunkard, so often met with in days of yore, is happily a comparative stranger among us now, and the various libertinism to which such indulgence led, we may hope, is also on the decline. Here and there, much too often, no doubt, may be found a debauched disciple of the bacchanalian old school, maintaining, in a pride of paradox, that he is better and stronger in the direct ratio of the quantity he swallows; but the habitual drunkard, the street sot of days gone bye, has become an object of reproach, and under the impulse of antipathy is fast fading into desuetude. Such a reformation in the morals of the people cannot fail of being followed by a corresponding improvement in their physical condition.

Personal cleanliness, again, is another step in the beauties of civilisation, which has doubtless greatly contributed to improved public health. Though the higher classes have always enjoyed, in luxurious fulness, the opportunities of ablution, it is only within the last few years that the poor have either been taught the desirableness of being regularly well-washed, or have been provided with the means of attaining that most excellent object. Local improvements, however, have not only of late greatly facilitated the supply of water to those who are too poor to purchase it, but the exertions made towards the establishing of public baths and wash-houses, have given a tendency towards personal cleanliness which was formerly anything but in repute with the humbler classes of the community. We sincerely hope that this commencing good will be carried out to whatever extent it may be capable of reaching.

Domestic comfort, and cleanliness, also, are better secured to the poor now, than aforetime. In the architecture and site of small houses in towns, some regard is being had to the health and life of their inhabitants. Streets are made wider than formerly, so as to insure free ventilation; sewerage, drainage, &c., are effected upon better principles; and the opportunities have been greatly facilitated, and are still facilitating, for the removal of filth of every kind from the neighbourhood of habitations. Thanks to the cholera, if, indeed, any thanks can be due to so dire a devastation, for teaching us that we cannot domicile in dirt with impunity. The ravages of that fatal epidemic showed, with an accuracy truly awful, how effective in its mischief is the continued inhalation of impure air. As is well known, the cholera chiefly seized for its victims the residents of unhealthy districts—these, more than any other, were the subjects of its scourge. We trust that no future epidemic that may visit us will find such a nidus for its nourishment and propagation, as was furnished for the cholera.

Better employment, and better wages, are another reason for the ameliorated physical condition of the people. The little necessaries and comforts of life that poverty denies, are now to a great extent supplied to the working classes, and themselves are the better in constitution for these privileges. Occupation, if not deleterious in itself, is not an inconsiderable source of personal advantage; for by diverting and engaging the mind, at the same time that it exercises the body, and moreover by helping its subjects from less beneficial pursuits, it may be fairly regarded as an excellent inducement of health. And if the occupation be well recompensed, and its profits well appropriated, every good that industry can bring, will be secured to its honourable children.

The other feature of interest in the report of the Registrar General concerns the prevalence of small-pox, and the preventive powers of vaccination. It is extraordinary, nay, it is marvellous, that the accumulated experience of years, in favour of the efficacy of the vaccine virus, has not yet sufficed to dissipate the prejudice once entertained against it, and to convince the public that it furnishes the only safeguard from the ravages of variola. Such, however, is the fact, as the mortality from small-pox shows, and as is evidenced in the obstinate dislike on the part of the generality of the poor to vaccination. We shall enter into this subject, in its advantages and disadvantages, fully in another article, and at present will simply confine ourselves to a statement of how small-pox has ravaged, in comparison with the means used to resist it, during the last three months. In Great Yarmouth, 4 deaths from variola; all the subjects unvaccinated. In Exeter, St. David, 35 deaths; 28 without vaccination, and the remaining 7 were without evidence. In St. Sidwell, 35 deaths from small-pox; one after vaccination, and another a second attack. The Registrar says, "Of the deaths from small-pox in my district during the entire period of registration, not more than 2½ per cent. are said to have been previously vaccinated, though, on some occasions, the atmosphere has been so impregnated with this loathsome pestilence, that prior small-pox, even as in the present report, has not afforded complete security. The number of cases from which this result is derived gives ample proof that vaccination, carefully performed and attended to, will effectually check the ravages of small-pox; and, if so, there have been deaths and maimings enough already to entitle these miserable young sufferers to legislative protection by compulsory vaccination, against the ignorance or worse motives of their parents, for, I fear, in too many instances, this disease is looked on with complacency as a means of diminishing the pressure of a numerous progeny on their restricted means of subsistence." Awful suspicion, but more awful still in having such authority for its exercise! In Cheltenham there have been 14 deaths from small-pox, 1 of them after vaccination In Dudley, 7 deaths, 6 unvaccinated. Wallsall, 23 cases, 2 unvaccinated. Wolverhampton, 68 deaths, 58 "without previous vaccination," 7 after vaccination, and 3 unevidenced. Of the cases proving fatal in Birmingham, all have been unvaccinated. In East Leicester, 20 deaths from small-pox, only 2 previously vaccinated. The Registrar says, "I am afraid nothing effectual can be accomplished, unless the poor-law guardians appoint a competent person, who will undertake to visit the poor people at their houses, in order to remove the prejudices they feel against the cow-pox, and to induce them by reasoning with them, and showing them the folly, nay, I may say the wickedness, in not availing themselves of a preventive against a disease the most fatal and loathsome, and which, if it does not actually destroy their offspring, disfigures them and destroys their constitution for the remainder of their lives." In Huddersfield there have been 20 deaths from small-pox, nearly all unvaccinated. In Tynemouth (Earsdon), 7 deaths, 6 unvaccinated, and 1 uncertain.

We have only given casual selections from the Report at large, our space not permitting us to go into ampler detail; but, in the further number of cases of variola, we find scarcely an exception to the fact of neglected vaccination being the chief cause of the fatality. In not one single spot, the country through, wherein variola has prevailed, can we otherwise account for its deadly influence than by referring to the wilful neglect or prejudices of the people against vaccination. Legislation has provided this inestimable remedy, without fee or reward, and yet the people will not avail themselves of it as they ought. The legislature ought to carry the *general* consideration yet further, and render vaccination *compulsory*.

UNIVERSITY OF EDINBURGH.

The honest and conscientious patrons, the "far-famed" Town Council of Edinburgh, will in all probability be called on speedily to exercise once more their blighting, withering patronage in the election of a Professor to the Chair of Anatomy. The third of the Monros, "Monroius tertius Celeberrimus" has, we understand, resigned. Thus ends the dynasty of the Monros. Scenes of fearful insubordination on the part of the doctor's students had become very frequent last winter, and were quieted with some difficulty; renewed again this winter, the authority of the Principal, aided by the city police, was found unequal to their suppression. The contagion appeared to be spreading to some of

the other classes, some diverting scenes having taken place within the class rooms of Drs. Gregory and Christison. Is it that the students began to suspect imposture? Or is it that the number of those "who can neither read nor spell" is increasing? Hence the insubordination? Of such students there were always a good sprinkling at the far-famed university, their fees being found to be quite as good as others. Be this as it may, all manner of intrigues are already on foot, and we have heard names of persons hinted at as candidates for the chair, and likely to be successful, whom nature had altogether disqualified as "public lecturers." After all, the affair may be adjusted by a shifting about of the "old logs." Since the demise of the *second Monro*, the university for nearly half a century has been anti-anatomical; the party in power are fully alive to the importance of lowering the reputation of the anatomical chair, and will no doubt recommend to the patrons the propriety of nominating "a clever young demonstrator, who can explain the A. B. C. of anatomy clearly to the young people," as a fitting person to fill the chair of the illustrious Monro. The patrons, worthy men, in the mean time merely weighing the amount of influence, direct and indirect, of each candidate, and ready even at the last moment, to yield to the "pressure from without," when strongly wielded by a Lord Meadowbank, or a Lord Dumfermline.

An Essay on the Value of Auscultation and Percussion, and the best Mode of Practising them. By GEORGE JOHNSON. 8vo. Westley, Strand.

We have been much gratified with this essay. Although the author does not claim for it the character of a complete treatise on auscultation and percussion, he has included in it the most important points of physical diagnosis. The author's directions as to the mode of percussion are clear and concise, as are also his remarks on the fallacies to which percussion is liable. He recommends one finger of the left hand as the best pleximeter, though sometimes the use of two or more fingers for the same purpose is advantageous, and remarks that the chief information we derive from percussion is the relative degree of dulness of the two sides of the chest, and the power of distinguishing between solid tumours and collections of fluid, as in pregnancy, ascites, &c. In referring to auscultation, Dr. Johnson prefers the mediate method, though undoubtedly both methods may be used with advantage under different circumstances. The diagnosis between the various sounds of respiration, which may be confounded with one other, is well pointed out. Thus, the differences between the ordinary vesicular murmur and bronchial respiration is shown, and the various auscultatory phenomena of the voice, as bronchophony, pectoriloquy, and œgophony, are very lucidly dwelt on. This portion of the essay is full of practical interest. With regard to the nature of the disease, which each sign respectively indicates, Dr. Johnson dwells properly on the distinction between the physical signs of dilated bronchi and those arising from tubercular excavations (p. 22)—a practical point of obvious importance.

We cannot follow the author into his discussion of the value of auscultation and percussion in the diagnosis of diseases of the heart; but we would add that the latter part of the essay, like the former, is creditable to Dr. Johnson, and well worthy perusal.

PLACENTA PRÆVIA.—Mr. Jones, of Cleobury Mortimer, describes, in the *Provincial Medical Journal*, a case of partial placenta prævia, in treating which he ruptured the membranes, and delivered his patient, bringing down the feet. The placenta soon followed; the flooding ceased, and both mother and child were, at the date of the report, doing well.

HERNIA.—Two cases of hernia are reported from the Dreadnought. The first was one of incarcerated hernia, remarkable only in being complicated with hydrocele. The second case was one of strangulated inguinal hernia, which was operated on by Mr. Busk the patient dying on the second day.

TRANSACTIONS OF LEARNED SOCIETIES.

PATHOLOGICAL SOCIETY OF DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

Meeting of the 10th of January, 1846.

R. CARMICHAEL, Esq., in the Chair.

Pleuritis simulating Pericarditis—Causes of the Obscurity—Differential Diagnosis.

Dr. O'Ferrall, in presenting to the Society a specimen, consisting of the heart and lungs of a patient who had died of pleuritis, was induced to bring it under their notice, he said, from the fact of the symptoms during life having, in a very marked manner, simulated those of pericarditis. The subject, a young man, aged nineteen, had been six weeks ill before his admission to St. Vincent's Hospital, five of which he had passed in a fever hospital here. The attack was attributed by his mother to the young man's being subjected to a reverse of circumstances, and, as she emphatically expressed it, "that he was dying of a broken heart." He was now labouring under dyspnœa, together with anasarca, considerable turgescence of the face, and blue congested lips; the pulse was 140, but regular. More than one experienced stethoscopist considered the case to be pericarditis, with extensive effusion, and Dr. O'Ferrall proceeded to examine it with the expectation of coming to the same conclusion, which at first view seemed to be decidedly the correct one. The patient lay on his back, slightly inclining to the left side. The cardiac dulness appeared to extend beyond the normal boundary; the heart could be felt pulsating close to the ribs, a little above the natural position, and its sounds were heard distinctly, without murmur or friction sound. The very superficial position of the heart just alluded to rendering its impulse so remarkably palpable, even while the patient was lying on his back, led him to doubt the existence of pericardial effusion. Had the patient been sitting up, and leaning forward, the heart might gravitate through fluid into close contact with the parietes; but accompanying this a friction sound would be expected. The supine position, then, with this evidence of contact, led him to the conclusion that pericarditis did not exist. On examining the chest in a sitting posture, the whole area of its left side, anteriorly and posteriorly, was dull, and, with the hands placed on each side of the thorax while the patient spoke, no vibration was felt on the diseased side, while it was manifest on the other. There was slight protrusion of the intercostal spaces; the respiratory murmur was very faint and distant, and the respiratory movements less marked than those of the right side. From all these symptoms it was evident that a large amount of fluid existed in the left pleura. The absence of displacement of the heart might perhaps be owing to adhesions of older date. The treatment consisted of cupping, blistering, and the administration of mercury, followed by tonics and diuretics; under which means the anasarca gradually disappeared, a friction sound became audible over the back of the chest, and the dyspnœa diminished. According as the respiratory murmur became increased, it was observed to be mixed with a crepitating râle. The patient continued in a state of partial recovery for four months, but it was observed that the pulse remained very frequent, varying from 130 to 140, and the urinary secretions, which had become copious, were now often defective in quantity. The dyspnœa again began to be troublesome. Mercury was again unavailingly exhibited. Anasarca reappeared, hæmoptysis came on, and the patient finally died rather suddenly.

At the autopsy, the left pleura was found obliterated by adhesions, those about the anterior margin being fibro-cartilaginous, and evidently ancient. Nodules of pulmonary apoplexy were distributed through the left lung; the right, with the exception of œdema at the base, was natural. On cutting into the pericardium its internal surface was smooth and polished, without any trace of false membrane on any portion of its extent. The heart was enlarged, soft, and flabby, its cavities dilated and full of blood; there was no valvular disease. Death, it appeared, had occurred by syncope.

The morbid appearances, then, Dr. O'Ferrall observed, were those of extensive pleuritis, pulmonary apoplexy, and enlarged and softened heart; but the question is, might there not also have been a pericarditis, all traces of which disappeared under the treatment employed? This supposition, however, was incompatible with the differences existing between the pericardium and pleura. If the treatment had removed the pericardial effusion, why not have prevented the organisation of exuded fibrine in the pleura, or have caused its absorption? If the extreme and continued frequency of pulse, without irregularity or violence of the heart's action, be ascribed to a supposed pericarditis, it must be remembered that such lesion had been cured, according to this hypothesis, four months previous to death, while the pulse remained as before. Thus involved in the proposition would be the absurdity, that pericarditis having once existed, the pulse must always continue frequent, though no organic changes had taken place. Dr. O'Ferrall attributed the anomaly of the heart's not being displaced, to the existence of old adhesions at the anterior margin of the left lung, and suggested that the cardiac distress suffered by the patient might have been owing to this. The heart, under ordinary circumstances, becoming displaced by the effusion, as it were, escapes from the pressure, but, when tied to the parietes, and compressed by a weight of liquid from behind, it becomes placed under conditions analogous to those of effusion into the pericardium, and is consequently liable to simulate that disease. The displacement that usually occurs may, in this point of view, be regarded as salutary, and the slight degree of inconvenience often endured by patients in this state would seem to favour the conjecture.

Infantile Phthisis.

Dr. Mayne exhibited a morbid specimen, taken from a child a year old, who had died of extensive tubercular disease; the case he considered interesting, as being explanatory of the difficulty so frequently experienced in diagnosing pulmonary phthisis at this early period—a difficulty depending on the very advanced stage at which *infantile* phthisis often arrives, before the physical signs are sufficient to justify a positive opinion.

The child came under his care early in June, with a cutaneous eruption, which soon yielded to mild alteratives, but the child did not seem to recover its health; it looked delicate, and was soon attacked with cough and diarrhœa, attended with swelling and tympanitis of the abdomen; together with these symptoms, there were insatiable thirst and rapid emaciation; the respiration and circulation also became permanently accelerated, and, towards the close of life, the stomach rejected almost every species of nourishment. The constant cough, incessant diarrhœa, and progressive emaciation, left little room to doubt that the disease was phthisis, yet though this opinion was formed as early as the beginning of August, the thorax betrayed no satisfactory physical signs until about the 25th of Nov. Then it was that dulness was detected over a large portion of the back of the left lung, followed by bronchial respiration. In a little time, similar stethoscopic phenomena were developed in the corresponding portion of the right lung; but at no period of the complaint were any stethoscopic evidences of tuberculous softening detected. At the autopsy in the latter end of December, tubercles appeared in all the viscera—viz., the mesenteric glands, kidneys, spleen, and liver; and both lungs were found thickly studded with them. A fact worthy of remark was, that all the tubercles were still in a crude state, there being not the slightest indication of softening in any of them, and their development in all parts of the lungs was nearly equal—a condition rarely found in consumption occurring at a more advanced period of life. This equal distribution of tubercles from apex to base in both lungs necessarily destroyed all the advantages of *comparative* percussion and auscultation, thus accounting for the difficulties encountered in the diagnosis; there was absence of softening in any of the tubercles, the stethoscopic evidences of which changes constitute, in the adult state, certain and constant signs of phthisis.

Another difficulty also would seem to arise in consequence of the great clearness of the natural murmur in the lung of the infant permitting the accumulation to an extent which would be utterly

impossible in after life, of solid deposits *without producing the physical signs of solidification.*

Ovarian Cysts.

Mr. Kirkpatrick exhibited the ovaries of a patient who had laboured under an ovarian dropsy of immense size, for which she had been tapped one hundred and twenty-eight times, during a period of twenty-five years, having been, as most of the members would remember, a frequent inmate of the Whitworth and Richmond Hospitals. She had in early life accompanied her husband, a soldier, during the Peninsular War, and was exposed to much fatigue and cold. The disease commenced soon after her return, and continued to increase for four years before she was tapped, since which the operation was repeated, on an average, every six weeks. She had been in the North Union Workhouse since the opening of that institution, and was operated on by Dr. Kirkpatrick forty-seven times, a large bucketful of fluid being removed at each operation, which was usually thin, serous, and highly coagulable—now presenting a milky appearance, and again tinged with blood. Symptoms resembling those of peritonitis supervened the day after each operation, namely, great abdominal tenderness, small and rapid pulse, and extremely anxious countenance; but these symptoms readily yielded to the free administration of opium. An attack of pleuritis caused her death, which occurred eight weeks after the last operation. The left ovary was chiefly affected; it contained three cysts, one of considerable size, that which had been so frequently tapped; the other two were developed in its walls; that on the left side was the size of a small melon, which, no doubt, had been the cause of the failure whenever that side of the abdomen was selected for the operation, the fluid suddenly ceasing to flow after a certain quantity had been evacuated. The right ovary also contained a cyst the size of an orange. The whole tumour was easily removed, its adhesions being slight, and connected only by a very narrow pedicle to the uterus; the latter organ was itself free from disease, and the abdominal viscera healthy. In the chest were found the effects of the pleuritis which had caused her death, but the heart and lungs were both sound. The case was interesting, he thought, from the circumstance of the operation having been so frequently performed without bad results; for the statistics shew that this is one very often followed by fatal consequences. In a table of cases lately collected by Dr. Churchill, fourteen out of twenty died within nine months after the first tapping.

Meeting of the 17th of January, 1846.

Dr. Law in the Chair.

Mr. M'Dowel presented a preparation which he thought interesting, not so much from its possessing any very unusual characters, as from its accurate correspondence with the symptoms during life of the disease of which it was an example. The person from whom the morbid parts had been removed, a young man, of about twenty years of age, came under medical observation in October, 1845, labouring under phthisis, which had supervened on secondary syphilis. There was evidence of the existence of softened tubercles in the upper part of the left lung, but the most careful examination failed to detect a cavity. He left the hospital in a few weeks, and early in the month of November was admitted into the hospital of the North Union Workhouse, under the care of Dr. Kirkpatrick. The disease in this short interval had made rapid progress, for when examined now all the signs of a phthisical cavity were found to exist beneath the left clavicle. For a month nothing material occurred. The constitutional symptoms of phthisis were well marked, and the disease made rapid progress. On the 19th of December the patient was observed to complain of a stitch in his left side. The pain, Mr. M'Dowel remarked, it was of importance to note, had not come on suddenly, but, from being slight at first, had been for several days becoming more intense. There was also much dry cough, dyspnœa, and general febrile disturbance. These symptoms were soon followed by the signs of effusion, and not of effusion simply, but combined with those of perforation of the lung; for, on examining the chest, the upper portion of the left side, in whatever position the patient assumed, sounded preternaturally clear on percussion, and the most depending portion completely dull. No respiratory murmur was audible over any portion of the left side, but over that part which, when struck, yielded a clear sound. Metallic tinkling and a splashing sound on percussion were distinctly to be heard. Some of the signs of displacement were also present; the heart could be felt pulsating to the right of the sternum, and the left hypochondrium was preternaturally full. In addition, there were present great dyspnœa, profuse diarrhœa, decubitis on the left side, cough, but with a cessation of expectoration, which had previously been very abundant. Medical treatment alleviated some of the most distressing symptoms, but on the 27th of December they became more urgent, particularly the dyspnœa; the pain in the side was most agonising, depriving him of sleep. On the 29th he was still worse, being unable to lie down, and altogether in extreme suffering, wasted by hectic, and so weak that his discharges passed involuntarily. Under these circumstances, and as a palliative, paracentesis was performed. The centre of the seventh intercostal space of the left side having been selected, the integuments were divided with a lancet, and a small sized trocar then passed into the pleura. A gush of air first escaped through the canula, then there flowed away readily two quarts of thin, inodorous, sero-purulent fluid of a yellow colour. It was observed that during inspiration the air rushed through the canula into the pleural sac, and that during expiration the fluid flowed through the canula; from which it was obvious that the lung had no power of expansion, but still lay compressed against the spine, though the cause of its compression was removed. The relief afforded by this simple operation, Mr. M'Dowel observed, was extremely gratifying. The pain and dyspnœa were greatly relieved; the patient bore it well, and so soon as an hour afterwards was found lying down, and sleeping quietly, which he had not done for several days previously. The system, however, was too much exhausted to rally. The diarrhœa continued unchecked; he sank gradually, and died four days after the operation.

Mr. M'Dowel presented to the Society a cast illustrating the morbid appearances seen on opening the thorax, and said that he was indebted to his friend, Dr. Kirkpatrick, for having an opportunity of showing the specimen which accompanied it. This latter exhibited great enlargement of the left pleural sac, which, after death, was found to contain inodorous air, and but very little fluid. The diaphragm pushed down the heart, in its pericardium, still lay to the right of the sternum, its apex being completely reversed; the lung compressed at the back of the thorax, its investing pleura, as also that lining the parietes, being thickly coated with reticular lymph. The cone of the pleura was obliterated by adhesion, and below the line of adhesion, on the front of the lung, three inches from its apex, was seen a round fistulous opening, large enough to admit the top of the little finger, and leading directly into a tubercular cavity in the interior. The whole of the left lung was full of tubercular deposits. A few scattered tubercles were found in the right. Mr. M'Dowel observed, that this case presented several lesions: 1st, a tubercular cavity; 2nd, ulcerative opening into the sac of the pleura; 3rd, pleuritis, the result of extravasation into the pleural cavity of air and tuberculous matter; 4th, the effusion of serum, and subsequently of pus, from the inflamed membrane, constituting pneumothorax, with empyema. He observed that no marked symptoms denoted the period of the occurrence of perforation of the lung. Neither the sudden pain, urgent dyspnœa, or sensation of air passing out of the lung into the chest, which patients so often complain of. On the contrary, the pain here came on gradually, and neither the pain or dyspnœa were very great, until there was such an amount of pleuritic effusion as to account for both. Again, he observed, it was remarkable that, in this case, there was dilatation of the side, or obliteration of the intercostal spaces, and although it had been observed by others in cases where, as here, the opening was direct, not valvular, yet he rather thought that, in the case before the Society, there had not been time sufficient for the development of this rather late symptom of pleuritic effusion, the internal organs, from their unresisting nature, yielding sooner to the distensile force than the parietes. With respect to the operation of paracentesis performed in this case, Mr. M'Dowel said, that there was nothing unusual in such a line of practice. The great dyspnœa and suffering produced by the air and fluid contained in the pleura, as in this case, frequently render such a proceeding imperative, in order to arrest impending suffocation. Mr. M'Dowel thought that the operation is most likely to be required soon after the occurrence of perforation of the lung, which, sooner or later, must always prove fatal; for, if the patient survive the immediate violent effects of this accident, the disease may assume a chronicity in which surgical interference would be most injurious, inasmuch as cases are recorded where patients with all the physical signs of pneumothorax have been able to engage, for a time, in even the most laborious occupations. From careful examination of the present case, Mr. M'Dowel thought he was justified in saying that the "point of election" for performing paracentesis, as laid down by most authorities, was not in general the most eligible. Here the centre of the seventh intercostal space, he said, was chosen, and yet the trochar must have passed within half an inch of the collapsed lung. In operating on the right side so high up as the fifth intercostal interval I was so unfortunate, in one case, as to wound the liver, and Watson mentions a case where, in operating at the seat of election on the left side, the spleen was wounded. We are to conclude, of course, that the injured organs in these cases were unusually high up; yet a knowledge of the possibility of such an occurrence, Mr. M'Dowel thought, should induce surgeons to select a higher point than is generally recommended for performing paracentesis of the chest. Mr. M'Dowel thought that, in this respect, nature should be more closely imitated; for, he said, it has been observed that in cases of empyema the tumour, of necessity, almost always points high up, and, in several cases, has been known to open spontaneously above the clavicle.

MISCELLANEOUS CORRESPONDENCE.

PLACENTA PRÆVIA.

(To the Editor of the Medical Times.)

Sir,—During the last three months have fallen under my notice three of these most difficult and hazardous cases. I have read much of the practice attempted to be introduced lately, viz., "the extraction of the placenta before the child," but I am very far from being convinced either of the greater safety or the greater success over the usual mode, "turning as expeditiously as possible." There may be one or two instances of the child being born alive after the placenta has been removed, but, in my humble opinion, by this procedure you immediately detract the means of living from it, and, I am sure, hazard the mother's life; in fact, no hope remains to the one, little for the other. It must be remembered, however, in estimating the value of either mode of practice, that, in very many instances, the child's life is extinct before the practitioner can interfere in any way. The sudden gush of blood almost destroys the mother—how is it likely the offspring can maintain its existence? Meddlesome midwifery is bad, scientific midwifery is good; and it is because I consider turning in the latter light that I give my entire support to the practice. In the cases I am about to detail occurring in a badly fed, badly clothed, impoverished, manufacturing district, the child was born dead; two I attended in early, and turned in the third case; a midwife acted for two days, and I was called in just as the placenta had been removed by the unskilful midwife, the child coming away dead soon after. Which did best—the women artificially delivered, or her who was left to the tender mercies of nature and the new fangled operation? The superiority exists on the side of ancient practice.

W. S., a young woman of scrofulous habit, in the seventh month, was seized with violent flooding. On introducing my finger into the os uteri, I found it dilated to the size of half-a-crown the placenta was

felt presenting and affording copious streams of blood; the patient was pallid, faint, bedewed with clammy perspiration, and all uterine action seemed suspended. I immediately began the work of dilatation. At first the interference with the attachment of the placenta, added to the danger, but the hand soon acted the part of a most efficient plug, and arrested the flow completely. At length, the hand completely introduced, the membranes ruptured, and the child's feet grasped, all danger appeared to cease; uterine action commenced actively, and stayed not till the child was born; a stream of blood succeeded; fresh fainting; then the abstraction of the placenta; the uterus contracted firmly, and the patient recovered rapidly.

J. M., after working at her frame, went up stairs; in a moment she lost her senses, and, having fallen, was found with a pool of blood underneath her; two hours elapsed before I could get to her; she was lying on the bed still flooding, almost dead—in fact, the respiration through the nostril alone undeceived the attendants. On examination, the os uteri was dilated very slightly, and uterine action had ceased entirely. I administered brandy, and commenced dilating the os uteri. For three hours it hardly yielded at all, and every attempt to separate the placenta uniformly brought on increased flooding and increased danger. At last I introduced my hand into the uterus, turned, and completed delivery, the child being dead. Strong beef tea, mild tonics, milk sago, arrow root, brought the patient round, and in a week she had regained her strength sufficiently to attend to her lighter domestic duties.

In the third case, M. K., a meddlesome woman, tries to extract the placenta; every attempt at removal depresses the patient from loss of blood; true the placenta at last comes away first, and the child follows soon after. So far well and good; but what is the consequence to the mother?—a long continued debility, which neither good diet, stimulants, nor mineral tonics, can alleviate; she remained for months anæmic—unfitted for domestic duties—the prey to syncope and atonic headache. The loss of blood, I contend, is far greater in the new than in the old method of treatment, and I am convinced that the innovation is a bad axiom to go upon. If in all cases the labour pains were sufficiently strong to expel the placenta, and the child instantly after, things might pursue their natural course; such cases may occur, and sometimes do; yet we must look at cases of placenta prævia in the light of those which require instant help. Before we get to the patient she is syncopied; all uterine action has ceased; interference with the placenta, beyond what is actually necessary, is followed by renewed and still more dangerous prostration. What would be the result if you bear away the placenta, and the patulous vessels of the uterus remain so, because no contraction follows? More and more hemorrhage. Far different is it in turning. Uterine action invariably comes on strongly when the hand is introduced; and so long as the arm and hand plug the vagina, we need fear nothing from hemorrhage. Experience has taught me to consider the extraction of the placenta an unnecessary proceeding, by no means superior, and certainly attended with more serious and lasting prostration to the mother—more fatal to the child—a breaker in the smooth waters of a young man's repute. Those who recommend the practice, have done so, doubtless, with the best motive, and under a firm conviction that the cases they have attended successfully justify the practice on the part of others. Investigation leads only to truth, *experientia docet;* and if the comparison which I have drawn, and the conclusions I have arrived at, are worthy a place in your valuable journal, I shall feel flattered by their insertion.

I remain, Sir, your obedient servant,

ALFRED EBSWORTH, M.R.C.S., and L.A.C.,
Surgeon, Barford Union.

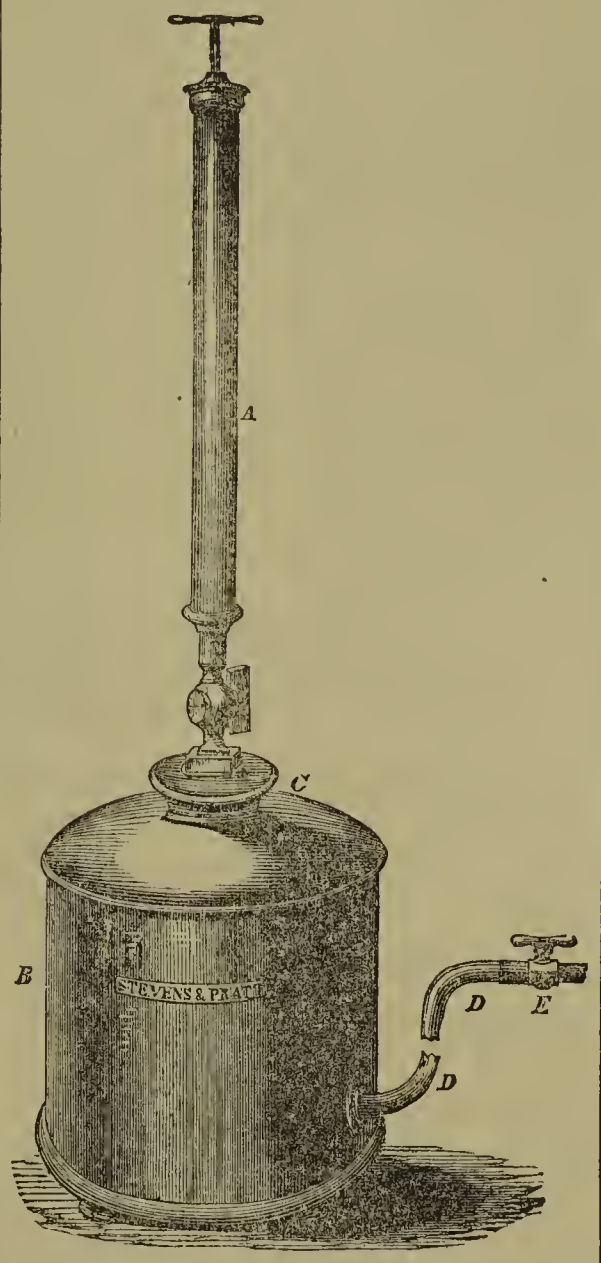
Balwell, January, 1846.

ROYAL COLLEGE OF SURGEONS.—It is positively stated that Sir B. Brodie has resigned his seat as one of the examiners. It is rumoured that Joseph Henry Green, Esq., of St. Thomas's Hospital, is to succeed Sir Benjamin.

THE PNEUMO-ANATOMICAL INJECTING APPARATUS.

To the Editor of the Medical Times.

SIR,—I beg to direct your attention, and that of your numerous readers, to a newly invented instrument, which I think forms a most important improvement in the art of injecting bodies for dissection, as well as minute and delicate preparations, and will probably altogether, or nearly so, supersede the common syringe. I have very lately used it in injecting two subjects with such success as to fill the minutest arteries. It is termed by the inventors (Messrs. Stevens and Pratt, surgical instrument makers, Gower-street, North), "the Pneumo-Anatomical Injecting Apparatus." The diagram underneath will convey an idea of the instrument.



A. A condensing pump to condense the air in the reservoir *B*, after the injection has been duly prepared, and poured in at *C*. *DD*, a flexible metallic tube, with a stop-cock at *E*, which fits into the pipe previously inserted into the bloodvessel, as ordinarily done for the purpose of injection. The order of these manipulations will therefore be—1st, pouring the injection into the reservoir and closing the stop-cock *E*; 2nd, condensing the air in reservoir *B* by means of condensing pump *A*; 3rd, inserting the stop-cock into the pipe already tied in the bloodvessel, and opening the said stop-cock to allow of the regular flow of injection.

The flexible metallic tube is vastly longer than it is represented in the diagram (say four feet), so as to enable the operator to rest the reservoir on a table placed near the subject, and to bend the flexible metallic tube so as to adapt it with the greatest precision to the mouth of the pipe tied in the bloodvessel, which should also be furnished with a stop-cock.

By this invention the principal objections to the old syringe are overcome, viz., 1st, the jerkings of the piston, which often cause the rupture of vessels; and secondly, the uncleanliness of the operation. The advantages of the use of this apparatus are—the uniformity of pressure and continuity of stream—the cleanly manner in which the operation may be performed—and that it certainly saves nine-tenths of the trouble with the syringe. If the injection is wax, it can be previously melted in the reservoir.

Where a state of impletion of the vessels is obtained, of course it can be known by the injection escaping from cuts at finger and toe-ends, by conjunctivæ, and general distension of sub-cutaneous arteries, as well as by the mesentery, if exposed; and in transparent or detached parts there will, of course, be no difficulty in perceiving it.

I have advised glass reservoirs for minute injections, so as to estimate the exact quantity of injection thrown into the vessels; also, that there should be a regular gradation of sizes—the minuter the vessels, the smaller the reservoir. I, for my part, shall never wish to go back to the common syringe.

Your obedient servant,

G. D. DERMOTT.

28, Bedford-square.

THE UNIVERSITY OF ST. ANDREWS.

To the Editor of the Medical Times.

SIR,—I have learned by a late number of the *Medical Times*, that a writer in the September number of the *Northern Journal of Medicine*, in adverting to my remarks that the *senatus academicus* of the University of St. Andrews confers such medical honours as it gives upon a much lower qualification, and that the examinations are of an infinitely less searching kind than those of Edinburgh, has said—

"1. The University of St. Andrews possesses undoubted privileges to confer degrees in medicine, on those studying that profession, either there or elsewhere.

"2. The qualifications required for the degree of M.D. by the University of St. Andrews are the same as those required by the Royal College of Surgeons of Edinburgh, and differ from those of the Edinburgh University chiefly in not requiring residence at the university. 'This is the true and only reason why so many graduates (students, surgeons, and apothecaries the writer means) resort to St. Andrews.

"3. With regard to the examination, a pretty familiar acquaintance with the students of the Edinburgh University, and with the attainments of those who have graduated there for some years past, and also with the nature of the St. Andrews' examinations, enables me to state with the utmost confidence, that the examination at St. Andrews is fully as extensive and as searching as that of Edinburgh."

A very familiar acquaintance with the matters referred to, enables me to assert that the writer is much mistaken.

The power of the University of St. Andrews to grant degrees in medicine is unquestioned and unquestionable. But so is the fact, that the power has been sadly abused by the *senatus academicus*, in times gone by, *selling* medical degrees without due regard to the qualifications, or even to the character of applicants. And recently by its conferring degrees on men very imperfectly educated.

The first of these assertions is undeniable; the second is proved by a reference to the annexed tabular view of the curricula of the University of Edinburgh for the degree of M.D., and the London College of Surgeons for its diploma, and *the reputed* curriculum of St. Andrews—*reputed*, I say, for it may be set aside, as often as it suits the candidate to do so! And how frequently that is done the writer in the *Northern Journal* has himself informed us. "Of 129 candidates 93 were," says he, "in possession of diplomas," in virtue of which they were admitted as candidates for the degree of M.D. by St. Andrews. And "36 had no diplomas;" these 36, therefore, of 129 candidates had, it appears, the "preliminary qualifications" required by the university in its printed regulations, with the view of improving the contemptible condition of her reputation as a medical degree-conferring seminary; the senatus academicus of the University of St.

Andrews, some twelve years ago, published a curriculum, which, had it been fairly acted upon, might have tended to remove the reproach which previous delinquency attached to the very name of a St. Andrews' doctor. But the nominal curriculum was rendered nugatory by an unjustifiable supplementary one, inviting all possessed of a *member's* diploma of the London College of Surgeons, or the license of the Apothecaries' Company, to repair to St. Andrews, as candidates for a medical degree! The effect of such jugglery is virtually to make the curriculum of the London College of Surgeons for a member's diploma, the curriculum of the University of St. Andrews for the degree of M.D.; this, with the nature of the examination, is the true reason why so many men resort to St. Andrews to be dubbed doctors.

I am not aware how long the disreputable practice referred to has existed; but this I know, that about twelve years ago the late Dr. McIntosh, of Edinburgh, was employed to frame a curriculum for the university of which we speak, and he consulted me as to the one he prepared. I was of opinion then, as I am now, that the curriculum Dr. McIntosh suggested, although defective, was a great improvement on the previous disgraceful mode of conferring degrees; *when* it ceased to be imperative on *all* candidates or whether it ever was so, I know not.

The practice of conferring degrees on unknown men who have never resided at a university, or perhaps been within the walls of one, except for an hour or two, is a vicious practice—sadly derogatory to the university that does so, and prejudicial to the best interests of medical science. With regard to the nature of the examinations at St. Andrews, I have to remark it is consistent with my certain knowledge, that few men not better educated than the members of the London College of Surgeons could pass such an examination as that to which the candidate for a medical degree at Edinburgh is subjected.

The number of rejections which has been mentioned as a proof of the strictness of the examination at St. Andrews, may, I believe, be explained by many individuals having attempted to pass there, who found themselves unfit to do so elsewhere, and when weighed even in the St. Andrews' balance were found wanting. Dr. J. A. Robertson and Mr. Skae, St. Andrews' examiners, are represented as Edinburgh professors by a late writer in the *Medical Times*, in defence of St. Andrews. Neither of these gentlemen are professors, nor even fellows of the College of Physicians. They are fellows of the Edinburgh College of Surgeons, and, I believe, the former, an able, clear-headed man, undoubtedly would have been president ere now of that deservedly eminent body (which has done more for medical education than any incorporation in existence), unless for his connection with the University of St. Andrews.

I am, &c. &c.,

ROBT. LEWINS.

Tiverton, Jan. 28, 1846.

RUBEOLA.—Dr. Mayo narrates the case of an infant in whom measles appeared, and ran its course, another eruption of the same exanthem coming out afterwards, which soon took on a process of desquamation, and continued this with great severity, so as to make deep rhagades in the child's person. A month elapsed before the skin became healthy.

PHLEGMON OF THE BREAST.—Inflammation of the breast is treated among the women delivered at the Obstetric Hospital of Padua by small doses of sulphur frequently repeated. The local treatment consists in covering the part with pieces of warm linen. The cases terminate rapidly, and generally without the occurrence of suppuration.

WARM DOUCHES.—Monteggia states that an Italian physician, named Fantoni, whilst making experiments at the source of the mineral waters of Vanderi, observed that the heat developed by the douche penetrates deeply the parts to which it is applied. He has cooked eggs much sooner by exposing them to a hot douche of considerable elevation, than by simply placing them in water of the same temperature.—*Annales de Therapeutique.*

GOSSIP OF THE WEEK.

APOTHECARIES' HALL.—Gentlemen admitted Licentiates on the 5th of February, 1846: Charles Husband, James Eastwood Taylor, Henry Birkett, Arthur Prince May.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, February 6th, 1846: J. H. May, V. Devey, W. Bannister, J. Webber, G. E. Nicholas, E. Whately.

OBITUARY.—23rd ult., at Maidstone, Trevanion Verman Oates, Esq., surgeon of the Maidstone Infirmary. On the 25th ult., at Wisbech, aged 42, Thomas Blundell, Esq., M.D. On the 9th inst., at 10, Bedford-place, Bloomsbury-square, Henry Turner, Esq., surgeon, aged 65.

WAR OFFICE, February 6.—52nd Foot: John Henry Dundas, gent., to be assistant-surgeon, vice Skene, deceased. 78th Foot: Assistant-surgeon James Leitch, M.D., From the 94th Foot, to be assistant-surgeon, vice Innes, appointed to the 4th Dragoon Guards. Brevet.—Surgeon Alexander Russell Jackson, M.D., surgeon of the East India Company's Depôt, at Warley, to have the local and temporary rank of staff-surgeon of the First Class, while so employed. Hospital Staff.—Staff Assistant-surgeon Francis Robert Waring, to be staff-surgeon of the Second Class.

MILITIA.—West Kent Regiment: William Sankey, gent., to be surgeon, vice Sexty, deceased.

APPOINTMENTS.—Surgeons: John Campbell, to the Harlequin; R. R. B. Hopley, to the Wanderer. Assistant-Surgeon: T. E. Molesworth, to the St. Vincent; W. Baker, to the Pique; T. Hunter, to the Nimrod; P. Bringaye and J. Slight (acting), to the Caledonia, for service in Plymouth Hospital; W. J. Gruggenn (1841), to the Queen; — Garham, to Jamaica Hospital.

MEDICAL PRIZE ESSAY.—The Committee of the Society for Improving the Condition of the Insane have awarded their Second Prize of Ten Guineas to Mr. George Wilson, surgeon, of Leeds, for an Essay on the Pathology and Treatment of Puerperal Mania.

STATISTICS OF PARIS.—The consumption of butcher's meat in Paris in January, 1846, was, 7,248 oxen, 1,839 cows, 7,228 calves, and 41,819 sheep. As compared with the consumption of January, 1845, there was an increase, in 1846, of 461 calves, 289 cows, and 188 sheep; and a decrease of 161 oxen.

MEDICAL MISSIONARIES.—Dr. Hobson, of the medical profession, who has resided a great many years in China, addressed a numerous audience in Sunderland last week, in reference to Christian missions there. The doctor stated that if missionaries about to go out to China, where the medical art is little known, would cultivate a knowledge of the theory and practice of medicine, they would acquire great advantages over those not possessing the knowledge.—*Daily News.*

We notice in the *Daily News* that the small-pox is at present very prevalent in Dundee, Derbyshire, and Exeter. In the latter place, the mayor has issued strict injunctions to the police to take into custody the numerous persons exposing children labouring under this disorder, in the public streets.

IRISH MEDICAL CHARITIES.—In consequence of Lord Clancarty's motion for a Committee of the House of Lords to inquire into the state of the medical charities, a meeting of the Committee of the Clare Medical Association has been called by their secretary. The subject is of great importance, and interesting, not only to members of the medical profession, but to every class of society, the rich as well as the poor.

An influential body of gentlemen has recently formed itself into a committee for the purpose of establishing a pauper lunatic asylum, in Glamorganshire, for the use of the adjoining counties. In the county of Glamorgan alone, there are 170 pauper lunatics, 54 of whom only have the benefit of proper medical treatment in an asylum.—*Daily News.*

The Orkney Hospital, erected at Kirkwall, by the munificence of the late John Balfour, Esq., of Trenaby, is now open for the reception of patients. —*Daily News.*

MILITIA.—A correspondent of the *Provincial Medical Journal*, asks, *if* it is doubtful whether Members of the College of Physicians of London, and also Members of the College of Surgeons, are exempt from serving in the Militia; as question of considerable interest to the profession, would it be amiss to suggest that *now*, as an amended Militia Act is about to take place, to endeavour by all means, that members of the Lodnon Colleges of Physicians and Surgeons, and also graduates of *British Universities*, be exempted from serving or *providing substitutes.*

REDUCTION OF DISLOCATION OF THE SHOULDER.—Mr. Syme states in the *London and Edinburgh Monthly Journal of Medical Science*, that he has repeatedly effected reduction of very recent dislocations of the shoulder joint, without any assistance, by placing one hand on the acromion, and then having bent the forearm to a right angle, suddenly drawing the elbow backwards, so as at the same time to rotate the hand backwards. He relates the following case:—A patient came from the country, a distance of twelve miles, for the purpose of having a dislocation of his shoulder reduced. Seeing, says Mr. Syme, from the position and powerless appearance of the arm that the bone was displaced, and having felt, by putting my hand under his clothes, that its head lay in the axilla, I desired him to take off his coat. No sooner had this, with some assistance, been accomplished, than he declared that he felt his shoulder quite right, which it really was, no doubt from the action required for withdrawing his arm from the sleeve.

ROYAL COLLEGE OF SURGEONS.—The official report of the Royal College of Surgeons, just published by order of the House of Commons, shows that 752 candidates presented themselves for examination in 1842, before the granting the new charter, of whom 669 received diplomas; and in 1844, after the new charter was in operation, only 437 appeared for examination, and 376 passed—a diminution of nearly one-half. This fact speaks for itself.

REMOVAL OF A PORTION OF THE LIVER.—Dr. Macpherson narrates the case of an aged Hindoo, who was stabbed in the abdomen, a portion of the liver protruding into the wound, about the size and shape of the four fingers lying side by side. He enclosed this in a ligature, and removed the strangulated portion with the knife. The old man recovered.

MORTALITY TABLE,

For the week ending February 7, 1846

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	914	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	170	183	188
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	118	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	175	169	157
Diseases of the Lungs, and of the other Organs of Respiration	259	363	294
Diseases of the Heart and Blood-vessels . . .	33	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	67	69	72
Diseases of the Kidneys, &c.	8	7	7
Childbirth, Diseases of the Uterus, &c.	8	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	14	7	6
Diseases of the Skin, Cellular Tissues, &c.	4	2	2
Old Age	25	90	67
Violence, Privation, Cold, and Intemperance .	20	27	26

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PROGRESS OF MEDICAL SCIENCE,
INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of February 9th, 1846: M. Mathieu President, in the Chair.

Dangers attending Precipitate Inhumation; by Dr. Leguern.—Dr. Leguern, who has already communicated a memoir to the Academy on this subject, again insists upon the necessity of adopting some method analogous to the plan employed in Germany, for the purpose of diminishing the frequency of the interment of persons in a state of lethargy. Dr. Leguern states that, in Germany, the bodies are deposited in a room specially destined for their reception, and that a bell-pull is attached to the hand, so that notice is received of the slightest movement indicating a return to life. M Leguern, after adverting to the singular case of Winslow, the celebrated anatomist, who was *twice* buried alive, and Abbé Prévost, the author of Manon Lescaut, who was momentarily revived by the knife of the dissector, remarks that, since the year 1833, the number of persons supposed to be dead, and who have been restored to life, amounts to ninety-four; thirty-five awoke on being carried to the grave; in seven instances resuscitation was due to the fall of the coffin; in nine cases to incisions made on various parts of the body; in five to suffocation caused by confinement in the coffin; in nineteen cases to accidental delay of the funeral; and, in six, to the circumstance of the inhumation having been purposely delayed, some doubt being entertained of the reality of death.

Election of a Corresponding Member in the Section of Navigation.—Two candidates were presented, both foreigners—Count Demidoff and Captain Ross. M. Demidoff obtained forty votes, and Captain Ross six.

ACADEMY OF MEDICINE.

Meeting of February 10, 1846; M. Roche, President, in the Chair.

M. Bousquet read a report on a communication of M. Cipriani, of Naples, on the "Power of Medicine and its Limits." After a short debate the Academy resolved itself into a committee, and the meeting adjourned at four o'clock.

HOPITAL DU MIDI.

Clinical Lecture. *Tertiary Syphilis (Osteitis)*; By Dr. Ricord.

When suppuration of a bone affected with tertiary syphilis becomes inevitable, characteristic pains of a shooting, rapid character are generally observed. At first, the sufferings of the patient are evidently intermittent, but they much sooner adopt the remitting type than when they are premonitory signs of exostosis. Thus, when pains, at first nocturnal, are followed by diurnal pains, which gradually become as intense during the day as during the night, there is strong reason to suspect a tendency to suppuration, and caries of the bony tissue. The character of the pain is also gradually altered, and is attended with distinct throbbing. The other local symptoms of inflammatory action also become manifest; the skin becomes hot; plastic lymph is thrown out in the neighbouring cellular structures, and the soft parts adhere, in a short time, to the diseased bone, in whose malady they daily participate more and more. In exostosis no such symptoms are noticed; the soft parts remain unaltered in texture and in function. When the suppuration of the bone is established, the swelling forms either in the immediate vicinity of the alteration, or at a more or less considerable distance from it; in which case it becomes sometimes a matter of considerable difficulty to ascertain the exact spot from which the pus has arisen. It also not unfrequently happens that the soft parts surrounding the diseased bone become, in consequence of its inflammation, rapidly altered in their structures. The bone, deprived by denudation of its elements of nutrition, is gangrenous, and necrosis takes place. Thus, in consequence of the original malady of the bone, and of the local disorder produced in its solid structure by the progress of morbid action, as well as in consequence of the changes undergone by the soft parts, a state of things is established which belongs to syphilis, it is true, by its origin, but which has no specific appearances—no *special* symptoms, but those which might be met with in disease of the bones, produced by scrofula or external injuries.

Suppurating osteitis may be observed in all parts of the body, but perhaps more frequently in the bones of the head and face than elsewhere, and amongst the bones of the head, the superior maxilla is chiefly the seat of the suppuration; whereas, exostosis and eburnation, doubtless on account of its more compact structure, is much oftener met with in the lower jaw. In the superior maxilla the intermaxillary bones, which correspond to the incisor bones of animals, are very subject to suppuration; and this circumstance is, in every respect, an advantageous one for the patient, inasmuch as mastication can still be performed by the molars, even in an advanced state of decay of the bone. The palatine bones are sometimes affected, but it is more common to find them perforated by local disorder, which has originated in the nasal cavities, than by changes proceeding from their buccal surface. When the incisor bones are deeply affected, if the teeth are explored with care, they are not found to move *in* their alveolæ, but *with* the alveolæ. In such cases the bone is dead, and must be removed by the surgeon's hand, in order to spare the constitution of the patient the tedious process of spontaneous elimination. Necrosis of the upper maxilla is generally limited by the canine teeth, and the nasal process of the bone. The turbinated bones of the nose, on the contrary, become carious with the greatest facility. The vomer is generally necrosed, and being thereby deprived of its support, the bridge of the nose falls in, and the shape of the feature is for ever destroyed. Superficial caries of the bones of the skull is extremely common, and has been occasionally seen to extend over the frontal, parietal, and occipital bones simultaneously. The cartilages of the larynx may be, and often are, affected in a manner precisely similar to that we have described in the bones. The first step of the disease is to transform the cartilages into bony matter, and the ossified portions then become necrosed or carious, exactly like any other osseous structures of the system. The diagnosis of the syphilitic nature of disease of the bones rests, not upon the physical characters of the disease, but upon the history of the case, and the connection of the previous symptoms with each other. The treatment does not furnish the surgeon with any peremptory evidence of the nature of the case.

HOTEL DIEU.

Clinical Lecture. *Anasarca—Diseases of the Heart*: By Professor Chomel.

A patient has been recently admitted into our wards, labouring, but not for the first time, under serous infiltration, which I feel inclined to attribute to some disorder of the central organ of circulation. Anasarca is, doubtless, one of the most important signs of organic change in the heart, and it is frequently observed to occur suddenly under the influence of acute inflammatory disease of that viscus. The tissue of the heart is seldom affected with acute inflammation; but its inner lining and its external investment are both much more subject to this morbid action. With regard to pericarditis, M. Louis asserts that, in one body out of every twenty-four, anatomical traces of pericarditis may be detected. This statement, if correct, would tend, in contradiction to Corvisart's opinion, to show that inflammation of the pericardium is a frequent and seldom a fatal disorder. During eight years Professor Chomel cannot say he has met with more than three cases of acute endocarditis, one of which was complicated with articular rheumatism. If the results of the observation of other physicians tally with those of the Cliniquc of the Hotel Dieu, it would follow that the law of coincidence of endocarditis with acute rheumatism is not supported by facts. During the progress of rheumatism, a rasping murmur is often detected in the heart, which Professor Chomel cannot look upon as the certain indication of the presence of endocarditis—the diagnostic value of this sign, not being yet, in his opinion, properly ascertained. The following is the case which occasioned the foregoing remarks:—

B., aged twenty-two, a sewer-maker, is a man of intemperate habits, and accustomed to be bled once in a twelvemonth. Some time since he experienced a symptom not unfrequent in pericarditis, a sense of constriction and pressure in the region of the sternum, attended with thirst, loss of appetite, and febrile excitement. A pain in the shoulder persisted after the first illness, and he was shortly

afterwards affected with anasarca. Digitalis was exhibited, and the infiltration disappeared. A relapse having occurred last week, the patient was received into M. Chomel's wards. On admission there was evidently great difficulty in the circulation; the lips were in a cyanosed condition; the pulse frequent, small, and intermitting; dyspnœa was intense. The sounds of the heart were indistinct, but audible and all tolerably equal. The contrast between the equality of the contractions of the heart and the condition of the pulse, M. Chomel brings forward as important evidence of valvular disease. The left side of the thorax contained an accumulation of fluid, characterised by dulness on percussion, diminution of the respiratory murmur, and œgophonous voice.

Since the entrance of the patient into M. Chomel's wards, the anasarca has diminised, but the pleuritic effusion has, on the contrary, considerably increased. It is not uninteresting to remark that in the present case the œgophony, which existed at the time of admission, now exists no longer, and is replaced by a resonance of voice more analogous to bronchophony. While the pleuritic effusion has increased, the disease of the heart seems to have lost in severity. The mediastinum is gradually forced out of its position, and pushed to the right side of the sternum. The professor does not think the present case is one of pericarditis, because no abnormal sounds can be detected. The natural sounds of the heart, less intense only, and more distinct than in the healthy subject, are clearly heard in the precordial region. The diagnosis must, therefore, be a chronic endocarditis. The prognosis, of course, is extremely serious. Indeed, in such cases, in which the heart is displaced by the abundance of pleuritic effusion, it is not impossible that sudden death may take place. Not that M. Chomel entertains any very positive immediate apprehensions, but that he thinks it his duty to foresee any possible accidents. As to the treatment, venesection must not be thought of. M. Chomel is of opinion that the removal even of a small quantity of blood might be productive of the most unfortunate consequences; blisters to the chest, digitalis in small doses, in order to produce a diuretic more than a sedative action, may probably produce temporary improvement, which is all the physician can reasonably expect in such cases.

CLINICAL LECTURE. *Fracture of the Radius*: By Professor BLANDIN.

A woman entered the surgical ward six days ago, with fracture of the radius, and I have allowed that space of time to elapse before I attempted the application of the starch bandage. In this respect my practice differs materially from that of Belgian and French surgeons, who deem it advisable to apply the bandage as early as possible after the production of the fracture—a system which I reject, because it seems to me to expose the patient to severe accidents, such as strangulation of the swollen limb and gangrene. I may illustrate my opinion by mentioning the case of a clown who, having fractured his thigh at the theatre of Brussels, during the performance of certain feats of activity, was obliged to suffer amputation in consequence of extensive, gangrene which supervened as a result of the application of the starch bandage immediately after the accident. The same unfortunate occurrence was observed in the case of a young Russian physician (Dr. D—i), after a fracture of both bones of the forearm. Some years since, when M. Seutin came to Paris, the starch bandage was made the subject of discussion at the Academy of Medicine, and in the report which I made to that society on the method, I expressed most distinctly my disapprobation of the early application of the dressing after fracture. The grounds on which I founded my opinion were the following:—The "appareil immobile," as it is called, once solidified, yields nothing to inflammatory tumefaction of the parts it encloses, and the pressure may, it is true, sometimes dispel the inflammation; but in other cases, on the contrary, it increases the severity of the phlogosis, and rapidly produces gangrene. Besides, a few days' delay in its application cannot by any means be injurious, and it is, I repeat, the most prudent and the safest line of conduct. Before the introduction of the starch bandage, the common dressing of fractures was applied immediately after the injury, and it is true that accidents were seldom observed, but remark that the eighteen-tailed bandage, or Scultetus's apparatus, are not unyielding and rigid in the same degree as the starched roller, and besides, the ancient dressings being renewed occasionally, the pressure could readily be measured to the necessities of each particular case. The patient to whom we this day direct your attention, was affected with fracture of the inferior extremity of the radius, immediately above the styloid process of the bone. The hand was bent on the forearm; the inferior fragment of the fractured bone was prominent posteriorly; whereas the superior fragment protruded in front; mobility and crepitus were distinct; besides, a remarkable depression existed on the radial edge of the forearm, in the region of the fracture. These are the most frequent, though not the constant signs, of the fracture. I attended lately a lady suffering from the same accident, in whom the symptoms, or rather the displacement, was different. The inferior fragment protruded in front, and the superior was prominent posteriorly. The hand was bent in a forced extension, and the fingers were slightly contracted. Some authors have asserted that in this fracture pronation is an impossible movement. This is theory; the movement can most assuredly be executed, but often the patients will not even consent to attempt it, on account of the pain they apprehend. It has also been said that this fracture causes destruction of the interosseous space, an assertion which must have been made by some person who forgot that no interosseous space exists in the inferior part of the forearm. The reason I insist upon this last point is merely because I wish to guard you against a useless and painful practice, which originated in the mistaken fear of destruction of the interosseous space—I refer to the application of graduated compresses in that region. In the present case the deformity of the limb permitted us to establish our diagnosis positively, *de visu*, without even touching the injured extremity; but notwithstanding the facility with which the peculiar deformity leads to a correct diagnosis, many errors are daily committed in this very matter, and it may, therefore, not be amiss to recapitulate in a few words the differential diagnostic signs.

A simple sprain of the wrist might be taken for a fracture, if the following characters were not attended to:—If deformity exists, it results from effusion in the joint, and is quite different in its aspect from the special deformity we described in fracture. No depression is noticed in the lateral region of the wrist, and no mobility can be detected. We say nothing of crepitation, that invaluable sign of fractures, because it is often indistinct or absent in true fracture of the wrist. Fracture of the radius has been often taken for dislocation of the radio-carpal articulation. Boyer's work on surgery contains a long description of the signs of this dislocation—a lesion hardly ever met with, and which is never produced by a fall on the palm of the hand. The dislocation of the wrist may be observed occasionally as a result of white swelling; it may again be met with in persons whose hands have been caught in the wheels of a machine; but in these cases there is always more or less extensive alteration of the soft parts, and they are frequently complicated with fracture. It is to Dupuytren that the credit is due of having proved, in a peremptory manner, the important practical fact of the extremely rare occurrence of luxation of the wrist; in fact, the impossiblity of its production under ordinary circumstances. He remarked that the joints most exposed to luxation are those which are endowed, from their anatomical conformation, with extensive movements. The mobility of the wrist is, on the contrary, confined within very narrow limits, being due in a great measure to the carpal articulations.

In order to reduce the fracture of the radius in our patient, you observed that it was sufficient to bend the hand on its ulnar edge; by this movement the inferior fragment is restored to its proper position, an object which Dupuytren endeavoured to attain by the use of his bent ulnar splint. We apply splints on the anterior and posterior face of the limb only, after having covered the fracture with flat compresses. The starch bandage has been since rolled over the forearm and hand, and the absence of any swelling induces us to hope it may not be necessary to renew the dressing during the progress of consolidation.

DAN. M'CARTHY, D.M.P.

Italy.

HYPERTROPHY OF THE SPLEEN.—M. Giocondino del Zio narrates, in *Il Filiatre Sebezio*, the case of a young female who had long suffered from a fever said to be a continued fever, with severe adynamic symptoms. She used and abused preparations of cinchona, and thought herself cured; but she remained emaciated and incapable of attending to her employments; she also became very low spirited, and finally M. del Zio was called in He found her in the following state:—The intellectual faculties were affected, and she often uttered unconnected words, and spoke deliriously; sleep was rare, interrupted, and unrefreshing; face pale, emaciated, and dejected; respiration embarrassed and stertorous, with sighing; cough dry; palpitations; voice harsh; general disgust and almost invincible anorexia; tongue pasty, yellowish, and furred; pulse small and hard; skin dry, discoloured, mucous, and cold; muscles thin and flabby; sensation of weight and dragging in the left side of the chest; difficulty of lying on either side, but especially on the right, where splenalgia, increased on the slightest pressure, was complained of; urine often turbid, and always scalding; dyspepsia; nutrition imperfect; stools rare, hard, and painful; pulse scarcely perceptible in the popliteal and femoral arteries; amenorrhœa of eight months' duration. The abdomen presented the appearance of a twin pregnancy at nearly the full period. It was very prominent, hard, and burning to the touch; the skin was smooth and transparent, with here and there enlarged veins. The spleen was so much enlarged that it descended into the two iliac fossæ, filling up almost the whole abdomen, leaving only three fingers' breadth free under the last false rib on the right side. A periodical accession of remittent fever occurred every day, marked by headache, intense thirst, and increased splenalgia. The febrile paroxysm diminished towards morning, but did not entirely cease. M. del Zio ordered three leeches to be applied to the anus and three to the vulva, or else a large abstraction of blood from the saphena, and at the same time a *refreshing*, *diuretic*, *purgative*, and *discutient mixture*. The friends, in error, applied eleven large leeches, which bled freely, and also caused two pounds of blood to be taken by venesection. The blood was much buffed. The next day the patient was much better, both locally and as regarded the severity of the febrile paroxysm. The tongue and skin were moist, and the urine less scalding. The abdomen was softer, and one-third less in size. The day after, in consequence of the excretion of scybala, the leech-bites bled again, and this occurred several times during the next fortnight. Art, says M. del Zio, then became inactive, since nature was effecting the cure. The chylopoeitic functions soon resumed their activity, and after the lapse of a month the patient was quite cured. The catamenia did not return until two months afterwards. The case M. del Zio regards as one of vascular hypertrophy of the spleen.

VALERIANATE OF QUININE.—In the *Memoriale della Medicina Contemporanea*, M. Galvani describes the following process for the preparation of the valerianate of quinine. Hydrated quinine, previously well washed to free it from all residue of the sulphate of ammonia, is to be triturated in a porcelain mortar, with a sufficient quantity of valerianic acid at 1000° (the last product of the distillation of the valerianates of lime and soda, decomposed by sulphuric acid) and constantly stirred until a perfect neutralisation of the salt is obtained, which may be ascertained by means of test papers. It sometimes happens that the valerianate produced by the supersaturation of the saline solution is precipitated *en masse*, the solution itself remaining acid; at other times, if an acid be used of equal density, but obtained by another process, the operation does not succeed. In the first case a sufficient quantity of boiling distilled water must be added to dissolve the precipitated salt, a fresh quantity of

the alkali being afterwards added to saturate the excess of the acid. The solution of the alkali in the acid being complete, it is to be placed in a water-bath, and, if requisite, so much organic acid added, not that the blue colour of reddened litmus paper be restored (which would risk the having a basic salt), but in order that the blue may be slightly affected, without absolutely becoming red; by this means it is ascertained that the acid is only slightly in excess. The solution being effected, it is filtered, and set aside in a cold place; after the lapse of twenty-four hours a first product is obtained, of nipple-like form, of greater or less size, very white, and opaque. The mother-waters are then decanted, and the crystals set to drain. By exposing them in dry air, and neither in the sun nor on a stove, they will dry in a few hours, so that they can be detached entire with a spatula. Their desiccation may then be completed by spreading them out on pasteboard in the open air. Although the crystals thus obtained have neither the hexahedral nor the octohedral form, and although the quinine in this process is not dissolved in alcohol, they are nevertheless composed of very pure valerianate of quinine, as M. Galvani has often ascertained by chemical analysis. Their odour and form, which differ from those of all the other salts of quinine, will be sufficient to distinguish them by.

Simultaneous Dislocation of both Femurs.—In the *Gazetta Toscana della Scienze Medico-fisiche*, a case of simultaneous dislocation of both femurs is detailed. A peasant, thirty years of age, was thrown violently to the ground out of his cart. He could not rise, even with assistance, and experienced severe pain in the right flank. He was immediately conveyed to the hospital, and M. Andreini discovered a dislocation of the right femur upwards and outwards, which was reduced four days afterwards. At the time of admission something abnormal was noticed in the left limb, but as the patient did not complain of pain, and said there was always something wrong with it, and the bone was found not to be broken, no further notice was taken of it at the time. After the right femur had been reduced, it was found impossible to bring the legs together, and the left appeared longer than natural, and turned outwards. It then appeared that, although there still was no pain, the left femur was dislocated downwards and inwards; the deformity spoken of by the patient merely consisted in a slight enlargement of the knee-joint. The dislocation was accordingly reduced, and the patient completely recovered.

America.

Skin Diseases in the Feejee Islands.—Dr. Fox, surgeon of the Vincennes, U. S. navy, has published an account of the diseases which are met with in the Feejee groups of islands. When speaking of the skin diseases, he says the most remarkable disand one that is believed to be peculiar to this group of islands, is what the natives call the "dthoke." It somewhat resembles the yaws of the West Indies, so common among the negroes. In adults who are afflicted with it, it assumes the form of secondary syphilis, and those unacquainted with the history of the disease would unhesitatingly pronounce it a syphilitic taint. It usually attacks children from two to nine years of age, and according to the natives and white men's experience, none escape. Dr. Fox is of the same opinion; every child of ten years of age that fell under his observation had had this disease, and in many cases still had it. Its first symptoms are fretfulness and inactivity on the part of the child; a swelling on the fingers, and pains in the bones follow; these pains, which are rheumatic in character, continue at intervals throughout the disease, and are followed by small red spots in different parts of the body. These become round pustules, varying in size, and result in ulcers. After the eruption has appeared, the pains about the bones cease to be so general. Sometimes they disappear in fine weather, but return when it is damp and wet. In other cases, they lose the fugitive character, but there is a constant fixed pain over the same bone, which is not relieved until the integuments inflame and the carious bones find exit. In the first attack there is much irritation, particularly at night, and more or less fever. This also disappears in most cases as soon as the eruption is out. The mouth, arms, and umbilicus ulcerate around the whole circumference. In adults the pericranium is oftener affected than in children; the bone is denuded, and frequently pieces of the table of the skull come away. In some cases the eruption does not appear, or after appearing immediately dries up. These cases are said to be invariably fatal. Cases are by no means rare of the loss of the bones of the palate and nose. This disease varies in duration from nine months to three years. The natives say that this disease has always prevailed among them, and always speak of it as a Feejee disease. For this disease Dr. Fox states, they have several remedies, the most effectual of which are incisions over the painful part. To the ulcers no applications are made, except in the case of children, in whom they are scraped down with a shell and then rubbed with soot, which causes a rapid cicatrisation. The general belief is that the complaint will run its course, but that it is aggravated by certain articles of diet, as pork, or sweet things. Dr. Fox treated several patients for this disease with sarsaparilla, and the application of ung. citrin. with great success. There is also another cutaneous disease prevalent among the inhabitants of some of the groups of islands in the Pacific, especially in the Kingsmill, known by the natives under the name of "gune." This at its commencement somewhat resembles ringworm; the spots gradually spread, and others form until the whole body becomes covered with them; when they pass off, the skin is left seamed with lines and circles of a livid hue, which continue during life. At other times it assumes a more virulent character, in which case, large excrescences like warts form, first on the face, or between the fingers and toes, and then on other parts. The softer portions of the face and body swell to double their natural size; the person becomes unable to walk, or to move his limbs, until death at length overtakes and releases him from his sufferings.

Hæmoptysis in Infants.—Dr. Morris has reported two very interesting cases of hæmoptysis in infants in the Transactions of the College of Physicians of Philadelphia. The patients were three months old. The first case was a male, one of twins, of a large size and good health up to the time of its attack. The mother, a woman of unusual intelligence and energy, reported the child to be labouring under an attack of colic, with diarrhœa of some days' standing. The discharges were frequent, green, and slimy. There were much heat and thirst. The abdomen was flaccid, and the face anxious. The child cried very much, and the sound was plaintive. The usual prescriptions in such cases were made; warm poultices to the bowels; small doses of calomel and castor-oil. By these means the condition of the child was improved, though the heat of skin and febrile disturbance still continued. About the third day of Dr. Morris' attendance, the mother showed him her collar, which was smeared with blood—that, she assured him, had been discharged from the mouth of her infant. He at once ascribed it to some ulceration of the nipple, for which he searched carefully, but without being able to detect the slightest solution of continuity. The gums and throat of the child were next examined, and an ulcer was found near the isthmus faucium, to which, though small, the issue of blood was supposed to be owing. The following day she exhibited a handkerchief much stained with blood, of a pink hue, which had been discharged by the child. Dr. Meigs was now requested to see the infant, and his suspicions were so strong that the blood was derived from the breast of the mother, and vomited by the child, that he could not be persuaded to the contrary, till he had examined the nipple with a magnifier, and applied smart friction with a cambric handkerchief. The respiration of the child did not deviate from the natural state sufficiently to attract attention, though the child was often visited and examined anxiously; nor was there, at any time, the slightest cough. After lingering a few days—the diarrhœa varying in degree— it sank into coma, followed by convulsions and death. The autopsic examination, made by Dr. Sargent, resident physican to the Pennsylvania Hospital, was as follows: Exterior aspect of body pale; hands and feet of a blueish hue; similar colour of all the dependent parts of the body and limbs; very slight, if any, emaciation. The mouth and nose contained a frothy, reddish-white fluid, which escaped freely from these cavities when placed in a dependent position. Brain not examined—nor posterior part of mouth and fauces. Larynx perfectly healthy. The mucous membrane of the trachea and of the bronchial tubes, as far as their fourth or fifth ramifications, was reddened, and, in the bronchial tubes, slightly thickened, but in both entirely free from false membrane, or viscid secretion of any kind. The inferior portion of both lungs soft and crepitant, but containing abundance of a colourless serous fluid. The lower lobe of the left lung was of a vivid red colour; it contained a very small quantity of air, and but little serum; the consistence of its tissue not materially diminished. The right lung was of the same bright red colour in its middle and lower lobes; the consistence of both these lobes was diminished, particularly of the middle; and the greater portion of this lobe sank when placed in water of medium temperature. There was no appearance of pus, nor of lobular discoloration or induration. No adhesion between the opposed pleural surfaces of either side; nor any effusion of lymph or serum in either pleural cavity. Both lungs were expanded. No tubercles in the lungs, or in the bronchial tubes. The heart was of a healthy appearance; foramen ovale open. The abdominal viscera were all carefully examined, but no lesion of any kind could be detected. Within a week after, the surviving child was taken with symptoms precisely similar. Guided by the light derived from the examination of the preceding case, attention was now turned to the chest. With great difficulty, owing to the extreme restlessness of the infant, Dr. Morris was enabled to detect dulness, upon percussion, of the posterior part of the lower lobe of the right lung, with slight mucous rattle. The quantity of blood discharged, though less than that in the preceding case, was considerable; and in this instance Dr. Meigs saw it in the mouth of the child, frothy, and mixed with mucus. Small cups were applied to the back of the child, and two ounces of blood taken. Calomel, in minute doses, was given to act upon the diseased secretions of the liver; and, in a day or two, the patient was convalescent.

Suppuration of the Knee-joint.—Dr. Tyler briefly narrates, in the *American Journal of the Medical Sciences*, a case of protracted inflammation of the synovial membrane of the knee-joint, resulting from an injury, in which suppuration took place. He incised the joint on the inner side, and evacuated a quart of pus. The opening continued to discharge for upwards of five weeks, after which, measures were used to overcome the contraction of the limb, which were effectual, and the patient ultimately recovered with a perfectly straight limb, and entire mobility of the joint.

England.

[The following are the only articles of interest to the profession in the last number of the *Lancet*.]

Epilepsy complicating Insanity.—Dr. Conolly devotes a lecture to the consideration of epilepsy as a complication of insanity. The attack of epilepsy most generally precedes the other disease. The mental condition of the epileptics at Hanwell exhibits every variety from maniacal excitement to dementia. In the greater number of these cases, the epilepsy began in early life, being, in some, the result of accident, but, in most of the cases, arose from obscure causes. Dr. Conolly is disposed to believe that most of the patients manifested a peculiarity of character very early in life, on which epilepsy supervened, the brain becoming further modified, and then insanity declaring itself. Sometimes, but rarely, epilepsy occurs later in life; but then generally from evident causes, physical or mental, which have simultaneously affected the mind. The occurrence of epilepsy in the children of nervous persons, or of parents who have been insane, is very unfavourable. Dr. Conolly has noticed in families of which some of the members were subject to epilepsy, paroxysms of excitement, or even of mania, coming on with all the suddenness of an epileptic attack, characterised by vehement impulses, of temporary duration; in others, fits of nervous agitation, with a disposition to rapid movement of the lower

jaw, and a general tremor. The fits of epilepsy present every gradation of severity and every variety of frequency in the Hanwell patients, but, generally speaking, Dr. Conolly thinks the paroxysms of epileptic convulsions are less violent in lunatics than in others. Cases, however, occur in which the attack is of the most severe character; some are convulsed in the most intense degree, and remain, even for days afterwards, in a state of stupor. In many of the patients the attack comes on without the slightest warning: they fall down at once, and with great violence, and generally in the same manner, some on the face, and some on the back of the head; thus sustaining repeated injury, exactly in the same place. Others cry out before the fit, and some walk or run about, or fall on their knees twenty times in an hour, with sudden devotional impulse, or go about singing for some time before the convulsion comes on. Some describe the fit as coming on with a feeling as if violent and repeated blows were struck on the head; some complain of dimness of sight, and some of sharp precursory pains in the chest. Excitement of the mind in non insane epileptics is a frequent precursor of the paroxysm; warning of the fits is given by their being in particularly high spirits. This excitement passes on to a much more extreme degree in the insane, and many are violent only at that time, or for a day or two after the fit. Epilepsy, when combined with mental disorder, is most frequently associated with occasional mania. There are very few cases in the asylum in which it is associated with melancholia: but in a few examples there is complete melancholia, and also a temporary disposition to suicide after the epileptic paroxysm. Epilepsy is also to be seen in the wards connected with incoherence, with imbecility, with dementia, and with idiocy; and to these combinations, excepting the last, that of general paralysis is sometimes added, mania having been usually the primary form of mental disorder. The cases of epilepsy at present in the house are—

Associated with mania	. . . .	26
„ with melancholia	. .	3
„ with incoherence	. .	12
„ with imbecility	. . .	62
„ with dementia	. . .	18
„ with idiocy	. . . .	4
Total	. . .	125

Of these patients, seventy-two are men and fifty-three women; the whole number of patients in the asylum being 418 men and 567 women: so that the combination of epilepsy with insanity appears to be more frequent in men than in women. An habitual dulness is soon observed in the greater number of epileptics, and when they are long under observation their faculties are perceived to undergo a gradual and complete obliteration. Memory in many patients becomes impaired for a time after each fit. Of the fit itself they have frequently no recollection, and apparently no consciousness; the external and internal senses appear to be entirely oppressed at the time, and all the phenomena of spasm, almost going on to suffocation, and of muscular movements, sometimes violent enough to cause fracture of the bones, are unattended with pain or any kind of suffering. Female epileptics have a singular love of extremely tight dressing, squeezing themselves up in stays and boots with even more than usual female endurance: this may probably be resorted to for the relief of some uneasy sensations, but the effects are very inconvenient when the fits attack them. Many of the insane, who are not epileptic, fasten strings very tightly round their fingers, or force their fingers into very small rings, and sometimes, they tie strings round the throat, in consequence of the same instinctive tendency, and without any suicidal intention. In some old cases, the excessive violence or proneness to mischief exhibited by the patient, either before or after the fit, requires every precaution to be taken. In females, epilepsy is not unfrequently combined with hysteria, and occasionally arises from the hysterical symptoms having been previously aggravated by injudicous treatment. The temper of these patients is very variable, and requires delicate management. Mortification does them no good, and severity exasperates them. By great indulgence, and occasional kind remonstrance, their general conduct improves, and their violence is, in time, moderated. In all cases of mania complicated with epilepsy, the epileptic fits become, in the progress of years, more frequent and usually more severe, and the subsequent stupor is deeper, and longer continued; the intellectual faculties become weaker by degrees, until the malady passes into imbecility, or the more extreme state of prostrated intellect which is termed dementia. At length the patient dies, after the stupor succeeding a fit has continued for a day or two. Some will, however, recover in a few hours from a state precisely resembling stertorous apoplexy; they appear actually moribund, and the next day this state is recovered from, and the patient is actively maniacal. Dr. Conolly believes that death takes place in most of the epileptic cases by simple apoplexy, and it often occurs suddenly, either from this cause, or perhaps from prolonged spasm of the glottis. Patients are found lying in bed, on the back, or one side, as if asleep, as if there had been no convulsion, and sometimes they appear to have moved or turned; but in no cases in which he has seen the body before the position was changed, has he found any reason to suppose that the patient died from suffocation by pressure of the face on the pillow, and he doubts its possibility. In some epileptic cases, symptoms of fever have followed immediately, on an attack, and proved fatal. After the usual epileptic paroxysm, a hot skin, a furred or dark tongue, very offensive breath, low delirium or stupor, and all the symptoms of typhus, have been observed in these cases, which have attracted particular observation in consequence of there never being cases of pure fever in the asylum, and these symptoms being only met with in these epileptic cases, and in some cases of acute mania. After death, in nearly every case of epilepsy complicated with mania, perhaps in every case except where these symptoms of fever have preceded death, all the vessels of the brain are found full of blood, as if blood had been forced into them until they could hold no more. The patients seem to die of this simple apoplectic state. In a few instances, blood has been found effused between the dura mater and arachnoid (or in the great sac of the arachnoid), and in one case there was an immense effusion of blood into the left lateral ventricle, breaking up the substance of the brain. Distinct disease of any part of the brina has been rarely found. The ordinary serous effusions, seen in almost every case of mania without epilepsy, in the sac of the arachnoid, or beneath that membrane, are not commonly present, but not always absent. Occasionally a preternatural hardness of the base of the brain, or at the commencement of the medulla, has been noticed, but nothing constant. The absence of this hardness has been particularly verified in other cases. The ordinary medical treatment of epilepsy in maniacal cases does not differ much from that of epilepsy without the mental complication. During the epileptic paroxysm, the chief circumstance requiring attention is to prevent the patient from receiving or inflicting injury; and the requisite caution must be doubled when the patient's disturbed intellect has further impaired his faculty of self-preservation. Some patients invariably fall on their back, some as constantly on the face, and severe blows, bruises, and even wounds, are sometimes received on the forehead, face, or occiput, particularly in the galleries and day-rooms at Hanwell, which have stone floors. Wooden floors would be preferable for all the galleries, but particularly for those of the epileptic wards. In the bed-rooms, wooden floors are open to the objection of retaining bad smells; but for perfectly clean patients, are better than stone, brick, Suffolk tiles, mastic, or any other hard material. Covering the stone floors with matting, rushes, or bark, is attended with peculiar difficulties, both as regards cleanliness, and the safe stepping of the feeble and inactive epileptics. The great objection to wooden floors is the danger of fire; and if an asylum is not fire-proof, which every asylum ought to be, the danger would be formidable. It would generally be well if the airing courts and exercising grounds for the epileptic were sown with grass. The protection of the patient's head has been the object of many attempts, all of which have failed, and will fail. A soft cap might act as an effectual preventive, but the patients will not wear it; and if fastened on, it would irritate them, or make the head too hot. Cushioned caps are much too heating; caps with a round double border, capable of inflation, have been sometimes worn for a short time by some of the epileptic patients, and with advantage, but they soon all disappeared. A simple woollen cap, made like an ordinary night-cap, and worn low on the forehead, would diffuse the force of many a blow. Other precautions to prevent the epileptic injuring himself during the fit, such as guarding the fire-places, &c., will readily suggest themselves. These, however, can only be practised in asyla. During the fit it is advisable to loosen the cravat, or any tight part of the dress, and also to place a napkin between the teeth of those who are known to bite the tongue under those circumstances. Dr. Conolly is far from being sanguine as to the cure of epilepsy. With some few exceptions, he says he cannot recal a single case of epilepsy cured: he has tried most of the specifics in vain. The disorder is capricious, and sometimes disappears for a long period, or entirely, and the medicine last employed gets the credit of the cure; but among those disfigured for life by the excessive use of the nitrate of silver, he has scarcely met with one who was relieved of the malady for which they had been so incautiously treated. It was but right to state, however, that he has found several practitioners confident of the good effects of this medicine in lessening the violence of the epilepsy, and the attendant excitement. There are sometimes cerebral symptoms attending it which clearly indicate the employment of leeches or a blister; and, from the intense injection of the brain, general bleeding, it might be supposed, would prove occasionally useful; but its utility is very limited, and its repetition even less admissible in the insane than in those simply epileptic. Dr. Conolly has sometimes seen the dangerous stupor relieved, and has thought the interval between the attacks somewhat lengthened, by making a free incision in the scalp, in the course of the sagittal suture. This is generally attended with copious hemorrhage, and cannot be repeated often. Setons appeared to exercise very little control over the complaint. Attention both to the state of the bodily and mental functions may doubtless do something towards lessening the tendency to repetition of the epilepsy, and the violence of the attack, and the excess of mental disturbance connected with it. Dr. Conolly doubts the advantage of any exclusive system of diet in cases of epilepsy in general. When it is associated with evident plethora, a moderate diet and very little animal food, and abstinence from malt liquor, are plainly indicated: but many cases of epilepsy would be rendered worse by low diet. Wine, spirits, and other stimulants, can seldom be proper for an epileptic: their use is sometimes of itself a cause of epilepsy. Even harmless fluids should be drank in moderation. Baths of all kinds are of questionable advantage in epilepsy; the warm bath may affect the head unfavourably; and the reaction produced by the shower-bath may be positively injurious. Tight clothing, for which many epileptics have such a partiality, seems to be extremely unfit for them. Exercise should be taken frequently in the day; not to fatigue. The feet should generally be kept warm, and the head cool. The patient should lie upon a high pillow: a sloping pillow of horse-hair, shaped like a writing-desk, is the best, as long ago recommended by Dr. Gregory in apoplectic cases; and upon this a thin soft pillow may be placed. Sleep should not be indulged in to excess. The mind should, if possible, be kept quiet: public meetings and all very much heated rooms should be avoided, and all causes of sudden discomposure or agitation. The attacks of mania associated with epilepsy require the adoption of the resources had recourse to in the treatment of acute mania. They must be applied with especial promptness, and discontinued earlier. Greater watchfulness is requisite on the part of the attendants, as the attacks may come on very suddenly, in which case the restraints formerly employed may be altogether omitted. There are no cases, says Dr. Conolly, in which restraints are really less protective, or more annoying, or more hurtful to the patient than those of epileptic mania. His days and nights, when they were

mployed formerly, were equally deprived of comfort by them. Many were bound hand and foot to the bedsteads during the whole epileptic period; the more imbecile and helpless were fixed in the coercion-chairs every day and all day long; and every epileptic patient, without distinction or exception, male or female, old or young, tranquil or restless, rational or irrational, was fastened to the bedstead at night by one hand, so as to be prevented from the possibility of lying comfortably either on one side or the other. The professed object of this was to prevent the patient from turning on the face and being suffocated—an imaginary danger, from which such confinement was in reality no protection. They are also absolutely useless, for, as the precursory symptoms of the epileptic paroxysm, including the cerebral excitement, are soon manifest to persons of ordinary observation who live among the insane, the attendants learn to take certain precautions, and they often find it practicable, and even easy, to induce a patient, in whom this excitement is approaching, to leave the day-room or the gallery, and to seek the quiet of his own bedroom, where, however, he must not be neglected. His state may readily be ascertained, from time to time, through the inspection-plate, and if he has a fit, the attendants should be with him. The passing away of the maniacal excitement is marked by signs as intelligible as those which declare its approach; and the time required in each case for the subsidence of the attack, to that point at which the patient may be trusted, is generally soon understood.

Cases in Midwifery.—Dr. J. H. Davis narrates several cases in which he performed craniotomy, the patients recovering afterwards. The cases do not call for particular comment.

Mercury in Syphilis.—Mr. Acton, in cases of syphilitic eruptions of the head, invariably has recourse to the internal administration of mercury, when that mineral has not been used in the treatment of the primary disease. In cases complicated with scrofula, or impending phthisis, it becomes a question, however, whether it should be employed, as it may hasten their development; but, he says, the surgeon should consider whether the effects of mercury or syphilis be most to be dreaded, and treat the one or the other according to circumstances. Happily in the present day iodine comes to our assistance, and may be employed freely. He does not consider pregnancy or childhood a bar to the use of mercury, but does not recommend it for nurses, and those suckling, if it can be avoided, as it diminishes the quantity, and alters the quality of the milk; induces diarrhœa in the child, and aphthæ; the last inducing irritation in the nipple of the nurse. He does not believe it possible for a syphilitic infant to infect a healthy nurse. In treating these cases he employs the mildest preparations, and among others mercury with chalk. It has the following advantages over other preparations: it is seldom impure; the mercury is in the best state of subdivision, is not liable to produce colic, has no tendency to purge, does not hastily induce ptyalism, and being of sufficient bulk, a little more or a little less taken at a time is of no great importance, as it is when a preparation to be divided into a sixteenth or twelfth of a grain is ordered; the only precautions to be taken previous to a course of mercury, consist in removing diarrhœa or costiveness. Attention to diet is not requisite, except in the omission of acids, fruits, or anything likely to disorder the bowels. The dose of mercury with chalk is four or five grains; it had better be taken at night, four hours after meals, as the stomach is then empty, and the remedy is more easily absorbed. In four or five days' time the dose should be repeated every other morning, and subsequently every night and morning. When the patient's bowels are readily disturbed, Mr. Acton prefers the use of mercury in the form of frictions with the ung. hyd. fort., and he says that a pretty large experience has convinced him that no plan is equally safe, simple, or efficacious. If the ointment be rancid, it will occasion eczema. He employs it in the following manner:—He desires the patient to smear a quantity of ointment, equal to the size of a horse-bean, on the inside of each calf of the leg or knee, every night on going to bed; not rubbing it in, as some have recommended, but merely passing the hand from above downwards; by this means avoiding rubbing the hair in the wrong direction, and producing irritation of the bulbs and subsequent tenderness. If this is pursued for a few minutes, the ointment will not be easily detached from the skin when the clothes come in contact with it, and absorption will take place readily enough. To prevent the sheets becoming black, it will be only necessary to sleep in old drawers, if the patient usually wears them, or a pair of linen trousers, which may be destroyed when saturated with ointment. Every third or fourth evening the patient should take a warm bath, to remove the stale ointment that may be on the surface of the skin, as the absorption of fresh ointment will thus be expedited, and the occurrence of eruptions prevented. He recommends the application of the ointment on the inside of the leg and knee as preferable to the inside of the thigh, for several reasons; in this latter situation some of it is certain to be applied by the friction of the trousers to the fold between the thigh and scrotum; the heat and friction, together with the natural secretion of these parts, will soon cause the ointment to become rancid, and eczema, of a most severe form, is constantly occurring, which only declines when the ointment is omitted. It is difficult in these situations, likewise, to keep the linen from becoming smeared with the ointment, which, in private, is of the greatest importance, as washerwomen are very curious people, and proverbially gossips. If, on the contrary, the ointment be applied to the calves, neither the linen nor the bedclothes will be the least soiled, and it often happens that patients rub in without any of their family being aware of their using this usually dirty remedy. Generally a fortnight elapses before the surgeon can perceive any perceptible taint of the breath, or soreness of the gums; long before this, however, a patient will complain of all the symptoms he has been told attend salivation; he feels convinced that he has the coppery taste; from moving about his tongue, and sucking his gums, he declares they bleed, and the surgeon even may be misled by the fetid breath, if he have not previously examined the mouth, to detect decayed teeth, or spongy gums, depending upon a collection of tartar. Mr. Acton has seen mercury left off much too soon, because slight salivation is supposed to have been produced, and as only slight salivation is recommended by modern surgeons, the object is supposed to have been attained, when in truth no specific effect has been produced. The real effects of mercury are the following:—During the first few days a patient is unaware of taking medicine, unless the weather be bad, when he may complain of lowness of spirits. The flow of urine is not unfrequently considerably increased, and perspiration abundant, the bowels often confined. The gums and cheeks first show the influence of the mineral by whitish patches; the gums, in contact with the teeth, become red and swollen; a patient complains of feeling his teeth, and the interstices between them, and they bleed when he uses his tooth-brush. There is now slight fetor of the breath, and a slightly increased flow of saliva, and the weight of the body diminishes from the loss of flesh which the patient rapidly sustains. The mineral should be continued until one or more of these effects are produced.

Pelvic Abscess.—Dr. Henry Bennett describes a case of pelvic abscess, following phlegmonous inflammation of the cellular tissue of the lateral ligaments, which burst into the vagina. By rest in bed, emollient injections, tepid hip-baths, and salines, the immediate effects of the inflammation were removed, and the remaining tumour, occupying the seat of the abscess, was gradually absorbed. A large ulceration of the cervix uteri was also cured by repeated cauterisations with the nitrate of mercury and the nitrate of silver.

Expulsion of Entire Ova.—Dr. Mackness relates a case of twins, both of which were expelled separately, enclosed in the membranes, and when the latter were opened appeared to be still-born. By assiduously endeavouring to excite the function of respiration by inflating the lungs, dashing cold water over their bodies, wiping them dry, and having their skins well rubbed, both infants showed signs of animation, and on being exposed to the warmth of a fire, cried lustily.

Pericarditis.—Dr. Taylor describes a case of pericarditis which occurred in a female, fifty-two years of age, the subject of previous dyspnœa, asthma, and violent palpitation, and which terminated fatally. The body was examined thirty-six hours after death. Exterior: Considerable œdema of the legs and back. Chest: The left pleura contained twelve ounces of serous fluid. There was also effusion of lymph on the upper and anterior part of it, neither very soft nor very firm; the surface was rough; the right pleura was partially adherent, and contained no serum; there was a quantity of thickish bloody mucus in the bronchial tubes; the mucous membrane had a uniform deep-red colour in the larger tubes, but in the smaller divisions it was pale. Left lung: Apex emphysematous; volume of the left lung small; the back part especially of the lower lobe was dense, dark-coloured, contained a moderate quantity of serum, and broke down readily on pressure; weight, thirteen ounces avoirdupoise. Right lung much larger than the left; the greater part dense; non-crepitant; contained a large quantity of frothy serum, and broke down readily under the pressure of the fingers; weight, twenty-two and a half ounces avoirdupoise. Heart: Six ounces of serum in the pericardium; there was a layer of coagulable lymph over the anterior surface of the right auricle and ventricle, and also on the lamina of the pericardium opposite to these; its surface was rough and granular, of a red colour, and adhered with moderate firmness; there was also a smooth white patch on the pericardium, but no deposition of fat. The heart, as a whole, was much enlarged. Left ventricle: Walls very much thickened; cavity enlarged; endocardium slightly opaque towards the base; mitral valve very little changed; the orifice admitted three fingers; aortic valves rather thickened and contracted from a slight adhesion of the contiguous margins. Aorta: The outer coat at the commencement was considerably injected, and the pericardium over it was covered with coagulable lymph. The lining membrane, as far as the vessel was examined (eight or ten inches) was elevated in spots by a yellowish-white deposit beneath it. There was no calcareous deposit. Left auricle: Not increased in volume; foramen ovale, closed. Right ventricle: Walls rather too thick; cavity scarcely enlarged; endocardium slightly opaque; all the valves healthy. The tricuspid orifice admitted three fingers. Weight of the heart sixteen and a half ounces avoirdupoise. Abdomen: Peritoneum healthy, but contained a very large quantity of light coloured clear serum. Liver: Volume little, if at all increased; considerable induration; colour yellower than natural; peritoneal coat rather thickened and opaque; the incised surfaces variegated throughout by very numerous small greyish-yellow oval spots, of about a line in length; weight three pounds twelve ounces avoirdupoise. Spleen: Larger and firmer than usual; of a deep red colour; weight seven and a half ounces avoirdupoise. Pancreas: Too large. Kidneys: Only one examined; volume very small; capsule thickened; outer surface mottled and uneven, like the surface of a cirrhosed liver; tissue firmer than natural; cutical portion dotted with spots of a light yellow deposit, in small quantity only; weight, two and a half ounces avoirdupoise. Stomach: Mucous membrane generally much injected, especially in the great cul de sac, and near the cardiac orifice; large veins much distended with dark blood; mucous coat thicker and firmer than usual; weight, five and a half ounces avoirdupoise. Coats of the œsophagus of double the natural thickness; otherwise healthy; the lower third dark coloured. Uterus, of about the natural size; a very small polypous excrescence was attached to the inside of the body; one ovary was much enlarged, and converted into a serous cyst. Head, not examined.

Tracheitis.—In the *Provincial Medical and Surgical Journal*, Dr. Durrant has described a case of neglected tracheitis, occurring in the person of a little girl, which terminated fatally on the thirteenth day of the disease. The treatment consisted in the application of a blister to the trachea by means of a roll of flannel dipped in boiling water, calomel and tartarised antimony internally every two hours, and the vapour of water constantly diffused through

the air of the room. On the examination of the body, the mucous membrane of the larynx and trachea was seen to be intensely red and dry; three small abraded spots, the result of commencing ulceration, were found upon the mucous membrane of the trachea, immediately above its bifurcation; bronchial tubes injected, and filled with sanguineous mucus; right lung healthy; liver protruding high into the right pleura, giving the character of dulness on percussion during life; lower fourth of left lung hepatised; the apex of the same lung contained two or three scattered, but softened, tubercles; left costal pleura covered with recently effused albuminous lymph. In some remarks on this case, Dr. Durrant observes, that the application of boiling water for the purpose of exciting rapid vesication will, in many cases, similar to the one in question, be found of signal benefit. The treatment of disease by moist air, and the influence which it exerts in depurating internal organs when in a state of congestion, has been ably revived by Dr. Golding Bird. The diseases to which this practice is more especially applicable are, capillary bronchitis, pneumonia, and croup in children; its adoption may, however, be extended with great propriety and advantage to similar affections in the adult. Under its operation, as stated by Dr. Bird, and which he (Dr. Durrant) has also verified, the respiration becomes less rapid and panting; the cough diminishes frequently in a marked degree; the secretion from the bronchi is rendered less viscid, expectoration is consequently facilitated, and diaphoresis occurs. In two instances which have recently fallen under his notice, the most beneficial effects followed the diffusion of moist air as an auxiliary to the ordinary treatment. The first case was that of an infant, aged eighteen months, in whom the most intense capillary and general bronchitis existed. The temperature of the room was steadily maintained at 70° Fahr., while a constant supply of steam was conveyed through a tube into the apartment, both during the day and night. After the expiration of five hours a marked improvement in the symptoms became visible, the respirations were less frequent, with diminution of cough and frequency of pulse, and the ultimate recovery was rapid. The second case was one of bronchitis, supervening on latent pneumonia, occurring in a young gentleman, aged fifteen. The posterior aspect of the left lung, embracing the infra-scapular and lateral regions, was consolidated, over the entire extent of which the respiration was so loudly tubular, as to resemble cavernous breathing. The cough, which was the most distressing symptom, was nearly constant. In this case the diffusion of moist air, unremittingly supplied, was equally efficacious as in the former, in lessening the irritation, and finally removing the cough.

Gangrenous Abscess of the Lung.—Dr. Durrant, in the *Provincial Medical and Surgical Journal*, describes a case of circumscribed pneumonia, which terminated in the formation of a gangrenous abscess. The expectoration assumed a dark greenish-yellow colour, both it and the breath becoming at the same time intolerably fetid. Percussion yielded a clearer sound than before; a large gurgling rhonchus occupying the previously dull spot. The appetite, however, continued good, and a free allowance of nutriment was taken. The fetor of the breath was removed by the inhalation of creosote, commencing with one drop three times a day, increased to four, above which quantity it was not well borne. Iron and quinine, with the iodide of potassium and dilute nitric acid, were at the same time prescribed. Under this treatment the features of the case assumed a more favourable aspect; the cough and expectoration diminished; the gurgling rhonchus was succeeded by cavernous breathing and pectoriloquy; the pulse at the same time becoming gradually reduced in frequency. The shower bath was ultimately used daily with decided benefit. Throughout the progress of the case the patient remained free from perspiration. This case occurred two years ago, and Dr. Durrant has recently had an opportunity of examining into the patient's present condition. The man says he feels well, has gained flesh, and is free from cough. He has, however, had one or two slight attacks of hæmoptysis since his previous illness. The physical signs are, infra-clavicular region of the right side expands slightly less than the left. Percussion: Stroke sound under the right clavicle flat, scarcely amounting to dulness; normal on the left side; loud amphoric sound elicited between the third and fourth ribs of the same side; resonance healthy over the remainder of the chest. Auscultation: Respiratory murmur feeble under the right clavicle, confined to the apex of the lung; healthy behind; resonance of voice not increased; cavernous breathing, with pectoriloquy audible over a spot about an inch in diameter, corresponding to the seat of the amphoric stroke-sound, and accompanied by a prolonged double musical murmur, excited by each action of the heart, and strictly confined to the site of the cavity. On removing the stethoscope to the extent of an inch in any direction beyond the walls of the cavity, the sound is rendered at once inaudible.

Ovarian Dropsy.—Mr. Eager, in the *Provincial Medical and Surgical Journal*, narrates the case of a young married woman, labouring under ovarian dropsy, in whom the cyst ruptured, and extravasated its contents into the peritoneum, inducing subacute peritonitis. The inflammation was subdued by appropriate treatment, and the absorption of the effused fluid went on rapidly. The patient recovered.

Scotland.

Delirium Tremens.—In a report of the cases occurring at the Naval Hospital at Malta, published by Mr. Wells in the *Edin. Med. and Surg. Journal*, there are the details of a case of delirium tremens. The patient was a lieutenant in the Royal Navy. He was treated by the internal exhibition of calomel and Battley's solution, and had slept somewhat in consequence. On the third day after admission, as there appeared some fulness of the vessels of the temples, and wild staring of the eyes, the head was ordered to be shaved, but, while the barber was at work, he suddenly expired. On examination of the body twenty-six hours after death, the following appearances were observed:—There was found a large quantity of semi-gelatinous effusion in the cells of the pia mater, raising up the arachnoid from the cerebral convolutions. There was also a small quantity of serum in the ventricles, and about two ounces surrounding the cerebellum. The brain and membranes were otherwise healthy, as were the thoracic viscera. The liver was much larger than natural, pale yellow in colour, and so soft as to break down into granular masses under the finger. The surface of the kidneys was mottled and lobulated, and the cortical substance on section was found to be in a state of incipient granular degeneration. In another case permanent insanity was the consequence of the disease.

Injury of the Spine.—A case of injury of the spine is recorded in Mr. Wells' report, published in the *Edin. Med. and Surg. Journal*. It is that of a sailor, twenty-two years of age, who, in jumping from the anchor, fell with his back across the gunwale of the pinnace. He was taken at once to the Malta Naval Hospital, and, when admitted, presented the usual symptoms of the shock to the system. There was a severe contusion of the back and evident protrusion of the spinous processes of the lower dorsal vertebræ, together with some loss of power over the lower extremities, sensation being unimpaired. The expulsive power of the bladder was lost, and the fæces passed involuntarily. The next day he complained of excruciating pain in the back and abdomen, and on the third pneumonia of the right lung was detected by the stethoscope. The legs could then be moved, but not the feet, which were also devoid of sensation. Three days afterwards the displacement of the three lower dorsal vertebræ was evident, but no fracture could be discovered. The urine became very high coloured, and excessively offensive; it was loaded with the ammoniacal phosphates and mucus. In the course of a few more days the urine began to dribble away involuntarily, and a bed-sore formed on the sacrum. The bowels were obstinately confined, and required the use of powerful purgatives, which operated involuntarily. A gradual improvement next ensued. He was able to retain a small quantity of urine in the bladder, and, although he had very little power over the lower extremities, he could sit in a chair while the bed was made, and the next report states that he could walk several yards with the assistance of crutches. He continued to regain power in retaining urine in the bladder, and also in the expulsion of the fæces, and when invalided, about six weeks after the accident, had perfect power over the urine, and the bowels acted with the dose of one drachm of the Pulv. jalap. comp. He could walk then with the assistance of a walking-stick only, and the general health was improving. There was, however, still some projection of the spine, and the man was shorter than before the accident.

Fracture of the Cranium.—In the same report Mr. Wells gives the particulars of a case of fracture of the cranium, caused by a fall from the main top on to the deck. The man, when admitted into hospital, was talking deliriously, and the extremities were convulsed. There was a wound over the superciliary ridge, extending outwards, and dividing the temporal muscle down to the bone. A depressed fracture of a circular portion of the frontal bone was at once detected, in the centre of which was the ridge of the temporal process. The external table was easily removed with the forceps, when a larger circle of internal table was found to be deeply depressed, and broken into several pieces, these pieces being overhung by edges of the opening left by the removal of the fractured portion of the external table. The pieces of the depressed internal table were carefully removed by the elevator and forceps, and it appeared that the dura mater was but slightly injured. There was considerable bleeding from a branch of the middle meningeal artery, and much oozing from the diploe of the bone. When this ceased, simple cold water dressing was applied. During the removal of the bone he was quite insensible intellectually, but physical sensation appeared augmented, as flies which settled on the face produced violent contractions of the facial muscles. After the removal of the bone he became quiet, but depressed. The next day he was partially sensible, but the day after he was very restless, and somewhat delirious, so that the strait-waistcoat was used. The pupils were sluggish, but contractile, and the pulse 84. The catheter was used morning and evening, and an enema administered. The fourth day after the accident he passed urine naturally. The straps of adhesive plaster which had been applied after the operation, in such a manner as to approximate the edges of the wound, leaving an opening sufficient for any escape of matter, were removed, and a great portion of the wound was found to have healed by the first intention, there being an opening over the spot where the bone was wanting. A little purulent matter at that part was seen to move with the pulsations of the brain. After this he gradually improved, and he was invalided three months after the injury, the only symptoms then presented being slowness and irregularity of the pulse.

Fistulous Opening in the Axilla, communicating with the Lung.—In the same report Mr. Wells gives briefly the details of a very interesting case. A seaman had long presented the general symptoms of phthisis. An abscess formed in the right axilla, which was taken for a suppurating gland, and opened. Air escaped with the purulent matter, and it became evident that a communication was established between the bronchial tubes and the opening in the axilla. He was admitted in an extreme state of emaciation and hectic, apparently in the last stage of phthisis. On stethoscopic examination it appeared, from the situation of the dulness on percussion, and the healthy sound of the respiratory murmur in other parts of the lung, that the upper lobe of the right lung was the only diseased portion. Large quantities of discharge, resembling the expectorated matters of phthisical patients, continually passed from the axillary opening; the hectic diminished, and the health began gradually to improve. Sedative medicines and light nutritious diet were prescribed, and the fistulous opening left entirely to nature. The discharge diminished, the opening closed, and the cough and expectoration nearly ceased; the man began to walk about, and recover his health and spirits; and, at the time of his discharge for a passage to England, dulness of the right subclavicular

region was the only mark of any disease about him. This case, Mr. Wells observes, if the ultimate result were known, would have a most important bearing upon the proposition recently made of making incisions into the lungs in cases of phthisis, and would support the supposition that if the tubercular deposit be circumscribed, and the pleuræ adherent, a free external opening may be of great service, by obviating the necessity for bronchial irritation, and consequent disturbance of the general system, in the discharge of the softened tubercle.

Gangrene of the Lung.—In the same report, Mr. Wells records two cases of gangrene of the lung. The first occurred in the person of a marine labouring under extensive pneumonia of the right lung, which had probably been present several days before he was admitted into hospital. The state of the pulse at first forbade general bleeding, and dependence was therefore placed on the internal administration of mercury. The next day, in consequence of an increase of fever, fourteen ounces of blood were drawn, which did not coagulate, but formed a grumous, dark-coloured, gelatinous mass. Three days after the breath and expectoration were fœtid, and he died the next day. On examination sixteen hours after death, no morbid appearance was observed in the cranium, except in the left lateral sinus, which, immediately before it leaves the skull, was dilated to the size of an almond by an adherent clot. Its internal membrane was red, and the external coat had began to slough. [The man was under treatment for otalgia before he entered the hospital.] The right lung was almost wholly destroyed by gangrene, a small part of the upper lobe in a state of red hepatisation being the only non gangrened part. Imperfect attempts had been made to circumscribe portions of dead lung, giving an appearance of distinct bags of fœtid slough. The most imperfectly formed of these bags was in the lower lobe, and had discharged its contents into the pleural cavity, which contained about two pints of fœtid greenish serum, mixed with shreds of lymph. The whole surface of the pleura was covered by layers of dark-coloured and slightly adherent lymph. The left lung was much engorged, and a small point in its lower lobe had become gangrenous, but was distinctly circumscribed by indurated pulmonary tissue. The pericardium contained about four ounces of flaky serum, and its surface, towards the apex and posteriorly, were adherent by recently organised lymph. The liver was very large, reaching to the pelvis, but presented no perceptible change of structure, except on the right side of its diaphragmatic surface. There it was dark-coloured and friable. There was not any other morbid appearance in the abdomen or pelvis. The blood in the vessels was very dark-coloured, and that in the pulmonary veins on the right side was coagulated. There was not any deposit of purulent matter in any organ. The second case is detailed very briefly. The patient had laboured under evident symptoms of severe pneumonia on the left side, which had been energetically treated, and with some relief. The active symptoms ceased, and were followed by depression. When admitted into hospital he had cold fœtid breath, blue lips, and scarcely perceptible pulse. He died in eighteen hours. On examination twenty-six hours after death, the right lung and pleura were found to be healthy. There were firm recent adhesions of the pleura over the lower lobe of the left lung, on endeavouring to separate which the lung gave way, and a large quantity of fœtid matter was discharged from an immense abscess, which occupied nearly the whole of the lower lobe of the lung, and all that part of the upper lobe contiguous to the mediastinum. The lung surrounding the abscess was in a state of grey hepatisation; in some spots gangrene had just commenced. The abscess was distinctly encysted by condensed pulmonary tissue, and by a layer of coagulable lymph of considerable firmness. The heart was large and flabby, but otherwise healthy. The liver was very much enlarged, but not apparently diseased in structure. The other abdominal viscera were healthy.

Ireland.

Latent Pleurisy.—In the *Dublin Hospital Gazette*, Dr. Evans describes a case which he entitles latent pleurisy. The patient was a girl aged fourteen, who caught cold in consequence of a wetting, which was followed by shivering, pains in the bones, cough, and a tightness across the chest. Hœmoptysis next ensued, and she became a patient at the childrens' dispensary. She then complained of cough, headache, and constipation of bowels; her pulse was about 130, soft and feeble; her sputa was blood mixed with thin serum and not viscid; there was dulness over the left lung anteriorly from the clavicle downwards, and clearness on the right side, where there was pleurile respiration, while no respiration was audible in the left lung in the seat of the dulness. At that time the chest was not examined posteriorly: she got saline purgatives with sulphuric acid, and afterwards was put on the acetate of lead with morphia. She was taken into Jervis-street Hospital, on the 29th of December, 1845; her bowels were then free, her pulse 98, soft, and easily compressible. The blood had entirely disappeared from the expectoration, and she had scarcely, if any, expectoration at all; there was well-marked dulness in the clavicular region as far as the mamma on the left side; below that, under the axilla, and in the posterior part of the lung the dulness, although still marked, was less pronounced. Respiration every where feeble except under the clavicle, and in the superior spinous fossa of the scapula where, for about an inch square in both those spots, it was tubular, and around them there was muco-crepitating râle, the heart slightly displaced towards the sternum, the intercostal spaces unchanged. On the right side the respiration was less puerile than on the previous examination. There was no dyspnœa at any time; the skin was very hot and dry, and there was not any perspiration from the commencement. The treatment consisted in the application of a blister under the clavicle, the exhibition of small doses of mercury with chalk, and hippo, under which she improved rapidly. Dr. Evans, after detailing the usual symptoms of pleurisy, shows their absence in this case, and then refers to the stethoscopic signs, as being the only indications by which its presence could be ascertained. He observes that percussion and the stethoscope rendered all things plain. A general dulness over the left side of the thorax demonstrated that air was absent from this part: this could only be from the lung having become solid, or from liquid becoming effused between the lung and the parietes. The short period during which the disease had existed, precluded the supposition of solidification from any solid growth; and the absence of respiration prevented its being ascribed to pneumonia—hepatisation so complete as to prevent the manifestation of either vesicular or bronchial respiration, never taking place except in typhoid pneumonia. Together with these, upon applying the hand to the side, and desiring her to speak, there could not be felt any of that vibration of the voice which was perceptible on the right side. This combination of signs sufficiently proved the existence of liquid effusion into the cavity of the pleura. It is to be remarked, that the dulness was not as well marked inferiorly as it was above. This was due to a tympanitic condition of the stomach; and again, the heart was very little displaced, a phenomenon probably resulting from the existence of old adhesions. The progress of cure confirmed the diagnosis. After a time the dulness diminished from above downwards. Bronchial respiration became audible beneath the clavicles, where no respiration could be previously heard; a frottement gradually spread over the whole side, showing that the pleural surfaces had come together, and that adhesions were in progress of formation. It is evident that Dr. Evans had not a case of acute pleurisy to treat, but rather the effusion in the pleural cavity, the result of previous inflammation. Under such circumstances, the symptoms of pleuritic inflammation would be greatly modified, and several of them entirely absent. The case, notwithstanding, is one of great interest.

The Connection of the Malpighian Glandules with the Urinary Conduits.—In order to ascertain whether the views of Mr. Bowman respecting the communication between the uriniferous tubes and capsules, which contain the bodies of Malpighi, were correct, Dr. Gerlach, of Mayence, injected the uriniferous tubes from the ureter—an exceedingly difficult proceeding, and only possible by injecting very slowly, and with the most minute precautions. He succeeded finally in injecting the uriniferous tubes, and the capsules at the same time, thus fully confirming Mr. Bowman's statement. In examining more minutely the injected preparations, he ascertained that the form under which the communication between the tubes and the capsules takes place, is different from that described by Mr. Bowman. The capsules do not form the extremities of the uriniferous tubes, as Mr. Bowman supposes, but constitute only diverticula, which communicate by a small neck with the angles formed by the uriniferous tubes in winding through the cortical substance of the kidneys. This observation was made in the kidneys of a sheep, but subsequent researches showed the same disposition in the kidneys of birds and reptiles. Another important point connected with physiology, in which Dr. Gerlach's observations differ from those of Mr. Bowman, is this, that he found the Malpighian bodies, in the capsules, covered with a layer of cellules, which are in continuation with the cellules lining the internal surface of the capsules, in a manner analogous to that in which the peritoneum is reflected on the intestines from the internal surface of the abdomen. In frogs, the cellules which line the necks and internal surface of the capsules, are fringed with cilii, the movements of which are very visible in the neck, where they were first observed by Mr. Bowman. The existence of a layer of cells on the surface of the Malpighian bodies, is altogether in opposition to the theory of Mr. Bowman on the secretion of urine, who thinks that the solid constituents are secreted in the cells of the uriniferous tubes, and that the water of the urine is a simple exudation from the Malpighian bodies in the capsules. On the contrary, Dr. Gerlach thinks that the whole urinary secretion passes into cellules, not only in the uriniferous tubes, but also into those that cover the Malpighian bodies. This view overthrows the principal objection which the German anatomists entertain to the observations of Mr Bowman, particularly as this intermediate layer of cellules prevents the direct communication of the vascular system with the uriniferous tubes.

ORIGINAL LECTURES.

The Structure and Functions of the Brain, with New Views on the Nature, Causes, and Treatment of Mental Diseases.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO,

Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

Lesions of Motility in the State of Enfeeblement.

I.

General Paralysis—Paralytic Insanity—Paralytic Cerebritis.

Of all the alterations of the brain, the most fatal, and the least known, is unquestionably that which, in the insane, produces the special affection designated *general paralysis*. The study of this disease has only been commenced since the conscientious researches of M. Calmeil, who regards the lesion peculiar to this affection as a chronic cerebral inflammation, producing in the brain some modification, which he was unable to discover. MM. Foville and Delaye explain the paralytic phenomena by the reciprocal adhesion of the fibrous planes of the brain. M. Ferrus, who in his clinical lectures on the nervous centres met the question of pathological anatomy in so firm a manner, was nevertheless of opinion that he could not assign any constant and decided alteration to general paralysis. M. Lelut adopts this opinion, and assumes that this affection depends on some intimate cerebral state still unknown, but which tends to shew itself by the atrophy of almost the whole of the brain, accompanied with dropsy of the arachnoid or sub-arachnoid membrane. M. Parchappe, who, in his last memoir, sums up

ith great clearness the results of pathological anatomy of the brain, obtained by his predecessors, as well as the numerous facts observed by himself, arrives at a more positive conclusion. According to his researches, general paralysis is the constant result of the acute or chronic softening of the middle layer of the cortical substance of the cerebral hemispheres.

We shall decline repeating all opinions foreign to the point of which we are going to treat, admitting only those which have a real pathological value, and in this respect we must distinguish those of M. Lelut and M. Parchappe. The first points out the frequent relation between atrophy and dropsy of the brain with general paralysis, and the second assigns, as a constant cause of this last affection, a chronic morbid state of the middle layer of the grey substance.

These data are valuable, inasmuch as they rest on facts well observed, and important as regards the question under consideration; but they are far from resolving it entirely, and the most difficult part still remains. We have now to reconcile observations which seem opposed, to demonstrate their physical characters, and establish their relation with the progress of the symptoms by the relation of numerous cases. The subject is difficult; we enter upon it after more than ten years of researches, made in the divisions of the insane of the Salt-pétrière and of the Bicêtre. It is, in this last hospital especially, that the incomplete paralysis of the insane occurs with most frequency, and under the most varied forms. In the infirmary of this division two wards on the ground-floor are set apart for the insane affected with this kind of paralysis. In the first ward are those affected with the first degree of the disease, that is to say, who have an appearance of perfect health, and who still retain the power of motion; who eat without assistance, and are still cleanly in their habits. In the second ward are placed those who have reached a more advanced stage of the disease. These are paralytics, who can no longer retain their excretions, and who therefore stand in need of peculiar care, and whose position, in many respects, is dangerous, and is now nothing more than a slow agony. In both, the admissions and deaths are frequent. At certain periods of the year they occur with a frightful rapidity; it is easy to perceive that in such a theatre numerous and instructive cases may be collected.

By embracing the whole of the symptoms which general paralysis presents, by comparing many new cases with the researches made by different authors, I have established distinctions in this affection, which are indispensable. I think that by one vague and generic name many very different pathological states have been designated, each having a characteristic march, symptoms, and lesions, and which may be referred to six distinct forms, of which we now give the general characters.

The first form has not yet been described; in it the general paralysis is presented with all the symptoms of the most intense inflammation, progressing rapidly in some days or weeks to a fatal termination, leaving in the surface or centres of the brain evident inflammatory traces, against which all the resources of art constantly fail. We shall soon see by the examples which I shall give that this form of paralytic cerebritis has affinities with the other acute lesions of the brain.

The second form has been pointed out by M. Parchappe; it is the chronic state of the preceding form—the most general, but not the only one, as he asserts, having a slow, sometimes an insensible, invasion, and a duration which is often prolonged beyond six months or a year, disorganising by a chronic process the cortical substance, and especially its middle layer, where it produces constant alteration, and traces of which we often find in the corpora striata, and in the white substance which envelopes the lateral ventricles—a true chronic inflammation of the cerebral mass, which alone can, in our opinion, be arrested in its course.

The third form of general paralysis is one of the most curious that can be observed, being marked by an assemblage of acute symptoms, having the appearance of an inflammation, and being nevertheless the result of an hypertrophy—of an acute turgescence of all the white substance in the interior of each hemisphere. In this form the peripheral cortical substance is perfectly sound, but all the hemisphere is swollen, and the convolutions are flattened against the skull. This lesion, which would seem to belong to the white inflammations of Marandel, deserves a very serious examination; it has already been pointed out by the name of hypertrophy by MM. Andral and Magendie. M. Ferrus has seen it also frequently in a chronic state in epileptics. I have met with it also very often in these last diseases; but the point of peculiar interest here is, that we find this morbid turgescence of the medullary substance connected with a general inflammatory and febrile state, as we may judge by the cases which will be cited hereafter.

The fourth form of general paralysis is opposed to the preceding form. It presents the successive atrophy of the cerebral convolutions, in which the hemispheres are often reduced to a third of their size, and leave between them and the skull an interval of an inch, or even more. This cerebral atrophy—this absorption of substance, of the mechanism of which we possess so little knowledge—is still one of the most interesting facts of the pathological anatomy of the brain. It is very often joined with contraction of the limbs, offers a progress and aspect quite particular, and is frequently complicated with meningeal hemorrhage, or serous effusions. We can conceive that the internal vessels of the brain being obliterated by the atrophy of its substance, the blood would be carried with more force to its exterior, and produce the meningeal apoplexies which are very rare in other cases. Of these I have seen several examples.

In the fifth form the general paralysis effects a march which seems but little in relation with its constant danger; it is intermittent, and returns at intervals of six months or a year, and disappears entirely to show itself afterwards at almost fixed periods; sometimes the intervals are nearer each other.

Lastly, in the sixth form, the general paralysis is cured entirely, either by the effects of the treatment, or by the happy constitution of the patients. We have seen some who, being reduced to the last degree of marasm, with large and deep gangrenous eschars of the sacrum, and on the point of sinking, have, however, been restored to health and to society. Unfortunately, these cases are very rare, but we shall mention a few.

Such are the principal distinctions which long observation has enabled us to establish in the disease called general paralysis, either from the encephalic lesions, or from the progress of the symptoms, and which permit us to class naturally all these facts, to explain their apparent contradiction, and to form a monograph, which if not now complete, may at least be rendered so.

We may already forsee that, in general paralyses, as in all the other diseases of the nervous system, the alterations of tissue are very variable; that they present very different types, each having an aspect and characters very opposite, though the prevailing symptoms are always paralysis of the organ of speech first, and afterwards of the sphincters and limbs. We may already assert, that the identity of lesion is a chimera which we must give up, and that the identity of seat is hardly more admissible, in presence of the facts which we are about to recite: they will lead us to other explanations of these two points, so interesting in the present question.

First Form.

SUPER-ACUTE GENERAL PARALYSIS; SUPER-ACUTE PARALYTIC CEREBRITIS.

Case 1.—*Super-acute General Paralysis, Duration Seven Days. Violent Inflammation of the Grey Substance, and Corpora Striata.*

Joseph Coudray, aged thirty-two, of a feeble and nervous constitution, employed in a commercial house, has always led a very restless life; he is incessantly tormented with the desire of making a fortune, and, unfortunately, none of his attempts have succeeded. Six months since, he underwent a mercurial treatment for venereal ophthalmia, and, after two months, he resumed his accustomed occupations; but it was remarked, that his ambitious ideas were more exalted than ever. On the 10th of last October, being in his warehouse, he saw an omnibus of a new company (the Gazelles) pass by; immediately he felt himself suddenly inspired: he wished to get up a company of the same kind, but on a very large scale; he would have three hundred carriages, sixteen hundred horses, a great administration, of which he would be the chief. Full of his idea, he betakes himself to the tradesmen, stating that he had five hundred thousand francs, deposited with a notary, for the first advances; he demonstrated clearly his chances, profits, and, such is his appearance of sincerity, that, during three days he imposed on the credulity of his hearers; he runs about without ceasing, and is, night and day, in a state of continual super-excitation—being deeply hurt by a refusal.

The fourth day he became angry and furious; he was arrested, and the next day taken to Bicêtre.

He is in the most violent maniacal state, and his face is profoundly altered. *His speech is trembling; he articulates certain words with difficulty, or pronounces them but in part. When he wishes to speak quickly or with force his voice is accompanied with long and stertorous inspirations, sustained almost to suffocation.* Otherwise, his delirium turns always upon his enterprise; he is a millionaire, and gives places to everybody. His skin is warm and dry; his pulse hard, frequent, and irregular; the dejections involuntary; all the night is passed in violent agitation.

Second day.—The delirium is more calm, but speech is still more embarrassed than the day before. The patient has always gigantic ideas of enterprise and fortune. We must remark that, notwithstanding the continually increasing paralysis of the organ of speech, the agility of the limbs is preserved entire. He escapes into the garden; is continually getting up, and strongly resists when an attempt is made to put him to bed. There was a very violent febrile paroxysm in the evening.

The symptoms remained the same during the third and fourth day, only the bladder became paralysed.

Fifth day.—The furious delirium has resumed all its first intensity; the speech, on the contrary, appears more free and clear, though trembling; There is a very decided strabismus; the features are disordered. In the evening the patient could no longer articulate a single word.

The sixth day.—Profound coma, with convulsive trembling of the muscles of the face and limbs, subsultus tendinum, and tetanic stiffness of the jaws; he still uttered some plaintive cries, and died in the night.

Autopsy.—The cranium is thin, and but little injected; the vessels of the dura mater are strongly congested; the arachnoid is red, but not thickened; towards the frontal region it adheres to the cortical substance in so intimate a manner that this substance is removed in almost its whole thickness, and leaves profound erosions in the convolutions corresponding to the frontal fossæ.

There are no other adhesions in all the peripheries of the hemispheres; but throughout their surface the cortical substance is of a violet red, and pricked over with black points. In cutting this substance small sanguineous drops exude from the incised surface. The white substance is firm, fleshy, but without remarkable sanguineous congestion. The corpora striata are, on the contrary, very red, violet-coloured, and present the traces of inflammatory sanguineous congestion observed on the grey external surface. The ventricles contain very little serum, and the vessels of their parietes are gorged with blood. The cerebellum and medulla oblongata present nothing particular; nor is there anything very remarkable in the other splanchnic cavities.

Before making the reflections which this case suggests, I shall relate another with which it presents numerous analogies, both as to the progress and symptoms of the disease, and to the alterations of the brain.

Case 2.—*Super-acute Paralytic Cerebritis terminated in Four Days—Violent Inflammation of the Peritoneal Grey Substance and of the Corpora Striata.*

A poor brush-maker, of the Faubourg St. Antoine, aged forty-one, of a robust constitution, steady, and laborious, was attacked, in 1837, with mania, which disappeared after some weeks; he returned home quite restored, but there remained an unfortunate disposition to anger; moreover, from this period,

he became irritable, suspicious, and jealous; contrary to his previous habits, he busied himself with zeal in public affairs, forsaking his own work for political lectures and discussions, to which were joined frequent excesses in spirituous liquors. The 12th of October last, two days after the admission of the preceding patient, he was brought to Bicêtre, in the last stage of furious exaltation, and by accident was placed in the admission ward beside him. In the midst of all the extravagances of his delirium, politics always prevailed. "I have just shot," said he, "two ministers, and I shall shoot two more this evening; it is time I should mount the throne; henceforth, everything shall be changed in France." These and like phrases he accompanied with continual vociferations. He was convulsively agitated in the strait waistcoat, which restrained him; his eyes were brilliant; his face red and animated; his skin dry and burning, his pulse hard and frequent; respiration panting; tongue dry and brown, and his excretions involuntary.

Second day.—Face altered and pale; momentary excitation, followed by listlessness. The patient replied slowly and with hesitation to the questions addressed to him. *His speech, so violent the day before, was trembling and uncertain; his words were hardly articulated, or completely stuttered.* His delirium always turned to the same subjects. The persons who surrounded him were ministers, whom he designated, whether good or bad, by well-known names. In other respects, the motility of the limbs was unimpaired, the respiration slow, and the excretions involuntary.

Third day.—*There was the same embarrassment in the pronunciation;* the delirium remained the same, but there was more calmness; the patient could no longer swallow either fluid or solid.

Fourth day.—Profound coma, viscid and cold sweats on the face and body; eyes dull; râle during the day; death at seven o'clock in the evening.

Autopsy.—The cranium is thick, injected; the bones are very heavy; there is a little reddish serum between the araehnoid and the brain. This organ, when laid bare, allows us to perceive a very decided general redness in all its periphery. The grey substance is red, tumefied; its middle layer is of a still deeper red, resembling scarlet, and this colour is found in all the external convolutions of the brain; that of the base appears sound; the white substance is solid, shining, heavy; its capillaries are injected, and give it a violet-coloured appearance, especially above the ventricles. The two corpora striata are of a deep red, analogous to that of the superior convolutions; they are firm and strongly injected. The cerebellum and the other organs do not present any remarkable alteration.

Reflections.—With regard to the intellectual lesion, these two cases present us, at first view, with a feature of the delirium characteristic of our times, viz., the industrious and political delirium. Afterwards, they exhibit the general paralysis, with a progress so acute that such examples are rare. These two cases have appeared to me very curious by their analogy, their rapidity, and in that these two patients reached the admission-ward almost together, and that chance had placed them beside each other. In both, the paralysis broke out first, and governed the other symptoms, even those of the mania. Although in the most violent exaltation, these two patients could not express clearly what they wished to say, because the tongue was affected from the commencement with a paralysis characteristic in these cases. They stuttered; they half-articulated their words; entertained exaggerated ideas of dominion and enterprise. The muscular agitation of the limbs appears to us very remarkable in the midst of the paralytic symptoms which the tongue, œsophagus, alimentary canal, and bladder presented. In both, moreover, we observed that all the other symptoms were those of a very violent cerebritis, such as fury, extreme agitation, muscular violence, vociferations, then subsultus tendinum, trismus, and all the untoward assemblage of cerebral inflammations progressing rapidly towards death. As to the alterations of the brain, they correspond perfectly with the acuteness of the symptoms: inflammatory redness of all the periphery of the convolutions, inflammatory redness of the corpora striata; and this last lesion has undoubtedly not been without influence on the production of the symptoms of the guttural, œsophageal, and intestinal paralysis.

ORIGINAL CONTRIBUTIONS.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

ANTEVERSION.

The last case of anteversion which I propose to report is chiefly interesting on account of the latter part of the treatment; of the early part, which extends over a considerable period of time, I will give merely an abstract.

Mrs. F., aged twenty-eight, married seven years, never pregnant.

I saw her first in November, 1843, on account of severe dysmenorrhœa, with exsudation, and pain in the left ovarian region. There was considerable gastro-enteritic derangement, anemic headache, and general debility. The vaginal examination (without the uterine sound) merely showed that the os uteri was rather more backwards than usual; it was soft and round, almost as in pregnancy, but open; the cervix short and soft; its posterior surface very tender. Had a severe fall on the perineum nine years ago, which was followed by menorrhagia for a time; did not suffer from dysmenorrhœa until after marriage; since which it has appeared, both with coagula and exsudation.

I endeavoured to improve the state of her general health, and, as the pain in the left ovarian region was much increased at the catamenial periods, and attended with considerable irritability of the bladder and rectum, I directed her to apply the antimonial ointment to the part until a very thick crust of eruption was produced. The health improved considerably, and the next period, in many respects, passed over much more comfortably.

In February, 1844, I endeavoured to introduce the uterine sound, but it did not pass the os internum. I dilated the lower portion of the canal of the cervix, and the next period was attended with much less of the forcing pains which she had felt on former occasions.

As her health had improved considerably, I only saw her at long intervals until—

October 23.—Has continued in pretty good health, but the last menstrual period was very painful. She states that the exsudations at this time are in proportion to the severity of the pain in the left groin. I dilated the canal of the cervix, but could not pass the uterine sound through the os internum. I then introduced Mr. P. Smith's speculum, and passed up Weiss's three-branched dilator through it, and while the os uteri was kept open I endeavoured to introduce the sound through the os internum, but could not succeed.

30.—Although still unable to introduce the uterine sound into the cavity of the uterus, I found that the dilator evidently went further than before. On examining the posterior portion of the lower segment of the uterus, I find that it advances more forwards than it should do; indeed, on careful examination at the neck of the bladder, I feel a distinct hardness, like the fundus in anteversion. I passed a sponge tent into the canal of the cervix, which she retained for thirty-six hours.

November 5.—The os uteri is decidedly more open. I dilated it considerably with the two-branched dilator, first passing it up as far as I could. This caused much less pain than before. Weiss's three-branched dilator passed distinctly further than hitherto, and also with much less pain. I introduced a sponge tent, and fixed it tightly in the canal of the cervix. Bowels confined, and unhealthy.

R. Pil. hydr., Extr. coloc. co., Extr. hyosc., āā ℈j. M. ft. pil. vij, sumat. ij h. s.

10.—I have continued to pass a sponge tent every second day. The canal of the cervix now admits the tip of the finger; I again dilated the upper portion of it, and succeeded in passing the uterine sound into the cavity of the uterus; the fundus is evidently bent forwards, and forms the hard tumour which I had felt behind the neck of the bladder.

I continued to introduce the tents until just before the catamenia were repeated, and which came on without the slightest pain.

In two days after the discharge had ceased I passed the sound into the uterus with ease.

The next menstruation (24 December, 1844) was a week over the usual time; it was attended with no pain in the uterus, but in the left groin and thigh; the discharge was very florid, and more free than it had been on the previous occasion—it lasted three days.

At the half way time she felt pain of back, as if about to be unwell; these symptoms came in paroxysms for about an hour, and went off again, and have continued occasionally up to the present time (January 25, 1845). Since the beginning of the month she has noticed a milky fluid in the breasts, which are full; this circumstance she never noticed before, except once when under the care of a high obstetric authority, who dilated the os uteri with bougies, and when for a time she supposed herself pregnant.

She now thought herself pregnant, which, upon examination in May, I decided was not the case.

I did not see her again except once until December 27, 1845. I had passed the uterine sound to the full extent without difficulty a month before; the uterus now is considerably anteverted, the os uteri being directed towards the lower part of the hollow of the sacrum; the fundus to be felt very distinctly, as before, behind the neck of the bladder; the sound passed with some difficulty, and only by pressing up the fundus with the finger through the anterior wall of the vagina. I now introduced Professor Simpson's bistoury for slitting open the canal of the cervix, and, having divided the os uteri internum, I carried the incision downwards to the os tincæ, or os uteri externum, gradually increasing its depth, so as to divide the wall of the cervix entirely at its lowest portion; having effected this on one side, I made a similar incision on the other, thus laying open the canal of the cervix to a very considerable extent. The bleeding was but trifling, I, therefore, did nothing more for the present.

On the following day I introduced a sponge tent to keep the part well dilated during its cicatrisation, and repeated this for a week, when I substituted a plug of wood properly shaped for the purpose. In a fortnight afterwards, when I judged the parts thoroughly healed, and when they had lost all tenderness, I applied Dr. Simpson's uterine supporter with the flat ivory pin which I have before described. It caused a good deal of pain for the first week, but this gradually wore off, and she is now able to move about, and walk out, without inconvenience. When she has worn this instrument eight weeks I shall remove it.

The fact of her not having suffered from dysmenorrhœa until after marriage, shows that it was not dependent entirely on mechanical obstruction, but in great measure upon the ovarian irritation which accompanied it; the more so as the discharge was accompanied with fibrinous exsudations—a condition which I have reason to believe invariably exists under such circumstances. Indeed, I can truly say that daily experience proves that this view is so correct, that the presence of exsudations in dysmenorrhœa may be looked upon as a valuable symptom, indicating the co-existence of ovarian irritation or inflammation. With this view of the case I first directed my attention to relieving the ovarian derangement, hoping that by so doing I might also succeed in diminishing the irritability of the uterus, and any degree of mechanical obstruction which might be depending upon a congested state of the cervix, the posterior part of which was painful on pressure. In many cases of dysmenorrhœa from mechanical obstruction, the canal of the cervix is pervious in a healthy state, but becomes narrowed or closed from congestion, particularly of its lining membrane, when the assimilating functions are deranged, and the mucous surfaces become engorged. Considerable relief was produced by applying the antimonial ointment to the left ovarian region, and attending to the general health. Still, however, the relief was neither com-

plete nor permanent. In the following February (1844) I was beginning to use Professor Simpson's sound in the investigation of uterine diseases, and to feel its inestimable value; but in this case found myself entirely foiled in my attempts to pass it into the cavity of the uterus. Considerable difficulty to the introduction of the sound has occurred since in several other cases of anteversion; in several it was evidently owing to the sharp bend which the uterus made at the upper part of the cervix, and the obstacle was readily overcome by pressing the fundus upwards by the finger per vaginam. In others the os internum was apparently closed, or nearly so, for the obstruction did not yield until a slight degree of dilatation had been effected by the dilator; in others a sponge tent was passed every day for two or three times. It was one of the first cases of *anteflexion* (as we may call it) of the unimpregnated womb which had occurred to my notice, and I did not pay sufficient attention to the hard convexity which was to be felt in front of the cervix, and which, on careful examination, appeared to be continuous with it.

On her consulting me again in October (1844), on account of increased suffering at the catamenial periods, and being unable to pass the sound through the os uteri internum, I determined to overcome this obstacle, the more so because I had now reason to suspect that the fundus was bent forwards, and was thus producing a mechanical obstruction to the free evacuation of the catamenia. The dilatation was effected slowly, but each application of it showed that progress had been made; and when a sufficient portion of the canal had been dilated to admit and retain a tent, I introduced it with a successful result.

I did not apply any mechanical support at this time; for having obtained a considerable degree of dilatation by the last tent, I hoped that there might be a chance of conception. Knowing that such an event was now more possible than it had been hitherto, she soon began to suppose herself pregnant, and scraped together with astonishing diligence every little symptom which she could collect or fancy to bear upon the point. When she had passed four months I made a careful examination; no change had taken place in the os and cervix uteri, and the fundus was again felt in its former position. I requested her to dismiss the subject from her mind for the present, as far as possible, and did not see her until the latter end of 1845, when, having ascertained that the uterus was still anteverted, and that there was still some obstruction (although less than before) at the os uteri internum, and wishing to produce a permanent dilatation of the whole canal of the cervix before applying Professor Simpson's uterine supporter, I determined to divide it in the manner practised by him. The operation succeeded completely: very little blood was lost, the wound was kept open during cicatrisation, and the period of her wearing the supporter has now very nearly expired.

The degree of pain in using the bistoury in the above operation varies greatly. In some cases the pain is as acute as the usual pain in cutting a sensitive part; in others, however, it is much less so, and in one case the incision produced severe pain on one side, whereas it was attended with scarcely any suffering upon the other.

OBSERVATIONS ON THE NATURE AND PROPERTIES OF OX-GALL AS A REMEDIAL AGENT.

By Dr. Clay, Piccadilly, Manchester.

(Concluded from page 351.)

Many other equally valuable suggestions will arise to the reader from the perusal of these observations. In nineteen-twentieths of the cases of derangement of the alimentary canal, whether characterised by a confined state of the bowels, or the contrary, whitish clay-coloured evacuations are almost invariably perceived; this is the true indication for the exhibition of the gall, as it certainly points out the wants of the system. As a substitute for the natural secretion the gall of other animals (to ensure *an immediate effect*) is the *first object* to be exhibited. The correction of the secretions by other medicines of an alterative tendency, is the *second object;* and this must not be lost sight of, as it was never supposed for a moment that the ox-gall *would* or *could* correct the organic mischief directly, but it will afford immediate relief, and gain time for other means to correct the errors of the constitution. I have been favoured by Mr. Sleeman, of Bristol, with three cases in which the ox-gall was administered by him with a less favourable result than I have generally found; and having no wish to mislead the profession, I will give the cases as they are sent to me, and will afterwards say a few words respecting them, since they illustrate what I have been just observing.

Case 43.—"Mrs. R., aged forty, married, no children, of a sallow cadaverous aspect, consulted me some months since with the following symptoms:—Great pain at the pit of the stomach, in the right side, and extending to the right scapula, increased on pressure over the surface of the liver; sickness; flatulence; cough; bowels very inactive; light, dry alvine evacuations; foul tongue, with very unpleasant taste in the morning; high coloured and scanty secretion of urine, with copious deposits of lithates; general lassitude and depression of spirits, &c. For some time she continued with fluctuations in this state, but eventually was restored to convalescence—enjoying tolerable health, with one exception, that of obstinate inactivity of the bowels, evidently arising from the previous attack on the liver and imperfect secretion of bile—the evacuations still partaking of the clay-coloured character, hardened scybala. In fact, there is no doubt that the fecal matter kept accumulating in the colon for some time, as she would go eight or ten days without any action, and then only assisted by some aperient, as Colocynth c. pil. hydr., by the aid of which, considerble quantities of the above conditioned matter would be discharged.

"I know (says Mr. Sleeman) of no cases so difficult to manage, and which put the practitioner to more research and trouble, than those of habitual chronic or constitutional constipation; this difficulty arises not merely from our being puzzled to adopt suitable remedies for such cases, but also from the patients themselves objecting and greatly being against bringing their constitutions into such a state as constantly to require some aperient medicine, in order to move their bowels. We cannot wonder or complain of this, as it is neither pleasant nor advisable to pursue such a course. What can be more irritating to the delicate structure of the intestines than *forcing* through them hardened and impacted fecal matter by the aid of some drastic cathartic? I have always found the bowels more obstinate after administering such remedies, and the patient considerably distressed during their action. But to return to the case: having noticed your papers in the *Medical Times*, and reading them with considerable interest, it struck me many cases then under my care might be much benefited by the use of the inspiss. ox-gall. I therefore wrote to you on the subject, when you kindly forwarded me a supply as prepared under your own superintendence. Directly on its receipt I commenced its trial. Mrs. R. began taking two pills three times a day, on the 1st of December. On the 5th I visited her, and found she had steadily continued their use, and had by this time taken thirty pills. On asking her how she felt and what was the result, her answer was—'I am not so well as when you last saw me. I have pains in the side, especially in the groins and inside of the thighs, and feel very *distended* and unpleasantly *full* in the bowels, which have not been acted upon.' In fact, her symptoms were such, and her abdomen so tympanitic, that I immediately ordered her some mild aperient, and promised to see her next morning. At this visit I found she was much better: bowels had been freely moved of a considerable quantity of scybalous matter, offensive and dark; the abdominal tension had subsided, and she felt in every respect considerably relieved. Not wishing to give up the remedy, I wished her to try them further, which she did with the same results; the bowels did not act until again assisted with an aperient of pil. hydr. and colocynth. I cannot," says Mr. Sleeman, "but remark in this case that had the inspiss. gall been combined with a mild alterative, as the blue pill or small doses of calomel, it very probably would have acted in quite a different manner. Wishing, however, to try the remedy as it was, I did not do so, and, therefore, can only speak of its effect alone. I have perhaps been rather too minute and prolix in this case. It may be to tire your patience in its perusal. If you can make any thing out of it, well and good; if not, excuse my being thus tiresome."

On the above case, as I have the permission of Mr. Sleeman, I will make a few remarks. I admit the advantages are not in this case manifest, but let it be remembered I never averred that it did not, like all other means, *fail sometimes.* To say it is infallible would be to say what is not true, and it is only for inquiry on the principles of truth that I give unfavourable as well as favourable cases in this report. This case, however, of Mr. Sleeman was a knotty one, and required a hard wedge, *that is, more active treatment;* at all times extreme cases may be quoted as exceptions to any general rule. If this case had been under my care I should not have left the patient to have managed herself for five days before seeing her again. I should have given much larger doses at first, and, if not effective, have doubled and trebled the dose if necessary (for I have often shown the remedy may be pushed to any extent without mischief), in a short time, and if necessary have ordered a clyster with recent gall in it. Again, whoever has read my former papers on this subject, as well as the portions of the present papers before I received the cases that Mr. Sleeman was kind enough to favour me with, will do me the justice to say, I always strongly maintained that an alterative course of medicine should accompany the inspiss. gall at all times, and under all circumstances, because I have over and over again stated the ox-gall does but little, indeed *nothing directly*, in correcting the secretions of the liver; that it is a solvent of the obstructing mass of the fecal matter. The case just recited only wanted larger and more frequent doses at the commencement, to be a successful one; and the alterative of blue pill or calomel ought to have accompanied it from the first, to prepare against future mischief. Lastly, I might ask, how did it happen that a gentle aperient was so immediately effective? Simply, because the ox-gall had *all but* accomplished the object intended, which would have been complete if the doses had been larger and more frequently repeated.

Case 44 (2nd of Mr. Sleeman's).—"Rev. ——, for some years before entering upon his collegiate studies, had suffered from obstinate constipation; his natural temperament being of a studious character, he found it much increased through his constant application and sedentary habits. There are no persons more liable to this condition of the bowels than professional gentlemen, especially those of the law and clergy—the one much aggravated through sedentary occupations, the other from the constant exercise of the mind in composition, &c. This gentleman had recourse to various expedients even before going to college, but each and all soon lost their effect. After entering upon college duties he found this condition of the bowels became so unpleasant and troublesome that he was literally unable to proceed, and obliged occasionally to go into the country, where, by relaxation from study, generous living, and exercise, he found himself considerably improved; but soon again a return of the old evil would torment him, accompanied with very troublesome dyspeptic symptoms. However, to be brief, after exhausting nearly the whole list of pharmacopœial remedies, quack medicines, &c., he was recommended to try the effect of *smoking tobacco.* This he did, and found it to produce a wonderful change and benefit—so much so that he said he felt he cared now little about his troublesome companion, as he knew himself to be provided with the *certain antidote.* Throughout his collegiate course up to the present period of his life he has continued its use, and finds it still as effective as ever. After the Sabbath, when his mind has been much occupied, as well as previously in preparing for it, he finds on the Monday the bowels in their usual old torpid state, and thus they would continue for days; but for the use of his never-failing remedy; after *a few whiffs*, he finds the bowels disposed to move, whereas they would remain days (sometimes ten) without being acted upon. On mentioning to him having read of a remedy, I thought would be of

much service to him, he hesitated not to try it. I therefore sent him some to go on with as usual, two pills three times a day. After he had taken thirty I inquired the result; his statement was that he had regularly continued the pills as directed, and found *their action exceedingly slight;* and he felt as if they had not perfectly unloaded the intestines, and that there seemed something still to be brought away. Still he described *their action as very pleasant, unirritating, and gentle,* but the above symptom made him feel very uncomfortable. I ordered him to continue them, which he did with *the same results;* his own impression was that the remedy, although gentle and pleasant in its action, would not be of sufficient strength for his continuance, especially as he found he was obliged to have recourse to the tobacco during his taking the second lot of pills."

Now, this [second] case of Mr. Sleeman's is an important one, and I should say a certain proof of the action of the ox-gall, for which I refer to the passages I have marked in *italics.* It must be observed that in this, as well as the first case, the minimum dose of the gall was adhered to; and though not so effective as expected, the dose *was not increased,* but certainly it was too much to expect a very obstinate case of many years' standing to yield in five or even ten days, and that without any alterative course to improve the nature of the secretions *in the mean time.*

Case 45 (3rd case of Mr. Sleeman's).—"A young lady who, from her early childhood, had suffered from constipated bowels; it had, therefore, become constitutional and as part of her natural habits. She had used many and various means to overcome this troublesome complaint, still nothing appeared to produce lasting benefit. For the last two years she has been suffering from a right lateral spinal curvature; for this she has been under my care, and has reclined for some months with very considerable benefit; of course, this position, complicated with the condition of her spine, has tended to increase rather than diminish the obstinate character of her bowels, and it has caused me some difficulty to manage their healthy and regular action. She took the pills of ox-gall without the slightest effect; the only symptom being that of a sensation *of fulness about the bowels,* and slight nausea."

Whilst I admit, as I have before stated, that some cases will form exceptions to any general rule —and valuable, indeed, must that remedy be which succeeds in all—yet I am inclined to believe, the medical world will think with me that, if the ox-gall treatment had been pursued more actively, even in these cases of Mr. Sleeman's (not excepting the last), a different result would have been obtained. I feel highly indebted to that gentleman for the candour and truth he has manifested in giving the ox-gall an unprejudiced trial, and it is only to be regretted that, when the minimum dose was not sufficiently to the purpose, an increased dose was not added, and that in a few hours after its first exhibition; for after all, the dose and repetition must in the main depend on the nature of the case, the constitution, &c.

In order to be just to Mr. Sleeman, I will give his concluding observations, from which the reader will glean the exact premises that I have previously contended for in the early part of these papers, as well as those I published three years ago.

"I should, indeed, have been pleased had it acted differently, and performed what I had sanguinely expected. I shall not, my dear Sir, further weary you with one or two other cases, as they have ended very much in the same manner; wherefore, I should only tire you by giving them in detail. I am very much in your debt for the kind and polite manner in which you responded to my request, and by your generous supply in furnishing me with the inspiss. gall, &c. I have endeavoured to give you a faithful account of what I found to be its efficacy, and it would have gratified me much could I have borne additional testimony of its value. *Still, I do think it is a useful remedy,* but I cannot say I should like to depend upon it entirely in cases of obstinate constipation, &c. It appears to me it might prove more efficacious if generally administered in combination *with some gentle alterative,* and finally cleansing the bowels out with an aperient draught; this I was obliged to do, and found a large accumulation brought away *soft,* as if the pills *had kept the excrement in a state of solution, but had not sufficient power to induce the bowels to act," &c. &c.*

Evidence stronger than this in favour of the gall need not be sought, as its whole tenor goes to show that the remedy produced the effects ascribed to it as a simple unirritating means of *putting into a state of solution the hardest impacted scybala in cases of long standing constitutional and most obstinate constipation.*

Case 46.—I was called to Huddersfield to meet Mr. Brigley in consultation on a case of great interest, viz., catalepsy combined with hysteria, attended with most obstinate constipation of the bowels. (This was at the latter end of December, 1845.) I suggested to Mr. Brigley (a gentleman of considerable experience), amongst other means, the inspiss. gall to get the bowels into a more regular state. As I do not intend to record the whole of this case at present, I shall content myself with extracting two sentences from Mr. Brigley's notes to me on the progress of the case.

"December 29.—She has taken only four of the pil. fel. bov. inspiss. daily since they arrived, with evident advantage to her bowels. They have moved every day once, twice, and yesterday three times. Once to-day already (morning); her motions are now of a dark-brown colour, and she makes urine freely."

Second extract dated "January 23, 1846.—So long as Miss F. T. had the power of swallowing, the fel. bov. inspiss. was of decided benefit in improving the state of the bowels."

In reference to cases of jaundice, as the ox-gall has been recommended by a high authority, I may just say a few words. If that affection arises from a mechanical obstruction in the biliary ducts, which it most frequently does, it must be admitted that the ox-gall cannot possibly have the slightest effect in removing *that mechanical obstruction,* but still it has an effect equally valuable. 1. It allows the use of opium more freely in subduing the severe pains consequent on the biliary concretion passing along the bile duct. 2. It keeps the matter in the alimentary canal in a state of solution, allowing it to be expelled from the system without much effort. 3. It allows time to promote a more healthy secretion of bile by alteratives, and for the concretion to pass the duct; and lastly, it may itself improve the secretion by its presence in the bowels mixing with their contents, affording a healthier chyme for separation. *But the removal of the obstruction must depend on other means,* whilst the formation of fresh bile, in future of a healthier character, must depend on this and other means being timely adopted. In addition to the above remarks, I have received notices of the excellent action of the ox-gall, from Sir Arnold Knight, M.D., and Dr. Watson, of Liverpool; but as the cases on which it is now being tried are not completed, it would not be right to record them, particularly as these intelligent gentlemen intend fairly and extensively to test to the full the merits of this peculiar substance.

And as I have now extended my observations far beyond the limits I had at first intended, wishing to furnish as much information as possible, I leave the matter to my professional brethren, confident that, although in some few isolated cases *it may fail,* yet by a fair and unprejudiced trial it will be found to be a most valuable remedy, and of very general application. A remedy, too, which may be pushed to a considerable length without the slightest bad consequences. Lastly, let me entreat those who are disposed to try it, to pay proper attention to the selection of their gall—prepare it themselves —and prepare it properly. Attention to these little points will ensure a preparation in which confidence may be placed, and a good result anticipated.

The disease which has proved so destructive among the cattle in the southern provinces of Russia, is said to present all the symptoms of the cholera. Those who remember the progress of that scourge in 1830-31, state that the same phenomena are met with in animals labouring under the present epidemic, as were then seen in persons affected with the cholera.

A PRIZE ESSAY ON PURULENT ABSORPTION.

Communicated to the MEDICAL TIMES by THOMAS OTTREY RAYNER, M.D., F.S.A., &c.

(Continued from page 373.)

From this account of the local changes of phlebitis, it is evident that certain circumstances must greatly increase the chance of the result last mentioned taking place. These are: 1st, large size of the vein inflamed; for, in exact proportion to this must the consistence of the central part of the lymph effused by the parietes of the vein be less. 2nd, A rigid patulous condition of the vein in its natural state, so that it cannot be compressed, and its calibre accordingly diminished by œdema of the surrounding parts, nor can its size be lessened by the contraction which coagulable lymph always undergoes some time after its effusion; for the contraction will, in this case, tend to open a passage for the pus, by acting in a direction from the centre towards the circumference, where the lymph is adherent to the walls of the vein, whereas, if the walls are yielding, it will draw them towards the centre, and thus tend to contract the calibre of the vein. 3rd, Any peculiarity in the nature of the inflammation that may induce it to terminate in the effusion of pus, rather than lymph. I shall be able, by the assistance of these considerations, to demonstrate the probability of pus finding its way into the blood in all the cases of visceral abscess before enumerated.

I shall divide them into three classes, in each of which one of the above circumstances will be found to predominate, though not to occur exclusively. In the first, I include diseases of free veins; in the second, diseases of bone; in the third, those in which the inflammation seems to be specific.

I. In uterine phlebitis, we most frequently find all these peculiarities combined. During the course of gestation, the veins of the uterus become enlarged and tortuous, and, at the full period, form the greater part of the bulk of the organ; their return to their original size after parturition takes place gradually; they remain very large for some weeks; their outer coat is composed of firm cellular tissue, which connects them strongly with the uterine substance, so that, on a section being made, they are seen to remain widely patulous, like the hepatic vein in the substance of the liver. Inflammation of the uterus, after labour, is often produced by some cause likely to give rise to an affection characterised by a tendency to purulent, rather than to fibrinous, effusion, as, for instance, disordered lochia, clots of blood or portions of placenta becoming putrefied in consequence of prolonged retention in the cavity of the organ, or contact with a morbid poison analogous to, if not identical with, that of erysipelas, and giving rise to inflammation of a similar kind. The interior of the vein may become inflamed, either from actual contact with the irritating matter, or by extension from the uterine substance; and, when once the serous lining is affected, the disease spreads along it in accordance with the well-known law of pathology, that inflammation extends rapidly in one kind of tissue, but does not readily run into any other. All these circumstances show how liable the uterine sinuses must be to suffer from suppurative phlebitis, and the fact that they do often so suffer is attested by the numerous cases recorded, especially in the writings of Dance and Cruveilhier. In cases of consecutive abscesses occurring after operations for the deligation of arteries, some large vein is usually found to have been wounded, and to have become inflamed. Cases of the kind have been recorded by Mr. Carmichael, Sir Astley Cooper, and other authors.

The nature of varices points to the liability to the passage of pus into the circulation which must attend suppuration within them. Numerous cases of visceral abscesses following surgical interference with them are recorded by Sir B. Brodie, and others. The lateral operation for stone is mentioned by Dance to have been sometimes followed by secondary abscesses. I have not met with any record of a case of the kind; but purulent infection of the blood appears a probable occurrence after this operation, when we reflect that some of the veins of the prostatic plexus are always divided

during its performance, and that they must be liable to acute inflammation from contact with the urine, irritating enough when healthy, but often doubly so in these cases, from long continued disease of the bladder. The following passage in Mr. S. Cooper's Surgical Dictionary, art. "Lithotomy," seems to me to prove this fact. He says, that he has "frequently seen old patients die from the irritation of a diseased, thickened bladder remaining after the stone has been removed; they referred their uneasiness to the lower part of the pelvis, and, instead of dying in three or four days, as those usually do who perish of peritonitis, they, for the most part, linger two or three weeks. In some of these instances, abscesses are found about the neck of the bladder." I do not deny that the irritation described is the cause of death in many such instances; but I cannot but believe that the fact last mentioned proves that phlebitis of the prostatic plexus is the real disease in others; for we know that, in cases of uterine phlebitis, the appearance presented, on cutting into the walls of the organ, by the purulent sinuses, might easily be mistaken for that of circumscribed abscesses, did not examination with a probe demonstrate their real nature. The circumstance, that such abscesses are most frequently met with in old men, in whom the prostatic veins are often enlarged, adds strength to this opinion. A knowledge of this fact is of practical importance, as the treatment recommended by Mr. Cooper, for irritable bladder, viz., opiate enemata, and blisters to the hypogastrium, though well calculated for this latter affection, would be very inefficient to combat such a malady as acute phlebitis.

II. The second class of cases in which consecutive abscesses have been established, consists of injuries and diseases of bones.

In order to show the probability that consecutive abscesses depend upon purulent infection in this class of cases, we must in the first place consider the structure of the vessels of bone.

The arteries and veins of bone occupy the Haversian canals, channels which are disseminated through the tissue, inosculating everywhere with one another; of these canals, those occupied by the veins are the larger, and they present at irregular intervals pouch-like dilatations; in many of the larger bones, especially the flat and irregular ones, the veins are exceedingly capacious, and occupy a series of tortuous canals of remarkable size; the lining membrane of the vein is adherent to the walls of these cavities.

It is easy to perceive that suppurative inflammation in veins thus constructed must be very likely to terminate in contamination of the blood by pus, not only on account of their size, but also because the contraction of any coagulable lymph which may be effused within them must, from the unyielding nature of the walls of the vessels, take place in a direction from the centre towards the circumference, break up the central part of the rod of lymph, restore the perviousness of the canal, and so open a free passage between the healthy tubes in which blood is flowing and those which still remain in a state of suppuration.

I have placed amputations in this class of cases, on the authority of Cruveilhier, who has ascertained that a purulent state of the interior of the bones is a much more frequent concomitant of disseminated abscesses following such operations than inflammation of the free veins; and I have also included in it wounds of the head, because I believe that inflammation of the veins of the diploe is the most frequent cause of disseminated abscess after these injuries. The following are my reasons for this belief:—

1. The veins of the diploe exhibit in a more remarkable degree than any others in the body, the large size and peculiar structure which I have just been describing, and therefore purulent infection must be especially likely to happen in cases in which they are wounded.

2. We find, upon examination of the cases on record of disseminated abscesses following head wounds, that almost without exception the injury has not consisted in a mere wound of the scalp, but has been complicated with injury to the bone. I shall instance the cases collected by Mr. Arnott in his paper on Phlebitis in the "Medico-Chirurgical Transactions." Out of 33, there was in 23 fracture of the skull; in 5, wound of the scalp penetrating to and injuring the pericranium; in 2 caries of the bone; in the remaining 3 the extent of the injury is not stated. Of the cases of fracture, 10 were sabre wounds, and in several of these a piece of the outer table was sliced off, thus opening the diploic veins to a considerable extent—a form of injury peculiarly likely to cause suppurative inflammation within them.

3. Because scalp wounds are extremely common, and often very extensive, but it is rare to see them followed by disseminated abscesses, whereas this complication is found in a much greater proportion of the cases in which the diploic veins are involved.

That contamination of the blood by pus from phlebitis of bones does coexist with disseminated abscesses following wounds of this structure, has been determined by Cruveilhier. I quote the following passage from the Anat Pathol., liv. xi.

"Ayant dirigé en 1814 mes recherches sur le membrane médullaire des os longs, sur les nombreux amputés qui succombaient à l' Hotel Dieu dans l'état typhoide et qui présentaient des abscès dans les principaux viscères, je notai une suppuration de la membrane médullaire chez presque tous les amputés. Cette suppuration occupait quelquefois toute la longeur de l'os, et s'entendait même jusque dans le tissu spongieux dé l'extremité superieure. Il n' y a pas longtemps qu 'assistant à l' ouverture d' un individu qui avait succombé à une amputation de jambe, et dont les poumons etaient farcis d' absces, voyant qu' on cherchait vainement une phlébite pour point de depart, j'engageai à diviser le tibia et le péroné, ou l' extremité spongieuse de ces os, infiltrée de pus donna immediatement la solution de la difficulte."

In addition to these facts, ascertained by Cruveilhier with regard to the long bones, numerous pieces of the bones of the head, showing the same condition, have been presented to the Société Anatomique.

In two cases of disseminated abscess which occurred at the Dreadnought under the care of Dr. Budd, the primary lesions apparently were, in one, a deep-seated abscess in the forearm, extending between the whole length of the radius and ulna, and denuding the former bone of its periosteum; in the other a similar affection of the upper arm, complicating the upper part of the humerus in the like manner. The probable explanation of these cases is, that the vessels passing from the periosteum into the cancellous texture, which are very numerous and large about the extremities of long bones, carried the inflammation into the interior of the bones, from which source pus gained entrance into the circulation.

III. I come now to the last class of cases, in which consecutive abscesses have been found, such as hospital gangrene, erysipelas, &c.

It is obvious that in a disease characterised, like hospital gangrene, by the rapidity with which it spreads and involves all the tissues in its neighbourhood, the extremely irritating nature and the quantity of the discharge, and the utter absence of any tendency to the effusion of lymph, suppurative inflammation of large veins must be likely to happen, though I have not been able to find any cases in which this has been established in connexion with visceral abscesses. Nearly the same reasons hold with regard to erysipelas, though in this disease the sanious irritating discharge of hospital gangrene is absent, yet the non-fibrinous nature of the inflammation, the great extent of surface involved, and the little purulent deposits which form, sufficiently point out the probability of its often giving rise to suppurative phlebitis. I may add to this the opinion of M. Ribes, that the venous tissue forms the exclusive seat of erysipelatous inflammation. Desault also mentions the frequent occurrence of disseminated abscesses after erysipelas of the head. I am also enabled to cite a case that occurred in King's College during the present session, which illustrates a mode in which purulent infection sometimes takes place.

Ann Gore, aged forty-five, of weak, nervous temperament, was admitted into the hospital under the care of Mr. Fergusson, with a medullary tumour of the left mamma; the disease was removed by the usual operation; reaction took place very imperfectly, and the wound showed but little disposition to heal.

About a week after the operation she was seized with erysipelas of the right leg and of the right side of the head; it extended very slowly, and the subcutaneous cellular tissue seemed much involved; she gradually sunk into a low typhoid state, answering slowly, but always affirming that she was better, and complaining of no pain. She died about three weeks after the operation.

Post mortem.—The subcutaneous cellular tissue of the internal part of the leg was found infiltrated with pus, and the internal saphena vein, which passed through the affected part, had its coats thickened, so that on section it remained patulous, like an artery. It contained some pus in its interior, but not sufficient to cause distention. All the thoracic and abdominal viscera were healthy, but two small purulent deposits were discovered, one situated round the body of one of the lower dorsal vertebræ, the other about the body of the hyoid bone. A remarkable case of purulent phlebitis, following a gangrenous chilblain, is related by M. Ribes in the Revue Médicale, vol. iii., 1825. Though no visceral abscesses existed in this instance, there was inflammation of several of the serous membranes—a very frequent complication of that affection. I have now to point out the mechanism by which the pus secreted in an inflamed vein is actually carried into the circulation; for this, as the vein is generally impervious to the blood, cannot be effected by the passage of that fluid through it. It appears from the account of the softening and bursting of a purulent vein, and the effusion of pus into the surrounding textures, which I gave in a former part of this essay, that pus is secreted into a vein with a force like that with which steam is generated within a boiler, which ultimately bursts, unless the steam is permitted to escape by the safety valve. It is obvious, therefore, that the pus, as it is produced, will, if it is not prevented by the channel of the vein being blocked up by coagulable lymph, pass along the tube till it empties itself into the torrent of the circulation, by the first healthy vein which the inflamed vessel joins, and if the barrier of lymph be small and feeble, it may even overcome that impediment, and so force its way into the circulation, in preference to bursting the coats of the vein.

Cruveilhier believes that pus may even find its way through a clot by the process of exosmose; I think this, however, very unlikely, for the following reasons:—1. Because, in that case, blood ought also to find its way into the pus in the opposite direction. 2. Because the process of endosmose is a comparatively slow one, whereas the symptoms of purulent infection generally supervene suddenly. 3. Because the obstructing clot would be likely to act upon the pus as a filter, and thus deprive it of the greater part of its globules, upon which, as I shall hereafter show, the formation of abscesses chiefly, if not entirely, depends. It might, however, possibly be effectual in phlebitis of bones where the walls of the vessels are too rigid to yield to the pressure from within. Dance considers that in phlebitis of the diploe, gravitation of the pus downwards may, in some degree, promote its entrance into the healthy vessels. But there is another force in action, which would seem to be especially effective in phlebitis of bones, viz., a sort of suction influence exerted upon the venous blood by the movements of respiration, and of the right auricle of the heart. That such an influence exists is proved by the following experiment, which has been repeatedly performed by Cruveilhier. Having removed the medulla of one of the long bones of a dog, he substituted mercury in its place; on killing the animal a day or two afterwards, the mercury was invariably found in the lungs, whither it had been carried by the circulation. Magendie, also, on cutting across the jugular vein, and keeping the orifice open for a few minutes, found that air entered the blood and destroyed the animal. This could only have been effected by some force acting from the interior of the vein and drawing the air into its cavity.

I have thus shown, that all the primary diseases which have been observed to be followed by visceral abscesses possess in common one or more peculiarities in their seat or in their nature, which render

purulent infection of the blood an extremely probable occurrence, and that, in most of them, such infection has been actually established. I have also pointed out the mechanism by which the blood may become thus affected; it is reasonable to infer, therefore, that pus circulating in the blood is the cause of consecutive abscesses; but, in order to prove this incontestibly, it is necessary to show that pus introduced artificially is capable of producing the same effects, and to point out the mode in which it acts. With this view I performed the following experiments.

Exp. 1.—One drachm and a half of healthy-looking pus, taken from a lumbar abscess, but quite free from flakes of lymph, mixed with a small quantity of sulphate of soda, to prevent any tendency to coagulation, was injected into the crural vein of a large pointer dog. The operation was followed by cries, loss of motion, and considerable acceleration of the breathing. He soon recovered, however, and the next day was apparently quite well, except that he had occasional dry cough. He remained well till the seventh day, when three drachms of pus from the same abscess were thrown into the crural of the opposite leg; the same symptoms followed this, as the previous injection; the dyspnœa, however, was more marked, all the abdominal muscles being called into violent action, and it continued for a longer period; he never recovered completely, the breathing remained accelerated; he retired into a corner and refused food, moaning continually. He died on the fourth day. Examination about sixteen hours after death. Lungs: mottled all over with engorgements, mixed here and there on the surface with patches of emphysema; their edges everywhere pale and emphysematous, except in a few places which were occupied by circumscribed patches of engorgement or hepatisation. The hepatised portions sunk in water, while those that had merely suffered engorgement floated. These appearances were most numerous in the lower lobes of the lungs, the upper ones being nearly healthy, with the exception of emphysema, which was distributed pretty freely throughout the whole organ. There were no tubercles in any part of the lungs. The liver was spotted all over with small abscesses, which presented, at first sight, exactly the appearance of tubercles, but when cut across, liquid pus exuded from them, and a small hollow was left. They were very numerous in the substance, but more so on the surface of the organ; scraping lightly with a scalpel broke open several. In some parts of the liver a number of these abscesses were congregated together, several in the centre of each collection running into one another, so that when cut across an irregular cavity was left by the exudation of the pus. The whole liver was engorged with blood, and softened so as to break down very readily under the finger. The spleen contained about its centre several round patches of engorgement, but no pus. Kidneys healthy, except that a single mass of a substance having the appearance of suet, and about the size of a split pea, was found in the centre of the left one. Intestines appeared healthy externally, but were not otherwise examined. Head not examined.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

MEDICAL CASES.

CASE 4.—*Ingravescent Apoplexy.*

I. L., aged forty, a spinner, from Hulme, was admitted into the hospital at half past ten, a.m., on the morning of the 9th of August, 1845, under the care of Dr. Howard. He is a married man, of middle stature, thin, and somewhat emaciated. Has been an ailing man for some years past, having on one or two occasions been an out-patient at the hospital for a chest affection, but has never suffered from anything like fits. His habits have not been very good; he has occasionally drank to excess; his work not very laborious, and he has generally obtained pretty good food. He had latterly been quite as well as usual; had not made any complaint to his family; on the morning on which he was seized he went to work as usual. The persons who brought him to the hospital stated that he came to his work at six in the morning, apparently as well as usual, and made no complaint; he took his breakfast as usual at half past eight, and again commenced work, and that while standing at this at about ten, a.m., he was observed suddenly to fall down, his legs bending under him; he sank gradually to the ground, and instantly began vomiting a thin watery coloured fluid; he also at the same time began to be purged, and passed a quantity of thin gruelly looking feces into his clothes; he was apparently unconscious of all around him; could not be got to speak; lost all power of locomotion, and was unable to assist himself.

When brought to the hospital, at half-past ten, a.m., he was placed upon a couch in the accident room, and then presented the following symptoms:—He lay upon his back, almost motionless, breathing quietly, and without any apparent effort, the number of respirations being less than natural—there was not the least approach to stertor; the countenance was extremely pale, sunken, and cold, having quite a cadaveric appearance; pupils were, the right dilated a little, the left contracted, and both insensible to light; but they both became somewhat contracted soon afterwards; pulse was very slow, somewhat irregular, extremely small and feeble, being occasionally imperceptible; heart's impulse extremely weak, sounds normal; surface was generally pallid and cold; there was complete anesthesia over the whole body; he was vomiting a watery fluid without much effort, and he seemed conscious of the inclination; he swallowed without any difficulty a quantity of brandy-and-water which was given to him. You could not rouse him to speak, but he seemed half conscious of what you were saying to him, as he opened his eyes and looked at you; he was evidently partly sensible, from the fact that a part of his person was uncovered by some one about him, and he immediately adjusted his clothes again; he had command over all his limbs, as he occasionally moved them in attempts to turn himself. Altogether the symptoms were such as are the result of very severe concussion or shock from any cause. Some one present thought the case not unlike severe cholera, two or three cases of which had been brought into the house the previous day. He was put to bed, warmth applied to his feet, brandy and ammonia rather freely given, and thirty drops of tinctura opii.

He continued in the same state of collapse, with cold extremities, weak pulse, and other symptoms same as when admitted, except that he ceased to vomit, and was not purged again until a little after three, p.m., four hours and a half after admission, when a sudden reaction set in, the surface generally becoming warm and perspiring freely; countenance became more full, and lost its pale cadaveric hue; the pulse was full, slow, and laboured; respiration laboured, but not stertorous; pupils both much contracted; he lay almost motionless, perfectly insensible, and could not be roused so as to show the least signs of consciousness. When these symptoms appeared the stimulants were stopped. He continued gradually to get worse, pulse becoming more slow and laboured; surface continuing warm; respiration more laborious, and insensibility perfect.

At seven, p.m., he was ordered—Hirudines vj temporibus; Emp. canth. pone nuchæ.

These means produced no change, symptoms continuing to increase; insensibility and coma became more perfect; there was, however, no stertor, but the breathing was very laborious; towards the last three or four hours he had great dysphagia, so that each time liquid was put to his mouth he was in danger of being choked, and at one, a.m., on the 8th he died—fourteen hours and a half after the commencement of the attack.

POST-MORTEM, THIRTY-SIX HOURS AFTER DEATH.

A rather small and emaciated corpse; surface very pale.

Head.—Upon removing scalp, the vessels contained no more than the ordinary quantity of blood. When the calvarium and upper part of the dura mater were removed, the vessels were found greatly distended, and minutely injected; the sinuses contained about the normal amount of blood; over the outer side of the left hemisphere there was a large patch of coagulated extravasated blood, and the whole of the vessels dipping between the convolutions over the central mass of the brain were greatly distended with dark coloured blood. Upon raising the brain there was found an immense clot of firmly coagulated blood of a dark colour, fitting accurately, and pressing upon the whole of the medulla oblongata and pons; this clot was continuous with a large firm clot extending a considerable distance down the spinal canal on its anterior part. In the substance of these clots the whole of the nerves proceeding from this part of the brain were enclosed, and it was with difficulty, in consequence of the firmness of the clot, that you could separate them. There must have been at least three ounces of coagulated blood. The arteries were apparently healthy; did not contain any osseous plates, and no rupture of any of them could be found, although means were not at hand for determining this positively Upon slicing the brain, it appeared to have a normal amount of cineritious and white matter—the ventricles were found completely filled with dark coagulated blood; the anterior cornua were much distended with large clots; the fornix and septum lucidum were soft, and were, I believe, broken down. There was a communication between the clots at the base of the brain and those contained in the ventricles, through a rupture which had taken place at the floor. The two thalami were both much injected with blood, and studded with numerous dark points, and in each there was found a laceration about a quarter of an inch in length, containing a small clot; in the left there was found a small tubercle; the corpora striata were both much injected with blood, but otherwise healthy.

Chest.—On the left side very extensive old pleuritic adhesions.

Lungs were extensively congested, particularly at the posterior surface, so much so that, when sliced, blood oozed in a plentiful stream from them. In other respects they appeared healthy.

Heart.—Muscular structure loose, soft, and flabby, about normal size; all valves healthy; right cavities contained a quantity of dark-coloured fluid blood; left cavities perfectly healthy; ventricle small, its cavity contracted.

Abdomen.—A quantity of serum in bag of peritoneum; vessels underneath somewhat injected; mucous membrane lining small intestines had upon it several dark patches, not unlike extravasated blood, and was reddened around; colon very small and contracted.

Stomach contained about ten ounces of a brownish coloured fluid; its mucous lining reddened and injected at some points.

Liver.—Normal size, and apparently healthy.

Kidneys were much congested, in other respects right one appeared healthy; the left was very small; when a section was made, the cortical structure was found diminished in quantity, and some of the yellowish granular deposits of Bright's disease were seen.

Bladder.—External surface very much reddened and very vascular, as if from inflammation.

REMARKS.

This case is a good example of the most fatal form of apoplexy, which is, fortunately, not of very frequent occurrence. The history of the attack and the symptoms at the time of admission were most of them such as might arise from more than one disease, and the occurrence of vomiting and purging tended to embarrass the diagnosis. The suddenness of the attack, whilst the man was in his usual state of health, with the partial insensibility, anesthesia, vomiting, inability to speak, state of the pulse and surface, were all symptoms, however, which pointed strongly to cerebral mischief as their cause; and, bearing in mind their strong similarity to the symptoms observed by Abercrombie and others to accompany the commencement of the attack in one form of apoplexy (which Copland has named the ingravescent), there could be little difficulty in diagnosing that the present was one of those cases. Considerable care and discrimination, however, are sometimes required to diagnose clearly these cases in the very early part of the attack; the great similarity of the early symptoms in this form of the disease to those resulting from severe syncope, or severe collapse, have led more than one surgeon into an error

in diagnosis. The progress of the symptoms tended still more to throw light upon the disease: the collapse will be seen to have continued for about four hours and a half, at the end of which time reaction occurred, and was followed, as is always the case in ingravescent apoplexy, by coma. In some cases the collapse lasts only for a few minutes; in others, as in this case, for some hours, and is immediately succeeded by coma terminating in death, whilst in some rare cases the patient appears to recover from the attack, and may walk about for a short time and become perfectly sensible, but soon lapses into a state of coma, which terminates as in this case. The prognosis in these cases is most unfavourable, few, if any, of them ever recovering, and most of them terminating in death within a few hours from the time of seizure. The reason of its great fatality and of the symptoms observed to accompany it, are more clear when we come to reflect upon its cause. It has generally been observed to seize such subjects only as are somewhat advanced in age, and who most frequently have some disease of the cerebral bloodvessels, in consequence of which, under some stronger impulse of blood through them than usual, rupture of one of these vessels takes place, and there is an immediate escape of a small quantity of blood; this causes such a shock to the nervous system as to give rise to those symptoms described as being present in the early part of the case; the depressed state of the circulation, it would appear, puts a stop for the time to any further escape of blood, but, on the occurrence of reaction, blood escapes from the ruptured vessel, causing pressure on the brain and coma. In this case, however, the cerebral vessels were not diseased, nor was any ruptured vessel found, probably because means were not at hand to ascertain this positively; but the immense quantity of effused blood, and its situation when taken along with the symptoms, all support the opinion that it arose from a ruptured vessel. Bright's disease, which was discovered in the kidney, is a very strong predisposing cause of apoplexy, and one which frequently exists in delicate subjects similar to this man, whose health had been indifferent for some time previously, partly in consequence of pleuritis, and probably also from this diseased state of the kidney.

The congested state of the lungs, with the state of the cavities of the heart, those on the right side containing blood, whilst the left were empty, show that there must have been considerable obstruction to the passage of the blood through the lungs, and that the heart had continued its contractions as long as it was supplied with blood, the consequence of which was that its left ventricle was empty. This state of the lungs and heart is almost always found in death from apoplexy, and supports the opinion advanced by Dr. Francis, in "Guy's Hospital Reports," that in cases of sudden death from cerebral disease, the pulse is observed to continue after respiration, or attempts at it have fairly ceased, whilst the opposite is the case if the death be the result of cardiac mischief, which circumstance he points out as the best means of diagnosis between sudden death resulting from cerebral and that from cardiac disease.

In the treatment, the stimulants administered in the early part of the attack seem to have been instrumental in bringing about reaction; it is a fair question, therefore, whether they are remedies which ought to be administered in these cases. It seems best that they should only be used in the most extreme cases, and even then with a very sparing hand, for the only possible chance of recovery seems to be that of a very small clot closing the wound in the artery until this could be accomplished, if it be possible, by other means, so as to prevent any further effusion of blood. On the other hand, to have recourse to the lancet, as is too commonly the case in all forms of apoplexy, would probably be in the early part of these cases to ensure certain and immediate death, although, when reaction sets in, the careful use of depletion may be beneficial.

APOTHECARIES' HALL. — Gentlemen admitted Licentiates on the 12th of February, 1846:— William Home Popham, Thomas Atchison, Charles John Farr, William Bainbridge, Hector Helsham, and Charles Shepherd Lenton.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Meeting of February 10, 1846.

DR. CHAMBERS, F.R.S., President, in the Chair.

On the Ganglionic Character of the Arachnoid Membrane of the Brain and Spinal Marrow. By G. RAINEY, Esq., M.R.C.S., late Microscopist to St. Thomas' Hospital.

The author commences his paper by observing that, as it has never been supposed by physiologists that there exists within the cavity of the cranium an especial provision of organic nerves for the cerebral vessels corresponding to those which in the abdomen go from the cæliac plexuses to the vessels of the viscera, the arachnoid serving as a membranous plexus in which they ramify, the announcement of this view can scarcely fail to be received by physiologists with extreme doubt, and therefore, under this conviction, he considered it admissible, at the commencement of his paper, to state that the views therein set forth are based entirely upon anatomical facts. The first idea which the author conceived of the sympathetic character of the arachnoid, was from observing a number of chords situated between the arachnoid and pia mater, one of the extremities of which ramified upon the coats of the arteries, the other in the arachnoid membrane; the latter ramifications, after becoming very minute, were lost among a quantity of minute corpuscles, of which many parts of the membrane appeared to be made up. From the connection and mode of ramification of these chords, they were inferred to be nerves, and, on being compared with nerves decidedly sympathetic, they were found to have precisely the same characters. The microscopic characters of these fibres, and also those of nerves undoubtedly sympathetic, taken from different parts of the sympathetic system, were very minutely described. The result of the author's dissections showed that the presence of the nerve fibre, as described by Henle, was by no means common in the minute filaments of the sympathetic, and those most remote from the ganglia. The nervous character of these chords being established, the fact of their springing by numerous branches from the arachnoid, uniting to form trunks, and going to be lost by ramifying on the cerebral arteries, led the author to conclude that the arachnoid stood in the same relation to these nerves, and the vessels which they supply, as the various plexuses and ganglia in the abdomen do to the nerves proceeding from them to the vessels of the viscera, and, therefore, ought to be regarded as the sympathetic origin of these nerves, or at least as the plexus connecting them together; more especially as cerebral nerves could be traced into the plexuses of the arachnoid, and their connection with the carotid plexus demonstrated.

Besides the corpuscular character of the arachnoid, he describes in some parts of it ganglionic bodies, of a very simple kind, also on its dura matral surface some laminated ones, with a clear fibre terminating in them, resembling very much the corpuscles of Paccini. He has also found other laminated bodies, which he regarded as the product of disease, and which he believed had not before been observed in the arachnoid. Dr. E. Harless had given a minute description of similar structures on the pia mater and choroid plexuses, in a late number of Müller's Archives; but this author regarded them as connected with the vessels, and allied to ossification.

The author alleges that Valentin's notion of the epithelial character of the choroid plexuses is incorrect, and that the corpuscles situated upon it are globular, if examined without pressure being made upon them, and instead of resembling a tesselated epithelium, are very similar to ganglionic corpuscles occurring in the ganglia of the sympathetic, having a spherical form and vesicular character, and containing molecular matter with a nucleus. The vessels supplying them are also accompanied abundantly with the fibres going from the arachnoid. From these resemblances to the vesicles clustered upon the ganglia of the sympathetic, the author infers that there is probably something common in their function. The author does not consider the whole of the arachnoid to be nervous, but that this property resides chiefly in those parts which are made up of soft corpuscular matter, and the ramification of the arachnoid chords. He admits that the external layer is continued upon the dura mater, and covered by a tesselated epithelium; but that the opposite surface being made up of plexuses, which are connected with the vessels of the pia mater, cannot be reflected upon the dura mater. The author mentions many circumstances in which the arachnoid differs from serous membranes in other parts, and he contends that, as no *gliding* motion can take place between the parts contained in the cavity of the cranium, there can be no friction; and, therefore, a membrane like the arachnoid, were its office only to prevent friction, would be unnecessary. He observes that a membrane so soft and tender, as are many parts of the arachnoid, so as scarcely to allow of being raised with the forceps without laceration, is ill-adapted for preventing friction or for performing any other function merely mechanical. From this circumstance he argues that the fibres of which these parts are composed resemble, in their consistency, soft-nerve fibre, more than fibro-cellular or elastic tissue, and that it would be paradoxical that there should be such an abundance of mere fibro-cellular tissue—a mechanical organ—in a part almost without mechanical properties, or of elastic tissue, in a membrane destitute of elasticity. The author argues that unless the fibres going from the arachnoid to the vessels of the pia mater be organic nerves, the brain, compared with other organs supplied by the sympathetic, would not have a supply of nervous influence proportional to the activity of its function, and the quantity of blood it receives, and, therefore, in this respect would present an anomaly. Still, the brain would not even in this respect be an anomaly, if it be true, as it is generally supposed to be, that "*the sympathetic is limited to the trunk and head, and that it has no connection, or at least a very limited one, with the extremities*" (see Todd and Bowman's Physiological Anatomy). The author observes that Mr. Swan has described branches of nerves, with ganglionic enlargements upon them going to the joints (one being particularised proceeding from the musculo-spiral to the wrist-joint); from which he (the author) concludes that, as these parts have neither sensation nor motion, these nerves must be for secretion, and consequently sympathetic nerves. Connecting this fact, and the deduction from it, with the following one, noticed by Todd and Bowman (that two distinct fascicles connect the sympathetic with the spinal nerves, near to the spine, one consisting of white, the other of grey or sympathetic fibres; though of the real object of the latter bundle, they express themselves incapable of forming a precise idea), he infers that the fasciculi of grey fibres, which join the spinal nerves in this situation, afterwards follow them through their various plexuses, accompany their branches to all parts of the body, and ultimately leave them to be distributed to the various organs of secretion situated in the extremities, such as to those secreting the sweat, sebaceous matter, synovia, &c. He states that these have hitherto been considered as branches of the spinal nerves, from which they appear to proceed; whilst, in reality, they are sympathetic nerves, taking their origin from the spinal ganglia, by the grey fasciculi above referred to.

In a postscript, the author states that he has dissected this branch of the spiral nerve, examined it with the microscope, and found it to be composed of organic nerve-fibre.

Mr. Solly agreed with the author that no argument could be raised with respect to the paper that had just been read, unless it were founded on accurate and numerous microscopic investigations. There was, however, one point against which he must protest, that there was not any necessity for a serous membrane enveloping the brain, because that organ was devoid of motion. If such a membrane were requisite in the chest or abdomen, it would be equally so in the head, and he (Mr. Solly) referred to the rising and falling motion of the brain observed at the fontanelles of infants in proof of his position. This motion was communicated to that organ by the pulsations of its blood-vessels. The presence of a serous membrane belonging to the brain was also confirmed by pathology; for, in old men and women, inflammation of that organ would

result from a very severe blow, unaccompanied by fracture, owing to the brain being too small to fill up the cranium, the remaining space being occupied by serum.

Dr. Hodgkin had witnessed the investigations of the author from the beginning, and, although at first surprised at being told that the arachnoid was a collection of nerves from the sympathetic, he acknowledged that, as the researches proceeded, his doubts were greatly removed. It is not necessary to separate the arachnoid from the class of serous membranes in order to admit that it performs the functions assigned it by the author, and he instanced the peritoneum, which retained its serous character, and yet was abundantly supplied with nerves from the sympathetic. Dr. Hodgkin then remarked on the difficulty of distinguishing between the nerve filament and cellular fibre, and invited Mr. Rainey to prosecute his inquiries still further, with the view of elucidating that point. He then remarked that Mr. Rainey's observations had been made without any knowledge of the results obtained by the continental anatomists, and he thought that, among other important points made by him, he had satisfactorily shown that there existed a very great difference between the cerebral and spinal nerves under the microscope.

Mr. Holmes Coote had seen fibres in the arachnoid in animals which appeared to arise from the sympathetic, but had not been able to detect them in that membrane in the human subject, although he had discovered them in the pia mater. He agreed with Mr. Solly that the arachnoid was a serous membrane, and doubted whether it were continued into the ventricles and over the choroid plexus, which, he thought, were lined only by the pia mater; if so, the nerves found there must belong to the last-named membrane.

Mr. Toynbee said, he could not allow the paper which had been read to pass by without offering his tribute of thanks to its author. From the cursory insight which he had been able to obtain during its perusal, he felt that it contained novel views of great value and interest; and of these, one of the most satisfactory to him was, the mode in which the so called great sympathetic nerve was supplied to the extremities of the body. It was allowed that this nerve presided over the functions of nutrition, growth, and secretion, and it was well known what large and numerous branches of it were distributed to the viscera, which received so small a supply from the cerebro-spinal system; still it was acknowledged, that the sympathetic nerve could only be traced a short distance on the surface of the large arterial trunks supplying the extremities. How then were the functions over which this nerve is believed to preside, carried on in the extremities? How are the large joints nourished, the bones and other tissues? He confessed that, before that evening, he had not been able to reply to this question, but it appeared from the highly interesting investigations of the author of this paper, that the branches of the sympathetic, derived from the ganglia of the trunk which pass towards the cerebro-spinal nerves, and which are known to be both large and numerous, do not intimately unite with the nerves, but that they, so to say, make use of these trunks, by passing in connexion with them to the parts and organs to which their supply is destined. It thus appears that the sympathetic nerve is conducted to the furthermost parts of the extremities, where it forms ganglia. Mr. Toynbee had formerly made careful dissections of the ganglion, described by Mr. Swan, situated at the posterior part of the wrist joint, and from its peculiar colour and structure, which differed so much from the ganglia of the cerebro-spinal system, he was quite prepared to agree with the author of the paper, that it was a ganglion of the sympathetic nerve. It would appear that organs in which the function of secretion took place to a great extent, required a large supply of the sympathetic nerve, and hence the explanation of the enormous supply to the viscera. In reference to the distribution of the sympathetic nerve in the cavity of the cranium, and the highly interesting relations which the author of the paper had indicated to exist between this nerve and the arachnoid membrane, although he was not disposed to throw a doubt upon any of the conclusions which were deduced from many numerous and careful researches, still he confessed, that a great fact which would have told greatly in favour of the author's view had not been elicited, viz., that the branches from the so-called ganglia of the arachnoid, had not been found continuous with filaments of the sympathetic nerve, or the ganglion of Ribes.

Mr. Paget was surprised at hearing the last speaker state that Mr. Rainey's paper contained the first notice of the true mode of communication between the sympathetic and the cerebro-spinal system of nerves, and also the first explanation of the manner in which the fibres of the sympathetic become connected with the branches of the cerebro-spinal nerves, and are distributed with them; whereas Bidder and Walkmann, several years since, demonstrated that, with the exception of the nerves of special sense, nearly all the cerebro-spinal nerves contain a certain proportion of filaments from the sympathetic, mingled with their own, although the manner in which that commingling is effected has not yet been fully determined. He (Mr. Paget) regretted that the author, by including this matter in his paper, had withdrawn the attention of the fellows from the more valuable part of his communication, namely, that in which the nerves of the arachnoid were described. He (Mr. Paget) had had an opportunity of examining Mr. Rainey's preparations, and he felt that he could, in almost every respect, fully confirm his (Mr. Rainey's) statements respecting them. Nothing could be clearer than the existence of an abundant plexiform arrangement of nerves from the sympathetic in the arachnoid. They were correctly represented in the diagrams suspended in the room, proceeding from the filaments ramifying on the cerebral and spinal vessels, and communicating in the arachnoid, and with the filaments connecting it with the pia mater. In several instances also, where several bundles of the nerve-filaments converged and blended together, there was to be seen a single large corpuscle in their centre, which could be compared only to a ganglion-corpuscle. In this respect, the author had made a very interesting discovery, which had escaped unnoticed by Purkinje when describing the nerves of the arachnoid. There was not, he believed, any other known instance in which a ganglion was constituted by a single corpuscle imbedded in the nerve-fibres. Bodies in some degree resembling Paccinian corpuscles were also clearly to be seen, but these might be products of disease. It was still doubtful, however, whether the fine filaments which constituted the greater part of the arachnoid were nerve filaments or cellular tissue; for, it would be observed, as shown in the diagrams, that one of the nerves would suddenly separate into minute filaments, which then became so interlaced as to form nearly the entire tissue. These filaments, however, did not appear to be nerve-filaments, and might be merely a variety of fibro-cellular tissue. Until this doubt were solved, the author's view of the ganglionic character of the arachnoid could not be fully received. If, indeed, these filaments are not nervous—and the probability is that they are not—then it would be only proved that the arachnoid was more abundantly supplied with nerves than any other serous membrane, and that there were also peculiar, probably ganglionic, corpuscles located in the centre of the commingling of several fasciculi of these nerves. Still, even if the author's position were not further proved, he merited a large amount of credit for the accuracy and importance of his investigations.

Mr. Toynbee said it was possible that the gentleman who had just spoken, by means of continuous research into the foreign journals, had, previously to that evening, made himself acquainted with the interesting views to which he had already alluded; but he (Mr. T.) felt surprised, that such information had not been transplanted into the journals and works in this country. He confessed for himself, and he believed that the majority of the fellows of the Society would coincide with him, that to the author of this paper thanks were due, for having placed the subject in so clear and complete a light. He was aware that researches respecting the connexions of the spinal nerves with the sympathetic had been carefully pursued; but so far as he could learn, the author of the paper was the first and the only person who had established their true relations, and to him were due the honour and the credit.

Mr. Paget observed that he must still repeat that the presence of filaments of the sympathetic nerve, mingled with those of the cerebro-spinal nerves distributed to the extremities and elsewhere, had been fully ascertained long ago.

Dr. Copland remarked that the views respecting the connection of the sympathetic with the cerebro-spinal system were not new. He recollected their having been discussed at least twenty-five years ago, when the branches of the sympathetic were clearly traced to the extremities. These investigations, as Mr. Paget had stated, had been repeated still more recently, and he (Dr. Copland) believed that Winslow had traced that nerve along the course of the femoral artery. He added that it was not correct to attribute to Mr. Rainey the most ready mode of distinguishing between the sympathetic and the cerebro-spinal nerves, as the difference between them was very distinct to the naked eye. Corpuscles would be found, under the microscope, in the ganglionic nerves, which were not met with in the tubular. He believed that the principal point of interest in the paper was the fact, which was proved by anatomy, that the arachnoid was very freely supplied with sympathetic nerves for the use of the brain.

Mr. Rainey stated that he was aware that nerves from the sympathetic had been recently discovered in different structures, as, for instance, by Purkinje in the periosteum of the tibia, and that they had long been believed to exist in these parts, but he thought that anatomists did not consider them to be given off from the spinal nerves in the extremities; nor that they originated from the grey fasciculi described by Todd and Bowman, following afterwards the course of the nerves, as they followed that of the arteries in the abdomen: thus proceeding to their distribution. These nerves appeared to be branches of the spinal nerves, but in reality had their origin from the sympathetic. This he showed by stating that, in works on descriptive anatomy, the nerve which he described in his paper as arising from the sympathetic, and passing to the wrist-joint, is considered to be a branch of the radio-spiral.

PATHOLOGICAL SOCIETY OF DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

Meeting of the 17th of January, 1846.

Dr. LAW in the Chair.

Dr. Corrigan detailed the following case:—

John Ryland, aged eighteen, was admitted to the Whitworth Hospital, presenting the most strongly marked symptoms of obstructed circulation; there were both pain and general anasarca, and the pulse was so weak that it could hardly be counted, and when it was possible to do so it was found to range from 100 to 150. The distension of the jugular veins was so great that they resembled cords, and when this was not so marked, pulsation was observed in them.

An internal bruit de soufflet was heard at the junction of the first and second bone of the sternum, and also in the mammary region, where he complained of pain. Coupling the physical signs, then, with the general symptoms of obstructed circulation, a diagnosis was made of contraction of the aortic orifice and also of the mitral. It was unnecessary, he said, to allude to the well understood fact, that symptoms of obstructed circulation togegether with bruit in this situation, are looked on as most certain signs of disease of the auriculo-ventricular valves. It was clear that there was no permanent patency of the aorta, for the pulse, instead of being full, as it would be in that case, was exceedingly small and intermitting. There was no visible pulsation in the neck, and no returning bruit, and there was the extremely turgid condition of the jugular veins.

The patient was admitted to the hospital on the 6th of November. Four years before he suffered from palpitation, which had now become very much increased, and the general symptoms of obstructed circulation very troublesome within the last nine weeks. Repeated small bleedings gave him great but only temporary relief, for amendment and aggravation succeeded each other until the commence-

ment of January, and on the 3rd he became comatose (the anasarca having greatly increased, with extensive effusion into the abdomen) and died. There were no signs of pulmonary apoplexy during life, and he had never spat blood.

On examination, there was no disease of the aorta itself discovered, but the valves were the seat of a deposit of lymph in the state commonly met with.

The situation of the constriction, Dr. Corrigan observed, might be looked on as unique. It was seated about half an inch below the attached margin of the aortic valves, involving the whole circumference of the ventricle, and consisting of a band of lymph closely resembling the form of structure of the urethra termed whipcord stricture. The narrowing was so great that a crowquill could scarcely pass through it. The left ventricle was not diminished in size, but rather enlarged in proportion to the opposite one. There was no perceptible narrowing of the left ventricular opening.

There was disease sufficient to account for the symptoms of obstructed circulation that had existed during life, and for the bruit also, though the diagnosis made was verified only inasmuch as the aortic orifice was concerned; but notwithstanding the absence of contraction at the mitral orifice, the bruit which had been heard at the apex of the heart was accounted for by the stricture already described having extended across one of the divisions of the mitral valve.

The band of firmly organised lymph which constituted the stricture, formed a ring within the ventricle, which in part of its circumference involved the ventricular surface of the mitral valve nearest the aorta. This ring would also necessarily, by its attachment to the valve, have prevented the valve from swelling back towards the auricle, when the ventricle acted, and thus have permitted regurgitation into the auricle during each ventricular contraction.

REVIEWS.

Vocabulario Medico-Quirurgico, o Diccionario de Medécina y firujia, que comprende la Etimologia y definicion de todos los terminos usados en estas dos ciencias per los autores antiguos y modernos. Per Don MANUEL HURLADO DE MENDOSA. 4to. p. 752. Madrid, 1840.

There are several countries of Europe, of the actual condition and progress of which, in scientific literature and attainments, little is known in England, closely as some of these countries are connected with her in their commercial and political relations. To the general ignorance of their respective languages among our scientific men, the paucity, or absolute dearth, of their publications on scientific subjects, and the difficulties and expense incurred in obtaining a regular supply of them from quarters in which they do exist, this state of intellectual darkness is mainly attributable; and all will agree with us that, however originating, it is, by men of science in general, and more especially by the medical philosopher, most deeply to be lamented. What boon more graceful in its character, and more beneficent in its operation, could a patriotic and enlightened government confer upon the country than the abrogation of the present impolitic and vexatious duties on the importation of foreign works upon medicine and the sciences?

The countries to which we more particularly allude are Greece, Portugal, and Spain, in the South, and Holland, Denmark, Sweden, and Russia, in the North, of Europe. Of the present state of the medical sciences, and the institutions devoted to their culture in France, Belgium, Prussia, the lesser German states, Austria, and Italy, a tolerably correct knowledge may be gleaned from the writings of Cross,[1] Otto,[2] Wilde,[3] and Valentin;[4] and from careful perusal of the numerous dictionaries and journals continually emanating from the press in those countries, or of the extracts from them, so ably and industriously supplied by the British periodical works upon medicine, and more particularly by our own, now almost ubiquitous, journal, the *Medical Times*.

In the present article we propose to condense all the very scanty information which we have been able to collect, touching the actual state of medical literature and practice in the countries of the South. The next will exhibit a concise summary of the knowledge which we have acquired on the same subject, as regards the kingdoms of the North.

GREECE has not yet sufficiently recovered from the many wounds inflicted upon her in the glorious, but sanguinary, struggle which burst asunder her ignominious fetters, and freed her polluted territory from the iron dominion of the Turk, to cultivate with energy and success the arts of peace. Nor are the mind and views of her present ruler, we apprehend, sufficiently elevated and enlightened to foster a taste for the nobler sciences, and stimulate their progress in the country which, from motives of state-policy, rather than from the possession of peculiar talent or aptitude for the arduous post, he has, unfortunately, been selected to govern. One or two daily or hebdomadal newspapers are now, we believe, regularly published in Athens; but of no journal, or other work upon medicine, in the modern Greek, have we been able to acquire possession, or even intelligence. By some among the host of Bavarian sycophants and parasites who crowd the palace, and monopolise the favours, of King Otho, the seeds and the culture of the sciences will, however, we would fain hope, be introduced and flourish; and ultimately compensate for the evils which the rapacity of the foreigner has too long inflicted upon Greece. The light and the knowledge possessed by many of the British practitioners of medicine, who have fixed their domicile in the Ionian Islands, may also, ere long, extend to, and pervade, the interior of the continent; and the glorious land which gave birth to Hippocrates and Aristotle, and has been immortalised by their writings, may regain her intellectual supremacy among the nations of Europe; and once more emit the intellectual splendour which the hand of Turkish despotism had well-nigh quenched for ever.

Of the two nations which occupy the Iberian peninsula, PORTUGAL, in the first place, claims a passing notice, and slight and transient will it indeed be. The same dearth, with respect to the literary productions of the intellect upon the sciences, prevails there, as in Greece. Neither dictionary, journal, treatise, nor monograph, of modern date, upon medicine, in the Portuguese language, have we yet succeeded in obtaining. That its practice was, at the period of the Peninsular war, in a wretchedly degraded state, we have the testimony of many British army-surgeons to sustain us in asserting. And it is a striking fact, highly discreditable to the scientific genius, of Portugal, as of Spain, that, during the long and sanguinary wars by which both countries have, from the commencement of the passing century, been so woefully desolated, no distinguished military surgeon or physician has arisen from the crowd who sought employment in the numerous armies, to rival the fame of our own illustrious Hunter, of Larrey or Desgennettes. A noble field and splendid opportunities of attaining excellence and celebrity were then offered to the more enterprising spirits of the medical profession in Spain and Portugal; but the talent was not there.

In SPAIN, under the dominion of the Moors, the persecuted sciences found a resting-place and a refuge; and shone out with a purer splendour, as the intellectual darkness which overspread the rest of Europe grew more cheerless and intense. That medicine, among the others, was then taught and practised with signal success in the cities of the Moor, and that some of its professors had acquired distinguished celebrity in their art, we have the authority of divers historians of that memorable period. Geometry, astronomy, chemistry, and medicine had celebrated schools, which, a century afterwards, produced Averroès and Abenzoar. The Arabian poets, philosophers, and physicians had, in fact, acquired such renown, that Alphonso the Great, King of the Asturias, wishing to confide the education of his son Ordogno to men capable of instructing a prince, was constrained, notwithstanding the difference of their religion, and the rooted antipathy which existed between the Christian and the Mussulman, to avail himself of the services of Moorish preceptors; and a successor of the same Alphonso, Sancho the Corpulent, King of Leon, hesitated not, when suffering from dropsy of a dangerous and intractable character, to repair to Cordova, at that period the emporium of European science, and place himself under the care of the physicians, and consequently within the grasp of his inveterate enemy, Abderame. The confiding monarch was restored, and returned, under the protection of a Moorish escort, to his own capital.[5] What a splendid, but most humiliating, contrast does the magnanimous conduct of the infidel Abderame in the dark ages, exhibit to the wretched policy of our own country amidst all the boasted illumination of the nineteenth century! When, during the last disastrous war, the French empire was suffering from a scarcity of cinchona bark, did not England basely avail herself of her supremacy on the ocean, to prohibit the introduction of that invaluable medicine into the ports of France? When the fallen Napoleon, in the hour of his calamitous reverses, made his memorable appeal for the rights of sanctuary, to his victorious rival, was not the imperial fugitive inhumanly spurned from our shores, and consigned to the horrors of captivity, and a lingering death, upon the rocks of St. Helena? Fervently do we hope that, in the event of future wars, Christian England may condescend to take from the despised barbarians of Spain the sublime and affecting lesson which we have here set before her, of beneficence to an adversary in distress.

Dazzled and intoxicated by the splendour and the magnitude of her conquests in the western hemisphere, and rendered luxurious and corrupt by the treasures which they so profusely supplied, Spain gradually declined from the proud elevation, once occupied by her, among the nations. And, in later times, the flame of internal warfare, kindled at first by foreign aggression, and subsequently fed by the patricidical hand of successive traitors to her peace, or of worthless pretenders to her throne, has, at length, achieved the work of national ruin and degradation, which an insatiable lust of foreign dominion, and the unbridled indulgence in its unhallowed fruits, had begun. Under these disastrous circumstances, medicine appears to have showed the prostration and the blight which all the loftier branches of human knowledge have experienced in Spain. No writer, with the exception of Gimbernat, has, within the last fifty years, arisen to illustrate our science by his researches, or vindicate the character of his country from the stigma which she has so justly incurred.[6] Orfila, indeed, the celebrated toxicologist, is, we believe, a Spaniard; but he wisely sought, in the capital of France, a soil more congenial to the development of his splendid talents than the land of his birth could afford, and he sought it not in vain.

Spain, however, amidst all her degradation and reverses, lags not so far behind her European neighbours in the literature of medicine as might reasonably have been anticipated. One medical journal, at least, has, for some years past, been regularly published at Madrid. It is in a quarto form, and a number appears every tenth day.[7] Very few original papers or interesting cases of disease, and no contributions to pathological anatomy, are contained in the numbers of the work

[1] Sketches of the Medical Schools of Paris. 8vo. London, 1815.

[2] Reise durch die Schweiz, Italien, Frankreich, Gross Britannien, und Holland, etc. 8vo. Hamburgh, 1825.

[3] Austria; its Literary, Scientific, and Medical Institutions, &c. 8vo. Dublin, 1843.

[4] Voyage en Italie, fait en l'année 1820, etc. 8vo. Paris, 1826.

[5] Florian, Précis Historique sur les Maures.

[6] Among the very few works which we possess upon the natural sciences, in the Spanish language, is a very interesting ably-written Introduccion á la Historia Natural y á la Geografia Fisica de Espana, Tercera edicion, of the date of 1789. But, as the author's name is "Guillermo Bowles," we presume that he must have been a native of the British islands.

[7] Boletinde Medicina, Cirujia y Farmacia. Periodico oficial de la Sociedad Médica General de Socorros Mútuos. Quarto, Madrid.

which we have yet received. It is made up, for the most part, of notices upon pharmaceutical subjects, and of extracts, not very judiciously selected, from the French and English periodicals. It is, consequently, not a journal of first-class character or authority.

A work of far higher value and pretensions than "the Bulletin of Medicine," and more clearly illustrative of the actual condition of the Medical sciences in Spain, is the "Dictionary of Medicine and Surgery," lately published by Dr. Hurtado, under the title transcribed at the head of this article. It consists of one small quarto volume; and, although slurred by innumerable typographical and some scientific errors of a most flagrant description, it is really an interesting work, and exhibits considerable learning and industry in its execution. That it indicates a more advanced state of medical knowledge than we had given Spain the credit for possessing, we are constrained, in fairness, to acknowledge. The leading term of each article, followed by its Latin synonyme, and the explanation, are given in the Spanish language. Many scientific terms which we should have expected to find in a work of a date so modern, and a character so respectable, have, however, escaped the notice of Dr. Hurtado. In the department of our journal, devoted to the illustration of foreign medical literature, we shall, ere long, exhibit some specimens of a work, which, with all its errors and defects, will amply repay the time and labour expended upon its perusal, by the enlightened physician and surgeon of this country. No other copy of it, except that which we are fortunate enough to possess, has yet, we believe, reached England.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

We have received the following from Dr. Day, *Lecturer at the Middlesex Hospital:—*

In last week's *Medical Times*, under the heading "University of Edinburgh," there's a reference to a "clever young demonstrator, who can explain the A. B. C. of anatomy clearly to the young people." I am sure that from the high character for impartiality possessed by the *Medical Times*, either the above paragraph escaped your editorial glance, in the hurry of the moment, you forgot what Mr. Goodsir had really done for physiology and pathology. Bad as the Edinburgh school is, and long has been, let us the more appreciate a man, who, under such discouraging circumstances, really works at the scientific part of his profession.

We had no wish to disparage the performances of Mr. Goodsir, who is, no doubt, as we called him, a clever young demonstrator, not undeserving of eulogy for his attention to anatomical science. The point whence our correspondent and ourselves probably diverge is as to his being the best person for the professorship *of anatomy to an university like that of Edinburgh.*

Dr. Macgregor *favours us with a note containing an account of some cases in which he has performed revaccination. In each case the vesicle underwent a slight development, but died away without attaining its full maturity, and did not leave any cicatrix.*

Mr. Black's *paper on Diseased Rectum shall appear in an early number. We must plead the very crowded state of our columns as an excuse for its delay.*

Juvenis *enquires how, in fatal cases of poisoning by arsenic, after the use of the hydrated sesquioxide of iron as an antidote, the presence of the poison is to be detected? In a case falling under the observation of* Juvenis, *the analysis was unsuccessful.*

We regret that from want of space, we are compelled to postpone Dr. Lewins' *letter, which is in type, and shall appear next week.*

Mr. Chance's *interesting case of Abscess of the Heart shall appear in our next.*

Dr. Corrigan's *Clinical Lecture next week.*

The letter of Mr. Morris *is under consideration.*

Communications have been received from Dr. Hilbers, Mr. W. Kay, Chirurgus, Mr. John Elliot Wood, *and* an Edinburgh Druggist, *which will receive attention.*

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THE MEDICAL TIMES.

Saturday, February 21, 1846.

Redundante bile morbi nascuntur.

The poor people who bear the responsibility of *governing* the "Royal College of Surgeons of England" must surely be all *fou* together. They dash from one blunder to another as naturally as Napoleon's Eagle from "clocher" to "clocher." It is positively wonderful how they succeed in escaping a prudent or proper act. Last year they contrived to omit, when their collegiate repute was most at stake, their Hunterian Oration—an unprecedented thing, which every body construed into a partial abdication of their chartered functions. It seemed the climax of folly. Not so. This year they have done what they last year omitted, and yet have haply contrived to out-match their former absurdity. They have given a Hunterian Oration, which has done them more mischief than last year's omission of it. Any friendship that might remain to them it has alienated, and it has exacerbated opposition to frenzy. Last year they virtually put on the shelf (so to speak) the *founder* of the College; this year they insolently repudiate its *members*. What will come next it is as hard to say as if one were speculating on the forthcoming vagaries of Bedlam.

Of Mr. Lawrence personally we have, fortunately, no cause to say one offensive word. We give him credit for great abilities—as we give him condolence for the use of them. We know of no man so deservedly possessed of fame, who is endowed so lavishly at once with powers of sarcasm for his friends and of Christian submission for his enemies. No person has ever admired more than ourselves which both his rigid abstinence from the study of medical legislation, and the unbending decision with which he has maintained on it extreme opinions—opposite in themselves, but always apposite to his position.

Marked by this ability, this self-command, and this peculiarly accommodating character of opinion, we attach especial import to his selection as the Hunterian Orator of the year. It was not Lawrence, but the Council that we heard; this year's man was the exponent not of himself, but of his brethren, and this important circumstance happily relieves the few observations we have to make on this display of any tendency to a personal character. Everybody feels intuitively that if Lawrence fell into exhibitions of bad taste, malignant partisanship, insolent superiority, or absurd policy, he could not have done it for himself. He knew what he was doing perfectly well, acted on principle, and but responded to the views of those whom it was in his day's rôle to represent. He spoke, acted, played the fool or the Thersites, not for himself but other people.

Mr. Lawrence's happy powers of contempt and satire were lavished on every class of practitioners whose hands were defiled with drugs. In other words, the General Practitioners were slighted by him like Falstaff's "blind puppies, ten to the litter." They were treated as though they were the "felons, puffers, and vendors of nostrums, writers of indecent advertisements," &c., described in the manifesto of the College. Their incorporation in a Royal College—their possession of collegiate privileges—their claim to be men of education, or members of a learned profession—were treated as ridiculous aspirations and monstrous chimeras, with an ease and breadth of insolence only to be understood by those who heard the College Orator. Beyond the verge of the Council—at the furthest beyond the verge of the Fellowship—Lawrence would recognise no surgery. Even his very hearers, the pupils who had paid him to be made surgeons, the fellow-members of his own College, whom he had assisted himself in pronouncing to be *competent* surgeons, were to their faces called "geese," because they did not join him in their own condemnation. The President was present—Sir Benjamin Brodie lent his countenance—Mr. Green laughed commendation—the whole Council silently assented to the Orator's virulence of contemptuous denunciation. Not one rose. Representatives of the Apothecaries' Society attended the scene by special invitation: the attack on their body was savagely fierce; the *members* of the College showed audibly how much they were wounded by it; it was utterly—wholly—irrelevant to the collegiate business of the day; yet no members of the Council rose to stay their representative in the mid career of his insulting humour—no word to qualify the insult was whispered—no explanation or apology was offered. The *members* of the College were summoned together on the pretence of doing honour to Hunter, to be slandered, insulted, and abused to their faces, through the mouth of the most effective slang-whanger the Council could pick out for the work! The affair was skilfully concocted, and daringly executed. People may rail as they please to see the great abilities of Lawrence lent to so humble an office; one would wish to see him the exponent of a policy more worthy; the tool of rulers more respectable; but, taking him in connection with the work itself, nobody could have done it so dashingly, so fully, so perfectly. He so adapted himself for the work, that one forgot he could have done any thing better. But what shall we say of the Council who seeking such services, adopt, and reward them? Is it really their wish wholly and entirely to disconnect themselves from the members whom they have so long neglected, or attended to only to humiliate and degrade? If so, let them honestly and at once say it. Let us not, on one side, have manifestoes and declarations slandering their moral and professional qualifications before the public, with council Orators pouring vials of collegiate scorn on them, and on the other side expressions of regard and kindness, with

mock pretences of liberality, and conciliation. We would have some little consistency maintained, if it even be of insulting and tyrannous ill-usage.

———"loca jam recitata revolvimus." HORACE.
"Monstro quod ipse tibi possis dare." JUVENAL.

WE hope our friends, the students, have not been quietly charging us with forgetting them, because for some weeks past we have not addressed ourselves to their immediate service. The intention of discoursing to them has been warm and willing enough, in this said interim; but a certain pressure of business, requiring, as the shop hath it, to be "promptly attended to," has monopolised our leader columns, to the exclusion of subjects that we have really more relish for. But there is no excuse for an editor—at it he must, willing or not—*carpe diem* is the motto his readers make him stand by. And thus it is, *præclari studentes*, that, in "taking time by the forelock," a *necessitas rei* which none are ever fidgetted with as we of the tripod are, having only a certain amount of grasp, we are compelled, for the time being, to drop any commodity our hands may have been previously occupied with. And a capital plan it is, provided the subject laid by loses none of its freshness by keeping, and the act symbolises in no way that of the dog in the fable, which was silly enough to lose a good meal of meat for the sake of its shadow. In avoiding this folly, however, consists one of the excellencies of the disciplinarian; and we confidently leave it to our readers to determine whether we have any claim to the commendation. We are not mentioning this stray fact idly; we have a motive in it, and, before going into the immediate object of this paper, wish to make the *application* of this fact available to the interests of our young friends.

A very wise man was once asked, how he continued to accomplish so great an amount and variety of work in the period devoted to it?—and his answer was, "by attending to one thing at a time." Depend upon it, student, you can have no more golden rule of application than this. Geniuses are now and then sprinkled through the ranks of humanity, or rather come amongst them like comets, startling with their blaze and brightness, that could set rule at nought; but then geniuses are not common, and, therefore, can no more be prescribed for than calculated upon. It was all very well for a facetious old philosopher to say, "talk of having too many irons in the fire, you can have no such thing—the more the merrier—shovel, tongs, and poker, keep them all going at once"—but there are very few who know how to do it. Compendious minds are not met with in ordinary—few can compsas several subjects at once; and it would perhaps have been better had none ever done it, for then there would have been no inducements for little minds to imitate the working of larger ones. It is said that Cæsar could dictate a letter, read one, and hear one read, all at once; but how many pseudo-Cæsars have failed, and fooled themselves, in attempting to copy this illustrious original? The picture is splendid enough, but like every transcendent primitive of its class, it has never been successfully, or even creditably, imitated. In the list of subordinate reflections, we are not disposed to find an exception to Byron's earliest critic. The politest, if not the profoundest, eulogist Bacon ever had, says of the philosophic chancellor, "that same pen, which dashed its anathematising strokes over the Aristotelism of the schoolmen, wrote a cure for the gout, a translation of a psalm, a code of laws, and an essay on plantations." And it well became Bacon to do so, for his mental capacity might have comprehended anything within human limits; but, as we know, that "none but himself could be his parallel," any attempt at rivalry would be ridiculous. And so it has been; for of those who have recklessly adventured thus much, not one has failed to become the more inferior for the comparison he has suggested. We are not intending to advise a line of study like that of the man mentioned by Boyle, who, after having devoted the greater portion of his life to the examination of a single mineral, declared that, after all, he did not know the five-hundredth part of it; but we would emphatically impress upon the minds of our young readers, the desirableness of having only one subject on hand at once. We have known a man enthusiastic enough to sit with his anatomy on one side him, his chemistry on the other, and practice of physic in front, to each of which, in succession, he devoted himself; but we could never find that he was one whit the better for what he read. He absorbed his information confusedly, his facts were heterogeneously commingled, and he never could range them into order. His mind was a lumber-room of knowledge, with not a single article in its proper place, and consequently, not one capable of being summoned at a moment's notice. A more discretionary line of study would have made him a man not only of ample, but of accurate information. However many subjects the student may feel inclined, or may be required, to prosecute, he should remember that it is very unlikely he will excel in all of them; but in order as much as possible to do so, only one should occupy his mind at once. Whether for a short, or a long period, the attention should be abstracted from every other object, and fixed upon the one at present to engross it, as intently as though none other were ever to be a consideration. In this manner, every subject in succession comes with an air of freshness and novelty, and impresses the memory far more powerfully and permanently than when bringing with it less attractiveness.

We have already discoursed upon the advantages of anatomy and chemistry to the student who may be preparing for medical practice; we have now a few words to say about botany. We hope the winter session has not passed so far over, without the first two subjects having been investigated, with every minuteness and dispatch, by the novitiates to whom we address ourselves. This admitted, they will be prepared, now spring approaches, to enter upon the fascinating study of theoretical and practical botany. We advise it to be prosecuted chiefly in the first spring and summer session, because it is an important, nay necessary, prelude to materia medica, and because by being mastered, wholly or in part, thus early, it will not interfere with hospital and midwifery practice, which will require to engage much of the student's attention in the concluding summers of his pupillage. Again, we can hardly expect that the medical tyro is as yet seasoned to his arduous duties. The noisomeness of the dissecting room, the confined air he sits and sleeps in, and his application to study, must by this time have somewhat blanched his cheeks, taken a little lustre from his eye, and given him an appetite for fresh air, and for pleasant woods and fields to gather it in.

Suppose, then, we step over a few weeks next forthcoming, and find the winter session fairly ended, and the student, with the select souls of his own intellectual kindred, drinking a sober glass to the memory of long nights, and days of tedious twilight, and hailing the happier season of sunshine and rustic recreation. He is then ready to begin his campaign of botanising This he must prosecute with as much energy and devotion for the time being, as he is capable of; to which end it is necessary that we tell him, first, the desirableness of the study, and, secondly, suggest to him the best means of conducting it.

A few years ago, botany was a mere process of herborising, "culling of simples"—there was nothing of science in it, for it was not reduced to a system, or pursued according to definite principles, and was consequently confined to nostrum mongers, diet-drink makers, and sagacious old women. Only of comparatively late years has its study been facilitated by fixed rules, and itself rendered worthy of a "local habitation and a name," amongst the simpler sciences; and later still has it been insisted upon as a separate branch of medical study. We are not for a moment intending to give it a place amongst the more prominent items of the curricula of our schools, but at least it deserves some special consideration, both for its own sake, and for the requirements of the several courts of examiners.

A knowledge of botany is useful to the student of medicine, and to the future practitioner, for several reasons. Though it does not call into exercise the higher faculties of the mind, yet it is an excellent and agreeable exercise for the memory, and imparts some activity and energy to the ordinary powers of discrimination. In the relations which it holds to the animal world, in regard to structure and vital function, it furnishes to the comparative anatomist and physiologist various interesting and most useful facts, and to the student of the human economy exclusively, much information that tends to corroborate and fix in his mind many of the principles of his select science. It is a necessary precursor to the effectual study of the vegetable materia medica, for without it the leading features of this science must necessarily be assumed, and worthy only of the empiric. To the medical man who may be called upon to travel, in whatever country, the science of botany can seldom fail to be useful, whether in aiding him to increase the stock of remedial agents we already possess, or in directing him, in cases of extremity, to distinguish between noxious and nutritious vegetables. These are the leading advantages of botany to the medical man, and we have stated them thus summarily, without occupying unnecessary time by a more tedious detail.

The student, before beginning his practical botany, should possess himself of some good elementary work which will teach him the rudiments of the science. There is a considerable amount of technology, which must be throughly learnt before descriptive works will aught avail him in recognising any strange plant. An ignorance of this indispensable technology has often been a source of determent to the young adventurer in botany. All the more common terms significant of the different vegetable organs, and of the varieties of them, should be thoroughly understood *in limine*. To accomplish thus much, is to make a most important advance towards a future correct knowledge of the subject. The student should next determine whether he will found his practical botany upon the system of Linnæus or of Jussieu. He should canvass well in his own mind the relative advantages of the artificial and the natural arrangement, and determine in favour of one or both of them If his time and inclination serve, he had better study each elaborately, and apply either according as it may suit him. Next, he should read over, once or twice, some disquisition upon physiological

botany, so as to acquaint himself with the several functions performed by the organs and parts of plants he will shortly have to become more familiar with. In this manner his mind will be prepared for receiving certain facts, not as crude things, having no interest or application, but as constituting beautiful links in the great chain of cause and effect.

Here, for the time being, we leave our friend with his book in his hand, and its most available contents impressed upon his memory, ready to be brought into active use when we treat of herborising excursions.

ROYAL COLLEGE OF SURGEONS.

DISGRACEFUL PROCEEDINGS.

(From our own Reporter.)

The Hunterian Oration for the year 1846 was delivered on Saturday, February 14th, by Mr. Lawrence, in the theatre of the College of Surgeons, which was crammed to the utmost, and was evidently insufficient to afford accommodation for numerous gentlemen who attended. The president, Mr. Samuel Cooper, occupied the chair, and we noticed that a few of the members of the council were present—a much less number than usual, however. Mr. Lawrence addressed his oratory to the president solely. He commenced by expressing, on the part of the College, the gratification afforded by the very full attendance of members, and referred to his personal feelings on the same subject. He announced the intention of the council to deliver the Hunterian Oration less frequently than has been the custom hitherto. This determination had been come too partly from lack of Orators, and partly because the subject had been exhausted from frequent repetition. In pursuance of this resolve, the Oration was omitted last year, a circumstance which had, by some, been referred to a fear, entertained by the council, of meeting their members. He stood there to proclaim and prove the falsehood of that assertion. The Oration would probably in future be delivered biennially, or perhaps triennially (great uproar was caused by this declaration, during which the learned Orator remained perfectly calm and unmoved). Mr. Lawrence then proceeded to the consideration of what the College of Surgeons had done for science, and gave some statistical facts relative to the number of gentlemen admitted members during different periods of the existence of the College; but without alluding to the great falling off in the candidates since the last new charter has been in operation. He went on to pronounce an elaborate eulogium on the councillors, and all they had done. They had accumulated the museum and the magnificent library. The manner in which the examinations were conducted had escaped abuse even from the systematic calumniators of the council. Mr. Lawrence was of opinion that the merits of those conducting the council were not known to the professional public generally. The Orator then alluded to the recent agitation for reform, and said that the reform mostly needed by many uneasy persons was that of their own manners (great uproar—hisses—cries of "Shame," "Hunter," "Question," &c., which continued for several minutes, during which Mr. Lawrence remained quite unmoved).

He then considered the origin, constitution, and progress of the College of Surgeons from its first incorporation. After the Incorporation of Barbers had been dissolved, the Company of Surgeons took up their residence in Old Bailey, where they received the bodies of those executed for murder. In 1796 the company removed to a house in Lincoln's-inn-fields. The body was dissolved and reconstituted as a Royal College by George III, and the present building was then erected. Mr. Lawrence spoke of the scientific character of the institution—the estimation in which its diploma was held—evidenced by the great body of practitioners presenting themselves for examination, though the diploma was not necessary legally, although it was so virtually, in consequence of the place it holds in public opinion. Those who came for examination came voluntarily, they voluntarily entered into a solemn obligation to uphold the dignity of the College. The orator then spoke of the circumstances under which the Hunterian museum came into the possession of the College, and of the additions which had since been made to it. John Hunter died a poor man, leaving his family only his name and his museum. The latter he directed by his will should be offered, on reasonable terms, to the British Government, and if refused by them, to some foreign power. When its purchase was proposed to Mr. Pitt, he is reported to have said, "Buy preparations! I want money to buy gunpowder." This was expliicable by a reference to the state of the times. It was then offered to the College of Physicians, and declined. That learned body had left off the study of anatomy; besides, they could not have borne the expense entailed by the museum. It was declined by the Royal Society, and went begging till it was gladly accepted by this College. In accepting it, this College was bound by certain conditions, one of which was to provide a catalogue. Mr. Lawrence then proceeded to show how those conditions had been fulfilled. He spoke of the high merits of Mr. Owen, on whom he affirmed the robe of Cuvier had descended. He alluded to the establishment of three studentships in human and comparative anatomy by the College, and to the demonstrations given in the theatre of the College, by Mr. John Quekett, "and yet" (said the orator) "we are to be abused by apothecaries—men who want to set up a Royal College—a Royal College of Apothecaries—who meet together, and, in vulgar broils, use language which would disgrace an election hustings." (Immense uproar and expressions of disapprobation, among which a gentleman exclaimed, "you are abusing and insulting your own body—the general practitioners are members of your College.") "I am in no hurry, Mr. President," continued Mr. Lawrence, "when the geese have done, I will proceed." Mr. Lawrence alluded to the proposed constitution of the new College, in terms of unmeasured disapprobation, and he was again interrupted by hisses, cries of "Shame," "Hunter," "Question," &c. He then left the subject of medical politics, and proceeded to speak of the labours of Harvey and Hunter, Jenner and Baillie, Cheselden, Pott and Abernethy, and gave the usual analysis of their labours. He at length concluded an oration of two hours' duration, of which fully one hour and a half were occupied by political topics, on which the orator's opinions were the very opposite to those of the great body he addressed. The display was witnessed with evident disgust and impatience throughout, and to reproduce textually the Oration would be to give it an undue importance to the exclusion of far more useful and interesting matter. We apologise to our readers for even this short notice of it.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

Meeting of February 5, 1846.

Dr. Budd, F.R.S., President in the chair.

Mr. S. R. Pittard read a paper on the "Repair of Bone." He commenced by observing, that in the year 1843, he had read a paper before the Society on "Adhesive Inflammation," in which he had stated that the first step towards repair was, in all cases, the effusion of adhesive lymph, which, though always the same at the time of its effusion, ultimately assumed very various forms of tissue, that the form which it shall assume was undecided at first, and that causes subsequently acting upon it determine its metamorphosis to this or that tissue. To strengthen the position he then took, by demonstrating one agent which was necessary in order to determine the metamorphosis of adhesive lymph to the form of bone, was the object of his paper. The tissue which results from the adhesive lymph, is generally the best suited among the few forms that it can assume, to occupy the position in which it is placed, and to perform the functions which it is called upon to perform, but not always; and in the repair of bone, are presented the best instances in proof that this fortunate result depends upon a beautifully laid train of cause and effect, whereof if one necessary agent were absent, the favourable result would be obstructed. For though adhesive lymph can readily assume the osseous form, yet certain fractures are not repaired by bone, while bone will obviously be the best suited to occupy the position of the repair. In these instances he would show the absence of an agent, namely, pressure or compression transmitted through the effused lymph, which in this way and by other lines of argument, he hoped to prove was indispensably necessary to determine the conversion of adhesive lymph into bone. On the other hand, he believed that tension on the effused lymph was necessary for its conversion into tendon or ligament. The pressure of which he spoke might be the weight of the body in some cases, but was most frequently the result of muscular action. He drew his arguments from the following facts:—In a fracture where the broken bones have not been in apposition, the new connecting processes of bone are produced exactly in the line of transmission of pressure, without any regard to the position of the fractured ends, and through a considerable interspace sometimes, as in a specimen of which he exhibited a drawing, uniting the fragment of a broken fibula to the tibia. In those fractures, where the transmission of pressure through them is impossible, as those of the patella, olecranon, cranium, and tip of the acromion, osseous union does not occur. On the latter, especially, he laid great stress, for in it the conditions generally adduced as obstructing osseous union, such as deficient nutrition, absence of periosteum on one side, &c., are not present. The specimens which he had examined, showed that osseous union of a broken acromion may take place, in case the fracture is situated so far back as to allow of the insertion of part of the trapezius into the fragment, but not else. The acromion of the rabbit hooked downwards, overhanging the infraspinatus muscle. There were four specimens of osseous union of fractured acromions of this animal in the Hunterian collection. A dissection which the author exhibited, showed that a muscle arising from the base of the skull, and inserted into the tip of the acromion of the rabbit, would cause pressure to be transmitted in a direct line through a fracture of that process. Fracture of the neck of the thigh bone did not generally unite by bone. The author had seen five specimens of osseous union of this fracture, in each of which, there was displacement of the trochanter major backwards, and upwards, so that it was approximated behind to the head of the bone, and the neck set at right angles to the shaft, or rotated outwards and elevated—a position which unmistakeably indicates action of the great femoro-pelvic muscles, nearly all of which are rotators outwards and elevators. Pressure to be efficient in the repair of bone must be long continued, or oft repeated, and always in the same direction, for if its direction be much varied, or if it be made frequently to alternate with tension, a false joint will ensue. He drew further arguments from the positions in which false joints usually occur. In conclusion, he begged the Society to bear in mind, that he had confined himself to the consideration of one agent, one link out of the very many, whereof the chain of causality laid by nature for the repair of bone most probably consists, either of which being deficient the result was obstructed. He believed that another indispensable link in the chain was the contact of a bit of original bone to serve as an ossific point or centre of ossification to the new formation; that among the vital endowments of which lymph formations are deficient, is the power of starting a new ossific centre. Also, he begged them to bear in mind, that it was of repair alone that he spoke. Exostoses, whether formed for a particular use, as false acetabula, or for no use, as osseous tumours, are aberrations of development or nutrition, and were not included in his subject.

Mr. Stevens briefly expressed his accordance with the views of the author.

Mr. Rhodes remarked that he had seen fractures treated with remarkable success, by applying starch bandages and allowing the patient to use the limb.

Mr. Arlidge observed that fractures of the patella sometimes unite by bone. He thought that the author had not given sufficient consideration to those new formations of bone, about false joints,

which he had termed exostoses. He (Mr. Arlidge) considered that they were produced by the same process of repair as the osseous bonds of union which the author had been considering.

Mr. Chance did not see how pressure could be transmitted through the fibula, whilst the tibia remained entire, yet osseous union occurred under that condition. He would ask the author if he thought tension always necessary for the reproduction of tendon.

The author replied that he believed pressure might be transmitted through a fracture of the fibula under the conditions mentioned. He declined entering into any argument respecting the repair of tendon. Some facts in proof had incidentally fallen out in the course of his paper, but he could not, at present, bring forward sufficient evidence to prove the invariable necessity of tension. He had stated his opinion on this point, rather in illustration of the repair of bone, than to prove anything with regard to the repair of tendon.

The President, on leaving the chair, addressed the Society at some length. He dissented from the author's views, but expressed himself highly pleased with the ingenious arguments which he had brought forward.

MISCELLANEOUS CORRESPONDENCE.

THE HUNTERIAN ORATION.

To the Editor of the Medical Times.

SIR,—I had the misfortune of forming one of a densely packed audience in the badly constructed theatre of the College of Surgeons on Saturday last, and am desirous of conveying to you the impression the oration left upon my mind. The council have done many injudicious things in their relation to the great body of the members of the college; but I doubt whether ever so grave an error has been committed by them as their selection of Mr. Lawrence as the exponent of their feelings and policy. His antecedent history thoroughly disqualified him for the task; for no brilliancy of talent, fertility of language, or mastery of sarcasm, will compensate in the eyes of thinking men for the absence of consistency of conduct, and for the abandonment of principles once so earnestly maintained. The manner in which he has executed his task, only confirms the truth deducible from all history, that the bitterest of all opponents is he who has deserted the cause he once advocated with all his heart and soul. Of course, I am not aware whether Mr. Lawrence received from the council his instructions for "abusing plaintiff attorney," or whether what he considers his personal wrongs supplied the vituperation of his address; but I fear, from the approving looks and encouraging movements of those around him, that all he said met with the full approval of most of his colleagues. If so, it is a serious matter. The true policy of this body at such an epoch as the present would have been conciliation—that which they have adopted through their mouth-piece is the haughtiest defiance. No better opportunity since the commencement of the agitation has offered itself, now the medical bills have been withdrawn, for trying the effect of a judicious compromise. They prefer assembling their members together to cover them with insult, derision, and sarcasm.

Mr. Lawrence, like many other persons in the wrong, commenced his address in a strain of virtuous indignation at any one ever having dared to suspect the purity of the motives, and justice of the procedures, of the council, and especially at their temerity in asserting that it was the fear which this body entertained of meeting the members of the college that prevented the delivery of the oration last year! How groundless the assertion! "Had it not been often urged that these addresses had become wearisome, owing to lack of orators, and would prove more attractive if repeated seldomer? Repeatedly!—and *therefore* the council omitted the oration last year, and will probably do the same next year." Now, Sir, notwithstanding so lame an explanation, will any sane member maintain that there is no connexion between the non-delivery of the Hunterian Oration last year, and the excited condition of the profession in reference to the Charter, as also between its delivery this year and the withdrawal of the medical bill? I think not; or if any there were so disposed, I think Mr. Lawrence's tone, and subsequent remarks, must soon have undeceived them. If, indeed, the oration was discontinued last year for the reason stated, the same hapless fate would seem to have attended the council in its choice of periods as in the promulgation of laws, the one being as unfit for the time as the other for the wants of the profession. Of all years to commence the new practice, the last was the most unhappily chosen.

Mr. Lawrence's lecture was of a singular construction. One hour and a-half of introductory and irrelevant matter and a half-hour of oration, properly so called. Indeed, if we are to have a biennial oration of two hours' duration, for my part I prefer the old infliction of one hour per annum. The introduction consisted of two divisions, one composed of an elaborate eulogium on all the College has ever done, and the other a violent invective against all reforms or reforming persons. Mr. Lawrence entered into a most detailed history of the museum, its arrangements, and its catalogues, supplying, however, little information that is not already in print, and with which it was paying but a bad compliment to his auditors to suppose them unacquainted. The ability and efficiency of the officers and others employed by the institution (which, indeed, will be allowed by all who have had the opportunity of judging), as well as the facilities which, at a large expenditure of money, it offers to the pursuit of medical and physiological science, were all duly and minutely pointed out, the evident conclusion being, what could you wish for more than this? What are you clamouring for? But, Sir, may we not ask whether, in the possession of ample funds, and stimulated by the progress of the age, the College could have done less?—and whether if they had confined themselves within the limits of the Act, which Mr. Lawrence so frequently assumed their merits in surpassing, their obstructive policy would have been tamely submitted to? Nay, more, has not nearly every improvement which they have adopted been suggested to them years before they would undertake it, and, in many instances, only wrung from them by the exertions of the medical press, and the reproaches of professional opinion?—and are there not yet other great improvements wholly unattempted?

The other portion of Mr. Lawrence's introduction was occupied with sarcastic observations upon the late attempts to amend the medical organisation; and the Apothecaries' Company, and projected College of Practitioners, met with no mercy at his hands. The unfeigned joy manifested at the withdrawal of the bill speaks volumes for the fears which were entertained of its operation, and the elevation which the class of general practitioners would thereby have gained is, of course, a matter of regret on the part of those whose policy tends to their depression. Mr. Lawrence was very facetious upon the death of the Apothecaries' Company (not yet consummated, by-the-bye), and although many of us may agree in strictures upon its utility, if expressed with less acerbity and vulgarity, yet I suppose few would concur with Mr. Lawrence in not desiring any substitute for the carrying on, in an improved manner, of functions so carefully exercised by that body. The old division of physician, surgeon, and apothecary, says Mr. Lawrence, was an excellent one, and none other is wanted; but as for educating his apothecary, or examining him, or at least obliging him to submit to an examination, he deems that absurd. "To oblige a candidate to submit to examination by any College of Apothecaries is *an unwarrantable interference with the liberty of the subject.*" Does the College of Surgeons compel an examination? No! you come for it voluntarily. Place your other body upon the same footing. Let your candidate apply to either, or, I suppose he means to be consistent, if he chooses, to neither! Alas poor Public!—your interests are always overlooked in these matters; and truly this would be to consign you over to all the risks and uncertainties of bye-gone days. Mr. Lawrence cannot imagine what a general practitioner means as distinguished from the apothecary, and, probably under an ill-judged name, the latter carries on all the functions of the former; but any argument against the due education and examination of the one or the other Mr. Lawrence fails to supply us with. He states the recently projected College was but a College of London Apothecaries, and in so doing he was either wilfully stating what was untrue, or has neglected to inform himself of what he was ignorant of; for, in fact, although at its first formation the Association partook too much of this character, it has by subsequent improvements embraced within its scope some of the best practitioners the provinces afford.

And now, Sir, one word upon Mr. Lawrence's disingenuousness. He was prolific in abuse of apothecaries and general practitioners on account of their projects at raising themselves into separate institutions, but he was *utterly silent as to the cause* of their exertions. To hear him, if unacquainted with the true bearings of the case, one would believe that the simple matter was that a hostile body had risen against the College, whose discomfiture he was then congratulating his auditors upon. But, in point of fact, the majority of this body is composed of *members of the College*, and the opposition has been raised against, and in consequence of, the unjust and mischievous conduct of the *Council*. Not one word did he utter in explanation or extenuation of the acts of that body; not one word indicative of future improvements.

In expressing the above ideas, Mr. Lawrence exhausted all the powers of invective and sarcasm, forgetful that the persons against whom his shafts were levelled were, for the most part, also members of his own College. Indeed, his idea of the College seemed to be limited to the inclusion of the Council—perhaps the fellows.

I may observe, the theatre was certainly half-filled, or nearly so, by visitors, and the fellows of the College, and that the observations deprecatory of reforming endeavours, and especially of any of such as would tend to the elevation of the general practitioner, were received with warm applause by a portion of the auditory, and as loudly condemned by others; so that the course of the lecture was more than once completely interrupted. The dissentients expressed themselves by cries of "Shame," &c., and by hisses. Mr. Lawrence, maintaining a composure that was worthy of a better cause, addressed the chair in the old hustings phrase of "Mr. President, I am in no hurry—as soon as the geese have finished, I will proceed." To the disgrace of all present, he was allowed to go on without offering any apology for so insulting an expression. I am ready to admit that it would have been more decorous to have received his unjust remarks with that silence which a mingled feeling of regret and surprise engenders; but when his admirers commenced a vociferous applause, it could hardly be expected that the dissentients should have allowed such sentiments to have passed with what would have been construed into an unanimous approval. I am certain that all who joined in such disapprobation would have been glad to have been spared the necessity. When the Council and Mr. Lawrence entered they were received with unanimous applause, evidently showing there was no premeditated intention of making the occasion a pretext for the expression of disapproval, and several of the interruptions consisted in the call of "Hunter," indicative to the orator how injudiciously he had wandered from his subject.

The oration, properly so called, which occupied the last half-hour of the two hours, was happily delivered, as all who were aware of Mr. Lawrence's powers were prepared to expect; but I do not hesitate to say he sacrificed his subject to his spleen, and by curtailing his limits and wearying his audience with lengthy preliminaries, did not do it the justice it was entitled to at hands so able.

In conclusion, Sir, I may repeat the opinion I before advanced, that the Council have damaged themselves by entrusting the offices of defence, and pleasures of recrimination to Mr. Lawrence. Do not let them believe that the withdrawal of this medical bill is an extinction of the desires and determinations of those who originated it. The oration, beyond all other facts and arguments, proves to the profession how little they have to depend upon the quarter whence such an address could emanate; and yet, from the ignorance which it displays of the true state of professional feeling, it will instruct them that the work of agitation must be yet vigorously pursued, before such prejudices can be overcome and justice attained.

I am, Sir, your obedient servant,

Great Coram-street. JOHN CHATTO.

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INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of February 16th, 1846: M. Mathieu, President, in the Chair.

Diseases of Workmen employed in the Fabrication of Lucifer Matches: By T. Rousselle, M.D.—Dr. Rousselle called the attention of the authorities and of the public to the numerous diseases generated by the fabrication of lucifer matches. Dr. Gendrin has of late described a severe variety of bronchitis, prevalent amongst the workmen attached to the branch of industry referred to; and necrosis of the maxilla has also been looked upon by some German writers as a result of the noxious emanations in the wards of the factories. Dr. Rousselle remarked that, in the establishments in which all the operations relative to the fabrication of matches are performed in one room, cough and bronchitis affect the men indiscriminately, whatever may be their individual employment. But in those manufactories, in which the various branches of fabrication are carried on in separate rooms, those workmen only suffer who are exposed by the nature of their occupations to phosphoric vapours; and the intensity of the morbid effects produced appears to bear some ratio to the humidity of the weather and the degree of ventilation of the wards. As to the disease of the maxillary bones, two conditions have appeared to Dr. Rousselle to be indispensable to its production:—1. A sojourn in the factory of not less than two years; 2. The presence of decayed teeth. These special accidents are to be attributed, according to Dr. Rousselle, to the presence of phosporic acid, and perhaps of phosphorus in a gaseous condition in the atmosphere of the wards. He recommends, therefore, in order to prevent the production of the symptoms, a particular mode of ventilation, and the separation in distinct rooms of the various branches of fabrication.

Hairy Productions on the Surface of the Tongue: By Dr. Landouzy, Professor of the Faculty of Rheims (see *Medical Times*, vol. xiii, p. 148).—We mentioned in our communication, of November 15th, two cases of hairy productions of the tongue, brought before the Academy of Medicine by Dr. Landouzy. One was a case of pleurisy; the other of erythema nodosum. Dr. Landouzy has since met with fourteen similar instances: Cold abscess, 1; consumption, 3; pulmonary emphysema, 1; typhoid fever, 4; Bright's kidney, 1; icterus and cirrhosis, 1; uterine disease, 2; fracture, 1. In these sixteen cases, the black colour observed on the tongue was due to hairy productions which the naked eye could not distinguish from common hairs, but which presented under the microscope special characters. These hairs varied in length from one to fifteen millimetres, and in diameter from 1-5th to 1-200th part of a millimetre. The length of these hairs sometimes caused an unpleasant sensation in the throat, when they were vertically planted in the tongue, towards the apex of which they lie, on the contrary, in a horizontal direction.

The influence of the approaching spring on lively imaginations begins to manifest itself, in 1846, rather earlier than usual; our readers may judge of the truth of the assertion by the following communications made to the Institute at its last two meetings:—

A M. Eseltja asserts that, by the assistance of electric light, he has been enabled *to see through* the human body, and thus to detect the existence of deep-seated visceral disease. He has followed the operations of digestion and of circulation. He has *seen* the nerves in motion. This fine discovery deserved a Greek denomination, and has received it. M. Eseltja has imposed upon it the euphonious name of "anthroposcopy."

The Electric Maid.—M. Arago also mentioned that he had been called upon to witness some of the most singular phenomena which he had ever beheld, in the shape of electric discharges of the most violent character, proceeding from the person of a young girl, aged thirteen, lately submitted to his inspection. This truly remarkable child overturns tables and chairs by merely touching them with her apron. When she sits down, the moment her feet touch the ground the chair is upset, and she is suddenly propelled with considerable force. M. Arago said he had seen all these experiments, and had not been able to detect any trick. He begged the Academy would appoint a committee to investigate the matter.

ACADEMY OF MEDICINE.

The meeting of February 17th, 1846, presided over by Dr. Roche, was adjourned at an early hour, after an uninteresting debate on the power of medicine, in which MM. Castel and Rochoux alone took any part.

HOPITAL DE LA CHARITE.

Clinical Lecture: By Professor Velpeau.

1. *Malignant Tumour of the Inguinal Region—Diagnosis.*—A patient was lately admitted into Professor Velpeau's wards, complaining of what she called sciatica, and of a tumour which she had detected only five weeks previously. The professor made the following remarks on the diagnosis of the disease:—The tumour seated in the inguinal fold is extremely hard, so much so as to be in this respect comparable to bone or cartilage; it lies on the inner side of the crural vessels, and extends underneath their sheath. The disease descends as low as the small trochanter, but does not seem to penetrate into the pelvis. A second tumour, above the trochanter, seems distinct from the first in its movements. The joint appears to be in a healthy condition, and the limb is not shortened. The diagnosis may here fluctuate between a disease of the lymphatic glands, of the joint, of the pelvis, or of the femur. We must at once set aside the lymphatic glands, none exist posteriorly, and in the inguinal region they all lie in front, not behind, the vascular sheath. The freedom of the movements of the joint, the absence of any purulent collections in its neighbourhood, and the preservation of the natural length of the extremity, induce me also to discard the idea of a malady of the ilio-femoral articulation. No reason militates in favour of a disorder arising from the cavity of the pelvis; we are consequently obliged to consider the disease seated in the femur itself. The patient asserts it is only five weeks since the origin of the complaint; but it is more than probable that she errs in this respect, and that the beginning of the morbid alteration must be referred to a much more remote period, although it is very possible she may have detected its presence only at the time she mentions. The complaint occupies the superior fifth of the femur, and appears to be of the nature of those tumours which have been called chondriphites, colloid degenerations of a structure resembling that of the turnip, susceptible of gelatinous ramollissement, and acquiring an immense weight and size. Some are found to weigh so much as twenty, thirty, or sixty pounds. We have not yet decided what plan to adopt with this patient.

2. *Injury of the Head; Cerebral Commotion; Diagnosis.*—A woman, aged forty-nine, was brought yesterday to the hospital in a state of complete insensibility, and presenting wounds the precise origin of which it has been impossible to ascertain. The persons who brought her stated that she fell in a staircase while intoxicated. She herself asserts she was not beaten; however the accident may have occurred, she was admitted in a state of total insensibility, and this morning she is almost as unconscious as yesterday. The respiration is stertorous. On the right side of the forehead, and in the orbit, you observed an extensive ecchymotic stain. The pulse is slow and compressible; she answers questions only when strongly urged, but she answers them aptly, although she cannot terminate her sentences. I cannot, for my part, understand how a fall in a staircase has produced only *one* ecchymosis, and that, when the accident has been of a nature sufficiently violent to occasion loss of consciousness. But what is the order of symptoms with which we have to deal? Is it inflammation, contusion, compression, or commotion of the brain? The characteristic features of inflammation are in the present case absent. We have neither observed fever, heat, nor delirium, and the time elapsed since the production of the injury has been too short to allow us to entertain the idea of cerebral inflammation. We have not detected, nor has the patient complained of, any painful spot in the head. She does not raise her hand towards any particular region; no convulsions are present; contusion of the cerebrum we must, therefore, also set aside. Compression of the brain is attended with paralysis, and here none is observa-

ble; besides, the symptoms have gradually diminished since yesterday, and that is not the course followed by compression, except when it is due to the depression of some of the bones of the head; in which case the brain becomes, after a short time, more habituated to the pressure, and the symptoms at first produced by it diminish in intensity. I have examined, however, the head with the greatest care, and have not detected any fracture or depression of the skull. It is possible that some part of the orbit may be fractured. We are satisfied that this patient is affected with cerebral *commotion*.[1] The treatment has consisted in the application of mustard poultices to the extremities, a blister to the nape, and internally the infusion of arnica. In similar cases it is worse than useless—it is positively dangerous—to bleed the patients, although, it is a very common practice. Persons in this condition present a slow, weak pulse, and seem to be in a general state of collapse, which might be very much increased by venesection. When reaction takes place, then, indeed, bleeding may render signal service, particularly if the excitement threatens local inflammation.

3. *Fluctuating Tumour of the Scalp—Diagnosis.*—The patient occasioning the following remarks is a man of strong constitution, who presents on the summit of the head a fluctuating annular tumour; great pain is produced by pressure; its edges are hard, and the disease has formed rapidly. It is evidently a collection of fluid, but it is not impossible that the disease may have originated within the skull; thus, we might have to do with a disease of the brain or its membranes, or with a kind of venous aneurism of the sinuses, or a fungous, cancerous production of the dura mater. It is very important to establish in this case a correct diagnosis, as the life of the patient might be sacrificed by a mistake. The rapidity of the progress of the malady leads us to believe that it does not belong to the interior of the cranium; the tumour is not reducible; and, besides, pressure produces pain, but no paralysis or loss of voluntary power. It is an abscess; the pain and rapidity of its formation point distinctly to this diagnosis, and the excellent condition of the patient's general health induces us to admit that it is not connected with disease of the bone.

DAN. M'CARTHY. D.M.P.

Spain.

The following articles have been transcribed from the Spanish journal, *Boletin de Medicina, Cirujia, y Farmacia*, referred to in our last week's review of the Medical Literature of the South of Europe.

SURGICAL PATHOLOGY—*Phlebitis cured by the constant application of Snow.*—A man, aged sixty, of robust constitution, was bled in the right arm, November 30th, 1840, for the removal of plethora. Next day he felt a tightness in the bend of the limb; the small wound became tense and inflamed, and began to suppurate. Some trifling remedies were employed. On the 10th of December intense fever, succeeded by delirium, declared itself. Dr. Margariteau was called in on the 17th. The disease was then making progress; the arm and fore-arm considerably swollen, and of an erysipelatous hue; and the vein, in its course to the axilla, indurated, and of the volume of a finger. Forty leeches, followed by emollient cataplasms, were applied to the fore-arm; an opiate potion and rigorous abstinence prescribed. 18th: Much the same; no delirium during the night; fever as violent as ever. Night of the 19th: Much worse; the delirium returned with aggravated violence. Forty leeches were again applied to the limb, and the opiate potion continued. The inflammation, notwithstanding, went on to such an extent that the integument of the whole arm assumed a livid colour, and began to separate; and all the formidable signs of a speedily fatal termination were developed. At this time it was determined to combat the inflammatory action by enveloping the whole limb in cataplasms of snow, which then covered the earth; care being taken to renew them night and day as the snow liquefied. This treatment was commenced on the 20th of December; its effects were marvellous. During the first twenty-four hours, the pains of the limb disappeared; the fever and delirium abated; and the patient passed a tranquil night. Next day, the tension and redness were considerably less; and all the constitutional symptoms alleviated. After six days' unremitting use, the patient could no longer bear the application of the snow, and it was discontinued. The danger was then past. There was no fever; and, although the arm remained swollen, the sense of heat and pain had disappeared. From this moment, recourse was had to methodical compression by means of a spiral bandage applied from the fingers to the axilla, and moistened with Goulard-water (Aqua de vegeto.)

After this, the tumefaction of the arm gradually subsided; but a degree of induration remained in the whole track of the vein, more especially in the axillary region. And, although, for the space of six months, the limb could not be moved without pain, the patient regained his health, with no vestige of the injury remaining, except some enlarged superficial veins.

MATERIA MEDICA—*New method of augmenting the efficacy of sea-water in the treatment of scrofulous diseases.* The marked influence exercised by sea-water, when applied externally or internally in various diseases, does not exclusively depend upon the salts of soda, lime, and magnesia, which it holds in solution, but, in a great measure, on the organic principles resulting from the incessant decomposition of the plants and animals by which it is inhabited. Setting out from these data, and experimentally acquainted with the good effects produced by the algæ, and divers of the fuci, in scrofulous affections, the author was naturally led to search for a method of artificially concentrating in sea-water these medicinal principles, which are not equably diffused through all parts of the ocean.

At first it was deemed sufficient to make a decoction of these marine plants; but the preparation was found difficult and expensive, and the sudden and violent decomposition thus effected, had very little relation with the tardy processes of nature. Hence it became necessary to imitate, as closely a possible, that which takes place in the shallow parts of the ocean, filled with algæ, and exposed to the action of the solar rays. In these the water differs much, and invariably, in taste and odour, from that which the deeper parts of the ocean supply. The following is the method whereby the indication has been accomplished:—A certain quantity of algæ, taken from the sea, is macerated for some hours in (sea) water, and exposed to the action of solar heat and light, in order that they may communicate to the water the principles which they contain. The process is continued until the liquid, in which the plants are submerged, has acquired the marine taste and odour indicative of the necessary degree of saturation.

The author of this communication, Dr. Nardo, after a four years' trial of the water, thus prepared, both internally and externally, in scrofuluos diseases, speaks most favourably of its effects.

In a later number of the same "*Boletin*," additional evidence is adduced, of the efficacy of sea-water employed "by ingestion, or in the form of bath," in scrofula. The writer, moreover, remarks that, in the preparation of it, according to the process of Nardo, the algæ should be fresh, and the vessel employed for their maceration, so formed as to expose a large surface to the action of the solar rays. He concludes by narrating the case of a boy, aged ten; who, after other active and judicious treatment had failed to relieve him, was soon and perfectly cured of scrofulous ophthalmy by the administration of an ounce and a-half of common sea-water, three times a-day. How far a seton, previously introduced into the posterior cervical region, might have contributed to this fortunate result, we presume not to determine.

America.

FEMORAL HERNIA.—Dr. Sutton, of Georgetown, Kentucky, describes two cases of femoral hernia in the *American Journal of Medical Sciences*. In the first case, that of a lady about fifty years of age, the intestine had been strangulated about a week, and stercoraceous vomiting had existed several days; in fact the patient was apparently moribund when the operation was performed. When the sac was opened, about three inches of small intestine were found strangulated, and gangrenous. The stricture could not be divided, without previously incising the gut, after which a probe-pointed bistoury was carried up on the finger as a guide, inside the intestine, and by turning the edge to the stricture, it readily gave way, so as to admit the finger. The integuments were lightly drawn together, and dressed with adhesive strips, and the patient put to bed. For a few hours the patient appeared to mend rapidly; the vomiting subsided; after eight or ten hours she had a small discharge per anum, and not long afterwards one from the wound. The abdomen continued distended and tender, but something less so than before the operation. After the first twenty-four hours her improvement was very slow, the abdominal symptoms giving way very slowly; she did not have another discharge per anum for several weeks; but at length they became more and more frequent, whilst those from the wound as gradually diminished; and at the expiration of five months the incision had entirely healed, and from that time to the date of the report, she has enjoyed better health than for a number of years past, inasmuch as she has been entirely free from the frequent annoyance from the hernia, to which she had been subjected for the last twenty-five or thirty years. In some remarks appended to this case, Dr. Sutton observes that himself and colleague had two alternatives: 1st, to make an opening through the tendons above the femoral arch, and then slit down to the stricture, and cut that upon the gut; for they could not expect to avail themselves of a director; or, 2dly, to cut the stricture through the gut. The case did not admit of slow councils or slow operations; and when the time necessary to perform the first-mentioned operation under the circumstances, the delicacy of the operation, and the danger of puncturing the bowel above the adherent part, and that the crural arch must be divided, are considered and, on the other hand, that the stricture had completely obliterated the cavity of the bowel, and might be reached by making a very small incision through it, which most probably would be bounded by adherent portions, the very slight scratch on the edge of the stricture, which would suffice to liberate the strangulation, and that the operation itself would be the work of but a moment, albeit a moment fraught with momentous consequences, he thinks the proceeding in the case may be viewed with leniency. One thing ought to have been ascertained, but was not—the existence or not of adhesion between the outside of the sac and the stricture. The second case was marked by the absence of vomiting, the principal symptoms being distention and pain in the abdomen, the tumour being comparatively free from these symptoms. The patient died on the sixth day after strangulation occurred. The examination showed a portion of omentum strangulated, but not gangrenous; but the small intestines adhered to the omentum, the peritoneum, and the contiguous convolutions to each other, and were extensively mortified. The case is singular, inasmuch as, during its progress, the bowels were occasionally freely open, there was no pain or tenderness in the sac, nor was there any vomiting, and the principal mischief affected parts not included in the strangulation. Dr. Sutton believes that an operation, when the patient was first seen, might have saved his life. It is not impossible that such might have been the case, but if so, energetic treatment would have been required to combat the inflammatory action in the abdomen, to which, and not to the strangulation, in our opinion, the fatal result is attributable.

AORTITIS.—Dr Burwell relates, in the *Buffalo Medical Journal*, the particulars of a case of aortitis, which was admitted February 13th, 1843, into the Philadelphia Hospital, Blockley, during the time he was resident physician. The patient was a negro, sixty-three years of age, and when admitted was free from fever, but complained of intense pain in the chest, which he was unable to localise. He was first seen by Dr. Burwell about eight o'clock in the evening; he was lying in bed on the left side, the head bent forward, with the chin nearly touching the chest, gasping for breath, the lower jaw falling with every inspiration; at times his eyes would roll

[1] Our correspondent, of course, means *concussion*. —ED.

up, which, with the anxious yet relaxed state of the countenance, gave him a deathly appearance. The intellect was perfectly clear. He answered questions with difficulty, and at times they had to be repeated. About three weeks before he was attacked with symptoms of pleurisy of the left side, from which he had never entirely recovered; but had kept at work as a common porter, and had been thus employed all the day previous. At one o'clock in the morning of the 13th he had been thus attacked suddenly, and while in bed. The pain in the chest constituted his greatest misery. A bowel complaint in the meantime had come on, which obliged him to get up to stool every fifteen or twenty minutes, the discharge being thin, and passed with much straining. He found the position on the left side with the head low, the most comfortable one, although, from the difficulty of breathing, it would have been supposed he would have been easiest sitting up. He could not lie on the back without aggravation of his sufferings. The nurse stated that from the time of his entrance, he complained of great distress across the upper portion of the sternum. On examining the chest as well as could be done without adding to his pain, Dr. Burwell found on the left side almost total flatness on percussion, from the second rib, to the base of the chest, and to the left axilla; the flatness did not extend much to the right of the sternum. Percussion of the right side of the chest, and over the left lung, posteriorly, was resonant. The respiratory murmur could be heard clear at the apex of the left lung, and throughout the right lung. No murmur was heard over the lower lobe, posteriorly, where the percussion was clear; between the second and fourth ribs of the left side anteriorly there was bronchial respiration, although not very loud. The sounds of the heart could nowhere be heard, nor could its impulsion be felt. The pulse was scarcely perceptible, it was so small and feeble; it could not be felt in the left wrist when he lay upon the left side. Its frequency was about 110 beats in a minute. No diagnosis was made out. The symptoms of any of the common diseases of the chest were not well enough marked to found upon them a definite opinion. He died two or three hours afterwards. The body was examined thirty-eight hours after death. Pleuritic adhesions of pleuræ of both lungs, which were of some standing, yet easily broken; lungs congested, but crepitant. Heart hypertrophied and dilated, but the relative size of the cavities not lost; slight thickening of the aortic valves. On cutting into the aorta, its internal coat was found to be of a bright scarlet colour, which extended throughout the whole length of the vessel, and down the femoral arteries until they became popliteal; the injection, also, extended into the carotid, subclavian, and cœliac arteries. The other arteries were not examined. A piece cut from the middle portion of the humeral artery, did not exhibit this redness. The arteries which were inflamed were empty, except a small clot near the aortic valves. The endocardium was not affected; dark, slightly coagulated clots occupied the cavities of the heart, and extended into the pulmonary artery, the inner coat of which was also reddened, but not nearly to the extent of that of the aorta, and was of a duller colour. The inflamed membrane was not thickened, nor was any fibrous effusion noticed. In the cellular tissue under it, were noticed small spots or flakes of what appeared to be atheromatous deposit, which was found thickly deposited in the entire length of the aorta. The venæ cavæ had blood in them, and the lining membrane was very lightly tinged of a dark reddish-brown colour, evidently merely the result of imbibition. There was an ounce of dark bloody fluid in the pericardium, and about the same quantity in the left pleuræ. The mucous membrane of the stomach was slightly inflamed in two or three places. Other organs of the abdomen healthy. Brain not examined. Dr. Burwell does not entertain any doubt that this was a case of inflammation of the aorta, and does not in the least admit that the redness was produced by cadaveric stain. The marked difference between the bright colour of the aorta, and the sombre stain of the pulmonary artery, the still fainter colour of the venæ cavæ, and the healthy state of the endocardium, all of which had either fluid or clotted blood in contact with their lining membranes, demonstrate this point conclusively. There are only two facts which afford the least reason to doubt this, viz: the fluid state of the blood, and the length of time which intervened between death and the post-mortem examination. In concluding his remarks on this interesting case, he takes a glance at the varieties of acute arteritis. There appear to be three forms of it. The first, and most common variety, is that occurring with endocarditis, where the inflammation extends into the aorta, more or less. This cannot well be distinguished from the endocarditis, nor is it important that it should be. It is, merely, an aggravated and extended form of this inflammation, and as such, renders the prognosis more grave without materially altering the treatment. This variety, also, sometimes complicates cases of pericarditis, and of pleuro-pneumonia. The second variety is seated in the extremities, and far more frequently attacks the legs than the arms. It may be primary, or secondary; as when it supervenes upon amputation, or upon a diseased state of the coats of the arteries of the limbs. Reported cases of it may be found scattered through the different medical journals. Dupuytren, in his Surgical Lectures, gives two cases. It has often probably been confounded with phlebitis, but may be distinguished from it by two signs; 1st, the reduction, in arteritis, of the temperature of the limb, and 2d, by the occurrence of gangrene. Arteritis would seem to lead to gangrene, while phlebitis gives rise to œdema. This variety having commenced in the limbs, is not always confined to them, but may travel gradually to the aorta, and on to the heart. The third and rarest form of the disease is seen in those cases where the inflammation first attacks the aorta, extends to its branches, and perhaps, also, to the endocardium. The case narrated by Dr. Burwell belongs to this class. The disease is not as yet susceptible of positive diagnosis; but where the patient survives a number of days, it might be guessed at by the negative evidence of exclusion, with more or less certainty, according to the skill, tact, and experience of the physician.

Procidentia Uteri during Labour.—Dr. Harris records, in the *Southern Medical and Surgical Journal*, a case in which procidentia uteri took place during labour. In April, 1829, a negro woman was taken in labour. She was about 40 years of age, of good constitution, mother of several children, and so far as is known, not subject to any previous prolapsus or other disease of the womb. Something unusual and anomalous having occurred during the progress of the labour, Dr. Harris was sent for. He found her, on his arrival, in the following condition:—She was lying on her back, with the whole gravid uterus between her thighs, retained only by the ligaments, which were much stretched but not ruptured, and discharging from its external surface a serous or sanious fluid. The woman had been in this condition for about twenty-four hours. She had had no pain since the descent of the uterus, and was complaining of none at this time. The liquor amnii had been discharged. After a careful examination, no motion or other sign of life in the fœtus could be perceived. The uterus appeared to be in a perfectly quiescent state, without any disposition to contract. The os tincæ was barely dilated sufficiently to allow the introduction of two fingers. Finding it absolutely necessary to relieve her as soon as possible, Dr. Harris proceeded to deliver her by artificial means: he opened the head of the child with a suitable instrument, and then, having an assistant to hold and support the uterus, he introduced his hand, and, by careful traction, succeeded in removing its contents. There was very little pain during his manipulations. He then returned the womb, which had scarcely contracted at all, and, advising the recumbent position, left her. She had a very good "getting up," and two years ago, he ascertained, was in good health.

England.

[The following are the only articles of interest to the profession in the last No. of the *Lancet*.]

Binoxide of Protein.—Liebig concludes that if we are to understand by the designation, *binoxide of protein*, a substance which contains no sulphur, the substance investigated by Baumhauer cannot belong to such a class of bodies as oxides of protein, since the whole amount of sulphur present in fibrine exists unaltered in this new substance. In the first place he has observed that the atmosphere and its oxygen have no share in the solution of fibrine in hydrochloric acid. If moist fibrine be allowed to become gelatinous in dilute hydrochloric acid, and the mixture copiously diluted with water, and immediately afterwards filtered, before solution has taken place, the presence of lime and potass may be detected in the filtered fluid. If the fluid be exposed to the protracted action of a higher degree of heat, so as to effect the solution, and a portion of this be heated to boiling, with an excess of potass, the subsequent neutralisation with acetic acid gives rise to a copious evolution of sulphuretted hydrogen, and a drop of acetate of lead produces in it a black precipitate. Upon solution of fibrine in dilute hydrochloric acid of the above given strength, therefore, the sulphur remains combined with the other elements of the fibrine. If this solution of fibrine in hydrochloric acid (the albuminose of Bouchardat) be mixed with a solution of common salt, sulphate of soda, or nitrate of potass, the mixture coagulates, forming a caseous or albuminous mass, which may be washed with a solution of common salt, the fluid which runs off, containing common salt, contains no longer any perceptible traces of lime or phosphoric acid; these two substances are, however, contained in the precipitate. The fluid contains no oxygen compound of sulphur, and gives no reaction of sulphuret of potassium when boiled with potass ley. But, according to Mulder, the albuminose of Bouchardat is binoxide of protein; were it so, the precipitate ought to contain neither phosphate of lime nor sulphur; but on dissolving it in potass ley, and boiling, and adding subsequently salts of lead, a black precipitate of sulphuret of lead is produced, and the action of acid causes an evolution of sulphuretted hydrogen. This substance is, therefore, not a binoxide of protein.

Sulphur in the Nitrogenous Constituents of Peas.—Liebig asserts the presence of sulphur in the nitrogenous constituents of peas, and consequently denies that the filtrate precipitated by acetic acid from a solution of legumine in concentrated potash-ley is proteine.

Effects of Equal and Unequal Pressure upon the Vertebræ.—Mr. Bishop states that the bodies of the vertebræ, being chiefly composed of reticulated structure, are more yielding, more vascular, and less elastic than those bones which contain a greater proportion of the earthy constituents common to bone in general. The elasticity of bone varies with the greater or less proportion of the earthy to the animal matter, and when the latter greatly predominates, the bones lose their elasticity altogether. The persons who are most prone to suffer from distortions of the spine, are those in whom the whole osseous system has the least proportion of earthy matter, consistent with a healthy though delicate state of constitution. Now, as in such persons the long bones of the legs are scarcely capable of supporting the frame, it naturally follows that the bodies of the vertebræ, having a smaller quantity of earthy matter in their composition than the former, and being consequently weaker, must suffer from the effects of pressure in a still greater degree. In many such persons, whilst young, and growing rapidly, the bodies of the vertebræ, having only a very low degree of elasticity, become compressible, like the intervertebral cartilages, and, like those bodies when unequally compressed, do not readily regain the normal state. Such persons may therefore become deformed from purely mechanical causes, and this may take place by an alteration in the figure either of the cartilages, or of the bodies of the vertebræ, or of both.

Radical cure of Hernia.—Mr. Christophers describes M. Gerdy's operation for the radical cure of hernia by invagination. The plan of proceeding indicated by M. Gerdy is as follows:—Firstly, with the finger, thrust the skin into the canal of a reduced hernia, in such a manner as to form a "cul de sac," open externally, and which may be well represented by the finger of a glove, filling the canal of the reduced hernia, whereby the internal surface of the skin is brought in contact with the margins of the ring, and with the internal surface of the canal. Secondly, fix the skin in the position indicated, by means of sutures, so passed

as to traverse the bottom of the invaginated "cul de sac," together with the anterior wall of the canal, terminating at the external part of the same, so that the portion of skin thrust in be maintained in that position, and by the inflammation produced by the sutures, the surfaces brought in contact be caused to adhere. Thirdly, by applying an irritant to the invaginated skin, and producing suppuration and consecutive adhesion of its walls, form a solid plug of it, and so oppose the return of the hernia. Lastly, should greater solidity be sought, the external margins of the orifice of the "cul de sac" being vivified by incising the skin, may be brought together by sutures, and thus the cavity may be closed externally, and the skin forming the plug will be the more firmly fixed in the canal through which the hernia protruded. In this operation there is not any danger of wounding either the peritoneum, or the epigastric or obturator artery. A little reflection on the mode in which it is performed will show the impossibility of wounding any important vessel. The skin is thrust in by the finger, which it covers like a cap, and pushes the peritoneum before it, and thus removes it some distance from the walls of the canal. Then a curved needle (with or without a handle) is introduced, and passed along the palmar surface of the finger in the "cul de sac," to its termination behind the ring, when, by depressing the handle, the point of the needle is directed from behind forwards, traversing the invaginated skin, and the anterior wall of the canal. It follows, therefore, that the needle does not pierce the skin of the "cul de sac" from before backwards, nor from below upwards; but, on the contrary, from behind forwards, because its point is thrust in that direction by depressing the handle, whilst those parts the finger pushes before it, beyond the prolongation, are necessarily removed from its reach. So far the operation does not appear to be dangerous, nor is it extremely painful, yet it holds out reasonable hope of success. Two cases are narrated in which this operation was performed, and proved successful. Both the patients were aged men. In both, however, considerable phlegmonous inflammation followed the operation, attributed by Mr. Christophers to the use of sutures, and which he endeavours to prevent by the following plan of proceeding :— Firstly, with the finger thrust the skin into the canal of a reduced hernia. Secondly, take a curved needle, pass it sideways along the palmar aspect of the finger, till it reach the bottom of the "invagination;" turn its point forwards, depressing the other end, and cause it to come out, traversing the skin, and the anterior wall of the inguinal canal. Pass another needle in the same way, a few lines distant from the first. This, he thinks, would excite sufficient inflammatory action to cause the requisite adhesion without the ligature, but as on the removal of the finger the parts would return to their former condition, and the invagination cease, he has an instrument capable of adjusting itself to the size of the invaginated cavity it is destined to fill, and which may be well represented by the double finger of a glove, composed of a material capable of containing air, at the same time that it will resist heat and the animal secretions; in fact, a short sac, with air or fluid confined within its walls, the centre being open, like a small finger-stall, for the purpose of admitting a plug, to give it firmness and support. This plug is attached to a wooden disc, on which five small knobs are fixed, giving attachment to the four tongues of a belt that goes round the back and hips, and to a strap that passes under the buttock, to be attached to a button fixed in the belt behind. Any degree of pressure, tightness, or support may be obtained, as the tongues or straps are regulated for any period, without the possibility of slackening or shifting position, and as this is accomplished by a means that does not admit of undue pressure, no pain or inconvenience can arise from that cause, be it necessary to wear the instrument as long as may be. By this means the invaginated skin may be maintained in exact contact with the parietes of the inguinal canal for any period, and without risk or annoyance. Mr. Christophers thinks it not impossible that this instrument alone might excite sufficient adhesive inflammation to effect a cure.

[The following are the only articles of interest to the profession in the last two numbers of the *Medical Gazette*.]

Compound Dislocation of the Astragalus.—Mr. Solly records the particulars of a case of compound dislocation of the astragalus. The patient was a labourer, forty-two years of age, of intemperate habits. The injury was caused by a heavy iron girder, of the weight of ten tons, falling upon the limb, and crushing it against another similar girder, and thus nipping the part, as it were, between the two blades of a pair of scissors. On examination, the accident appeared of the nature of a compound dislocation of the tibia inwards, with fracture of the fibula. The foot was everted; the outer edge of the sole inclined upwards, the inner edge downwards. On the inner side of the foot there was a lacerated wound of the integuments, extending from below the internal malleolus, about three inches in length, forwards on to the instep. The integuments were contused and lacerated to a great degree on the outer side, the wound extending from above the outer malleolus across the foot to the metatarsal bone of the second toe, a large flap of skin having been torn up, and a deep chasm exposed beneath; on both sides the tendons were exposed. The anterior and posterior tibial arteries were not injured, and their pulsation could be distinctly felt, though anteriorly only a narrow bridle of skin, about an inch and a half in width, was left between the two wounds, connecting the skin of the leg with that of the foot. The inner malleolus, though not bare, projected through the wound on the inner side. On the outer side the fibula, which was fractured about two inches above the external malleolus, was completely exposed. It having been found impossible to reduce the dislocation, a consultation was held, and it was determined to attempt to save the limb, by sawing off the extremity of the tibia, and then reducing the dislocation. For this purpose the man was placed upon the table; the wound on the inner side dilated, and the internal malleolus laid bare. The tendon of the flexor digitorum communis was drawn aside by a retractor, while that of the tibialis posticus being so much on the stretch as not to allow of retraction, was divided. At this stage it was discovered that the prominent projection of bone on the inner side was a portion of the astragalus, in natural connection with the tibia, but separated from the os calcis and navicular bone. It was, therefore, determined to remove this bone, which was done, and the foot was then easily brought into its natural position. The integuments were then brought together by sutures and strips of adhesive plaister, the patient sent to bed, and the limb confined in a swing box. The man's constitution could not stand against the shock of so formidable an accident, and the subsequent operation, injured as it had been by his habits of intemperance, and consequently the outer side of the leg sloughed, attended with low fever and inflammation of the absorbents up the thigh. About a fortnight after the operation Mr. Solly removed the lower end of the fibula, which was quite dead, and likewise some sloughy portions of the peronei muscles. Five days afterwards, as the appearance of the parts were then rather more healthy, the leg was amputated below the knee. No advantage resulted, unhealthy inflammation affected the right thigh and buttock, and as high up as the axilla; suppuration took place, followed by sloughing, and the poor fellow ultimately died exhausted. The body was not examined after death. On dissecting the foot it was found that the edges of the astragalus, where the bone articulates with the navicular, had been broken off, and left attached by ligaments with that bone; in the same manner the posterior lip of the bone which had been broken off was left attached to the posterior surface of the tibia. The inner lip of the astragalus, that portion which overlaps the tuberosity of the os calcis, was also broken off. These fractures of the bone are interesting in a physiological point of view, as showing the greater resistance of the ligament than the osseous tissue. The accident (dislocation of the astragalus from the os calcis and os naviculare, its connexions with the tibia being intact) which befel this man is one of considerable rarity. Sir A. Cooper mentions one case, the particulars of which were furnished him by Mr. South, in which reduction was effected by extending the foot, and rotating it outwards. The patient recovered, and left the hospital five months and a half after the accident. In this case, however, there were no fractures, and only one wound. Another case, that of Richard Carmichael, the surgeon of Dublin, is recorded by Dr. Macdonald in the *Dublin Journal of Medical Science*. The accident was occasioned by the weight of the body being received by the anterior portion of the foot, as it struck the ground; his horse falling, but without his losing his seat. The following was the deformity observed: the toes were turned outwards, the inner edge of the foot forming an angle of about 30°, with its natural direction; the sole was slightly turned outwards, and the outer edge slightly elevated; the concavity of the tendo achillis posteriorly was manifestly increased, and the heel lengthened; on grasping the soft parts between the tendo achillis and tibia, it was found that the distance between these parts was much greater than in the other foot. The absence of the hard projection which would have been formed by the upper articulating surface of the astragalus, had it passed backwards with the other tarsal bones, was evident; the malleoli were perfectly defined; below and before the inner there was a hard prominence, over which the skin was tense, formed by the inner surface of the astragalus, brought into relief by the dislocation and the slight cohesion of the foot. Much the most striking part of the deformity consisted in a prominence on the dorsum of the foot. Immediately in front of the tibia it presented a flat surface, broad enough to receive the finger, and from which there was an abrupt descent upon the anterior part of the tarsus. Over this projection, caused by the head of the astragalus thrown on the upper surface of the scaphoid and cuneiform bones, the integuments were so tense, that it was evident a very small additional force would have driven it through the skin. In this particular there was a striking difference between this case and Mr. Solly's, where there was no tension of the skin over the astragalus, the lacerated wounds on both sides preventing its occurrence. They attempted to reduce this accident without the pullies, but failing, used this power, and succeeded. Mr. Carmichael stated that the use of them was much less painful than the jerks of unassisted muscular force. Another case occurred to Messrs. Shaw and Arnott, at the Middlesex Hospital. The patient was a brewer's drayman, twenty-two years of age, and the accident happened from a fall into a cellar about nine feet deep, with the right foot twisted under him. On admission into the hospital there was an open wound, about three inches and a half in length, on the inside of the foot, a little under the inner malleolus, and extending obliquely from the upper part of the instep, in the direction of the heel. The anterior articulating surface of the head of the astragalus projected nearly an inch through the wound, but it still retained its natural connections with the tibia and fibula; but the capsular ligament of the ankle-joint was lacerated horizontally. The tendon of the tibialis posticus was dislocated and thrown backwards, while that of the flexor communis was dislocated backwards. The fibula was fractured close to the ankle-joint. The most careful and judicious efforts possible, without the use of the pullies, were made at reduction, but without success. It was then determined, after consultation, to remove the astragalus. This was found so difficult that they were obliged to use the strong bone scissors and the chisel and mallet, and cut it into pieces before they could detach it. The leg was laid on an outside splint, and the knee bent. He ultimately recovered, but after a long and dangerous illness, cough, erysipelas, absorbent inflammation, collection of pus over the trochanter, &c. Considering the rarity of this accident, it is curious, in connection with Mr. Solly's case, that a similar accident should have been lately admitted into Guy's. In this instance the accident was a simple dislocation of the astragalus from the os calcis and navicular bone; the astragalus retaining its connection with the tibia and fibula, without fracture of these bones, but with fracture of the cuboid bone. All attempts at reduction were unavailing; constitutional symptoms of serious injury and irritation of the nervous system, threatening

life, supervened. Amputation was performed, and, in addition to the dislocation of the bones, the tendon of the tibialis posticus was found thrown out of its natural groove on to the front of the tibia, and the flexor communis digitorum from the same groove into that of the flexor longus pollicis. The tibia and astragalus were, in fact, held by those tendons so firmly, that it would have been impossible to have reduced the dislocation without dividing them. The posterior tibial nerve was violently stretched by the projection of the tibia, and this accounts for the derangement of the nervous system. The patient did not survive the injury and operation many days.

Eczema of the Hands.—Mr. Erichsen, passing by the common varieties of eczema of the hands caused by the direct application of an irritating substance, such as lime in bricklayers, sugar in grocers, potash or soda in washerwomen, mordants in dyers, or minute particles of steel in smiths, wheelwrights, &c., refers to the form of eczema occurring in persons not subject to such special causes of irritation. In these cases the disease is principally confined to the posterior aspect of the phalangeal and metacarpo-phalangeal articulations, spreading more or less over the dorsal aspect of the hand, and along the contiguous sides of the fingers. It is an exceedingly troublesome affection, lasting frequently for a very considerable length of time, and when apparently cured will constantly relapse; or after disappearing from one finger will make its appearance on another, partaking in this respect of the general characters of chronic eczema. When occurring spontaneously, without the previous application of any local irritant, chronic eczema of the hands is most frequently met with in pale delicate individuals, more especially in those of a fair complexion, with light hair and eyes, in whose system there is a want of proper tone; and it is when occurring in these subjects that it assumes such a very rebellious character. Sex does not appear to exercise any particular influence upon the frequency of this form of the disease. The causes are exceedingly obscure. It appears, however, to Mr. Erichsen, to occur most frequently, if not always, in individuals of a relaxed or debilitated habit of body, in whom the solids are flabby, and wanting in tone, and in whom the circulation is performed feebly and inactively. The characters this disease presents when attacking the hands are those assumed by chronic eczema in its worst and most inveterate forms. There is, in the first instance, an eruption of vesicles, which are most generally small and pointed, projecting but slightly above the level of the skin, and which are at first confined to a small spot, usually on one of the knuckles, or on the back of one of the fingers, whence the disease gradually creeps on until the greater portion of the back of the hand may be involved. In some rare cases, however, these vesicles are large and prominent. In the majority of cases, however, the vesicles are small and pointed, and are surrounded by an inflamed areola. When they give way, a small quantity of an ichorous fluid is poured out upon the diseased surface, which is inflamed, swollen, and cracked. This fluid in drying, forms scales of a greater or less thickness, which are usually of a yellowish or greyish colour, but sometimes assume a brownish or blackish tinge from being stained with a small quantity of blood that exudes during the movements of the joints, from the cracks and rhagades that form on their dorsal aspect. When these scales and scabs, which are most generally very thin, curled, or laminated, are removed, a raw, excoriated, oozing surface is exposed, which quickly becomes covered again in the same way as before. When the disease is in a still more chronic condition, there is no oozing of fluid except when the hand has been unduly or improperly used; the chaps are deeper, more painful, and more apt to bleed, on any exertion. The affected part is thickened and indurated, the subcutaneous cellular tissue, as well as the skin, participating in the morbid action. The scales are thin, dry, and laminated; and indeed in this stage the disease not only resembles, but frequently runs into, a squamous affection—an imperfect psoriasis, as it were. In this form of disease the rhagades are, however, in a direction transverse to the axis of the finger, and are formed in the natural folds of the skin of the part; whereas in psoriasis the rhagades are very irregular, running in every direction; as frequently in a longitudinal or oblique as in a transverse one. During the progress of the disease successive crops of vesicles, sometimes so minute as to be scarcely observable, or to be readily mistaken for papulæ without the aid of a lens, make their appearance; and as the affection is cured on one side, it extends on the other, or gradually creeps up the sides of the fingers, where it is always most persistent and troublesome, as well as about the knuckles and the sides or roots of the nails. When the disease has extended to this region it may, unless care be taken, be confounded with onychia; and it will always prove exceedingly annoying to the patient, whose hands may be completely crippled by it. The duration of this disease is generally very protracted, and it exhibits a great tendency to relapse. The only other affections of the hands with which chronic eczema is at all likely to be confounded are scabies and psoriasis; and it is only from the first of these diseases that it is of much importance to distinguish it. From scabies the diagnosis is not always easy, though in the majority of cases it is not attended with any difficulty. In eczema the vesicles are usually small, agglomerated, and collected in clusters on the back of one or two knuckles, or in patches about the dorsal aspect of the hand; and occasionally we see a raw, excoriated oozing surface, which is never met with in scabies. In scabies, on the contrary, the vesicles are generally large, more distinct, not clustered, and situated chiefly between the fingers at their roots, and not on the knuckles or back of the hand. In scabies also there is a peculiar pruritus, giving rise to an irresistible propensity in the patient to scratch himself; in eczema this is not the case, and the morbid sensation is of a smarting or burning character. When, however, as is occasionally the case, the vesicles of eczema are larger and more distinct than usual, the diagnosis is not so easy, and must depend rather upon the history of the case, upon the patient's sensations, and the situation of the vesicles, than on their individual characters. The diagnosis of eczema of the hands from psoriasis and lichen is never, except in its most advanced stages, a matter of any difficulty, as the history of the case, and a little attention to the existence here and there of the vesicular element, will at every stage enable the practitioner to effect the diagnosis. There is a variety of this chronic eczema or eczematous psoriasis, as it may almost be termed, that Mr. Erichsen has twice seen on the hands of medical men as a consequence of dissection wounds. In both these instances, one of which was in the person of one of the most eminent pathologists of the day, the other in a physician of this town, the disease has existed for several years, and resisted every kind of treatment that had been adopted, getting better occasionally for a time, and then reappearing with increased violence. The treatment of chronic eczema of the hands must be conducted as for the same disease elsewhere, care being taken to keep the affected hand perfectly at rest, and also that topical stimuli are better borne in this than in any other of the local varieties of chronic eczema. The topical applications of most service in cases of chronic eczema of the hands, are, in the earlier stages, or during any temporary exacerbation of the disease, the water dressing, applied by means of oiled silk gloves, or finger-stalls; and at a more advanced period, when the disease has assumed an inactive character, a solution of nitrate of silver, in the proportion of one grain to the ounce, kept constantly applied in the same way as the water dressing. A solution of the carbonate of soda, in the proportion of from two to four grains to the ounce, will likewise, in many cases, be found of service, especially in allaying the irritation which is so troublesome. For the same purposes the following lotion: R. Acidi hydrocyan. dil., ℥ ss; Zinc oxydi, ʒ j; Aquæ rosæ, ℥ viij, may be kept constantly applied. The rhagades will usually be found to heal quickly if the hand be kept quiet, and the Ung. hydrarg. precipitat. alb., either alone, or mixed with a fourth part of citrine ointment, be kept constantly applied. In some cases the disease will have yielded entirely, with the exception of a portion of the circumference of the part originally affected, where it continues most obstinately, slowly creeping on. When this is the case it may most generally be checked by rubbing the part freely with the nitrate of silver in stick. Whatever local means be adopted, however, the cure, if affected, will not be a permanent one, unless constitutional treatment be had recourse to. This must chiefly consist in the removal of any gastric, intestinal, or uterine disturbance, and in the administration of vegetable bitters, with the dilute nitric acid, or small doses of the bichloride of mercury. Mr. Erichsen has found much benefit from the administration twice a-day of thirty minims of the dilute nitric acid, or the twenty-fourth of a grain of the bichloride of mercury in infusion of cinchona. These means are especially serviceable when the disease occurs, as it most generally does, in pale, delicate subjects, who are in an atonic condition. In some obstinate cases, Fowler's or Donovan's solution must be given internally, and in all instances it is requisite to warn the patient of the possibility of a relapse.

Injuries caused by Gunpowder.—Mr. Stafford describes two cases of injury caused by the explosion of gunpowder. In the first case, the patient was a servant girl, 15 years of age, who was brought to the Marylebone Infirmary in consequence of injuries received from the explosion of some gunpowder contained in a flask, which she had in her hands. When admitted she was in a delirious state. As soon as the blood and powder could be washed from her face and hands, it was perceived that both hands were seriously injured, but particularly the thumbs. The left was completely thrown back on the wrist, being dislocated at the first phalanx, and only attached to the hand by a small portion of integument; the right thumb was not dislocated, but the muscles of the ball of the thumb were torn from their attachments, and hanging in shreds, forming a large fleshy mass. The left thumb was brought into its proper situation, and secured there by strips of adhesive plaster and wet lint; the right thumb was also secured in its proper position by the same means, as much of the ragged muscular mass as possible being retained, and covered by the integument; but still there remained a mass of ragged muscle as large as a walnut, which could not be covered. Many of the fingers were lacerated or torn, but no joints dislocated or bones broken. The girl was much burnt about the arms, neck, and face. She had also a circular wound in the cheek about the size of a five-shilling piece. The edges of this wound were approximated by sutures and adhesive plaster. The hair, the eyebrows, and eyelids were singed. She had previously lost the sight of one eye, and this was injured by the explosion; whilst the sound eye was uninjured, except from the mechanical friction of some particles of powder which had got within the eyelids. She was sent to bed, and ordered some cooling medicine. The hands were not dressed again for three days, when they began to be painful. They were then dressed in the same manner as at first, with wet lint and adhesive plaster, and they were retained in their position by a bandage. From this time (about seven or eight days) the delirium gradually left her; the fever abated, the pulse became quiet, and suppuration went on kindly. The wounds put on a healthy appearance, and the union by the first intention was tolerably complete. But little sloughing, considering the extent of the injury, and the parts involved in it, took place. At the end of seven weeks she was discharged, all the wounds being then healed. The thumbs were still tender; she had regained the partial use of the right thumb; the left she could move a little, but it was stiff at the joints. This patient has been seen very lately, and she has tolerably good use of both thumbs, but more particularly the right. The second case was that of a male servant, who was wounded by the bursting of a gun. The man's thumb on the left hand was blown off at the first phalanx. Mr. Stafford saw him, and found that the bone was splintered, and that the muscles of the ball of the thumb were torn into shreds. There was but little or no hemorrhage. The wound was very much blackened by gunpowder, which of course was washed off. The points of the broken bone were angular, and the flesh surrounding it excessively ragged. Mr. Stafford sawed off the angles, and pared off the ragged edges. He brought them as much as possible into apposition, as in amputation, and employed adhesive plaster,

lint, a bandage, &c., to keep the parts together. Very little or no pain was felt afterwards, and therefore the dressing was not removed until the eighth day. On taking off the adhesive plaster, &c., it was found that the cut surfaces had united, and there was but little discharge. The wound was again dressed in the same manner, and in a month or six weeks from the accident, the man was well, excepting the loss of his thumb. This case points out the advantage of sawing off angular points of bone, and of paring off the ragged edges of torn parts, and bringing their surfaces into apposition. If the thumb had been purposely amputated, the stump could not have healed more kindly.

Pulmonary Affections caused by Dyspeptic Derangements.—Dr. Dick says this may appear in one or all of three ways:—1. By the propagation of inflammatory irritation along tissues common to both organs. This propagation may take place up the œsophagus and down the trachea; more circuitously, at least more obscurely, along the hepatic veins, lower cava, right auricle and ventricle, pulmonary artery; for it is easy to conceive how the blood, passing directly from an inflamed and morbid liver, may perniciously affect an organ of a structure and function so peculiar as that of the lungs. Of course, in this case, all attention must be given to quiet the digestive mucous surfaces. 2. Chronic digestive derangements may induce pulmonary disease, by causing a general and chronic febrile excitement, by which, more especially if there is predisposition to chest affections, sudden and formidable disease of the lungs may be occasioned It is a just remark of Andral, that it is necessary to watch, with the utmost jealousy, the slightest colds and pectoral symptoms of dyspeptics, since it is wonderful how insidiously the secondary pulmonary affection may grow into alarming independent disease. A third and equally indirect mode in which protracted derangement of the assimilative organs, and of assimilation, may induce pulmonary disease, is one in which, to quote Dr. Prout's expressions, "the imperfectly assimilated chyle, in passing through the lacteal system, either does not undergo the necessary changes by which chyle is converted into blood; or is malconverted into the comparatively insoluble pseudo-albuminous matter of struma, which, in pasing through the lungs, lays the foundation, perhaps at first mechanically, of tuberculous deposition and future accretion*." This is a critical complication, requiring great judgment and promptitude on the part of the practitioner.

Syphilis.—Mr. Bartlett refers the speedy cure of syphilis in soldiers without the use of mercury, to the fact that from the constant medical superintendence to which they are subjected, the disease is brought earlier under treatment than is the case in civil practice. Like most of the army surgeons, Mr. Bartlett is a decided anti-mercurialist, but still he admits the necessity that exists for its use in some cases. He remarks that although strongly adverse to the administration of mercury in every case of chancre, considering its indiscriminate use to be attended with the worst consequences, still he can by no means advocate the cure of all primary sores without mercury. If a person puts himself under the care of a surgeon on the first appearance of a chancre, not a grain of mercury need be given; for the system will not be affected with the poison, if proper means are used. In the event, however, of the sore having been of some standing when shown to the surgeon, then, only, will it become his duty to prescribe mercury, as, in all probability, the disease will not be merely local, but the poison will have become absorbed into the system. And it is not unworthy consideration, that persons who have been kept under a long continued salivation, for the cure of their first chancre, are more likely to delay applying for surgical assistance, than those who have been treated in a less dangerous and more effectual manner.

Obstruction of the Bowels by a Calculus.—Dr. Campbell relates the case of a lady, fifty years of age, in whom obstruction of the bowels took place, accompanied with stercoraceous vomiting, and continued for eleven days, in spite of active treatment. On the twelfth day the patient had six or seven fluid feculent evacuations, and at night-time she suddenly passed a concretion of very great size, without the least difficulty. The calculus had apparently an external shell of excessively hard fecal matter marked by the cells of the colon; on shaving away half of it with a penknife, it seemed to be composed of brown hardened bile with white crystalline striæ (of cholesterine) radiating from the centre. It weighed, when dry, three ounces and a-half. It was of an irregular oval shape, measuring one inch and six-tenths in its longer, and one inch in its shorter, diameter. In commenting on this case, Dr. Campbell observes that it is probable that the calculus had lodged for a long time in one of the cells of the colon, and there acquired its exterior coating of fecal matter, and, then becoming dislodged, had caused the obstruction above the sigmoid flexure, acting like the valve of the stomach-pump, and preventing the return of the enemata, and, latterly perhaps, also causing spasmodic stricture in the rectum. The only fact bearing on the case, which could be learned, was that, in the previous winter, she had had a severe attack of pain at the pit of the stomach, which kept her awake all the night, and was supposed to be seated in the liver by her professional attendant. This might have been caused by the passage of the calculus out of the gall-duct, though it must have been slight in proportion to the size of the stone. Dr. Abercrombie (Diseases of Stomach, &c.) mentions a case of ileus fatal on the third day, when, on inspection, the obstruction was found to be half-way down the small intestine, and caused by a "biliary calculus, four inches in its larger circumference, and three and a-half in its smaller. The common duct was enlarged so as easily to admit a finger.

Extirpation of the Uterus.—Mr. Gregson was consulted by a female, who was suffering from great emaciation, &c., caused by most profuse hemorrhage at every monthly period. On examination he found a pear-shaped body filling the vagina, the os tincæ firmly embracing it, and apparently adhering on one side. He endeavoured to reduce this, which proved to be the everted uterus, but failed, and then, with the consent and assistance of a medical friend, applied a ligature firmly around the womb, which separated, and came away on the ninth day. The patient recovered, and does not appear to suffer in any way from the loss of the organ.

Medullary Sarcoma of the Prostate.—Mr. Bree relates, in the *Provincial Medical and Surgical Journal*, the particulars of a case of medullary sarcoma affecting the prostate in an infant, nine months old. He was called to see the child in consequence of its inability to empty the bladder, in which state it had been for four-and-twenty hours. Upon examining the abdomen, the bladder was found much distended, reaching nearly to the umbilicus. An elastic gum catheter was introduced, and a pint and a half of pale, straw-coloured, turbid urine, with a strong ammoniacal odour, was drawn off. As the child was teething, and the gums swollen, Mr. Bree at first referred the cause of the disease to dental irritation. He accordingly lanced the gums freely, used the warm bath daily, and administered internally occasional calomel purges. At the end of ten days, the symptoms were not at all improved, the child had not been able to pass a drop of urine, and the catheter was necessarily introduced as fast as it accumulated in the bladder. An examination, per rectum, was then instituted, when all obscurity in the case was cleared up by the discovery of a large tumour, occupying the perineum, evidently attached to the neck of the bladder, and which, by pressure upon the urethra, prevented the passage of urine. The tumour was dense and elastic, without conveying to the touch a sense of fluctuation. From this period it rapidly increased in size; the health of the child gave way, it lost flesh, was restless, and constantly crying. It was found necessary to introduce the catheter twice or three times a-day, as the secretion of urine was morbidly increased, and the bladder becoming irritable under frequent useless efforts to expel its contents. The tumour gradually pressed upon the rectum, preventing the passage of fæces, and ultimately presented itself through an ulceration in the sphincter ani of about the size of a shilling. The portion of the tumour which appeared in sight was white in colour and had a smooth glassy appearance. The child now rapidly sank. Sectio cadaveris: The intestines were considerably distended with fæces and flatus, but the viscera generally were healthy; the bladder was much enlarged. The tumour was found to be an enormous enlargement of the prostate gland, occupying the perineum between the neck of the bladder and the verge of the anus, and pressing upon the urethra and rectum. Externally, it was white and shining, and irregular on its surface. Upon making an opening into it inferiorly, it was found to consist of a thick cyst or external envelope, filled internally with a vast number of cells, which readily broke down, and contained a substance, having exactly the consistence, colour, and physical characters of the medullary substance of the brain.

Counter-irritation.—Dr. Toogood, in the *Provincial Medical and Surgical Journal*, says that he has found counter-irritation, effected by means of an issue in the calvarium, made by a long incision over the sagittal suture, advantageons in epilepsy, obstinate headache of long-standing, in threatened paralysis, and in cases where there has been reason to suspect that effusion has taken place. He narrates two cases in illustration of his statement.

Abscess of the Tonsils.—Mr. Bernard in the *Provincial Medical and Surgical Journal*, recommends the application of the solid nitrate of silver to the tonsils when suppuration is taking place, in preference to opening them with a knife. He says the plan he has pursued has been to make either one deep eschar, about half an inch in length, in a vertical or horizontal direction, according to the figure of the tumour, or several small eschars, about the size of a pea, over the surface of the tonsil, and in cases presenting several small greyish spots, which hold out a delusive hope that matter is all but ready to burst forth from them, to make the eschars on the bands of sound tissue intervening between these spots, which he considers to be frequently only so many points of a slough showing through the mucous membrane, and awaiting a free opening to be thrown off.

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* Pulmonary tubercle is probably as various in its mode of formation as in its seat: being first formed now in the areolar tissue, now in the cells. As Dr. Prout seems to state, the granular and apparently nucleolar formation is often posterior to the deposition of the tubercular matter. "Die tuberculöse infiltration besteht in der verwandlung einer unbestimmt begränzten grösseren parthie des lungasgewebes in tuberculösc kässige masse; die infiltration ist nicht erst aus dem zutammen-fliessen isolirter tuberkörner (durch aggregation) anstanden die granulationen entwickeln sich oft erst spöter aus der infiltration." Canstall's Handbuch der medicinishen Klinik, page 812. Consult also Rokitanski, Hasse, &c.

ORIGINAL LECTURES.

Clinical Lectures,

By D. J. Corrigan, M.D.,
Physician to the Whitworth and Hardwick Hospitals.

I am about to direct your attention to-day, Gentlemen, to a case of delirium tremens taken into the Hardwick Hospital, and I have chosen this, as I do all the cases for clinical observation, in order to illustrate points of particular interest in private practice; and here I would remark that a mistake which students frequently fall into, is that of seeking for cases of unusual occurrence, while they neglect to acquire information on matters which materially affect their subsequent success as practitioners. The case which I will read for you is not a bad one, and that is the very reason why I am anxious to direct your attention to it.

Edmund Cope, a shoemaker, admitted on the 25th of January, 1846; had enjoyed very good health, though he had indulged in an occasional debauch, but was almost entrely free from illness, with the exception of attacks of delirium tremens, of which he had eight or ten previous to the present one. For the last few months he had lived in a tolerably regular and abstemious manner, seldom exceeding a glass of spirits in the day; but on the 19th of January he left his home, and commenced a

regular system of dissipation; his own expression was, "I went on a week's butter."

On Saturday evening, the 24th, he returned home, finding some of the symptoms he had experienced on so many former occasions again stealing over him, viz., pains in the head, restlessness, strange noises, bright colours, and fearful bodily shapes appearing before his eyes.

On the morning of the 25th, Sunday, he voluntarily sought for admission, presenting a wild expression of countenance; extremities shaking; head hot; eyes congested; thirst; tongue foul; abdomen hard, and somewhat tympanitic; bowels constipated; skin hot and dry; pulse 90; respiration somewhat accelerated. He complains of slight pain in the head, restlessness, and want of sleep; thinks he hears strange, unearthly voices talking of his former bad deeds; and sees fearful bodily shapes continually flitting past his bed.

Ordered a cathartic mixture and twenty-two drops of black drop at bed-time.

26. Felt better, and slept a little.

To have a diaphoretic mixture.

A consideration of the case before you will show that a division of the diseases in question may be advantageously made. There is a form of it termed asthenic delirium tremens, which is that to which we attach our ideas of the disease, and from which we derive our notions of the treatment adapted to it; the history we generally find to be as follows:—

A man comes under treatment, not after a few days' illness, but for a considerable time he has been subject in the morning to symptoms similar to those that follow the exhibition of large doses of opium, or of stimulants—symptoms, in fact, resembling collapse. His stomach is sick in the morning, the skin is clammy, and he is unable to collect his mind for any purpose until the accustomed stimulus is renewed. In this way he continues for an uncertain period of time, till at length vomiting sets in; he can no longer drink, and now the state of collapse, or nervous irritation, such as precedes an attack of acute disease, comes on, and obliges the patient to seek your advice. He cannot sleep; images of various kinds float before his eyes; his stomach is sick; pulse quick and weak; skin cold and clammy—a set of symptoms constituting, as I have said, a state of collapse consequent on the cessation of long-continued stimulants. Your patient is altogether in a condition in which death may occur at any moment, so that the prognosis here is exceedingly uncertain.

I have myself, in attending cases of this sort, known the patient die before I had reached the hall door, when a minute before I had seen him turn round in bed. In these cases it is necessary to give stimulants and opium; the opium, you are to remember, is given to allay irritation, and the stimulants in order to bear up the system.

Cold douching and a variety of other remedies may be used; but upon them it is not necessary to dwell, as they are sufficiently noticed in every book you meet with. There is one particular symptom observed, usually I think about the second or third day, and one which is never absent; I allude to the tremulous motion of the fibres of the tongue, not of the whole body of the organ, but of a sort of independent motion of individual fibres here and there. The same thing is seen in the orbicularis muscle of the mouth. These signs are sufficient to lead us to a knowledge of the previous history, though the patient himself should deny the circumstances. It often happens that your patient has received a wound in some way; for instance, thrusting his hand through a pane of glass. Now, if, while you are giving the opium, you watch the appearance of such a wound, and find that, instead of secreting the natural purulent discharges, the edges are reverted and red, with the surface dry, you may be assured your patient will not recover; for these indications, like those of the tongue, only being more certain, are evidences that the nutritive function is arrested, and life cannot long continue when that function is impaired to a great extent. Such, then, is a sketch of the more frequent form of the disease.

The next variety gets a similar name—delirium tremens—but we should carefully mark the distinctions between this and the first described variety, or a fatal mistake may be made. And here I should observe, that it is the fact of thus erroneously describing under one name varieties in this disease, which has given rise to such a contrariety of opinions respecting the mode of treatment, &c., proper to be adopted in it. Dr. Lendrick, a man of great observation, first showed that the ordinary treatment, as opium and stimulants, would not do here, and that bleeding should be had recourse to. I believe, then, that two very different conditions of disease have been confounded under the same name; so you are not always to suppose, when you have got hold of a name, that you have by any means got hold of the disease.

The case I am now about to describe may be called sthenic delirium tremens. A man has been drinking for two, three, or four days, and is in a condition very different from the person who has been a long time accustomed to stimulants; there is in this man a state of irritation of the brain and nervous system only in a very trifling degree removed from actual phrenitis, and were you to give opium in such a case, it would act not as a sedative but as a continued stimulant, and you would thus be keeping up the diseased condition into which the patient had plunged himself. Remember, then, that this is a mild case, there being a certain amount of irritation, but a strong approach to positive inflammation. Gastritis is a common accompaniment of this form of delirium tremens, at least a state, like that of the brain, of approaching inflammation of the stomach, marked, as I have said, by some symptoms of nervous irritation, but nothing like the collapse of the former case. During the period of a general election cases of the sthenic kind are frequently met with; for instance, a man of previous abstemious habits spends two or three successive nights drinking ardent spirits, and presents himself with the symptoms I have sketched for you.

In this, the sthenic form of the disease, then, do not give opium; apply leeches to the epigastrium, and to the head, as also cold lotions; these, with rest, and small doses of mercury, are your chief remedies. When you have to some extent allayed the irritation, you may then make a slight approach to the treatment adapted to the first case, but do not commence by stimulating. Recollect that a compound form of the disease presents itself in this case.

We now come to the third division of the disease, a form of it in which very little active treatment is neeessary; and I may tell you that the skill of the medical man is often most seen in his abstaining entirely from any decided treatment; good practice consists in that as much as in anything else. You must not entirely refrain, however, from giving medicine, if it were merely for the purpose of keeping in view the advantage of the impression on your patient's mind that you are making some exertion for him: and this is a point deserving your attention, for were your patient even a medical man it would be neeessary to act on this principle.

A man presents himself, who has been at one time temperate, at another drinking perhaps for two or three days, and is now labouring under more or less irritation of the brain, manifested by slight attacks of delirium, and want of sleep, forming, in fact, a link between the condition already described as sthenic delirium tremens and the state of collapse. The subject of a case like this gets repeated attacks of a trifling kind; he may be, as I have just said, at one time temperate, at another—perhaps in travelling and stopping at different hotels—drinking three, four, or half a dozen days, and at length falls into a state constituting our third division: he is capable of exertion, understands what you say to him, and will speak collectively, but when left to himself, fancies strange sights hovering about him. He is neither, as I have said, in the state of the collapse of the asthenic form, nor does he betray the symptoms of cerebral derangement observed in the sthenic variety of the disease, but there is danger of the affection assuming the perfect form from the too frequent recurrence of these slight attacks of mental aberration. The patient takes little or no nourishment. This variety of the disease, then, forms as it were the centre of the balance—but let nature have the management of it; leeching will not be borne, from the previous habits of the patient, and if opium be given, so as to be followed by dryness of the tongue, great mischief is done; so do as little as possible. Give the patient as much cold air as you can, at the same time keeping his room rather dark. You may either give him ice, or very cool saline mixture, or cold chicken tea. If restlessness should still persist, you may give small doses of opium, but much of the after treatment had better be left to nature. The three divisions I have sketched for you you will find worth recollecting; they are such, as in an ordinary exercise of observation, in practice must force themselves upon you.

A Course of Lectures on Practical Midwifery.

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

LECTURE VI.

I propose this evening, Gentlemen, to describe to you a somewhat rare displacement of the uterus, which generally occurs during the earlier months of pregnancy, and which has received the name of *retroversion* of the uterus. In this displacement the os and cervix uteri are carried upwards and forwards, and are tilted up behind the symphysis pubis, thus of course causing much pressure on the neck of the bladder and urethra, and the fundus uteri is carried downwards and backwards between the posterior wall of the vagina and the rectum, and produces generally obstinate constipation from its mechanical obstruction to the passage of the fæces.

Retroversion of the uterus appears to have been known to the ancients, and was alluded to by Hippocrates; but comparatively modern teachers of medicine seem to have lost sight of the affection altogether, and the first good description of it was by Gregoire, somewhere about 1740, who mentioned it in his lectures; he, however, named it inversion of the uterus, a term which, as you are aware, is at present applied to a very different displacement.

Mr. Walter Wall, an English practitioner, who attended Gregoire's lectures in Paris, appears, shortly after his return to this country, to have met with a case of retroversion of the uterus, on which he asked the advice of Dr. Wm. Hunter. He could not succeed in restoring the organ to its normal situation, and the patient died. Dr. Hunter has recorded the particulars of the post-mortem examination in the fourth volume of the Medical Observations and Inquiries. "The bladder was immensely distended; that portion of it which is united with the vagina and cervix uteri, and into which the ureters are inserted, was raised up as high as the brim of the pelvis by a large round tumour (the uterus) which filled up the whole cavity of the pelvis. The os uteri made the summit of the tumour upon which the bladder rested, and the fundus uteri was turned down towards the os coccygis and anus."

Retroversion of the uterus generally occurs towards the close of the second month of gestation, and seldom later than the fourth. It may, however, exist later in pregnancy; but in these cases it will be found to have continued from an early period. It may occur also in the unimpregnated womb, when it is enlarged by congestion, a tumour, or any other cause, and also, perhaps, from the weight of an overloaded intestinal canal.

Retroversion of the unimpregnated womb is, however, much more rare than the displacement of the impregnated organ. Of course, I do not include retroflexion in this statement, which, indeed, I believe to be by no means an uncommon affection.

The fundus of the uterus presses on the rectum, as I before told you, and thus causes much inconvenience, and the os uteri being tilted up behind the bladder, produces severe pressure on that viscus. These effects of the displacement tend to drive the organ still further out of its natural situation, by causing an accumulation of the excretions in the bladder and rectum. It was formerly believed, and Dr. Burns held the same opinion at one time, that accidental over-distention of the bladder was the cause of retroversion of the uterus; that the

bladder, from its intimate connection with the neck of the uterus, when much distended, drew up the os and cervix uteri, and thus threw the organ out of its position. Dr. Burns explained the matter in this way, in the early editions of his work; but he has since had occasion to modify his opinions, and I quite agree with the views expressed in the later editions of his work respecting the mode of origin of this displacement,—the distention of the bladder being an effect and not a cause of the malposition. The distention of the bladder goes on progressively increasing in these cases, and Dr. Hunter's patient died in consequence of it. The passage of a silver catheter is very difficult in all, and in some of these cases it is quite impossible. In Dr. Hunter's celebrated plates of the gravid uterus, there is an engraving of this displacement from a dissection which he made, I believe, of this very case, and this, as far as I know, is the only representation of it that has ever been taken.

Retroversion of the uterus may either come on suddenly or gradually. If suddenly, the patient experiences a most violent dragging and tearing sensation in the loins and groins, attended and followed by painful involuntary efforts to bear down, which, of course, only tend to aggravate the mischief. There is a violent desire, and yet inability, to pass urine. The bladder becomes distended, and although it may allow a little urine to dribble away, the quantity passed is by no means sufficient to afford relief. And here let me warn you of the value of this dribbling of urine, as a diagnostic sign of *distention* of the bladder, and caution you against being deceived by it into a state of security, for wherever you find that the urine has been dribbling away you may be almost certain that the bladder is much distended. The patient becomes faint, vomiting occurs with cold sweats, feeble or almost extinct pulse, and various other alarming symptoms, such as are seen in strangulated hernia, or violent shocks to the nervous system from other causes.

During the early months of uterine enlargement the situation of the organ is somewhat different from its position at a later period. The fundus is not inclined forwards, as is the case when it has risen above the brim of the pelvis afterwards, and it is liable to pressure from the weight of the superincumbent folds of intestine; if the ascent of the organ out of the pelvis be delayed by any cause beyond the usual time, the size and weight of the fundus tend to press it backwards, and this tendency to retroversion is still further increased by any violent action of the abdominal muscles, or by a loaded state of the intestines.

On examination per vaginam, you will find the vagina generally very much shortened and altered in its direction; instead of passing backwards and upwards, it turns upwards and forwards behind the symphysis pubis; through its posterior wall (and, therefore, behind the vagina), you will discover a tumour filling up the hollow of the sacrum; the anterior wall of the vagina you will find dragged upwards—so much so, indeed, that it is with the greatest difficulty you can reach the posterior lip of the os uteri, which is tilted upwards behind the pubes, as I have before described to you. This is quite sufficient to render your diagnosis certain. I told you that in examining per vaginam, you would find the tumour behind the vagina. On introducing your examining finger into the rectum, you will, of course, feel the tumour in front of it. The urethra is often very much displaced, and drawn up behind the pubes by the anterior wall of the vagina, which is put severely on the stretch. Obstruction to the discharge of urine is, of course, a consequence of this displacement; but in many of these cases the patient is at first able to relieve the bladder in part, but after a time, when the passage from the bladder is fairly stopped, we must expect the retroversion to be increased as the distention increases.

It has been said that retroversion may be mistaken for prolapsus uteri, and Dr. Dewees has lent this opinion the weight of his name. I cannot agree, with him, however; for although, in sudden cases of prolapsus uteri, which have been caused by great violence, there may be severe pain felt in the pelvis, still the situation of the os uteri in advance of the tumour is sufficiently characteristic of the nature of the displacement; besides, in prolapsus uteri the organ is very moveable, whereas in retroversion it is always, more or less, firmly fixed. Ventral pregnancy has been said to be similar in some cases to retroversion of the uterus; but, under these circumstances, a due inquiry into the origin and progress of the case will always be sufficient to satisfy you as to the nature of the affection. An ovarian tumour generally displaces the uterus more to one side, and both its previous history and present symptoms are very different from those of retroversion—the pain is never so violent, and the obstruction to the bladder and rectum never so severe—its commencement and progress are also much more gradual.

The great and immediate danger in these cases is generally from the over distention of the bladder, and from the inflammation which may attack the pelvic viscera and extend along the peritoneum to the whole abdomen. In other cases, the displacement is attended, from the commencement, by an alarming shock to the nervous system: we see fainting, coldness of the extremities, collapsed features, weak and irregular pulse, cold sweats, vomiting, and the other symptoms of severe nervous depression; but in the majority of the cases the early symptoms are by no means so severe.

If the life of the patient be neither threatened by distention of the bladder, nor by inflammation, retroversion of the uterus may terminate spontaneously in one of two ways: either abortion may take place, and thus the uterus may right itself; or, where the symptoms are not urgent, its gradual development and increase of size will raise it out of the pelvis; or, pregnancy may go on for some months, until labour pains come on, by which either reposition is effected, and this is followed by the expulsion of the child, or gangrene and sloughing take place, and the fœtus is discharged piecemeal, as in a case of ventral pregnancy.

It would appear, from the observations of Dr. Merriman upon this subject, that cases of this sort, where pregnancy has gone on to an advanced, or the full period, have been commonly mistaken for ventral pregnancy. The pains have come on, but the child, from being felt between the rectum and cervix uteri or vagina, has been considered as extra-uterine: an abscess has formed, which discharged its contents into one or other of these passages, and portions of the fœtus have come away by degrees, as in cases of extra-uterine pregnancy. From the history of several cases published as extra-uterine, he has shown that the symptoms were evidently those of retroversion of the uterus during the earlier periods of pregnancy. The patient had been subject to occasional suppressions of urine, and difficulty in passing her fæces; these symptoms had gradually diminished as pregnancy advanced: the os uteri could not be felt, or, if it were capable of being reached, was found high behind the symphisis pubis, the head of the child forming a large, hard tumour between the rectum and vagina. The condition of the vagina afforded strong evidences of the nature of the complaint; on introducing the finger in the usual direction, it was stopped, as if in a cul de sac, but, on passing it forwards, the vagina was found pulled up behind the symphisis pubis. In some of these cases, the uterine contractions gradually restored the fundus to its natural position, the os uteri descended from behind the symphisis, and the child was born after protracted suffering. In others, which have been mistaken for ventral pregnancy, the fundus has inflamed and ulcerated, and the child has been gradually discharged piecemeal.

As regards the treatment of retroversion of the uterus, the first indication is to relieve the most urgent symptoms. The bladder must be emptied by means of a gum elastic catheter, used without the stilet. The introduction of this instrument is, in these cases, a matter of some difficulty. You must bear in mind that the orifice of the urethra is dragged more or less behind the symphisis pubis, so that in some cases the course of the urethra is not only upwards, but also somewhat forwards. You must endeavour to relieve the tension of the anterior wall of the vagina, and also the pressure which the os uteri exerts upon the neck of the bladder, by pressing up the fundus uteri; this will probably bring the os and cervix more into reach, so to enable you to pull it somewhat downwards, and thus remove its pressure from the bladder whilst the catheter is passing.

In order to evacuate the rectum, you must insinuate a small stomach pump tube, or, better still, a large male gum elastic catheter into the gut (the common enema tube will not answer, as the rectum is much flattened by the fundus of the uterus, and you will have to pass it to a considerable height), and inject an emollient soapy fluid to break down any masses of scybala contained in the gut. At the same time saline laxatives should be administered to render the contents of the bowels more fluid, and the enemata should be repeated until a sufficient evacuation has been obtained. When you have succeeded in relieving these more urgent symptoms you are not to suppose that the uterus will, in all cases, return to its natural situation. This will occur, however, in a few cases, where the pregnancy is not far advanced, and the displacement has been of only short duration. When, on the contrary, the patient is advanced in pregnancy, the uterus has been some time retroverted, and the sufferings are very acute, you will be required to render further assistance in replacing the organ. You all know that one uterus may be much larger than another at the same period of pregnancy, and this must be taken into consideration in judging of the symptoms. You must in all cases be guided by the symptoms actually present, and if these are not very urgent you may wait to give the uterus time to recover its position if possible. If the symptoms be of such urgency as to render delay dangerous, or if you have given time for the return of the organ to its normal position without benefit, you must endeavour to remedy the displacement by manual assistance. The ordinary mode of proceeding recommended in these cases is to attempt to hook down the os uteri with the fingers of the right hand, and to push up the fundus of the uterus by the fingers of the left, introduced into the rectum. In my opinion, however, the attempt to hook down the os uteri is useless, considering that we can barely reach even its posterior lip by our utmost endeavours. The fingers in the vagina should, therefore, aid those in the rectum in endeavouring to lift up the fundus uteri. If you do not succeed in this, bleed the patient pretty freely, and then place her in the position for lithotomy. If you do not then succeed in reducing the organ, it may become necessary to introduce the hand into the vagina to carry up the fundus. This plan was first attempted by Professor Naegelé, of Heidelberg, with great success. If you look at this diagram, you will see that by introducing the hand per vaginam, and endeavouring to raise the fundus, the same effort which tends to raise the fundus stretches the posterior wall of the vagina, and pulls down the os uteri; in doing so we in fact use the posterior wall of the vagina as a rope going round a pulley, which is here represented by the globular posterior surface of the body of the uterus, so that in all difficult cases of retroversion you will find that you gain great power over the uterus by introducing the hand.

In all cases where there is much excitement of the circulation, it will be necessary to premise an active bleeding, even to fainting, and this state of temporary collapse should then be seized upon as the most favourable opportunity for attempting the reduction.

Her Majesty the Queen has conferred the honour of knighthood on Doctor John Richardson, R.N., F.R.S., Medical Inspector of Hospitals and Fleets.

Dr. Mc William, the principal medical officer of the late Niger expedition, has been sent out by government to the Cape de Verd Island, to investigate the character of the fever now prevalent in these islands, and to trace the manner in which it was introduced. His inquiries are to be especially directed to ascertain whether the fever happened first among the soldiery, which were in contact with the sick seamen of the Eclair, or among the sailors of the port, who were taken on board that vessel, the object being to ascertain whether the disease was generated by direct contagion, or by some peculiar effluvium from the ship itself. If this latter should prove to be the case, it would throw some light upon the origin, and protracted existence, and great fatality, of the fever on board the Eclair.

A Course of Lectures on Diseases of the Skin.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE VII.

IMPETIGO (*continued*).

According to Willan, and others.

GENERA.	SPECIES.
Impetigo.	I. Figurata. Sparsa. Erysipelatodes. Scabida. Rodens.

As proposed by Startin.

GENERA AND SPECIES.	DIVISIONS.	VARIETIES.
IMPETIGO.		
I. Simplex vel Pustulosa.	Localis.	Sparsa.
Scabida.		Conferta.
Squamosa.	Generalis.	Figurata.
Ulcerosa.		Inveterata.
Rodens.		

In our last week's lecture, Gentleman, I omitted to place before you the divisions of impetigo in a tabular form. I now amend this omission, and you will notice that I differ slightly in my arrangement from that proposed by Willan.

The treatment of impetigo next claims our attention. It is to be conducted on general principles, when the cause is ascertained; for instance, in infancy dentition often occasions the eruption, when attention to the gums and constitutional irritation will so far relieve it that similar counter-irritant measures to those I recommended for squamous affections will cure it. In chlorotic habits, again, this state must be modified or removed before we can permanently cure the impetigo. Simple ablutions must always be premised, and soap and other caustic irritants avoided, gruel mucilage or yolk of egg being substituted. I have never recourse to bleeding or drastic purges; but any existing constitutional cause being removed, proceed by various means to endeavour to modify the diseased action, and seldom fail, in a month or six weeks, to conquer the affection in its ordinary forms.

Catherine Campbell, aged twenty-seven, a servant, living in Falcon-square, was admitted August 25, 1845, with well-marked symptoms of impetigo figurata, the hands and arms being only affected, the disease having existed two years. The model was taken from the right hand, and pretty well shows the condition of the disease, which is exhibited in its pustular and scabious form. About three or four patches of this impetigo existed, and, as is often the case, they occupied very nearly corresponding situations on both hands and arms. She attributes the origin of the disease to washing with bleaching liquid, which irritated her hands, and brought out what she termed an "eruption of itchy boils, which collected into a cluster on the back of the hand, and spread about." Her health, she said, was but indifferent; she had but little appetite, and bad digestion, with acid eructations; yet her complexion was florid and healthy looking, and she was rather fat than the contrary. To neutralise the acidity, and to give tone to the stomach, she was directed to take large doses of liquor potassæ in a bitter infusion, with which were combined minute doses of arseniate of potash. She was also ordered to use a tepid mucilaginous bath twice a-week, and, in addition, to wash the parts well night and morning with decoction of linseed, so as to remove all the crusts, and afterwards apply the biniodide of mercury, in the shape of an ointment, to the diseased portions. On the 8th of September, two weeks from her admission, she had experienced relief, both constitutionally and locally, and was directed to continue all the remedies. In the early part of October, three weeks from the last date, her complaint had nearly left her, but she said she felt heated and bilious. She was therefore purged, and took an alterative mercurial twice a-day, instead of the arsenical salt.

On the 13th of October, when I last saw her, six weeks from her first attendance, she returned thanks for a cure of her two years' malady, and was supplied with an ointment composed of lard and creosote, with directions to keep soap and all irritating matters from the skin, and to apply the ointment twice a-day as long as the slight roughness of the surface left by the impetigo should continue.

To illustrate a recent case of impetigo sparsa, I must refer to a case of which I have not the model; but a marked instance of the disease presented itself on Monday last, which will beautifully illustrate the complaint if our modeller has exercised his usual care and diligence. The case I copy from the register was not, however, so severe as that before you, but both legs were affected.

The patient I allude to — William Churcher, aged forty-seven, of Granby-place, Lambeth — was admitted on the 13th of August, 1845, with impetigo sparsa of both legs, which extended from the instep to the middle of the calf. He stated the disease had appeared suddenly, after unusual exertion, in the shape of a cluster of yellow pimples, which itched much, and that his scratching had broken them, when the discharge appeared to produce others. One leg was first affected, and the second about three weeks afterwards, the origin of the disease dating back thirteen or fourteen weeks only. On his presentation both legs had a red inflamed appearance; were much swollen, and covered with morbid cuticle and crusts; the latter, however, were not thick or laminated, as in the specimen before you. Pus exuded from the divisions or cracks intersecting these flakes, and small psydracious pustules, characterising impetigo, were thickly scattered over the inflamed surface, though hidden in many situations by the cuticular exfoliations and the scabs, which everywhere environed both limbs on the affected parts. This patient was of a rheumatic diathesis, and the pain and irritation of his disease much increased when he became warm in bed. He had also been a porter drinker, having, previous to his attack, often consumed a gallon a-day. Under these indications he took iodide of potassium, united with wine of colchicum and arseniate of potash, thrice a-day in senna tea, the hot bath twice a-week, and he was directed to perform daily ablutions of the parts affected with warm gruel, and, when dried, to anoint them with a creosote ointment. He appeared again the following week, with marked improvement, and continued attending every seventh or tenth day till September 12th, a month from admission, when his disease had nearly disappeared under the use of the first directed remedies. They had produced, however, some degree of debility and nausea, so that liquor potassæ, in a bitter infusion, and an alterative mercurial at bed-time, were substituted. His legs were also directed to be bandaged every morning, being first smeared with the creosote ointment, to which now a little biniodide of mercury was added, linen rags, wet with hot water, being smoothly wrapped round the parts before the application of the bandage. This treatment was continued to the 29th of September, when he was discharged perfectly free from disease, with his stomach and general health in much better condition than on his application.

Another very remarkable case of impetigo sparsa, affecting the hands and arms for twenty-one years, occurred in the person of Mary Row, aged forty-six, of Cross-street, Leonard-street, a poor woman, much impoverished by her long-continued malady, which had constantly prevented or interrupted her labour. She was admitted on the 3rd of September last, and by pursuing a similar plan of treatment to that sketched in the foregoing case, by October the 13th, forty days from her admission, was entirely relieved from her protracted sufferings. I should mention that laudanum was required in this case to moderate the irritation, and that an ioduret of sulphur ointment was employed instead of the creosote.

I shall now request your attention to a case of the scabious form of impetigo — the I. scabida of Willan; the model is, however, but a poor specimen of the disease.

Clara Kibble, aged four, of Pelham-street, Spitalfields, by her mother's account had suffered three and a-half years from impetigo, which first appeared after vaccination in the form of "mattery pimples," spread all over the body, which broke, discharged, and were covered with thick scabs or crusts. She had essayed all sorts of treatment with no success, but she was ill-fed, ill-lodged and much neglected, and therefore little could be expected from any measures recommended. The treatment adopted in this case was to rouse the action of the capillarics, and stimulate the surface; for which purposes minute doses of bichloride of mercury and arsenious acid, in hydrochloric acid, were administered, and weak alkaline baths directed, the diseased surface being washed twice a-day with a warm lotion composed of a solution of bichloride of mercury and creosote in distilled water. This child attended two or three times only, and I wrote "relieved" against each date of her visits, but she was *not* cured, though the mother was determined to think her so, and consequently, to save her own trouble, has not brought her child for my inspection since the 20th of September, about a month from her first attendance.

The squamous form of impetigo sparsa is splendidly exemplified by the model taken from Mary Pearce, aged eighty, of Little George-street, Mile-end. This woman was admitted on the 25th of July last, having suffered a year and a-half from her malady, which was confined to one leg only. Remarkable as is the cast, it really presents rather less morbid appearance than the case itself manifested. She had tried, as usual with persons of her class, many other sources for relief with little or no success, and I assure you her great age (seventy-nine or eighty) made me despair of much relief. She could give no cause for the disease, save old age, and it seems probable the languid circulation of so advanced a period of life was, in reality, the best assignable reason for it. To cleanse, dry, and anoint, were the indications, and to stimulate the cutaneous circulation of the limb by local and general measures. Daily ablutions with tepid water, containing yolk of egg, and a lotion applied warm, consisting of a solution of creosote and bichloride of mercury fulfilled the first indication; whilst vegetable bitters and aromatics, persulphate of iron, and diluted sulphuric acid internally administered, accomplished the second. Manifest improvement soon took place under this plan, so that in a month, the crop of scabs was removed, and the skin beneath began to assume a more healthy aspect. I therefore ventured upon an increase of stimulus, by the administration of small doses of Fowler's solution, and large doses of liquor potassæ in a bitter infusion, an alterative mercurial being taken in the evening, which seemed to hasten the curative process. Subsequently, too, a creosote ointment was used, and on the 8th of this month (being three months from admission), when I last saw Mary Pearce, she was nearly well. I might multiply these cases to a great extent; but I think those which have been cited will sufficiently demonstrate the mode of treatment I have commonly found successful. I have no doubt, also, that other means will cure these affections, as cold lotions, poultices, astringent ointments of zinc, lead, tar, &c., externally; and sarsaparilla, dulcamara, viola tricolor, pitch, diluents, mercurials, &c., internally; but I seldom or never use these remedies, and, therefore, can give you little information derived from experience concerning them.

Impetigo rodens is the remaining variety of the affection, which may require illustration by a case or two, not only on account of its variety, but also of its acutely painful nature, its general incurability, and the disfigurement it constantly occasions. I shall first cite a case of impetigo rodens scabida, of which I present you a drawing and a cast taken after ten months' treatment.

Mary Francis, aged thirty-five, the wife of a country labourer, residing at Thaxted, in Essex, was sent to the institution on September 19th, 1845, in the condition represented by the drawing. This patient (the mother of six healthy children) was in apparently good health, never having suffered from any disease, or contracted syphilis; the effects of her malady were entirely local, and she could give no cause for its origin; it appeared first, as she stated, like a red patch on the side of her nose, on which two or three "watery pimples" afterwards appeared, which itched, burned, and tingled a good deal, and she was "always picking and scratching them;" in consequence, they rapidly spread in some

places and healed in others, the complaint being always worse near the circumference of the diseased parts, to which the crusts were most adherent; when they were detached, this circumstance was found to arise from the insertion, as it were, of numerous long granulations, which arose like warts from an irregularly ulcerated groove or fissure, running round the margin of the diseased portion of the integuments; this is not well-represented in the drawing, but will be seen in the model I hand round, and also in the drawing of the arm of a little girl now in King's College Hospital, whither I sent her to be under the care of my friend Mr. Partridge, as the disease also affected her face, one leg, and thigh, so that she could not receive attention here as an out-patient. I was very particular in my inquiries into the *probable venereal origin* of all these cases, but I could discover no trace in any one of them, neither was the scrofulous diathesis marked in a very remarkable degree, though, perhaps, it was the *modifying cause* in the impetigo, and therefore the treatment adopted in the case of Mary Francis, before us, was directed under this indication. Thus she took moderate doses of tincture of iodine, liquor potassæ, and Fowler's solution, combined with opium in the form of a mixture thrice a-day; she also used a lotion, composed of nitrate of mercury in the proportion of a grain to the ounce of water frequently, and the whole surface was cauterised once a-week with nitrate of mercury dissolved in an equal weight of water. This application gave acute pain for a short time only, and blistered the skin wherever it touched; but she so soon found the benefit of it, that she requested a bottle might be supplied her, so that she could attack each reappearance of the disease; she has attended every month latterly, and the cast you see was taken at her last visit. I should mention that of late she has taken the persulphate of iron combined with hydriodic acid in a vegetable bitter, instead of the mixture first ordered; but, in my opinion, she owes the relief, she has obtained to the diligent and continued use of the nitrate of mercury caustic. The other is a similar case, but it is more intractable, yet much improved since the cast was taken. The little girl in King's College Hospital is also a little better for the four months' quiet rest, and the diet she has enjoyed within the walls of that institution.

The *ulcerative form* of impetigo rodens, that, of the three varieties into which I have ventured to divide this form of impetigo, is the affection most allied to lupus, will be best exemplified by a case from private practice, though I shall refer any one interested in this curious disease to a patient's residence who is now attending the institution (a little boy, Wm. Bowley, of 16, Baker's Buildings, Liverpool-street, the son of a bricklayer). In this case, however, the disease is not now in an ulcerated state, but merely appears in the shape of irregularly spread red blotches, with intervening cicatrices following the course of the saphena vein, and never in the right thigh and leg of the little patient; but the paroxysms of pain and irritation he suffers daily are perfectly dreadful, whilst from time to time pustules appear, which quickly run into the ulcerative process, and are accompanied with erysipelatous inflammation that comprehends the penis, scrotum, and side of the abdomen in its manifestations.

The other case I shall briefly narrate is that of T. D. M., Esq., the brother of one of our most eminent bankers. This patient, who lives a few miles from town, informs me that his disease commenced fifteen years ago with a few small pimples on the neck, immediately over the carotid axis, which were very irritable and painful, and which spread from this point both in front and behind, following in front the course of the superficial branch of the external maxillary, which constitutes the superior cutaneous nerve of the neck, and that of the cutaneous branch of the occipital nerve behind. Various applications were used, but the disease seemed little influenced by any thing that was done; yet at times it would appear about to get well, and then break out again with redoubled violence. The most potent caustics were applied from time to time, such as chloride of zinc, butter of antimony, fused potash, &c., without any curative effect. When I first saw this gentleman, about two months ago, his condition was most painful to witness; his neck was excoriated from the chin to the sternum in front, and from the scalp to the seventh cervical vertebra behind, the whole circumference being affected. The wound differed in appearance from ordinary ulceration—being in some parts deep, extending through the skin and cellular tissue, in others quite superficial, the margins of the wound being most affected, as seen in the little boy's ankle I offer to your notice; in many places white cicatrices had formed, which were deeper than the surrounding ulceration, and they appeared like tortuous bands tightly drawn from one part of the ulcerated surface to another. The head was pulled down towards the right shoulder by one of these bands, whilst on and around the wound a few pustules of impetigo were seated. It is almost impossible, however, by words to give an exact idea of this disease; but if you will imagine a cicatrix from a burn extending all round the neck, which had been pencilled over in a tortuous manner, with nitric acid, the sloughs from which had separated to different depths, and the wounds so formed were beginning to granulate, you will obtain the best idea with which I can furnish you.

When this extensive sore was exposed, the pain, irritation, and anguish of the patient were such as almost to paralyse the by-standers and medical attendants. Nothing but water-dressing could be borne, and this even was frequently no sooner applied than it was torn off by the unfortunate sufferer in a fit of itching or pain, which may be barely conceived, but not described. Very large doses of liq. opii sed. afforded more relief than any thing else, though everything had been tried which all the eminent medical men of London could suggest.

A short time after I saw him, cotton-wool appeared to have dried up the wound, and we began to entertain hopes for his relief; but in a night his malady reappeared, and with a degree of violence scarcely ever before experienced; and opium and water were again had recourse to, and thus he has continued up to this day, a martyr to his disease, which certainly is the most dreadful that ever fell to my lot to witness; it is, in fact, as I said before, a paroxysm of tic douloureux accompanied with cancerous ulceration.

The squamous form of impetigo rodens does not require a separate mention, though it may be the commencement or the termination of the variety; it consists in a production of morbid cuticle, as well as the appearances already described; for in impetigo rodens, as in the other divisions of the disease, pustules, crusts, scabs, and ulcerations, will commonly be found coexistent in one period or other of the progress of the affection. Several cases, however, are to be found in the register of the institution of I. rodens squamosa, which, for the most part, have derived little benefit from the treatment employed. Cauterisation has, notwithstanding, produced a disappearance of the complaint in a few instances.

I had intended to have commenced a description of eczema to day, but I find my time is drawing to a close, so that, if you please, we will defer its consideration until next Thursday, when, to secure daylight, the lecture will commence an hour earlier, at two instead of three o'clock. The subjects for next week will be eczema and lichen. I fear you may think I advance slowly with my subject, and may perhaps smile that I should *read* these lectures; but I assure you I do this to avoid prolixity, and at the same time to pay that respect to those medical brethren who have honoured me with their attendance, as by this means I hope to avoid the useless repetitions and the tautology which in better hands than mine too commonly attend lectures delivered *viva voce*.

The anniversary meeting of the Royal Medical and Chirurgical Society will be held on Monday next. Only one general practitioner, we observe, is recommended for election on the new council, and no one holding that rank in the profession is named for any of the honorary offices connected with the society. The fellows should look to this.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

MEDICAL CASES.

CASE 5.—*Delirium Tremens—Recovery under the free use of Opium.*

Elizabeth Jackson, aged twenty-five, unmarried, works in a factory, from Deansgate, was admitted into the hospital on the 28th day of June, under the care of Mr. Heath, suffering from an ulcer on the thigh, for which ailment she was received into the women's surgical wards, where she remained two days, when on the evening of the 30th she fell into a state of raving delirium. She is a short, stout person, of a flabby and bloated appearance, her face is red and bloated, and there is an erysipelatous redness about the nose as if from a recent debauch. She is a woman of very intemperate habits, and was last week drinking plentifully of beer and spirits for several days. She has formerly suffered from an attack of delirium tremens.

Being deprived in the ward of her usual stimulants, she soon fell into a state of delirium, and when first seen on the evening of the 30th in this state, she was incessantly on the move in some way, very talkative and suspicious, and in constant fear of several objects which she described as running about and over the bed; she was pointing out various animals possessing tails, &c., which she imagined were surrounding her, springing in every corner and from every hole. She had tremor of the limbs; was restless and very uneasy; face was rather flushed; eyes red; she made no complaint of pain in the head; she had considerable thirst; tongue was moist, and covered with a thick, creamy fur; pulse frequent, rather small, soft, and easily compressible; skin warm, soft, and moist; the delirium is not violent; she has constant illusions, but can be managed and persuaded to do most things required of her. She was removed from the large ward into a quiet cell, and was ordered—

R. Haust. sennæ co., ℥iij. s. s.

R. Tinct. opii, ℥iiss; Aquæ, ℥iij. Semisse post horas duas, est repet. ad somnum.

July 1.—The bowels were freely moved by the aperient medicine, and she took the whole of the mixture, but has continued in a state of delirium throughout the night; has not slept any, nor shown any disposition to do so; she has the same illusions; she is constantly talking, and on the search for or watching something which she imagines to be about her; she makes no complaint of any pain in the head; her face continues rather flushed; eyes somewhat suffused; is quite manageable by persuasion; her limbs are in a constant state of motion, and tremulous; pulse continues frequent, soft, and compressible; tongue is furred and moist; she is frequently requesting to be supplied with cold water, and says she feels hot within; she has vomited once or twice; skin is moist and soft; she passes urine freely.

R. Liq. opii sed., ℥iss; Ext. hyosc., ℈j; Mist. camph., ℥iij; fiat mist ℥iss statim sumend, et repet. si opus sit.

To have one pint of porter directly.

At four, p.m., not having had any sleep, and still continuing in the same state of delirium, the nurse being unable to manage her, she gave her the remaining half of the opiate mixture.

Vespere: When we entered the ward she was in a violent altercation with the nurse, and refused to go to bed, but with a little gentle persuasion she got quietly into bed herself. She has not had any sleep; delirium and illusions still continue as severe as at first; has constant tremor of hands; pulse is 112, small, and soft; tongue moist and furred; skin moist; bowels freely open; makes no complaint of pain in the head; eyes suffused; pupils natural.

R. Pulv. opii, gr. vij; Ext. hyosc., ℥ ss; Camph., gr. xij. Ft. pil. viij; capt. iij statim, et repet. secund. hora, si non somnum.

To have arrow-root and strong beef-tea.

2.—She continued very restless and delirious, and could not be kept in bed, up to four o'clock this morning, when she fell asleep, and slept until seven without waking. When she awoke, she appeared much refreshed, and has been less delirious since,

but she is still somewhat delirious, and has frequent illusions similar to yesterday; she appears rather drowsy, and is frequently fretting, but remains quiet in bed; pulse 75, more full; skin cool and soft; perspired freely in the night; tongue cleaner and moist; bowels freely open; passes urine freely; limbs are in a constant state of tremor; makes no complaint of pain in the head. She was ordered to take the two remaining pills, and to have half a pint of porter every three hours.

3. She continued during the greater part of yesterday to have frequent illusions, and in a state of rambling but manageable delirium; was restless, and would not stay in bed; she did not get any sleep during the day, and towards evening the symptoms were worse, and delirium increasing without any disposition to sleep; and at eight, p.m., she was ordered—

R. Tinct. opii, ℥iss; Mist. camph., ℥ ij s. s.

She took the draught, and fell asleep about ten o'clock, and has slept without any intermission until seven this morning, when she awoke. She now states that she feels quite well; she is free from delirium; tremor of limbs is gone; she has no illusions; pulse is 74, full, and soft; skin cool; tongue clean and moist; she has much less thirst; appetite is better; bowels have been freely open; is free from pain or uneasiness in the head. To have only one pint of porter a-day.

Rep. Pilulæ opiatæ ij ut antea, hora somni sumend. omni nocte.

4. She has passed a very good night, slept the greater part of it, and has continued free from delirium and illusion, and expressed herself as being free from pain and quite well. Pulse 80, soft, and regular; tongue cleaner; appetite good; bowels regular. Cont. pilulæ.

5. Has again slept very well, and is perfectly rational and free from pain. Cont. pil.

9. Sleeps well, and is perfectly recovered from delirium tremens; ulcer on thigh is painful.

12. Has continued free from any symptoms of delirium tremens; says she feels in her usual health. The ulcer in the thigh is healing.

25. Continues in her usual health; is only remaining in the ward till the ulcer on the thigh is healed, towards which it is rapidly advancing.

REMARKS.

The occurrence of delirium tremens in the female is much more rare than is the same disease in the male, but it is not infrequent in those females who lead a low and drunken life, to which class this woman belonged; and in this case the symptoms first showed themselves after she had been deprived for a few days of her usual stimulus, as is most frequently the case. From the report of the symptoms on the night of the 30th, it will have been seen that the case was not only a severe, but a very marked one, there being all the symptoms present which are usually assigned as characteristic of this disease, and there could be no doubt about the diagnosis. The symptoms, however, are not in all cases thus definite; but delirium tremens may generally be distinguished by the delirium being so very easily manageable, shown in a most striking manner in this case (this is not the case in those diseases likely to be confounded with it); and by the tremor of the limbs, state of the pulse, and moist state of the skin. The prognosis at the commencement was favourable, as there were no symptoms present either to lead to the fear of the supervention of inflammation or of exhaustion from excitement, the two circumstances which are most to be feared in these cases.

The line of treatment was evident. To procure sleep and thereby allay the delirium was in this, as in all other similar cases, the first object to be sought after, and the remedy which of all others was the most likely to answer this end was opium; this was given in free doses until some sleep was produced on the second night from the commencement of the disease. Up to this time she had taken, in about thirty hours, preparations of opium equal to thirty-two grains of the solid opium, besides near one drachm of the ext. hyosciami. Even when sleep has been produced, and the symptoms are somewhat better in consequence, it is not always safe to cease giving the opium; if there be much remaining delirium, with tremor and moist skin and tongue, the medicine must still be persevered with until all delirium has ceased, and good sleep is produced. This is shown by this case, where, after she had several hours of sleep, the delirium continued, and it was found necessary to give more opium, which produced sleep again, and perfectly relieved her of all symptoms of the disease. The quantity of opium which this patient took appears large, having taken preparations equal to thirty-six grains in forty-eight hours, in addition to the hyoscyamus; but much larger quantities even than this have been exhibited, and that with the greatest benefit in similar cases.

SKETCHES OF FOREIGN HOSPITALS.

By W. THOMPSON KAY, Esq., Assistant-Surgeon, R.N.

CIVIL HOSPITAL, GIBRALTAR.

The building formerly called the Blue Barracks, previously in a state of ruin, having been repaired at the recommendation of General Sir George Don, Lieut.-Governor of Gibraltar, was appropriated as an hospital for civilians on the 8th of August, 1815. Since that period, however, considerable sums of money from various sources have been successively expended in improvements and additions to the building, so as to place it in the present efficient state.

It is situated nearly in the centre of the town, facing the sea; it is capable of accommodating sixty patients, and is separated into three divisions—one for Protestants, a second for Catholics, and a third for Hebrews, each division having its distinct nurse and assistants. The wards are clean, well ventilated, and furnished with iron bedsteads, similar to those supplied in our naval hospitals.

In addition to the wards usually devoted to patients labouring under general diseases, there is one, within the walls of the institution, but separated from the other wings, for the accommodation of women affected with venereal diseases, containing six beds, and another adjoining, containing eight, provided for the treatment of the diseases of women.

Pregnant women and lunatics are admitted, and gentlemen can have private apartments and medical treatment for half a dollar a-day (2s. 2d.).

For the superintendence of the general affairs of the hospital, a board, composed of the Governor of Gibraltar, of the three deputy-governors of the hospital,[1] the principal medical officer of the garrison, and the surgeon of the establishment, meet once a-week, or oftener if required.

Patients can only be admitted by tickets from the governor or deputy-governors, except in cases of accident or extreme urgency, and no persons (mariners excepted) are to be permitted to receive the benefit of the hospital without having a permit of residence in the garrison; but all inhabitants in poor circumstances may, as far as the general funds are concerned, be assisted daily, between the hours of three and five, p. m., with advice and medicines at the dispensary, where vaccination is performed one day in every week gratis, and which has, for the last twelve years, constantly afforded a supply of fresh vaccine lymph to the neighbouring places, and to the troops of the garrison.[2]

The *funds* for the support of the institution are classed under two distinct heads—the general and private funds.

The *general funds* arise from civil hospital port-charges, viz., 3s. 3d. from every merchant-vessel anchoring in the bay, and 4s. 4d. paid annually by the licensed lighters. This duty was, in the first instance, established by a proclamation of Sir George Don, and has subsequently been confirmed by an order in council, probably from the circumstance that the shipping is the frequent source of the worst cases of accident that are brought into the hospital, and since its establishment the number of Protestant seamen admitted amounts to 1086.

To the above source of revenue for the general funds was added a contribution on the flour consumed by the population, which was raised under the following circumstances:—A general meeting of the principal inhabitants was held, at the request of General Don, to consider and propose the best mode of providing additional funds for the permanent support of the Civil Hospital, and it was unanimously agreed that a small duty on the flour consumed by the whole population would be the fairest tax to provide *permanent funds* for its maintenance. This tax was directed by the governor to take place immediately, and commenced on the 1st of August, 1816, from which time it continued to be regularly paid, until the 1st of January, 1842, when her Majesty was pleased to direct that the sum of £83 5s. should be paid quarterly from the colonial revenue in lieu of the tax.

The surgeon of the hospital (Dr. R. Auriel) is the treasurer of the general funds, and the expenses paid from them are as follows:—

1st.—The salaries of the surgeon, assistant-surgeon, steward, surgeryman, and porter.

2nd.—The purchase of medicines, surgical instruments, and apparatus, with the repairs of the same.

3rd.—The keeping up of the hospital equipment, bedding, &c., and repairing or replacing them when unserviceable.

4th.—The improvements and repairs of the building.

The *private funds* arise from casual sources, and from subscriptions, from the three different persuasions respectively, and are under the sole control of the deputy-governor and committee of the division, each deputy-governor acting as treasurer of the funds appropriated for the sick of his own division, paying out of them for the diet of the patients, washing of their linen, funeral expenses, the wages of the nurses, and all the incidental charges which may belong to the same

The diet allowed to the patients is as follows:—

FULL.

Meat	1	pound.
Bread	1	"
Tea	¼	ounce.
Sugar	2	"
Milk	½	pint.
Broth	1	"

HALF.

Meat	½	pound.
Bread	½	"
Tea	¼	ounce.
Sugar	2	"
Milk	½	pint.

FEVER.

Bread	½	pound.
Tea	¼	ounce.
Sugar	2	"
Milk	½	pint.

Wine, porter, or other necessaries, may be ordered by the surgeon, if *really* required.

The following table shows the number of patients that were admitted and died in the year 1842, and is transcribed from the books of the hospital.

DISEASES.	ADM.	DIED.
Fevers of all classes	50	2
Small-pox	8	0
Dysentery	11	5
Diarrhœa	3	0
Erysipelas	13	1
Diseases of the brain and its membranes	1	1
Diseases of the lungs and of the other organs of respiration[3]	19	14
Diseases of the heart and blood vessels	4	1
Dropsy	10	6
Diseases of the skin	1	0
Rheumatism	42	0
Diseases of the uterus	1	1
Venereal diseases	46	0
Cancer	1	1
Hernia (one operated on)	2	0
Ulcers	55	2
Fistula	1	0
Old age	2	2
Total	270	36

[1] Each religious persuasion elects annually a deputy-governor, who acts as treasurer, and is assisted by a committee of the same persuasion, in managing the affairs of the division to which he belongs.

[2] Three hundred and thirty-eight persons were successfully vaccinated in 1842.

[3] In 1838 of 17 patients admitted, 14 died.
" 1839 " 15 " 14 "
" 1840 " 15 " 11 "
" 1841 " 20 " 14 "

TRANSACTIONS OF LEARNED SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Feb. 7, 1846.

J. W. Fisher, Esq., in the Chair.

A very interesting case of abscess of the heart, attended with very ambiguous symptoms, was read to the Society by Mr. Chance, of which the following is an abstract of the most important points :—

On the evening of the 23rd of December last Mr. Chance was requested to attend at twelve o'clock the next day, and make a post mortem examination of the body of a youth who had died somewhat suddenly and unexpectedly, under a train of symptoms which in no way explained the nature of the cause thereof. He accordingly went, and was introduced to Mr. Ray, of Elizabeth-street, Eaton-square, the gentleman under whose care the case had been, and Mr. Meates, a neighbouring practitioner, who had also seen him during life with Mr. Ray.

Mr. Chance also stated that it was through the kindness of Mr. Ray that he was enabled to give the symptoms, &c., under which the youth laboured during the attack. Mr. Chance, however, was personally acquainted with the youth and his friends, and consequently was enabled to add something also of his previous history.

R. P., aged thirteen, a lively but delicate lad, of a scrofulous diathesis, was apparently in perfect health on Sunday, Dec. 21st, 1845, and partook of a hearty dinner of roast leg of pork, &c. After dinner he complained of pains in the stomach and head, but this was considered by his friends trifling, and he was sent for a walk. He returned to tea at five o'clock, having been absent somewhat less than an hour. At tea time it was supposed that his stomach ache had left him, as he again made a hearty meal, making the toast for himself; thus marking his own desire for it. About eight o'clock in the evening he retired to bed, where he had not been long before he began to cry, and upon his sister going to him he requested her to put a basin by his side, as he felt sick. No vomiting, however, occurred until about two o'clock on the Monday morning, when his brother and sister were awoke by his cries, and went to his assistance. Full vomiting now ensued, consisting evidently of the food partaken of the previous day, and which, as the brother described it, "appeared unchanged, or as if but just eaten." After the vomiting had ceased he laid himself down, without speaking, and covered himself up. The brother thought nothing of his not speaking to him, as he attributed it to the fatigue of vomiting; indeed, seeing, as he supposed, that the vomiting had ceased, and that there was a disposition to sleep, he returned again to his bed.

In the morning the brother went to arouse him to get ready to accompany him to business; but finding him, as he thought, exceedingly sleepy and fatigued, he came to the determination to let him remain at home that day. An hour or two after this they again went to him, when he still appeared in the same condition, or, as they described it, "in a drowsy, half-unconscious state, disinclined to move or speak." The sister, now becoming somewhat alarmed, spoke to the landlady, who advised her to let the medical gentleman who was attending her child come up and see him. This was agreed to, and accordingly, about eleven o'clock in the morning, he was seen by Mr. Ray, of Elizabeth-street, Eaton-square.

Mr. Ray stated to me, that he "found him in a low state, disinclined to speak; palid and faint; pulse rapid and indistinct; tongue thickly coated in the middle, by a brown dry mark about as wide as the finger, on each side of which it was white, while the edges were red. He looked at me pitifully, without speaking; and upon being pressed to give an answer, he said he was sick, and had pain in the stomach. Upon pressure being made in the right hypochondriac region, he flinched, as if it gave him pain, but still nothing particular. He looked like a boy who had been sick, pallid, and faint, and these symptoms I at first thought were merely the consequence of the violent vomiting; I, however, determined to see him again in an hour or two. I sent some medicines, but none could be got into his mouth, he kept it so firmly closed. On visiting him again I found him sitting up, much in the same state. Attempts were now made to drench him with the medicine, and a little was got between the teeth, upon which retching supervened, and about a table spoonful of green bilious matter was ejected."

Immediately after Mr. Ray left he gradually became more and more insensible, and upon his visiting him again, at two o'clock in the afternoon, he found him "in a state of perfect coma, with contracted pupils, the mouth firmly closed—resisting all attempts to open it—the pulse too rapid to be counted, and with occasional convulsive movements of the arms and hands."

On the Tuesday morning he was again seen by Mr. Ray, who states that he was exactly in the same condition as the night before, only more convulsed, and that upon the left cheek (on the prominence of the malar bone) a distinct pustular eruption had made its appearance, as full and distinct as the eruption of small pox, occupying a space the size of half-a-crown-piece, and having an inflamed base; besides which, there were also a few pustules on the hands. During the afternoon he moaned much.

It was now determined that a consultation should be held with Sir James Clarke, and an appointment was accordingly made for five o'clock, but at three o'clock previously he expired.

It is worthy of remark, that, previous to the rapid and fatal attack that I have described, no surmise whatever was entertained by his friends, of there being anything the matter with him. He was lively as ever on the Saturday, and, indeed, on the Sunday morning. He had no difficulty of breathing, nor was he subject to cough; he experienced no palpitation of the heart or hurried circulation that was ever complained of; indeed he would run up and down the warehouse stairs more nimbly than any other boy on the premises, and, but a few days before, he was engaged in running a race. He was naturally of a pallid complexion; enjoyed a good appetite, but lived during the week irregularly, principally upon bread and butter or cheese, with but little meat, owing to his providing his own dinner, as his place of business was in town, four miles from his sister's residence—a circumstance that I mention, because it was at first supposed that the primary attack of vomiting arose from his having partaken of a hearty meal of roast pork, and thus had overloaded his stomach with a species of food it was not accustomed to, which kind of food, moreover, is known to disagree with many persons.

It is also curious that there was no expression of pain in the face throughout the whole time. He appeared merely faint and palid.

Post-mortem Twenty Hours after Death.

With the exception of a slight turgescence of the vessels of the membranes and brain, no morbid appearances whatever were discovered, either in the cerebrum or cerebellum. The mouth was found to be so firmly closed that it could not be wrenched open, even with a large chisel inserted between the teeth. The pharynx and larynx were both perfectly healthy, as was also the upper part of the trachea, which last part was removed below the thyroid gland. The tongue was thickly coated.

The lungs were perfectly healthy, both in appearance and feeling. No adhesions whatever; no fluid in the chest.

Upon cutting into the pericardium, it was found to contain about an ounce of yellowish turbid fluid, like pus and water, but of a darker colour; or like the turbid fluid contents of the stomach, which it so much resembled that a gentleman present exclaimed, "there must surely be an opening communicating with the stomach." The fluid was collected for examination. The vessels upon the heart were turgid, and the heart itself was studded with red and black spots of effused blood, varying in size from a mere point to a quarter of an inch in diameter. The spots were most numerous upon the posterior and upper part of the left ventricle. The structure of the left ventricle had a particularly knotted, hard feel, giving the idea of a muscle in a state of firm contraction. Upon the anterior surface of the apex of the left ventricle there was a highly inflamed spot as large as a shilling, covered with coagulated lymph, having a rough aspect, as if it had been recently torn from another part, which, in fact, was the case. The surface beneath this spot was elevated above the surrounding parts. Heart small in size. The interior of the right auricle and ventricle was healthy; a clot of fibrine occupied their cavities. On cutting into the left ventricle, which was done from the apex to the base, through the prominent and inflamed spot, an evident difference was found in the texture of the inflamed part, it being much more dense than the surrounding structure. A large clot occupied both cavities. The texture of the ventricle was very firm, and its colour dark; but immediately beneath the inflamed part there was an evident difference, it being much lighter-coloured for a space larger than a nut. It also gave the sensation of greater firmness when touched with the point of the knife—a feeling that was supposed to arise from induration from the subjacent inflammation. Upon cutting across this spot transversely, a slit about half an inch wide was discovered in the centre of the thickening, being the edges of a cavity leading both ways. A probe passed into the slit demonstrated the existence of a cavity of about half an inch in diameter, having an external opening, in the centre of the inflamed spot, at the apex of the ventricle, and which opening was covered up, or over merely, by the coagulated lymph upon the surface of the heart, *i. e.*, the *sides* of the opening were not in contact and agglutinated; but, from the edges of the opening, the lymph passed across, covering it up; so that the passage of the probe outwardly was prevented by the lymph, and by the lymph only, through which its point could be seen glistening. In the opposite direction the probe passed freely into the cavity of the ventricle, beneath one of the carneæ columnæ.

The pericardium corresponding to the inflamed spot on the heart was intensely inflamed, and covered with a layer of coagulated lymph, like that on the heart. This intense inflammation occupied a space of about a five shilling-piece, and then gradually subsided. The serous covering of the origin of the pulmonary artery and of the aorta was much inflamed, especially the latter, the vessels upon which were sufficiently injected to give it an uniform red appearance.

Upon examining the mucous membrane lining the right and left bronchial tubes, at the root of the lungs, it was found to be intensely inflamed, and there is little doubt that, had the examination been continued, the inflammation would have been found to have passed into the minute ramifications. This examination, however, was unfortunately forgotten to be made. It must not be forgotten that the trachea was not in the least inflamed above the lower border of the thyroid gland.

Upon opening the abdomen the general appearance of the peritoneum was natural, but we were astounded by the appearance of the mucous membrane of the stomach, duodenum, jejunum, and ileum; in all of which organs it was intensely inflamed. In the stomach, the whole of the interior was inflamed, with the exception of the pylorus, and about an inch in front of it. The most inflamed part was the anterior wall of the great extremity, the mucous membrane of which was much corrugated, and its parietes thickened. So intense was the inflammation that my first idea was that poison had been taken, and I put the stomach and its contents away for further examination. The stomach contained only some grumous fluid. The interior of the duodenum was intensely inflamed, especially the valvulæ conniventes. From the duodenum the inflammation passed down the jejunum and ileum, becoming less and less intense, and in smaller and smaller patches, until it entirely disappeared a little before the bowel terminated in the cœcum. The cœcum and large intestines were healthy, save and except, here and there, a very small spot of inflammation, and these were almost confined to the descending colon. No solid matter whatever was found in any part of the intestinal canal. The liver was of the natural size, and the only morbid appearances were six or eight small tubercles (about as large as peas) in the anterior edge of the left lobe, which were in progress towards suppuration; and upon the upper surface of the right lobe there was a light streak two or three inches long and about an inch wide. Upon cutting into the liver the alteration of colour

passed into its substance for at least an inch in depth.

The kidneys were healthy; bladder full, but healthy. On the right cheek, over the malar bone, the situation of the pustules spoken of, there were several discoloured spots, none of which, however, contained fluid of any kind.

The heart and stomach are in Mr. Chance's possession, and he stated that he should be happy to show them to any one who will honour him with a call.

Mr. Chance, in his observations upon the case, remarked that it was interesting from its rarity—(Mr. Owen, of the Royal College of Surgeons, informed him that he had seen superficial ulceration of the heart, but that he never saw or heard of a case before in which abscess existed)—from the disproportion which existed between the symptoms and the morbid appearances found after death—from the ambiguity as to the actual cause of death, *i. e.*, did it result from the inflammation of the stomach, or from the injury to the heart?—from the circumstance of the inquiry that must ensue as to whether the extensive inflammation of the mucous membranes was idiopathic or symptomatic—and from its medico-legal bearings. An interesting inquiry also here presents itself, viz., Could inflammation of the stomach and bowels, either symptomatic or idiopathic (the absence of narcotics of all kinds being premised), cause death in the time specified without inducing any other symptoms than the few mentioned?—and next, if it be determined that it could, to explain the rapid development of such extensive inflammation in both chest and abdomen in so short a period, either upon the supposition of its being idiopathic or symptomatic. The only case that Mr. Chance was acquainted with bearing any analogy to the present is that of General Dick, who died suddenly on the 13th of March, 1814, under circumstances that, eighteen months afterwards, excited suspicion, and led to an inquest. In this case it appears from the report that at "11 o'clock in the morning, on the 13th of March, he was in his usual health, and at half-past 12 the same day he died." The post-mortem examination in this case was conducted by Mr. T. Barrett, surgeon, Bristol, and the stomach, &c., by Mr. Herapath, as there were suspicions of his having been poisoned, by which examination it appeared that no trace of poison of any kind could be detected, but that the stomach, the duodenum, the jejunum, and the ileum exhibited patches of inflammation, "sufficient," says Mr. Barrett, "to cause death," and that "a nervous shock would only accelerate it." The heart was shrunken, but exhibited no disease. Dr. Daniell, another witness, stated that he "almost entirely coincided with what Mr. Barrett had said, except that he had seen cases of spontaneous inflammation where there had been no previous disease, which had caused such a shock to the nervous system as to produce syncope and death—death quite as sudden as that of General Dick. He had seen cases of this kind in his own practice, in aged persons, and in quite as good health as General Dick." The verdict in this case was, "Died from inflammation of the stomach and bowels, but how produced there is no evidence to show."

The points of resemblance in these cases are great. In both, the following are nearly all the symptoms in the passage from supposed good health to death, viz., nausea and vomiting, pallor, inclination to sleep, coma, and death; in both, post mortem examination displays extensive inflammation of the stomach, duodenum, jejunum, and ileum, existing in the one, it is true, alone, and therefore, being the sole cause of death, while in the other there is superadded inflammation and abscess of the heart, &c., which in itself constitutes a great point of difference; nevertheless, the points of similarity are so many that it appeared to me useful to place them in juxtaposition.

The most interesting point in the case of R. P. is the determination of the question as to whether the violent inflammation of the mucous membrane of the lungs, and intestinal canal, was idiopathic or symptomatic; in fact, to determine (as I put poison entirely out of the question) whether the introduction of pus into the blood had any share in its production. That pus was introduced into the circulation I feel assured, and in all probability in the following manner:—The abscess in the walls of the ventricle became maturated, and burst into the pericardium, during which time—as the heart is not one of the most sensitive organs, indeed, appears to be very little sensitive—no disease was complained of; as soon, however, as the rupture of the external wall of the abscess took place, the inflammation both spread itself upon the serous covering, and became propagated to the serous layer opposite to it, on the pericardium, and, as a consequence, a deposition of coagulable lymph took place, agglutinating the pericardium to the heart, and closing over the opening in the abscess. The opening into the pericardium being closed, a fresh collection of pus doubtless took place and formed for itself the opening into the ventricle beneath the carneæ columnæ and thus at each impulse of the heart a portion of pus became mixed with the blood.

Many of the symptoms described by Mr. Arnott, as resulting from the introduction of pus into the blood, are similar to those experienced by R. P.; thus, he describes the pulse as from 130 to 140 in a minute; sickness and violent vomiting, especially of bilious matter. When left to himself the patient is apt to mutter incoherently, but becomes clear and collected when addressed; the secondary inflammation is of a violent character; and the fatal issue frequently takes place under a rapidly developed attack of inflammation of the viscera of the chest, but whether this is observed or not death is always preceded by symptoms of extreme exhaustion, a rapid feeble pulse, dry brown or black tongue, teeth and lips covered with sordes, haggard expression, low delirium, &c. The similarity between these symptoms, and those in the case I have narrated, cannot fail to be observed, the only difference being in the different rapidity with which they progress. I would therefore ask, is it not probable that the whole of the extensive and violent inflammatory appearances within the chest and abdomen was the direct consequence of the circulation of pus with the blood, and that the difference in the rapidity with which they progressed may be accounted for by the circumstance that in Mr. Arnott's case the pus was absorbed, and therefore received into the blood gradually, and by small quantities; whereas in R. P.'s case it was suddenly circulated to every part in sufficient quantity to produce immediately its direful and fatal effects.

[1] Reported in the *Medical Times*, No. 310, vol. xii, August 30th, 1845.

PATHOLOGICAL SOCIETY OF DUBLIN.

[FROM OUR OWN CORRESPONDENT.]

Meeting of the 24th of January.

Dr. GREEN in the Chair.

Chronic Mammary Tumour.

Mr. Fleming presented to the Society a tumour which he had removed within the last six months from the breast of a woman aged at least forty.

She had accidentally perceived it about six months previous to her applying to Mr. Fleming, and it was at that time the size of a small marble.

Its progress was unaccompanied by any uneasiness or pain. The patient was unmarried; her catamenia regular as to amount and period of occurrence, and she was free from any uterine irritation. Her general health also was uninterruptedly good. The tumour was found on examination to occupy the upper part of the left breast, above the site of the nipple, and somewhat nearer the centre than the axillary margin of the organ. It was about the size and shape of a large walnut, lying with its longer diameter transversely, and so moveable that it rolled freely in its bed, which was obviously superficial to the glandular structure of the breast; indeed, it was so moveable that a stroke with the finger floated it away under the integuments from its ordinary position to a considerable distance. Under the impression that it was not malignant, the ordinary local and general means of treatment were adopted, with a view of promoting its absorption; but, after a lapse of some weeks, whether owing to the treatment or the too frequent examination of the tumour, it became uncomfortable, and occasionally painful, so as to excite alarm, and induce her to have it removed by operation.

This was effected, with the sanction of Dr. Montgomery and Mr. Colles, by merely fixing the tumour firmly, cutting down on it, freely exposing its surface, and drawing it out with a double hook, when it was detached with ease. Many of the members, Mr. Fleming observed, would recognise in the tumour all the essential characters manifested by one which Mr. Adams exhibited during the last session. Its strong, investing, fibrous capsule, its dense consistence, and lobulated arrangement of structure, with the remarkable canals passing through it, those canals being lined by a delicate membrane, resembling mucus, and terminating in so many foramina cœca, were all in accordance with the structure of the former tumour. Mr. Fleming exhibited the drawing of Mr. Adams's case in confirmation of this statement, and alluded to the fact of the tumour in that instance being situated behind the glandular structure of the breast, while in that now exhibited it lay superficial to it. In the progress of such cases, and in their diagnosis, this was an important point for consideration. Mr. Fleming was not disposed to trespass on the time of the Society with a detailed account of this class of tumours, as Mr. Adams had already alluded to their history and diagnostic characters. He would merely remark, that it was obviously "the tumour of the breast resembling scirrhus" specially noted very many years ago by the late lamented Professor Colles, and identical with the "chronic mammary tumour" subsequently described by Sir A. Cooper. "The fibrous tumour of the breast," forming the subject of a memoir brought under the notice of the French Academy of Medicine by Cruveilhier, some short time ago, and which gave rise to a protracted discussion, was clearly the same, and, notwithstanding the opinions of this high authority, Mr. Fleming was strongly disposed to consider such fibrous tumours as decidedly capable of malignant transformation, and as calling for prompt removal by the surgeon when occurring at the more advanced periods of female life. The case he now brought under the notice of the Society showed that it may supervene after 40, and a specimen is to be found in the museum of the College of Surgeons bearing a strong resemblance to the present, which he had removed from a lady past the age of sixty, leaving the nipple and uninvolved portions of the breast intact. He has at present a case under his care of a lady over fifty, and unmarried, who applied to him with a similar tumour—at least as regards its history and diagnostic characters—twelve months ago. The tumour, under local and general treatment, seemed to have a disposition to recede; but, within the last two months, the lady returned from the country, the tumour having unquestionably undergone a cancerous transformation, even to such an extent as to render an operation impossible. Yet, during her stay in the country, she gained flesh to a considerable amount, and fancied that the tumour had disappeared.

Case of Painful Subcutaneous Tumour.

Mr. Adams wished to exhibit an excellent cast, in wax, of the arm and forearm of a woman, aged thirty, who had, for the last thirteen years, a small tumour, of about the size of a barley-corn, at the upper and outside part of the left forearm.

This little tumour, when *first* noticed by me, was moveable under the skin, very hard, but not painful; she stated, however, that, about three months previous to her applying for advice, she became attacked with pains, which, from her description, appear very much to resemble neuralgic ones, having been at first superficial stings, and afterwards seeming to penetrate to the very bone. On the day after her application to Mr. Adams at the Richmond Hospital, she stated that the pains extended down to the hand, and up to the shoulder, and that, if they came on at night in bed, they were so agonising that she was obliged to get up and walk about; in her suffering and impatience she said that she often prayed mentally that somebody would amputate her arm. For an hour after going to bed every night she was visited with a paroxysm of most acute pain in and around the little tumour, and she remarked that the paroxysm was worse in frosty or wet weather.

The tumour was observed to be very hard, to have a shining, almost transparent, appearance (which last character is well represented in the cast), of the size of a barley corn, and now quite adherent to the skin; she instinctively shrunk back from any one who attempted to feel it, for she suffered much acute pain from the slightest examination of it.

On the 3rd of October, the day of her application at the Richmond Hospital, Mr. Adams removed the little tumour, together with the portion of skin which adhered to it. It might have been inferred from the symptoms that the little tumour had some connexion with a nervous trunk or branch; but neither in the dissection of the tumour and its cyst, nor by the aid of the microscope, could anything like a nervous trunk, or nervous fibrilla, be discovered. The tumour, covered by its cyst, was, as he had said, of the size and shape of a grain of barley; it was very firm and elastic, and, when cut into, appeared whitish, semi-transparent, and not unlike cartilage. It appeared to Mr. Adams to resemble the fibro-cellular tissue, its structure being considered by his friend, Dr. Power, who had examined it with the microscope, to be of a fibro-cartilaginous nature, into which a large quantity of areolar tissue entered, containing cells somewhat resembling, but not actually the same as, the vesicular cells of the nervous system. It is now more than three months since this little operation was performed, and Mr. Adams had seen the woman lately, who states that since then she has not felt a pang of pain in her arm. There was nothing new, he observed in the case, every practitioner of experience must have met with similar ones; yet presenting to the Society facts of this kind he considered not unimportant.

This description of tumour, he remarked, had been noticed by Petit, who, in his discourse upon pain says, "These nervous ganglions are very little known; they present themselves under the form of little bodies, of the size of a small bean, very hard, very moveable, without colour, occasioning violent pain when even slightly touched, and affected by change of weather. No topical application relieves them; extirpation alone effects a cure.

"Dissection shows them to consist of a whitish tubercle enveloped by a fibrous membrane, and usually adherent to the skin; sufficiently moveable in the cellular tissue, where they appear to be held merely by means of nervous filaments, of which these tumours are the expansion." The greater number of those seen by him were in the lower extremities; he had seen one in the arms.

These bodies, Mr. Adams observed, have also been described by Cheselden, and Dr. Wood has written an essay on the subject in the eighth vol. of the Medical Chirurgical Transactions of Edinburgh. Mr. Wilmott, of this city, and Dr. Fleming also, wrote on the subject; to which, also, Dupuytren has devoted an entire lecture. He describes these little bodies as a species of fibro-cellular encysted tumour, known in practice by the name of ganglion, or nervous tubercle. He states that the little tumours have been accurately enough described, but erroneously supposed to be formed in the tissue of the nerve, or in the course of these organs—as Petit imagined when he called them ganglions. Chaussier called them painful subcutaneous tubercles.

The professor of the Hotel Dieu has carefully examined these tumours in the dead body, and fully satisfied himself that they are *totally unconnected with nerves*. He says, we do not find in their substance, or on their surface, any nervous filaments. They are independent of these organs; as far as this one case goes, Mr. Adams observed it confirms these opinions.

Dupuytren gives the case of a woman who had one of these painful subcutaneous tumours at the inner side of her knee for more than eighteen years, but that it was only for eighteen months previous to her applying to him that she suffered any pain. The professor adds, had this little tumour been found in the course of a nerve, or in its thickness, it would scarcely have remained insensible for more than sixteen years; and here Mr. Adams remarked, in the case which he presented, the small tumour had been noticed on the woman's arm for thirteen years, but this very agonising pain, which induced her to get it extirpated, had only existed for three months. Dupuytren's idea that these tumours are of a cancerous nature, or degenerate into this morbid structure, does not appear to be proved. The disease has been confounded, too, with neuroma, but neuromatous tumours appear in the course of large nerves, are numerous, and attain a large size; whereas, these little tubercles are solitary and subcutaneous, and scarcely ever exceed the size of a pea, though they may have existed for years; and they are unconnected with nerves.

Much as the opinions of men vary about these tumours, all are agreed that extirpation by the knife is the proper treatment. This should be done at once, and will be found to be invariably effectual; at least, Mr. Adams had seen this proceeding frequently resorted to, and had never known any case in which the simple removal of the little tumour failed in permanently relieving the patient.

Mitral Valve Disease.

Dr. O'Ferrall brought forward the recent facts in a case of regurgitant disease of the left auriculo-ventricular opening. The patient, a young woman, was admitted into St. Vincent's Hospital labouring under symptoms of pleuro-pneumonia. She had dyspnœa, and, besides the physical signs of the pulmonary inflammation, there was a well-marked systolic murmur in the left extremity of the cardial region. Her urine was albuminous.

The diagnosis was regurgitant disease, Bright's kidney, and the pulmonary lesions alluded to. Under treatment she got better, but, after some days, was attacked with pain in the heart, and, upon making a physical examination, a friction sound was detected. In the condition to which she had been reduced by previous disease, depletion could only be ventured on with great caution. She was cupped and blistered, and, on the second day after, the frottement had disappeared; but subsequently there was a recurrence of the pleuro-pneumonia; the stomach would retain neither food nor medicine, and she gradually sunk exhausted.

The kidneys were found in the second stage of mottling; the lower and posterior part of the left lung was much congested; the left ventricle formed the apex of the heart; its cavities were full of blood; the coagulum in the left was pale and fibrinous; the mitral valve was thick and rigid, its anterior lamina being much shortened, the valve was evidently inadequate to perform its functions.

The point to which Dr. O'Ferrall principally wished to direct attention was that, although in this case regurgitation through the left auriculo-ventricular opening existed, the apex of the heart was seen to be formed by the left ventricle. This Dr. O'Ferrall attributed to the mode of death by syncope, which, giving to the ventricle an unusual enlargement, caused a departure from the form of the heart prevalent in these cases, in which the apex is ordinarily formed by the right ventricle. If this case had been reported without reference to the mode of death, it would have been an apparent exception to the rule which we know to be general in advanced cases of mitral disease. Dr. O'Ferrall had, on former occasions, called the attention of the Society to several causes of fallacy in post-mortem appearances of the brain, liver, &c., arising from inattention to the peculiar mode of death. This point furnishes a further illustration of the necessity of premising a statement of the mode of death by asphyxia or syncope. Without this statement, pathological records are, in many cases, deprived of their principal value, and conditions of hyperæmia are attributed to causes foreign to their real nature.

Saturday January 31, 1846.

Dr. O'Ferrall in the Chair.

Encysted Tubercle of the Lung.

Dr. Green stated he had an opportunity of presenting to the Society a specimen of the encysted tubercle of Bayles—a morbid appearance so rare, that Laennec only saw four or five instances of it in a practice of twenty-four years; and Louis only mentions one case in his work on phthisis.

The female from whom the specimen was taken was admitted into the Whitworth Hospital on the 1st of January, labouring under cough attended with a frothy and mucous expectoration, which was tenacious and excreted with some difficulty. She had inflammatory fever with a quick and hard pulse, and dyspnœa, which was urgent. On percussing the chest throughout, no amount of relative dulness could be detected. Intense bronchial râles everywhere audible, but no fine crepitus.

On the supposition that the case was one of complicated, acute bronchitis, she was bled from the arm, and put on a solution of tartrate of antimony; under this treatment she improved so much that she requested to be discharged, and left the hospital on the 8th, to resume, as she stated, her family occupations. She returned, however, in a fortnight, but greatly altered in appearance. She stated she had caught a fresh cold, and that the cough had returned. The dyspnœa was now intense, and she lay on her back, incapable, apparently, of making any active exertion. The cough was constant, and the expectoration was of the same character as before.

On again percussing the chest, no relative dulness was detected either behind or before. The bronchial râles were heard of the same intensity as when she first entered the hospital. The dyspnœa daily increased in severity, and she gradually sunk into a debilitated state, and died in a condition resembling asphyxia.

The respiration throughout the illness was accelerated and abdominal, and the expectoration, which was frequently examined, never contained any tubercular matter. The feebleness of the pulse, and the sunken and convulsive aspect of the countenance, prohibited the adoption of any active treatment more than cupping. On examining the chest, no adhesions existed between the visceral and peritoneal layers of the pleuræ. Some slight traces of interlobular pleurisy were found, such as weak adhesions between the lobes and the deposition of a thin false membrane, more like the cellular tissue than the ordinary product of acute pleuritis, and such as is frequently found in old people attacked with influenza, and in subjects worn out by chronic disease of the chest.

The bronchial mucous membrane was internally injected, and the traces of vascularity increased towards the terminal branches of the tubes. The longitudinal fibres of these latter were greatly hypertrophied, and resemble those displayed in Keississin's plates of the calf and other animals. This hypertrophy was doubtless due to the constant irritation of the bronchial tubes and attacks of intermittent bronchitis, which are known to supervene whenever the bronchial tubes are in contact, for a length of time, with morbid products, such as tumours, aneurisms, &c. At the posterior portion of both lungs there was evidence of congestion and slight inflammation; they were here somewhat solid, but easily broken up by the finger, and not presenting the peculiarly friable condition of pneumonia.

Beneath the pleura, a number of rounded bodies, extremely hard and incompressible were found. some were small, others of considerable size, occupying both the upper and lower lobes.

It is stated by Louis and Laennec that these are found in the upper lobes, but, in this instance, they were lodged in all portions of the lung.

The morbid anatomy of these little bodies (several of which had been removed and sections made through them) was very peculiar. The cysts in which the morbid matter was contained were similar to cartilage, very hard and elastic. The membranes were distinctly observed on examining the section, the outer cartilaginous or fibrous, and the inner mucous, which latter was smooth to the touch, but unequal on its surface, sometimes containing little depressions. These cysts, in fact, possessed the same structure as chronic phthisical cavities, but on a very minute scale.

It would appear that these bodies had existed in the lungs for a long time, first from the frequent inflammatory attacks of the lungs to which the woman was subject, principally of intercurrent bronchitis, for which she had been repeatedly cupped, as was evident from the numerous scars on her back, and, secondly, from the age of the patient, who was nearly sixty. It might be expected that the presence of so many solid bodies in the lung would be indicated by dulness on percussion; but it should be remarked, they were scattered uniformly through the organ, so that the relative clearness of one portion in comparison with another could not be observed.

Secondly, sound portions of the lung entered between each of the cysts, and, finally, some of the air cells became distended in consequence of the

repeated attacks of bronchitis. For similar reasons, it is well known, that a considerable amount of ordinary tubercle or other solid deposits may exist in the lung without necessarily causing dulness on percussion. Again, it is observed by Louis in detailing his case—the case was here recited—that pectoriloquy was detected in the upper portion of the lung; but in his case a number of grey granulations were also deposited, some of which were softened. With respect to pectoriloquy, Dr. Green stated that he considered the sign to be, in several instances, fallacious, for he had observed, that whenever solid matter was deposited around the bronchial tubes, particularly near their roots, the voice to the stethoscope partook of the character of pectoriloquy so closely that it would appear to originate from a cavity. It would be difficult, therefore, to diagnose these cysts during life by unequivocal physical signs; but the frequent occurrence of bronchitis without any assignable cause should always induce us to suspect the proximity to the tubes of some source of irritation. In the present instance, the repeated irritation arose from the efforts of nature to empty the contents of the cysts into the bronchial tubes, as was evident from little funnel-shaped elongations observed in the circumference of the cysts, and which were obviously the remains of a bronchial tube. Whether these cysts would have eventually coalesced, it would be difficult to say. They were firmly attached to the tissue of the lung, and, in this respect, differed from the case detailed by Louis. The interior of the cysts was occupied by matter partly tuberculous and partly cretaceous, but it was not ascertained whether the patient expectorated any of the latter during life.

Mr. Adams would presently exhibit specimens which were occasionally expectorated, and which the Society would observe to be angular. The matter in the cysts was like the sacs themselves, round, and, from the perfect sphericity of these latter, Dr. Green conceived that the tubercular matter was first deposited in the terminal air cells. He stated he was not acquainted with any extensive analysis of this cretaceous looking matter. Dr. Marcet states that it consists of phosphate and carbonate of lime, and that he once found on the surface of the lung, in a negro, a whitish product, which proved to be the ammonio-magnesian phosphate.

On the whole, Dr. Green considered that an individual might reach a considerable age with these encysted tubercles in the lung, as was evident from the present case. The cartilaginous and fibrous coats of the cysts completely isolated the tubercular deposit from the remaining sound portions of the lung, so that, however much an individual might suffer from repeated attacks of bronchitis, and perhaps of partial pneumonia, he would nevertheless escape from the wasting hectic which the coalescence of ordinary tubercle, and the constant drain from a large cavity, is seen to produce.

Mr. Adams exhibited a few small calculi, which had been coughed up by a patient of his a few days ago; the gentleman was aged about 43, and had been for the last twelve months an invalid, looking very pale, and, although well enough to use much exercise and to attend to his official duties at the desk, which were sometimes laborious, still his look conveyed to the medical man the idea that some organic disease lurked in his system. He had anasarca of lower extremities, with fulness of abdomen, both which symptoms have yielded to treatment. He has now a very severe hacking cough occasionally; his pulse are not more than 72, and there is no uretical symptom; respiration, as detected by the ear applied to the chest, is less clear at the right than on the left side, and some dulness on percussion is perceptible at the upper part of the right lung. Dr. Stokes, who saw this gentleman, in connection with Mr. Adams, feared that a development of tubercle was taking place in this region. The patient has had, for the last two years, a large tumour, irregular on its surface, occupying the hepatic region, and which both Dr. Stokes and Mr. Adams considered to be disease of the liver, and very probably of a malignant nature. The calculus he now exhibited was a small one, not larger than a garden pea, round and white; others of the same kind had been coughed up lately by this gentleman, who remarked that, previous to their appearance, the cough had been particularly severe, was much relieved after the substance was expectorated. Mr. Adams had seen many such cases, and the patients always made this remark about the sudden relief that succeeded to the coughing up of the calculi. Mr. Adams had the little calculi analysed by Mr. W. D. Moore, who reduced one of them to powder, and treated it with dilute nitric acid, in which the greater part of the little mass dissolved with effervescence, leaving behind a little animal matter. Another portion, exposed to the blow-pipe, was reduced to the caustic state and reddened turmeric paper. The calculus, therefore, was to be looked on as consisting chiefly of carbonate of lime mixed with mucus or animal matter. Mr. Adams has known these calculi to appear in patients of very different ages, and by no means considered their appearance as any evidence of phthisis, having known persons who had expectorated similar ones, escaped phthisis, and still lived in the enjoyment of good health. The calculi now exhibited by Mr. Adams, and three shown by Dr. Green, not the only productions of the kind which have been presented to the Society. In the fifteenth vol. of the Dublin Journal be found an account of an enormous calculus of this kind, which had been shown to them by Sir P. Crampton. These calculi, Mr. Adams observed, have not been much noticed by those who have written on pulmonary disease, if we except Morgagni. But though we do not often hear of these calcareous depositions having been expectorated by the living, in the dissection of the dead every experienced anatomist, when examining the structures about the bifurcation of the trachea, must have felt his knife hitch occasionally against these calcareous substances. More information, he remarked, relating to these pulmonary calculi is still required to make their history complete. In what structure is the original nidus of these substances placed? How do their bodies become free in the air tubes? Is it possible that they may even make their way into the trachea of such a size and form as to require, as foreign bodies, the operation of tracheotomy for their removal? These are questions, he observed, interesting to medicine as well as surgery.

REVIEWS.

A Treatise on Practical Medicine. By Professor Piorry. 6th vol. Paris, Baillière, 8vo. pp. 534.

The sixth volume of Professor Piorry's work on Pathology has recently been published, and has excited a considerable degree of attention, as it contains, besides an elaborate description of the diseases of the urinary and genital system, a complete exposition of the author's original views on the nature and treatment of maladies of the spleen. Professor Piorry is the inventor and ardent promoter of plessimetric percussion, and the application of that most valuable method of diagnosis to the investigation of disease, undoubtedly throws new and vivid light upon many morbid phenomena hitherto imperfectly understood. It has led the learned professor to establish on the solid basis of observation and induction a new theory of intermittent fevers; and it is to the development of this new theory that the first part of the volume before us is consecrated. In another article we will examine the second, and not less important portion of the volume, and the general tendency of this laborious production.

In our author's opinion, the exact knowledge of the size, shape, and situation of the spleen, can be better acquired on the living, than on the dead, subject. The accumulation of frothy mucus in the respiratory organs, and the various changes produced during the last moments of life in the visceral circulation, cause modifications in the shape and situation of the spleen, which may easily be mistaken for changes resulting from disease, whereas plessimatric percussion of the spleen during life, and in a healthy condition of the subject, gives to the practical experimentalist certain and positive data of the most satisfactory nature. Palpation hitherto resorted to by the physician to ascertain the situation of the spleen is certainly a most unfaithful method. Piorry has now demonstrated by an unanswerable number of well-authenticated facts, that the spleen enlarged by disease, instead of descending into the abdomen, rises in the great majority of cases, thereby pushing upwards the diaphragm and corresponding lung—a state of things which can only be ascertained by percussion. The result of the professor's researches relative to the size of the viscus, in health, is that the longitudinal diameter varies between eight and ten centimetres; the transversal between seven and nine. In 161 cases of intermittent fever, recorded in a separate chapter of the volume, the author has found the spleen enlarged 154 times—four times it was painful, and three times only it appears not to have been increased in size. After a detailed search into the nature and special characters of the symptoms of intermittent fevers, our author examines carefully the fevers of various types, and the result of his experience seems to be, that they do not differ from each other in their intimate nature, all being produced under the same pathogenic influence. The reality of the miasmatic effluvia, on the existence of which a late discussion of the Academy of Medicine would appear to throw some doubt, is admitted, and, in our opinion, perfectly demonstrated by M. Piorry. In his theory, the effluvia are absorbed through the respiratory surface, whence they are by a kind of election carried to the spleen, on the same principle that belladonna exhibited internally affects the iris specially, and cantharides the bladder; the febrile manifestations have their origin in the nervous structures surrounding the spleen; they extend to the spinal chord and sympathetic apparatus, and hence to the skin. This theory would seem to acquire a certain weight from the frequently observed fact, that percussion of the left hypochondrium often produces "cutis anserina," whilst percussion of other parts of the body of the same person is perfectly inefficient to bring on the same result.

In Professor Piorry's opinion, ague proceeds from the disease of the spleen, and does not cause it; percussion demonstrates the fact from the beginning of the malady. The rapidity with which the salt of quinine is absorbed, and acts upon the spleen, is demonstrated by many cases, wherein percussion shows the almost incredible fact, that *one minute* after the ingestion of the drug, the viscus already obeys its influence and seems to contract in the hypochondrium. The word "*contract*" may be used with propriety, for M. Bourgery has demonstrated the existence of a *muscular* structure in the spleen—a disposition which would permit us in some measure to account for its almost instantaneous diminution. It is the bisulphate of quinine which M. Piorry employs; he has measured the efficacy of the salt, and has found it five times more active than the neutral sulphate. In conclusion, we can only refer our readers to the book itself, from the perusal of which, many will derive information, and all interest.

A History of Infusoria—Living and Fossil. By Andrew Pritchard, M.R.I. Whittaker and Co. 8vo.

It certainly appears strange that the study of the Infusoria, which, perhaps, presents as wide a field for observation and inquiry as any other branch of natural history, and places before the observer facts of a more extraordinary nature, should have been hitherto almost entirely neglected. Such, however, is the case; and, with the exception of the works produced by Mr. Pritchard, whose meritorious labours in this department of natural history have long been known and appreciated in the scientific world, Dr. Ehrenberg's book entitled "*Die Infusionsthierchen*" is the only one which professes to give a systematic and complete arrangement of the infusorial animalcules.

The work now before us is such as might be expected from Mr. Pritchard's well-earned reputation for accurate and indefatigable research, and should be in the possession of every one who cultivates the study of natural history for its own sake. Mr. Pritchard has not considered his subject merely as a matter of dry scientific detail, but as affording arguments of a most powerful nature in support of the existence of an Omnipotent and All-wise Creator.

Following the arrangement of Dr. Ehrenberg, Mr. Pritchard describes the various genera and species in the two great classes *Polygastrica* and *Rotatoria*, giving the particulars of form, anatomical structure, colour, habitat, size, &c. He concludes his work with a very useful abstract of Dr. Ehrenberg's work on the fossil infusoria of the chalk formation. In this work Dr. Ehrenberg has satisfactorily shown the identity of the phosphorescent animalcules of the ocean and the remains of infusoria found in a fossil state in the chalk marls of Sicily and other localities.

We extract the following passage respecting the extraordinary power of self-division possessed by some of the Infusoria.

"The importance of this power, so forcibly exhibited in the various tribes of animalcules, is well shown by the fact, that a creature, invisible to the naked eye, can, in the space of four days, give origin to no less than 140 billions of beings; and as, from the size, &c., of the bodies, we can easily calculate that 40,000 millions of individuals exist in a cubic inch of the polishing slate of Bilin, so 70 billions must be necessary to form a cubic foot of the same structure."

In conclusion, we most heartily recommend Mr. Pritchard's work to the attention of our readers, as an important addition to the very scanty stock of information we possess respecting this interesting branch of inquiry.

Transactions of the Provincial Medical and Surgical Association for the Year 1845. Worcester.

This volume is just issued. We have looked through its varied contents with much gratification. It affords very conclusive evidence of a fact that has escaped few observant eyes—the high and ascending position taken by the science of our provincial brethren. The contributions of Messrs. Crosse and Teale, and of Dr. Charlton, deserve honourable and especial mention.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

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A Fellow of the Royal Medical and Chirurgical Society *complains, that the papers now read at the bimensual meetings of this society are generally "communicated," that is, furnished by gentlemen not connected with the society. Although, if the papers are good, this does not of itself constitute a defect, we cannot but agree with our correspondent, that some of the older fellows should furnish essays, in which might be introduced the principal results of the experience they have gained in the exercise of their profession. At all events, the fellows are entitled to expect that these results should be furnished them in the discussion which follows the reading of the paper, and not that their valuable time be occupied with the futile remarks of young men devoid of experience.*

T. E. T.—*Our correspondent should accustom himself when alone to utter the words he finds most difficulty in pronouncing, slowly and distinctly. Much perseverance is requisite to overcome the habit complained of, but we believe a careful and slow habit of speaking will, in cases similar to that described by* T. E. T., *generally prove effectual. Demosthenes stammered.*

M.D., M.R.C.S., and L.A.C., Rue de l' ecole de Medecine, Paris, *addresses us on the subject of the Edinburgh controversy. Our correspondent states that although numerous rejections of Edinburgh graduates take place yearly on examination at the London College of Surgeons and Apothecaries' Company, it is a rare event for an M.R.C.S. or L.A.C. to be rejected by the University of Edinburgh. We regret that we cannot admit our correspondent's letter, as we feel that this discussion has already trespassed too far on our columns. We hope that Dr. Lewins's reply to Mr. Jackson Briggs may be considered to conclude the subject, which we fear has, from its duration, lost much of its interest for our readers.*

T. R. *is quite illegible.*

D. M.—*The article is inserted in another part of our journal.*

A General Practitioner *correctly writes*:—Whilst engaged in dissecting that capacious bag of venom called the Hunterian Oration, delivered by Lawrence, the recanter, on the 14th inst., I observed that the orator, whilst deprecating the general practitioners, and lauding the labours of the council and their officers, laid peculiar stress upon Mr. Owen's clever "Memoir of the Nautilus," but omitted to mention that the only specimen of this animal in the college collection, and that on which Mr. Owen's memoir is founded, and without which it could not have been written, was obtained by the enterprise and liberality of Mr. G. Bennett, author of "Wanderings in New South Wales," who was educated as a general practitioner, and is now practising as such. I may add, without fear of contradiction, that were the general practitioners of this country to withdraw their personal contributions in pathology and natural history from the Hunterian Museum, no less than their funds, from which other specimens have been purchased, they would leave the council of the college very little cause for self-congratulation.

J. W. C.—*The question is indecent, as the practice is disgraceful. We decline to give a reply.*

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THE MEDICAL TIMES.

Saturday, February 28, 1846.

Parturiunt Montes, &c.

The mountain is again in labour! The accoucheur-hating College of Surgery is again overtaken with the pains of legislative parturition! The *Times* on Monday—the official newsman of the "approaching interesting event"—"rejoiced to state that the Council were about" to bring forth, if the Government midwife would aid them, a Supplemental Charter. The *Times* of Thursday, somewhat better informed, announces that the Council this day—while we are writing—are to take the Supplemental Charter (when?—whither?—how?) *into consideration!* The bantling is not only not born—not only not in *esse*—but not even considered about. Court newsmen are not unfrequently astray about illustrious births, but the *Times*, it must be confessed, is here amusingly in error. This is about the third Council accouchement which has been announced, and there is no birth yet—not even the *ridiculus mus* whose courage would convey such unmistakeable evidence of genuine paternity. Queen Mary never gave more false alarms, nor on more parallel grounds. The Council is tumid with wind. Nothing more. The whole affair is *vox et præterea nihil.* A good purge from the only hands that are likely to give it, though so lowly rated by the hypochondriacal patient—the General Practitioners—would deliver it of its only burden—a cause of travail the Court newsman would not think it perhaps necessary to chronicle. We repeat it—the only pregnancy is one of inflated pretensions and windy promises.

And yet we must not make too sure of this fickle-minded Council. They are just the people to astound their acquaintance by a reasonable act, if they thought it would disappoint the Medical Times. We can conceive them rising to the peculiarity of a decent thing, if they were quite sure it would disoblige us. There was a time when they really, in a lucid interval (of short duration) seriously had fixed on a measure of actual improvement. We had the misfortune to notice the miracle, and thank them for it. What was the result? The "hallucinated" people—to borrow the epithet from a classical contemporary—immediately stopped short. They held hard—they retracted—to "spite the Medical Times." "If it would cost them their death, they would retract." Poor dreamers! They did not feel that the retractation on such a ground was the highest compliment they could pay us. We now expect nothing from them but that inactive idiocy, and feeble insolence, so well represented for them by Lawrence. Who knows but they may determine to disappoint us? The motive is irresistible to them. But, alas! it really would not disoblige us. We should be gratified to record for them a temporary return to reason. We have never depreciated an improvement from any hands, and the novelty here would give it a charm quite peculiar. We will take with gladness the boon they have so long and so unjustly denied. The reparation will not have made them honest, or us uninjured men. The thing itself is good, though the medium has been and remains contaminated. It is not because the incendiary has returned some of the plunder that we again give him the chance of setting fire to the house. The act of wrong was the Council's—the act of reparation is compulsory, and is ours: for the last, we shall thank the Council for obliging, just as we should an automaton for amusing us. No one more than we will accept just reparation readily, or thank its causes—its real causes—more heartily. But in a spirit kindred to the premature announcements of the *Times*, we are speculating on the acceptance of an act of justice, which it is much to be feared will never be offered. The Council is in such a labyrinth of impolicy and mismanagement, that we in truth see for them no decent way out. It is said that all Members of the College, before the concession of the last Charter, are to be made—as they should be—Fellows. How can the college, as at present constituted do this? How can they face the Fellows to whom they have volunteered or sold Fellows' diplomas with such a change? How say to them, the distinction you have thanked us for as a high piece of patronage, and of which you have so publicly boasted, or the distinction which you have studied, paid, and been examined for, we shall now divest you of by one stroke of the pen? Let the Council resign, and then with a new body irresponsible for the glaring wrongs of their past government, and we may have some hope;

but with the present body no settlement could be come to which by any hypothesis could give contentment to any party. Besides, their own acts, petitions, manifestoes, and orations, have fixed the Council in such a condition as wholly to incapacitate them for dealing fairly with one-tenth of the contingencies necessarily connected with the Government grant of a new Charter.

"And this our life, exempt from public haunt,
Finds tongues in trees, books in the running brooks,
Sermons in stones, and good in everything."
SHAKSPERE.

In our last article, we left the student, ready, by introductory reading, for commencing the pursuit of practical botany. And a glorious pursuit he will find it. Contrary to the vocations which in the winter season pale his face, and curb the bounding current of his young blood, it will freshen all his natural energies, and infuse a vigour and vivacity into both body and mind. A *mens sana in corpore sano* is the greatest earthly blessing a man can have; but unhappily they seldom exist together. Your regular book-worm, your devotee to reading and research, you can discern at a glance, by his stooping gait, lack-lustre eye, parchment-skin, and profound melancholy, or meditation. All these features of the outer man tell how the intellectual fire "is consuming the socket wherein it glows." Poor fellow! he is content to kindle himself for the sake of his ashes! Posthumous fame he prefers to the healthy honest pleasures of to-day, and would rather that society revered his biography, than rejoiced with him in his lifetime. Well! there may be some satisfaction in being "remembered in your line, with your land's language" when you have ceased to speak or hear it; in having the trumpet of fame sound its notes over your grave, without your quiet being disturbed with a consciousness that you are applauded; in gaining the good opinion of men when you are no longer one of their number, and when praise and censure are alike indifferent to you; but such honours have no attraction for us; and we would far rather have the commendation of even a few sincere friends *now*, when we can feel its honest fulness, than the unlimited greetings of the multitude *hereafter*, when the tomb shall have interposed its silent barrier against the tribute of admiration reaching us. We confess ourselves to be of that happy-natured number, who are disposed to think that there is something worth living as well as dying for—we are not fond of affecting to despise the substantial part of ourselves (that "calls the worm its kinsman"), because within it dwells an unsubstantial and immortal entity—we should see no joke in treating life as a jest, even, though death were to be our apotheosis. "Body and soul," as the old wit said, "are like the inside and outside of a jacket, you cannot ruffle the one without crumpling the other." It behoves us, therefore, to take care of both, and whilst feeding the one, not to forget its fellow. "*Dulce est desipere in loco*" is a glorious old maxim, and many a philosopher has been the better for its observance. Doubtless it may be carried too far, and with all our veneration for old Socrates, we are not disposed to think that his delight "*equitare in arundine longa*" reflected any great amount of credit upon his head, or likened him so much to a philosopher in undress, as to a witch astride a broom-stick on her nightly gambols, or to a child on a like courser trying to catch the moon. Socrates was beside himself, no doubt, when he perpetrated this tom-foolery, and owed no thanks to his friends that they did not advise him to a more decent behaviour. But it must have been a great treat to hear his crack pupil, Plato, say, "I am the man whom you wish to see," when his foreign guests, not knowing him in his frolics, desired he would introduce them to his graver namesake the philosopher. He must have effectually put off all his pride of position, and as effectually put on the veriest attributes of boyhood, to render his actuality so mistakeable. We would have more Platos now-a-days. A plague upon those musty old pedants who cannot give one a ready laugh, even for ready money, and who find such a charm in the melancholy of their black-letterism, and other unearthly lore that the busy bright world has no attraction for them, for they would prefer to sigh in secret over the learned records of the dead, than rejoice openly with the uncelebrated living. Rather than make one of such a sect, we would join issue with that laughter-loving fellow of Abdera, though our twin-merriment were never increased by a single convert to our innocent jollity.

Here, however, we must bridle the Pegasus of our fancy, and apologise to our readers for having permitted him to career an unexplained course so far. We can imagine some matter-of-fact thick-head, asking in solemn stupidity, what all the tirade we have treated him to has to do with botany? Should our imaginary have any counterpart in reality, we beg to assure the said matter-of-fact man that we have not intended to treat him to any thing—our present essay would be as utterly unprofitable as incomprehensible to him; and therefore, as we advise him not to read it, we feel at liberty to refuse both an explanation of its mysticism, and an apology for its oddness.

To the converse, however, of the "bookful block-head,"—that rational opposite, who is alike fond of fancy and fact in their becoming places, we beg to observe that our preface has a very goodly relation to the subject which is about to follow it. We have shown how excellent, nay, how necessary a thing it is, that the physical as well as the mental part of man should receive a due share of exercise and cultivation. We have shown that even philosophers have thought it desirable now and then to unbend the bow, to come down from the heights of their learning, and walk on a lowlier ground with less gifted men. But as we are fond of combining the *utile* with the *dulce*, whenever they can be proved compatible with each other, we have made the aforesaid prelude to the subject of practical botany, believing as we do, that in it will be found united the very essences of both. In pursuing it, the student may be as prodigal of his agility as Socrates when galloping his walking-stick, and as profuse of merriment as Plato when diverting his friends with fictitious absurdity. And with all this, there will be a mental training, and an acquirement of knowledge, which prove that the intellectual and the physical entity are both benefited at once. So much for the subject, and all its excellent capabilities.

Now for its practice. Student, we suggested to you twelve months ago the desirableness of rising early, instead of late taking rest, if you meant to study with advantage to both body and mind. We hope you followed the advice we gave, but if not, you had better begin about it at once, for you will soon learn that there is no such thing as botanizing by candle light. There must be no weary watching over night, and no dissipation either, or you will be little fitted for getting up at sun rise, which you must do, if you intend to seek an acquaintance with the wild flora of the district you live in. Go to bed early at night, with a light supper to help you through your slumbers, fix your alarum for one of the small hours of to-morrow, and show your determination and activity by jumping out of bed whilst the noise of your awakener is yet ringing in your ears. Eat a hearty breakfast of bread and milk, or coffee with eggs or chops, and then prepare to start upon your expedition, it being premised that your habiliments are not of holiday cut or quality, that you have a good pair of worsted stockings on, and that your boots are thick soled and free from ruptures. If you are intending to walk very far, take an extra pair of stockings and your slippers, and you will find how convenient they are after you have been two or three times above the ankles in water, and have rubbed a good sized blister on each of your heels. If you are to be out for more than the day, you must provide yourself with garments accordingly—but shirts, stockings, and trousers you will chiefly want. Daily journeys, however, are preferable when they can be adopted, because they furnish such excellent facilities for arranging and drying the plants. If the botanist is likely to be several days or weeks from home, he must take with him a press, and plenty of soft absorbing paper to fix his plants in. A good capacious tin should be slung by a leathern belt over his shoulder, and this tin should carry a systematic "Flora," microscope and dissecting instruments, a strong knife, sandwiches, and so forth. A stout walking-stick is a desirable companion, and a spud fixed at the bottom of it, is most useful in uprooting vegetables that grow deeply or on a dry soil.

Thus equipped, the student may set out in his journey of health and intellectual enterprise. As, however, his leading purpose is the acquirement of a certain kind of knowledge, he must let nothing distract him from its faithful pursuit. He may admire the general beauties of nature, as an occasional diversion, but it must be as subsidiary to his main object. His business is not *walking* merely, but observing, and searching, and getting information.

Plants that are gathered with the dew upon them, deaden and decompose much sooner than those which are collected a few hours after sun-rise, and do not dry, or preserve their colours nearly so well. We advise the young botanist, therefore, to walk a few miles before entering upon the duties he engages in; he will thus have plenty of leisure for looking about him, observing the gradual dawning of day, listening to the carolling of the birds, and variously enjoying the full beauties of nature in its bounteous disposal around him. This, of course, is, provided no rare plant meets him on his way—such a gem should always be gathered at its first inviting, for it sometimes happens that it only once falls in the way of the botanist. The dew must be no matter of consideration, the rarity must be had up, roots and all, and safely deposited in its appointed receptacle, until a fitting opportunity occurs for examining it. This opportunity will be found, after some dozen or score other plants have been collected, carefully, and at the rate of half a dozen specimens each. The object of collecting so many is that there may be plenty to dry for a herbarium. It is better to examine your plants at two or three intervals of time during a day's botanising, in preference to investigating each strange specimen as you find it, or keeping the whole gathering until you get home. Over the former plan it has the advantage of enabling you to go over a greater number of plants in the same space of time, and to get over more ground, and consequently, obtain more choice of specimens; and over the latter, the double advantage of having fresh and more easily recognisable specimens to search, and being certain that the most important part of the work is completed as you proceed. It is very hazardous to

trust to to-morrow, the minute examination of plants that have been gathered to-day. We have often known the risk run, and but seldom without sacrifice. Unless some very tempting specimens fall in the student's way, when it is too late to look at them, the name of each should be appended to it ere he journeys homeward. Once at home, he should immediately proceed to place his treasures, in a natural position, amongst folds of white blotting-paper, and submit them to pressure in a warm dry situation. Whether he intend to keep his herbarium or not, it is better that he should make one, because the very exercise of it gives him a further insight into the subject he is searching after. Above all things, he should find out the plants himself by the systematic description of them, rather than learn their names and natures clandestinely. Only the former plan will ever make a good botanist Beyond these directions the student only needs common sense and common industry to discharge his duties with credit. Here we leave him to his unaided adventure.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

The Committee met on Wednesday, the 25th; and the Sub-Committee has held frequent meetings during the last fortnight. The greatest activity prevails; and nothing escapes discussion and consideration which is likely to promote the interests for which the Association is founded. At the recent meeting, an important topic has been the state of the negociation between Sir James Graham and the Association. We are not aware of the precise character of the Minister's intentions, but are able to say that they offer nothing in which the Profession can find any hopes of a satisfactory settlement. It is feared that, during the recess, the personal interests of the existing corporations have been so actively and successfully urged on the Minister's attention, as to nip in the bud his former intentions towards the General Practitioners.

THE HUNTERIAN ORATION.

We extract the following from the *Provincial Medical and Surgical Journal.*

It is with deep regret that we feel called upon to notice the proceedings which are reported to have taken place at the Royal College of Surgeons, on the occasion of the delivery of the Hunterian Oration by Mr. Lawrence. Various accounts of what occurred are in circulation; we need only refer to the measured language in which the *Medical Gazette* speaks of the oration, to show that the censure with which it was received was not undeserved. "The oration," it is stated, "occupied two hours in its delivery, and was, on the whole, a curious medley of beautiful language in praise of Hunter, and of severe satire on the general practitioners and the Apothecaries' Society. Much of the discourse seemed to be entirely inappropriate to the occasion, and more fitted to increase the discord already existing, than to create a proper feeling of unity among the members of the medical profession."

We insert elsewhere a report of the proceedings, and a brief notice of the oration, published by another of our contemporaries,* and shall only remark that, if this report be correct, the prostitution of the occasion of a scientific lecture to a gratuitous insult to the general body of the members of the College, affords one of the most disgraceful among a long series of outrages to which they have been subjected.

We shall not trust ourselves to comment further on this most extraordinary meeting; our readers will be enabled to judge for themselves; but we cannot allow the reasons alleged to be given by Mr. Lawrence as a pretext for discontinuing the annual oration to pass without exposing their utter fallacy. The determination to deliver the Hunterian Oration less frequently (biennially or triennially) than formerly has been arrived at by the council, we are told, partly from lack of orators, and partly because the subject has been exhausted from frequent repetition! Now, we question not the eminence of the members of the council; we really admit that they are, if not "the best informed and most scientific surgeons of the metropolis," as Sir Benjamin Brodie terms them in his recently published letter, at least every way entitled to take rank among the highest in surgical attainment. But if there be none of these gentlemen, nor of their metropolitan colleagues, able or willing to deliver the Hunterian Oration, there would be no difficulty in finding orators, for years to come, amongst the fellows and members of the College resident in the provinces, both able and willing to discharge the duty with equal honour to the College and credit to themselves.

With respect to the exhaustion of the subject, the council of the College must be attempting to be facetious with the members. They surely could never mean to assert there was any danger of exhaustion or weariness mingling with the praises of Hunter, when every page of his works—every preparation in his museum—affords to one imbued with his spirit the ready means of dilating on the grateful theme, both with advantage to himself and instruction to his hearers.

* The *Medical Times.*

ON THE USE OF IODINE IN ENLARGEMENT OF THE PROSTATE.

The power of iodine and the iodide of potassium in reducing glandular swellings is well known. I have employed it in nearly all cases of enlargement of glands, excepting those from malignant diseases, and have found it of the greatest service; indeed, its use in some instances has been attended by almost a miraculous effect,—so rapidly has the swelling been reduced. It was this circumstance that led me to think it might be advantageously employed to reduce an enlargement of the prostate gland and its middle lobe. I felt it easy to cause it to be absorbed through the substance of the prostate gland, by using it in suppositories passed up the rectum, but the difficulty was, to apply it on the third lobe without touching any other part of the urethra. I made several attempts to accomplish this; first, though a tube; then in a groove at the end of a solid instrument; then by the method by which caustic is applied to a stricture, according to Ducamp's plan, and others; but none of these answered. I at length thought of a very simple mode of applying it, which is by charging a bougie at its point with the iodine, iodide of potassium, or any other substance you may wish, and then dipping it into melted tallow, so that a coating may be formed upon it. By such method I have been enabled to introduce any application I might desire up to the prostate gland, without touching the surface of any other part of the urethra. The bougie having reached the desired spot, its point is allowed to rest upon the diseased part, when the tallow gradually melts, and brings the iodine or iodide of potassium into contact with it, and by drawing the bougie gently backwards and forwards the necessary friction is produced.

I have found it advisable to be very cautious as to the strength of the application, for the prostate gland will not bear a strong preparation either of the iodine or iodide of potassium, at first. It is usually in an irritable or inflamed state; consequently even the mechanical pressure of the bougie will give pain. The preparations I have therefore used have been very mild. At first I have found it necessary to employ even anodynes, such as belladonna, opium, hyoscyamus, &c., to quiet irritation and pain. When these have subsided, I have begun carefully by introducing the iodide of potassium, in the proportion of one grain to the drachm of unguentum cetacei, and increasing it as the patient could bear it. I have then gone on with two, three, four, five, and even as far as ten grains or a scruple, to the drachm, according as the case required it. After this I have added iodine to it; half a grain, one, two, three, four, and even more grains, in the same manner. The surgeon who applies it can alone judge of its effects. It is requisite therefore that it should be introduced with considerable care. I have known instances where, from an injudicious employment of it, considerable mischief has ensued. Inflammation, ulceration, and retention of urine, have been the consequences. In some instances, also, where patients have fancied they could use it themselves, they, not knowing the anatomy of the part, have misapplied it, and produced considerable hemorrhage, endangering life.—*From an Essay on the Prostate Gland, by R. A. Stafford, F.R.C.S.*

SPINA BIFIDA.

In spina bifida it appears that either part or all the filaments which form the posterior spinal nerves, corresponding to the solution of continuity of the vertebral canal, are distributed upon the internal walls of the tumour, and that they generally terminate there. These arise from the cord in various ways; sometimes only by single filaments, which pass out of the aperture of the canal through the fluid contained in the tumour, unattached to any thing until they arrive at its parietes, where they are dispersed. Sometimes, again, the posterior spinal nerves come out of the opening in the canal, and, instead of going straight through the fluid, pass round the internal surface of the tumour, and thus form a network of nervous filaments. * * * In other cases there arises a kind of peduncle in the middle of the tumour, of a nervous mass, resembling a mushroom, of which the stalk is formed of filaments of nerves bound together by cellular tissue, and the head by their extremities spread out, and ending upon the upper and internal surface of the tumour.

The posterior spinal nerves, which are distributed upon the internal walls of the tumour, do not always pass through the aperture connected with the vertebral canal; but sometimes they pierce, as it were, the tumour, and then distribute themselves on the internal surface. There are two preparations of this description in Mr. Llangstaff's Museum; in the one they pierce the tumour at its back part, and pass straight through the fluid; in the other they also pierce the back part of the tumour, but they immediately curl round its walls.—*Mr. Stafford on the Nature and Treatment of Diseases and Injuries of the Spine.*

MISCELLANEOUS CORRESPONDENCE.

THE UNIVERSITY OF EDINBURGH.

(To the Editor of the Medical Times.)

Sir,—Your subtle correspondent, who writes in the character of an American, and under the feigned name of Jackson Briggs, has made a desperate effort, at a late hour, to raise O. P. Q. from his prostrate position. The best reply to his disingenuous lucubrations is a quotation from a communication of mine published in the *Medical Times* of October 25th. "As a father, and one whose experience has been great on the point at issue (the merits of the different schools of medicine), I declare that I would infinitely rather send a son to Edinburgh than to Heidelberg, Berlin, or Paris" (and, I would add, London). "As sound a medical education may be got at Edinburgh as anywhere in Europe, and much more so than at most other medical schools. To Edinburgh, I repeat, any father may send his son to study medicine, where he will certainly receive an education that will enable him to rank with the first of his profession, whether destined to practise it in the military or naval service of his country, or to engage in the important and responsible duties of a medical practitioner in civil life."

On the evidence already recorded, in the pages of the *Medical Times*, I leave its candid readers to decide the question as to the integrity of the patrons, and the worth of the professors of the University of Edinburgh. On the same evidence let the intelligent readers of the *Medical Times* pass sentence on the validity of the arguments, the soundness of the reasoning, and the purity of the intention of thos

who have written *for* and *against* that venerable seat of learning; and I would, Mr. Editor, respectfully ask, if the admission into the columns of the *Medical Times* of productions written in the spirit that evidently influences the pseudo American, be consistent with the opinion expressed, in regard to my letters on the University of Edinburgh, in your editorial remarks, on Mr. Symes, to the editor of the *Medical Gazette*, or if the publication of such effusions as those of him (O. P. Q. himself, I believe) who writes under the feigned name, and assumed character, be likely to enhance the reputation of your paper in the eyes of any honourable or honest man?

I regret that the tabular views[1] of the curriculum of the University of Edinburgh for a medical degree, and that of the London College of Surgeons for a member's diploma, were not annexed to my communication on the University of St. Andrews, which appeared in the *Medical Times* of February 14th; had these tables been published in juxtaposition, the difference between the education of the Edinburgh graduate and the St. Andrew's M.D., who is received on the strength of his diploma as a member of the London College of Surgeons, would have been seen.

I remain, &c.,

ROBERT LEWINS, M.D.

DISEASE OF THE RECTUM.

To the Editor of the Medical Times.

In the month of December, 1842, I was consulted by W. W., a man rather above the ordinary size, of a stout make, and robust constitution, having nothing of a strumous taint about him. When sitting or standing he inclined to stoop forward a little; he had no cough, and was far past the meridian of life. He appeared like a man living in the country engaged in agricultural pursuits, and I was surprised when told that his daily employment was that of a factory weaver, and that he had been employed for the greater part of his life in factories driven by steam. He informed me that he had, for a long period, been afflicted with piles, and for this disease had consulted many a medical, as well as non-medical man, but had gained nothing whatever by their varied prescriptions. After making the necessary inquiries, I gave him a prescription, and recommended him to lay aside the use of aloetic pills, which he had been using, and to trust in future to proper portions of sulphur and super-tartrate of potass. About a month after he returned, and informed me he had attended to the instructions given him, had used the medicine prescribed, but his complaint was as obstinate as ever. At this interview he was more explicit, and seemed more anxious than before to be released from his complaint. In going over its varied symptoms, he mentioned one in particular, viz., "a rushing of air, together with a discharge of matter from the diseased parts." In this case I considered one minute's inspection better than a whole hour's description.

Upon examination, excrescences were found all around the anus, of a red, florid colour, incompressible, and rather of an obtuse nature, for the patient permitted them to be pressed, without complaining of pain. I thought of the operation of excision, for the excrescences had no root in the subjacent muscles; but as they sprung from within, as well as from without, I feared they might be incorporated with some of the dilated blood-vessels, and that the hemorrhage might be great. When investigating the parts more closely, I was surprised by an instantaneous escape of gas from the excrescences, carrying along with it a considerable quantity of liquid fæces, very fetid, and of a pale yellowish colour.

An inlet was long sought for among the indurated corrugated folds of the excrescences, and when found, was large enough to admit an ordinary sized gum-elastic catheter, which passed a few inches into this opening. On introducing the finger *in ano*, for the purpose of meeting the point of the catheter, and thereby ascertaining the length of the fistulous opening, dark-coloured blood oozed out around the finger, the parts felt soft and spongy, and a little way beyond the sphincter ani muscle (which had lost its contractile power), a formidable organic obstruction was met with, which could not be overcome. Various sized bougies were tried, but in vain. At last the wire was removed from a small sized catheter which was brought into contact with the parts. After allowing it to rest for some time and using a little address, it passed on a few inches at the one side, and was again obstructed. The same means being used, this obstruction also was overcome, and the instrument entered its full length into the bowels, showing that their cavity was not altogether obliterated. For the purpose of ascertaining if the functions of the rectum had not altogether ceased, a small piece of lint dipped in oil was inserted, and was found in the same position many days afterwards. This experiment was often, in the course of a twelvemonth, repeated, and as often the same result followed. In this state he continued for nearly three years after his application to me, and how long before I cannot tell with certainty, but judging from what was said on the subject, it must have been for a much longer period, and following all the time, with little or no interruption, his daily employment. In the month of July, 1845, he became anxious for the removal of his complaint, and urged me to operate for that purpose; at the same time telling me of some one who had gone to the infirmary with a complaint similar to his, and had returned home, in a short time, well. His request, however, I refused to comply with. We then went on the 25th of the same month to the infirmary, where he remained till the evening of the 26th, before he was taken under the charge of the visiting surgeon, by whom he was attended for six weeks, and afterwards dismissed.

I was requested to visit him a few hours after his dismissal, and found the rectum dilated, the excrescences removed, and the fistulous opening completely obliterated; his abdomen was fearfully inflated, and his lungs performed their functions with the greatest difficulty; a hollow bougie was passed into the bowels eighteen inches, before the smallest portion of flatus escaped, the moment it did so, the instrument was withdrawn, in expectation that the current would carry along with it the excrementitious fluid, as it has done on all former occasions; but in this I was disappointed, the natural energies of the rectum were unrestored, so that it was impossible for either the one or the other to escape. Life was now left for support to artificial means alone, inflammation and suppuration had begun the work of destruction, and mortification followed in a few days and put a period to the sufferings of the patient.

I shall now take the liberty of making a few remarks on the facts above narrated.

In this case the patient lived for a series of years with the whole rectum diseased and almost obliterated, with all its functions and uses totally destroyed; and during this period, he enjoyed, comparatively speaking, so considerable a share of health, as to be employed in his daily avocation, until the day before he left for the hospital.

The excrementitious matter was regularly detained by the diseased portion of the bowels, until it fermented; the flatus that was then generated distended the parts, passed through the fistulous opening with rapidity, carrying along with it all the matter, thereby converting an enemy to health into an efficient agent for carrying on, and preserving from destruction, the hidden principles of life.

The danger of dilating or putting on the rack a schirrous rectum is very great when the pressure is applied to a large extent of soft and spongy surface, which, on the contrary, ought always to be kept quiescent.

In this case, the fistulous opening, which the provisional powers of the constitution had formed, should, in my humble opinion, have been dilated, and if this had been found impossible, a new outlet should have been made, running in the same direction as the old one.

It is far from my intention to indulge in acrimonious recriminations against the medical gentlemen now acting in our infirmary, but their treatment of this case is so intimately connected with its history that, from necessity, it is brought into view.

I remain, &c.,

Glasgow. JOHN BLACK.

[1] The table in question show the number of lectures and the period of practice required respectively by the College of Surgeons of London, the University of Edinburgh, and that of St. Andrews. We think the curricula are sufficiently well known not to require any further elucidation. At all events, the regulations may be found in the *Medical Times Almanack*.—ED.

MIDWIFERY.

(To the Editor of the Medical Times.)

SIR,—Knowing that any case which may be of interest to your numerous readers always finds a ready place in your widely-circulating columns, I am induced to send you the following:—On Sunday, the 14th ultimo, at four o'clock, p.m., I was summoned to attend upon Mrs. S., aged forty, who was in labour of her first child, and who had arrived at the full period of utero-gestation. I immediately attended, and found her suffering very great pain, which she chiefly referred to the epigastric region, occurring at intervals of four or five minutes. On placing my hand on the umbilicus, there was no sense of contraction of the uterus. Her pulse was small and quiet, tongue clean, and head free. She was a pale and emaciated person. I made an examination per vaginam, and found the os uteri low down, soft, and thin,[1] dilated to the size of a shilling, and the head presenting. I saw her again at nine o'clock, p.m., and found the pains had continued as violent and frequent; and on making another vaginal examination, I found the os in the same state as previously. Supposing it to be a case of irregular pains, I prescribed for her a full dose of tinctura opii, and called again at twelve o'clock, when I was informed she had had no cessation of the pains. I ordered the dose of tinct. opii to be repeated, and left her for the night. On calling next morning, at eight o'clock, I found the opium had not had the desired effect, the pains having continued during the night, and she had three or four very sharp ones after my arrival, when they ceased altogether. I examined per vaginam, but the os uteri was in the same state of dilatation as on the previous evening. She now appeared quite collapsed; countenance very anxious; eyes much sunken and dark; cold clammy sweats; and extremities quite cold. I could feel no pulse at either wrist, and but feeble action of the heart. (I immediately sent for another practitioner, but he did not arrive until after her death.) I administered brandy and spir. ammon. comp. freely, but without producing any reaction. She became very restless, and anxious to sit up, and expired perfectly easy at half past ten o'clock, a.m. On the arrival of the other practitioner, I asked permission to perform the Cæsarian section to remove the child; but having told them the previous night that the child was then dead, they would not permit me; however, that evening, I succeeded in getting a post-mortem examination, at which I was assisted by my friend Mr. Hodson, of Wallasey Dispensary, when we observed the following appearances:—

Sectio-Cadaveris Nine Hours after Death.

On throwing down the abdominal muscles, &c., we observed the uterus for three-fourths of its extent to be quite soft, of a darkish-brown colour, and much thinner than natural, and a portion of the child's arm protruding anteriorly, with an extensive rupture at the junction of the cervix uteri and vagina; the fundus uteri was quite healthy, but much thickened, and was filled entirely by the placenta, which was very large; the remaining unsound portion was filled by a full-grown child; though the rupture, a portion of the liquor ammii had escaped into the right iliac fossa; the peritoneum, intestines, and other viscera of the abdomen (with the exception of the bladder, which was in the same state of disorganisation as the uterus), appeared quite healthy, but paler than natural. The external organs of generation presented a very anomalous appearance; the nymphæ were unusually enlarged, and there were two orifices leading into the vagina, separated unequally by a strong fleshy septum, about one inch and half long, and one broad, behind the centre of which was the meatus urinarius.

[1] Our correspondent probably means thick.—ED.

This case I had the pleasure of bringing before the Pathological Socicty of this town, on last Wednesday evening. The preparation of the uterus and vagina I presented to them for the Museum.

I am, Mr. Editor, your obedient servant,

H. Honner. Fitz Patrick, M.R.C.S.E.

Liverpool, 11, Earle-street,
January 12th, 1846.

MODE OF TAKING CASTOR OIL.

(To the Editor of the Medical Times.)

Sir,—From an observation of Dr. Rigby in his excellent lecture in the *Medical Times* of the 17th instant, respecting the modus exhibendi ol. ricini in this country, &c, I beg to offer the following, which, with my patients, has always proved satisfactory.

Wet the inside of a wine glass, and the *edge* particularly. To a teaspoonful or two of brandy, add five or six drops of lemon-juice, and half an ounce, or a little more, of cold water; upon this, in the *centre* of the fluid, pour the requisite quantity of oil; desire the patient to open wide the mouth, and *throw* it down the throat. The flavour of spirit and acid remain on the tongue, and the oil is *not tasted.* Should the patient be of a nervous temperament, the practitioner must perform the act, which simple as it may seem, requires a certain degree of *adroitness* and *tact*, to pass the fluid, *at once* into the pharynx, avoiding the glottis, or it will not effectually answer the intended purpose.

I am, Sir, your most obedient servaut.

J. W. Wansbrough, M.D.

King's Road, Chelsea, January 29, 1846.

New Apparatus for the Treatment of Uterine Hemorrhage after Delivery.—Mr. Pretty describes an apparatus he has had constructed for employing pressure on the uterus in cases of hemorrhage occurring after delivery. It consists of three pads, the central one being the largest; the lateral ones are the thicker and narrower, and fold over the central one when not required for use, and these can be carried separately from the belt, &c., and when together are not larger than a small book. The belt is of webbing about three inches wide, and is fastened by a buckle and strap. It has attached to it Mr. Coxeter's improved tourniquet, the screw of which is only one-half the length of the one on the old principle, and yet it raises as much web, so that this is easily carried. The application is very simple; the pads are adjusted, the belt passed under the woman, and fastened on the right side as tight as possible, the tourniquet screw being then turned once or twice. The surgeon thus has a most powerful grasping pressure at his command, from which the uterus will not slip; the pressure is at the same time as diffused, and equable as possible. The lateral pads quite do away with the necessity of a broad bandage, as the use of the latter would be to afford support in front, which it fails to do; and the advantages of a narrow one are these,—it is more portable, it is more easily passed under the patient and fastened, and it presses behind only on bony structures, and not, as the broad one, half upon these and half upon the yielding soft parts above them. The lateral pads can be made pockets, with the metal plate behind, and to be filled with soft materials when required for use, as old linen, or they might be made air cushions, to be inflated when required for use, though it is doubtful if these last would thus answer. The stuffed ones are not at all too large to be easily carried in the pocket.

The Relapse-periods of Ague.—In the *Dublin Quarterly Journal of Medicine*, Dr. Graves has s eommunication entitled "On the Law which regulatea the Relapse-period of Ague." He narrates the case of a boy at school, who was affected with quartan ague during twenty-seven months. It was from time to time checked by the administration of large doses of quinine, but whenever the relapse took place, the fit occurred on the same day that it would have done, had it continued altogether unchecked by medicine. From this interesting fact Dr. Graves concludes that the law regulating the periodicity of agues applies not only to the succession of paroxysms, but is extended to the free intervals between them—in other words, that the law of periodicity which governs the disease while it occasions fits, continues likewise to preside over its latent movements, during the interval when no fit occurs, and thus the true periodic rate is carried on.

GOSSIP OF THE WEEK.

Mr. Dickenson, surgeon, of Bilston, has been committed to take his trial for having, by his want of proper skill and attention, caused the death of Hannah Hickman, the wife of a working man, in her confinement. The offspring of the unfortunate deceased is now living, and is a fine healthy child.

A Mr. J. T. Andrews, of Cheltenham, has undertaken to earn the £100 note deposited in one of the Dublin banks, for the benefit of the *clairvoyant* who can tell the date, number, &c., without opening the sealed envelope.

Appointments.—Surgeon: James Smith (b), from the Inconstant, to the Warspite, in exchange with John Campbell; Assistant-surgeon, C. N. Wilkinson, to the Cyclops. Assistant-surgeons: W. Hannant, to the Harlequin; G. A. Hallion, to the Wanderer; F. J. Brown, M.D., to Haslar Hospital; H. Arnott, M.D. to the Scout; J. G. Ballantine, to the Tartarus; D. O. West, to the Trafalgar.

War Office, February 13th.—94th Foot: Assistant-surgeon, John Donald Grant, from the Staff, to be Assistant-surgeon, vice Leitch, appointed to the 78th foot. Feb. 20th.—77th Foot: Assistant-surgeon William Barrett, M.B., from the Staff to be assistant-surgeon, vice M'Illree, promoted.

Obituary.—On the 12th inst., Sir George William Lefevre M.D., late physician to the British Embassy at St. Petersburgh. At Cawsand, on the 12th inst., James Cook, Esq., surgeon, R.N. (1815.)

The students of the Andersonian University, Glasgow, presented a highly complimentary address to Dr. M. S. Buchanan, on the occasion of his proposing himself as a candidate for the chair of anatomy vacant in the University of Edinburgh.

Killed at the Battle of Moodkee, Dec. 18th, 1845.—Second Brigade.—Her Majesty's 50th Foot: Assistant-surgeons A. Graydon, killed; R. B. Gahan, 9th Foot, dangerously wounded.

About £15,000 have been bequeathed to the Phrenological Society of Edinburgh, by the late Dr. Robertson, of Paris, who died in 1840, and who had taken a warm interest in the subject for nearly thirty years.

Recent Laws for the Punishment of Criminal Abortion and Concealment of Birth.—The following law has just been passed in Massachusetts:—Whoever maliciously, or without lawful justification, with intent to cause or procure miscarriage of a woman, then pregnant with child, shall administer to her, prescribe for her, or advise or direct her to take or swallow any poison, drug, or noxious thing; or shall cause or procure her, with like intent, to take or swallow any poison, drug, or medicine, or noxious thing; and whoever maliciously, and without lawful justification, shall use any instrument or means whatever, with the like intent, and any person, with the like intent, knowingly aiding and assisting such offender or offenders, shall be deemed guilty of felony, if the woman die in consequence thereof, and shall be imprisoned not more than twenty years, nor less than five years in the State Prison; and if the woman do not die in consequence thereof, such offender shall be guilty of a misdemeanour, and shall be punished by imprisonment not exceeding seven years, nor less than one year in the State Prison, or House of Correction, or common jail, and by a fine not exceeding two thousand dollars.

Letters from Persia announces that cholera is making frightful ravages in the interior of Asia; this scourge, which has travelled through Cabul, has already penetrated nearly as far as Teheran.

Obituary.—Dr. de Lens, member of the Royal Academy of Medicine, and formerly inspector-general of the University, died at Paris, on the 18th instant.

The following appears in the *Gazette Medicale*, of the 21st February:—Medical reform has for some time past engaged attention in England. An assembly composed of the *elite* of its professors, has assumed the name of the National Association, and has for its objects to obtain from the Government the repression of the abuses injurious to the profession, and the realisation of measures tending to assure its prosperity. With this object in view, a committee has been appointed to act as interpreter between the Government and the National Association. A part of the medical press has attacked this committee in the most violent manner, and separating its cause from the latter, has thrown upon it the whole responsibility of its transactions with the Government. In this state of affairs, the National Association, at a special meeting, held the 27th November, 1845, after having deliberated whether it was necessary or not to reply to the attacks of the press (query, one journal), determined to protest by a letter, signed by all the members present, against the malicious insinuations directed against the President and Honorary Secretaries. This letter further attests that all the measures presented by the committee for the sanction of Government had been previously submitted to a general meeting for its approbation.

Efforts are being made at present to cultivate the tea plant in several parts of France and in Algiers. At Angers, and also in Algiers, these efforts have been partly successful, and it is anticipated that success will attend its cultivation in Brittany.

Mr. Hancock, surgeon to the Charing Cross Hospital, was elected on Saturday last one of the presidents of the Westminster Medical Society. Dr. Snow was proposed as vice-president, but in consequence of an objection having been raised to there being two general practitioners vice-presidents of the society, Dr Frederic Bird was brought forward, and afterwards elected. The business of the society on that evening was carried on in a very strange manner, the gentlemen who proposed Dr. Snow being those also who objected to his election, and recommended Dr. F. Bird in his stead. Other matters of an irrelevant character were also brought forward, and the proceedings generally displayed a a thorough want of knowledge of the previous acts of the society, as recorded in the minutes.

It is intended to erect, at Rouen, by subscription, a statue in memory of the late M. Flaubert surgeon-in-chief of the Hotel Dieu in that city. To no one more worthy could such an honour be offered.

It is rumoured that Mr. White has followed the example of Sir B. C. Brodie, and resigned his seat in the Court of Examiners of the College of Surgeons, retaining his appointment as a member of the council. We understand that Mr. White further contemplates resigning the senior surgeoncy to the Westminster Hospital.

MORTALITY TABLE,

For the week ending February 21, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	951	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	149	183	188
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	88	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	178	169	157
Diseases of the Lungs, and of the other Organs of Respiration	296	363	294
Diseases of the Heart and Blood-vessels . . .	27	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	88	69	72
Diseases of the Kidneys, &c.	13	7	7
Childbirth, Diseases of the Uterus, &c.	12	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	12	7	6
Diseases of the Skin, Cellular Tissues, &c.	6	2	2
Old Age	44	90	67
Violence, Privation, Cold, and Intemperance . .	35	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

The meeting of February 23, presided over by M. Mathieu, was occupied with topics foreign to medical science.

ACADEMY OF MEDICINE.

Meeting of February 24, 1846; Dr. Roche, in the Chair.

TYPHUS AND TYPHOID FEVER.

M. Gaultier de Claubry read to the Academy a report in a communication made by Dr. Faure, relative to an epidemic of typhus, observed at Toulon during the first months of 1845. The disorder was supposed to have originated in the following manner:—In order to protect themselves against the cold, the convicts had closed all the light ports of the ship on board which they were confined at night, and to the variation of the atmosphere was attributed an epidemic of typhus, which attacked 150 convicts, one-third of whom perished. Dr. Faure visited the hospital wherein the patients were received three times, and forwarded to the Academy a description of the disease, stating, in conclusion, that the typhus of Toulon differed materially from typhoid fever by the presence of sommolency, the humid state of the tongue, and the absence of enterophony in the ileo-cœcal region. The early period at which the fatal termination generally occurred, and the absence in all cases but one of the anatomical alterations of Peyer's glands—characteristic of typhoid fever—were also brought forward to show that the epidemic observed at Toulon was not of the same nature as the last-mentioned malady.

The learned reporter began by remarking, that three visits made to an hospital in the space of four months during the progress of an epidemic could hardly entitle any person to form a correct idea of the nature of the disease. With reference to the symptoms observed amongst the afflicted convicts, M. Gaultier de Claubry conceived that they might be attributed with more reason to typhoid fever than to typhus. Dr. Faure asserted, it was true, that the tongue was humid in the incipient stage, but he added that it became furred, dry, and brownish as the complaint progressed; he stated that death occurred at an early period, but we found the mean duration of the disorder in fatal cases to have been no less than fourteen days; further, we remarked that, in one case, the symptoms of which were analogous to those presented by the other patients, Peyer's glands were altered in the same manner as in typhoid fever; this was a most significant fact. Did it not tend to show that all the patients were affected with the same disease—typhoid fever? The symptoms had been the same in this patient as in all the others; they were consequently attacked by the same malady. Was it not a fair inference to suppose that the anatomical alterations were sought for with greater care in this instance than in the remaining fatal cases? Besides, all that Dr. Faure asserted he knew only by hearsay, not from personal observation; he offered no details as to the post-mortem examination; he gave no clue to the competency of the persons to whom the dissections were confided; and the assertion that no morbid anatomical changes existed, because none were detected, could only be received with confidence when it was demonstrated beyond the possibility of doubt that ignorance, negligence, or prejudice had had nothing to do with the matter. It was but a short time since similar facts had been reported to the Academy:—An epidemic of typhus was asserted to exist at Rheims; no disease of Peyer's glands was detected in the post mortem examinations, and yet, accident having caused a person better acquainted with pathological anatomy than the physicians who had until then been entrusted with the dissections, to conduct a post-mortem examination, the presence of disease of Peyer's glands was in a few minutes fully demonstrated. Besides, at Gaeta, in 1812, at Dantzic and Mayence in 1813, at Paris in 1814, at Rheims in 1839, various observers had shown Peyer's glands to be inflamed and ulcerated in typhus; within the last few weeks, troops having been too densely crowded in the barracks at Saint Cloud, in order to insure the military service at the royal residence, typhus had broken out. The patients had been conveyed to the military hospital at Versailles and the superintending medical officer, Dr. Boudin, stated that he had found the characteristic alterations of typhoid fever in the bodies of all the men who died. No distinction, no anatomical difference at least, can, therefore, be established between typhus and typhoid fever.

Dr. Rochoux could not admit, with the learned reporter, that these two morbid forms belonged to the same disease; he would endeavour to point out in a few words their distinguishing features. In typhoid fever, the exanthema was not by any means so abundant as in typhus; besides, the eruption in the former was observed from the 10th to the 20th day, in the latter from the 4th to the 6th. In the first, its duration was eight or ten days; it was in the second thirty-six or forty-eight hours. The cause of typhus was clearly the accumulation and confinement of a large number of individuals in a narrow space; its contagious nature was proved by many melancholy instances, whereas one single case of contagion of typhoid fever had been vainly sought for in the Parisian hospitals for the last twenty years.

Professor Bégin, of the Military Hospital of Val de Grâce, denied the fact, asserted by the reporter, that true typhus had appeared at Saint Cloud. M. Bégin had, it is true, no official documents by him to disprove the assertion; but he was certain, from personal knowledge, that the hon. reporter was lying under a mistake.

The Academy adopted the report.

ELECTION OF CORRESPONDING MEMBERS.

The following gentlemen were elected:—Drs. Sédillot, Payan, Hullin, Gorré, Bonnet, Defermon, Rétif, Parehappe, Pointe, Dieulafoy, Derheims, Bernard, Rufz, Chareellay, Négrier, Erhman, Putégnat, Girard, and Girardin.

The meeting adjourned at five o'clock.

LA CHARITE.

Acute Farcy: By Dr. Rayer.—We reported in the Medical Times (vol. xiii., p. 109) a case of acute farcy which presented many points of resemblance with the following:—A man, aged twenty-six, by trade a knacker, who had previously been in the enjoyment of robust health, was suddenly seized, on the 3rd of January, 1846, with a violent pain in the left knee and leg, attended with fever. No treatment was employed; and, on the 10th of January, he was admitted into the hospital. On examination, he was found to be affected also with an eczema rubrum of the left inguinal fold; the left leg was swollen and painful on pressure; on the inside of the knee fluctuation was distinctly perceptible, but was not attended with any redness of skin. The pulse was frequent; twenty-five leeches were applied to the knee, and the application was renewed twice again without any amendment of the swelling or pain. Diarrhœa set in on the third day after admission into hospital, and, from pressure of the prominent parts of the left side of the body, four spots of local inflammation manifested a tendency to gangrene. On the 22nd of January a pustular eruption appeared on the body. The swelling of the leg continued the same; in one part, however, a collection of pus having become aggregated in the shape of an abscess, it was allowed to escape through a free incision. On the 25th the eruption extended to the chest, shoulders, and legs, assuming in several places the appearance of the pustules of chicken-pox. The diarrhœa which, for a few days, had diminished, now returned; the collapse increased; the tongue became dry and furred, and the patient expired on the 26th of January, twenty-three days after the manifestation of the first symptoms, and sixteen after his admission. Post-mortem examination: In the soft parts of the left leg, a great many small purulent collections of the size of a pea were detected; but no real abscess except in the fleshy part of the tibialis posticus. The knee-joint contained about two ounces of a thick, viscid opaque fluid; the articular surfaces had remained healthy. The veins and arteries of the limbs appeared to be in a healthy condition. In the right nasal cavity the pituitary membrane presented several very small pustules, particularly on its external wall; the same alteration was observed in the left nares. The uvula and right posterior arch of the palate were œdematous; also the epiglottis, which was, besides, the seat of an ulceration in the shape of a star, and surrounded by injected capillaries. In the lungs, particularly in the left, was found a very large number of extremely solid deposits of a whitish colour, and of the size of hazel nuts. The heart was healthy. The mucous membrane of

the stomach, of a dark slate-colour, was softened. The brain was healthy, and the pia mater slightly injected.

HOPITAL BEAUJON.

Traumatic Tetanus: By Dr. Robert.—A man, aged fifty, of a strong constitution, had been wounded in the sole of the left foot. The wound extended from the heel to the middle of the metatarsal region, along the internal margin of the foot, and was doing well under the influence of cold irrigations, which had been continued without interruption for a fortnight. At the expiration of that period the sore was dressed with lint and cerate; during the night which followed this change in the local treatment, the patient, finding himself inconvenienced by the heat, threw off a portion of his bed-clothes and caught cold. During the next three days he complained of rheumatic pains in various parts of the body; these pains were succeeded by a sense of stiffness in the left leg, attended with frequent convulsive trembling of the limb; the right leg was shortly afterwards affected in a similar manner, and, from the lower extremities, the rigidity passed to the muscles of the back, shoulders, neck, and throat; trismus showed itself in its turn, accompanied by spasmodic contraction of the pharynx and œsophagus. Vapour baths were daily employed, and prolonged until faintness was induced, at the same time opium was taken at the dose of three and four grains a-day. Under the influence of this treatment the most alarming symptoms have been dispelled, but the patient still suffers from considerable rigidity of the muscles of the right inferior extremity.

HOTEL DIEU.

Pueperal Fever. Death thirty-six hours after the Initial Chill. Dissection: By M. Louis.—On the 6th of February, a woman, aged twenty-six, of a nervous temperament, was delivered in hospital of her third child. The two former accouchements had been laborious. On the present occasion, labour lasted six hours, and progressed throughout in the most regular manner. The placenta was removed without effort, a quarter of an hour after the birth of the child. During the remaining part of the day, and all the next, the patient complained of pain in the abdomen, increasing on pressure. The bowels were not moved. Venesection (ad ℥ viij), and a slightly stimulant potion were the only means of treatment first employed. During the course of the following day, the patient experienced sudden rigors, followed by heat; no treatment appears to have been employed until the next morning, when she was in the following state:—considerable abdominal pain, the uterus discernible at two inches above the umbilicus, forming an extremely painful swelling. The discharge from the genital organs continued unaltered, but the face and extremities were livid and cold, and the pulse was hardly perceptible, yet the patient was again bled. Death occurred on the 9th of February at eleven o'clock, a.m.

Dissection.—Abdomen: The peritoneum presented, here and there, some spots of vascular injection, but no adhesions or false membranes; in its cavity four ounces of a purulent fluid was collected; the womb was about six inches above the pubes; on its surface, chiefly in the vicinity of the Fallopian tubes, were seen black stains, of from four lines to one inch in extent; the internal face of the uterus, of a dark red colour, was softened to the depth of three lines; it was easily lacerated by the slightest pressure of the finger; the Fallopian tubes were swollen, and infiltrated with a lemon-coloured fluid; the ovaries also presented gangrenous stains, and lymphatics, distended with pus, were met with on the surface of the ovarian vessels; the liver was healthy, and the inferior cava free. Chest: The pleura was covered in almost its entire extent by a thin layer of viscid fluid. The lungs were healthy; in the heart no anatomical change was detected. Head: with the exception of a slightly congested condition of the cerebral substance, the organs contained in the skull appeared to be in a natural state.

Dan. M'Carthy, D.M.P.

RESEARCHES ON ANEURISMAL TUMOURS OF THE BONES.

By M. Nelaton,

Assistant Professor at the Faculty, and Surgeon to the Hospital St. Antoine.

(From the *Gazette Mèdico-Chirurgicale.*)

This disease, to which the names of erectile tumour, sanguineous fungous tumour, and pulsating tumour, have also been given, has been attentively studied only since the termination of the last century. The first observations which have been published respecting it originated from Pearson, Scarpa, Lallemand, and Breschet; Messrs. Roux and Velpeau in France, and Messrs. Joseph Bell, Handyside, and Hargrave in England, have more recently published other cases, but it is easy to convince oneself that the greater number of these cases are instances of encephaloid cancer presenting pulsations, or of sero-sanguineous cysts not possessing a direct communication with arteries. Genuine aneurisms of bones, in their simple state, that is to say, uncomplicated with a cancerous degeneration, are exceedingly rare.

Aneurismal tumours of bone have constantly their origin in the spongy tissue; they are consequently generally observed in the enlarged extremities of the long bones, and itis curious to observe, that of all the parts of the skeleton, the upper extremity of the tibia is that in which they are more frequently found, for which no reason can be assigned, either in the structure or the functions of that part. It must, nevertheless, be acknowledged that these tumours have been met with in almost all the long bones, and in some of the flat ones. A patient, who is at present under my care at the Clinical Hospital, has one of these tumours on a level with the internal condyle of the femur, and a lady, whose case is mentioned by M. Roux, had one which had developed itself at the expense of the diploe of the left parietal bone.

When the tumour has become considerably developed, the bone presents a more or less large excavation; it has undergone a loss of substance, which has reduced the articular extremity to an irregular, anfractuous shell, the parietes of which, freely perforated in certain points, and only thinned in others, are formed by the spongy tissue, soaked in blood.

Before the complete perforation of the osseous shell, the latter shows itself in the form of a flexible lamella, which yields readily under the pressure of the finger, but immediately resumes its former shape. At a more advanced period, when the shell has been partly destroyed, it is replaced by periosteum, which generally presents a considerable thickening, combined with the commencement of the fibro-cartilaginous transformation. In Scarpa's case, the destruction of the osseous tissue was carried to such an extent, that the continuity of the tibia was interrupted, the articular extremity was completely separated from the diaphysis, with which it was solely connected by the periosteum extending from one to the other, so as to constitute the body of the aneurismal sac, the upper and lower ends of which were formed by the osseous tissue. In this case, the internal surface of the sac was unequal and irregular, and resembled the external surface of the placenta. In the interior of the cavity masses of stratified, fibrinous clots are found, like, in a word, to those which are generally met with in old aneurisms. Externally are sometimes seen arterial vessels of a much larger calibre than that of the ordinary vessels of the cellular tissue and periosteum (Scarpa).

In all cases it has been ascertained that the trunks of the principal vessels are completely free from disease; they have been injected and dissected, without offering any solution of continuity; but this is not the case with the vessels which penetrate into the spongy tissue of the bones; these vessels are dilated, and many of them open in the interior of the sanguineous *foyer*. "After having carefully cleansed the interior of the sac, I saw," says Scarpa, "a prodigious number of arterial orifices, by which the wax, injected into the popliteal artery immediately after amputation, had been effused into the cavity.

The joint next the aneurism has always been found healthy, even when it was separated from the aneurismal sac only by a thin layer of cartilage.

According to Breschet, and his opinion has been adopted by most authors, this disease should be compared to the erectile tumour of the soft parts. The details which we have given, however, show that these aneurisms are essentially different. Thus, instead of a vascular tissue, analogous to the cavernous tissue, which forms the mass of erectile tumours, we find in osseous aneurisms only a cavity, filled with liquid and coagulated blood, in which several arterial vessels open. In a word, there is in this case a genuine aneurismal sac, comparable to those met with in the soft parts, with this difference only, that the first receives the blood which is poured into interior by a more or less considerable number of arterial vessels, whilst the second communicates with a single arterial trunk.

Such are the anatomical appearances which present themselves when osseous aneurisms are fully developed. But what are the phases which the osseous tissue undergoes previously to the occurrence of the changes we have just described? This question it is difficult to reply to in the present state of science; for anatomical observations relative to the early period of this affection are wanting. We are only acquainted with the two cases published by Scarpa in his memoir on "Aneurism by Anastomosis," which can throw any light on what may be called the elementary lesion of the osseous tissue.

The patient in the first case was an old man, on whom, in the course of two years, seven pulsating tumours formed in different parts of the skeleton, and who died comatose. The examination of the body was made, under Scarpa's inspection, by Dr. Porta; the aorta was injected, and the tumours afterwards examined. Dissection showed that they were completely covered by the thickened, spongy periosteum, which was full of injected vessels. Below the periosteum there was a tissue of a reddish-yellow colour, soft in some points, semi-elastic in others, traversed by an inextricable net-work of arterial capillaries, which formed by their reunion a vascular mass, the organisation of which showed how the blood, on entering it, caused pulsations similar to those perceived in an aneurismal tumour. A remarkable disposition, adds the author, and which occurred in all the existing tumours, and which should especially attract attention, is that they were all evidently composed of two parts—the one superficial, the other deep-seated. The latter was evidently formed by the largely dilated vessels of the bones.

In the second case, the tumour, which was seated in the lower extremity of the tibia, was examined after amputation of the limb, and it was ascertained that it presented the same appearances as in the preceding case. The thickened and very vascular periosteum formed its outer envelope, and in the centre corresponding to an infundibuliform depression hollowed out in the osseous tissue, there was found a substance partly soft, and partly semi-elastic, of a reddish-yellow colour, containing an infinite number of rather large arteries and veins, interlacing in a thousand different ways. The summit of the tumour was besides occupied by a cyst half an inch in diameter, filled with sanguinolent serosity.

These two facts seem to authorise us to conclude that the large aneurismal sacs, which we have described after Pearson, Scarpa, and Breschet, are preceded by the formation of an erectile tissue; that at a certain period a vascular rupture takes place in this tissue, as Scarpa thinks; that the blood is then effused out of the vessels, pushes back the soft parts, and afterwards acts as in aneurisms, properly so called. But, in order that this conclusion be fully admitted, it must be demonstrated that the two facts on which it rests were really examples of osseous aneurism at its early period; and that is the point on which, in fact, some doubts may be entertained. Although the seven tumours observed in the first case appeared at different periods, the pathological change, which terminates in the formation of an aneurismal sac, could not be traced in them; it was stated, on the contrary, that they were all formed by the same tissue. Besides, the osseous shell, which is met with in almost

all cases, was not mentioned either in the detail of the symptoms, or in the anatomical description. We may add that Scarpa declared, judging from his own experience, that these tumours are most frequently found in the bones of the cranium, while we have shown that osseous aneurisms are not most frequently met with in those bones. Might he not have confounded with them the pulsating cancerous tumours which spring from the spongy tissue of bones, and from the diploë. This supposition is the more probable, that he cites as an example of osseous aneurism the case of fungoid tumor of the cranium in which Walther made an incision which was followed by fearful hemorrhage. In this case, as in all fungoid tumours of the dura mater or of the cranium, the morbid mass is composed of encephaloid tissue. Nevertheless, Scarpa, who had previously studied and described a true osseous aneurism, does not hesitate to refer these two cases to the same disease, and, on the other hand, he affirms that the tissue which constituted the tumour did not offer any analogy with *soft cancer*, or *medullary fungus*. Everybody will admit that the testimony of a man habituated, as Scarpa was, to researches in pathological anatomy, and who besides had attentively studied the diseases of the bones and cancer, ought to be of great weight in this question. We cannot, however, accept his opinion without great reserve. His theory appears to us to be probable, but we cannot admit it as a fact absolutely demonstrated, and definitively acquired to science.

I have hitherto only spoken of those cases in which the osseous aneurism exists alone, without complication with any other organic alteration; but I have already remarked that such cases are very rare. We often find combined with the state I have just described a cancerous degeneration of the neighbouring parts—a coincidence which indicates that between these tumours and cancerous affections there is a certain degree of relationship, which explains the tendency to relapse observed in certain cases.

If the small number of cases of aneurisms of the bones which we possess be consulted, it will be seen that in certain cases the appearance of the tumour was preceded by pains, at first vague and fleeting, which soon became fixed and permanent; but the disease has most frequently commenced in a brusque manner; the patient has suddenly experienced an exceedingly severe pain, accompanied by a sensation of cracking in the neighbourhood of an articulation; this pain has lasted for two or three months, after which the existence of a tumour has been discovered. This is, at first, but small, and may easily escape the notice of a superficial observer; but it soon increases in size, and then presents the following characters:—It forms a slight projection; the skin which covers it is not discoloured; but, after a certain time, it becomes of a rose or violet tint; it shows, by its transparency, numerous veins ramifying in the subcutaneous cellular tissue. The base of the tumour is lost in the circumjacent soft parts, and it is not easy fully to appreciate its limits; nevertheless, it may be ascertained by the touch that it is connected with the subjacent bone. The touch also shows that the tumefied part presents a variable degree of consistency in its different points; soft and fluctuating in certain places, it is resistant in others. Often, on pressing the parts which appears to be the most resistant, a sensation is experienced which has been compared to the friction of a piece of parchment, or to the breaking an egg-shell,—a phenomenon due to the yielding of the osseous shell, which gives under the fingers, and afterwards resumes its former condition.

One of the most characteristic symptoms of these tumours is the pulsation isochronous with those of the arteries, and which do not consist of a mere raising, but present, as in aneurisms properly so-called, a movement of expansion. According to Breschet, the pulsations observed in these tumours depend "on the synchronous movements of dilatation and contraction of all the small arteries which supply the diseased part of the osseous tissue. From all these partial, but simultaneous, movements result a *movement d'ensemble*, as we have several times observed in erectile tumours of the lip, the globe of the eye, the concha of the ear, &c." In this paragraph Breschet reproduces an opinion we have previously combatted, that these tumours are formed by an erectile tissue. As we have rejected this proposition, we cannot admit the explanation which is deduced from it. We are of opinion that the pulsations presented by these tumours, when arrived at their full development, are due to the influx of blood into the aneurismal sac during each movement of the systole of the heart—an explanation which seems to be borne out by the pathological details we have already given. These pulsations are arrested when the principal artery of the limb is compressed, and return as soon as the pressure is removed. While the circulation of the blood in the limb and in the aneurismal sac is interrupted, the latter becomes soft; it diminishes in size, and the fluctuation, which it is difficult to discover while the pulsations are perceptible, may then be recognised. Slow, but sustained pressure reduces the tumour, and the skin which covers it may be depressed rather deeply; it may then be ascertained that the subjacent bone presents a more or less deep excavation, according to the size or duration of the tumour. Notwithstanding the existence of the pulsations which we have just described, no *bruit de souffle* is perceptible to the ear.

(To be continued.)

America.

Genoplasty.—Dr. Blackman relates, in the *American Journal of the Medical Sciences*, the case of a girl, twelve years of age, who had lost a large portion of the cheek from gangrene during convalescence from an attack of malignant typhoid fever, and on whom he performed the operation of genoplasty. In addition to the loss of the soft parts, there was complete immobility of the lower jaw, and a portion of the superior maxillary bone had exfoliated. Dr. Blackman first attempted to overcome the fixed condition of the lower jaw, in which he succeeded, after which he proceeded to the formation of a new angle of the mouth, a matter of considerable difficulty, as a part of the outer substance of the upper lip was destroyed, while the remaining portion was indurated and unyielding. After removing the fungous granulations, he cut through the substance of the lip, first in a perpendicular direction, then the incision was carried transversely on a level with and to the root of the nose, whilst another, but shorter, made perpendicularly, allowed the lip to be turned downwards. The margins of both lips were then removed and united by several sutures. These were removed on the third day, when union was found to be perfect. In the course of three or four days he proceeded to the main operation, viz., the filling up of the cavity on the cheek. Finding that the soft parts surrounding this cavity were quite rigid and deprived of their elasticity in consequence of the previous inflammation, he resolved on borrowing the flap from a distant part. The outer and upper portion of the arm was selected for this purpose. After making out a flap about one-third larger than the part to be supplied, it was dissected and fastened to the cheek by the twisted suture applied at various points around the whole border of the excavation which was previously made bare. The arm was bound to the head so as to render it fixed and immovable. This position, though irksome to the patient, and though the weather was excessively hot, was borne with much fortitude until the fifth day, when, fearing that she might tear the parts asunder, the flap was separated from the arm. For twenty-four hours it looked dark and unpromising, but on the second day its colour became more natural, whilst its temperature was increased. A small portion of the new flap ultimately gave way, leaving a space half an inch in width and three-quarters in length uncovered. The margins of this cavity were afterwards approximated and united, by making an incision parallel to and about half an inch above and below its free borders. Considerable difficulty was experienced in uniting this part to the external perpendicular margin of the flap. This, however, was finally accomplished, but not without breaking loose a small portion of the upper part of the transplanted skin. The aperture thus formed, about four lines in diameter, had not closed, when the patient was removed from under Dr. Blackman's care, nor had it done so when he heard from her previous medical attendant, about a year afterwards.

Ligature of the Common Carotid.—Dr. Blackman describes, in the *American Journal of the Medical Sciences*, a case of fungoid tumour of the neck, in which he applied a ligature on the common carotid. The operation was followed by paralysis of the left side, and the case terminated fatally on the eighth day. The tumour after death was found to be much diffused among the surrounding parts, and was apparently of the nature of cribriform cancer. Dr. Blackman attributes the fatal termination of the case in some degree to the intense heat then prevailing, the thermometer ranging at 90 deg. Fah. for several days in succession at the time of the operation, and reaching as high as 95 deg. Fah. before death took place.

Plastic Operation for Ectropion.—Dr. Brainard, in the *American Journal of the Medical Sciences*, describes a case in which he operated for ectropion, caused by a severe burn, by which a great part of the left cheek was entirely destroyed, and a cicatrix produced, which, by its contraction, occasioned a complete eversion of the inferior palpebra of that side, and a considerable contraction of the corresponding angle of the mouth. Five months after the accident, January 2, 1845, the patient, a young man, twenty years of age, applied for relief. At that time the eversion of the lid was complete, its ciliary border being firmly adherent to the inferior margin of the orbit, and its inferior edge projecting upwards towards the globe of the eye. The conjunctiva was much inflamed, so as not only to give the eye an unsightly appearance, but also to render it the source of very considerable pain and inconvenience. Finding that the ordinary operations for the remedy of similar deformities were inapplicable to this, Dr. Brainard determined to put in execution the following: The palpebra was first dissected up, so as to be placed in its natural position, by which a wound was left beneath it, an inch and a half in length by three-fourths of an inch in breadth. To fill this, a flap was formed behind the external angle of the eye of corresponding form, but somewhat larger, to make allowance for contraction, the attachment of which was over the anterior part of the zygomatic arch. This being turned upon its base, was brought into the space left by raising the lid, and retained in that situation by stitches of interrupted suture. The sides of the wound left by the removal of the flap were then brought together and retained in the same manner, and only simple dressings were applied. Perfect adhesion took place by the first intention, and at the end of two weeks the patient was able to return home, the palpebra having its natural position, and both the deformity and inconvenience resulting from it being almost entirely removed. The deformity of the angle of the mouth was removed by Dieffenbach's operation.

Knots on the Umbilical Cord.—Dr. Waters, in the *American Journal of the Medical Sciences*, mentions three cases of knots occurring in the umbilical cord, in two of which the cord was also drawn round the neck of the child. He suggests the propriety of examining the cord in all cases of still-born children.

Ascites cured by Stimulating Injection.—In the *American Journal of the Medical Sciences*, Dr. Sherrerd relates a case of ascites occurring in a female, forty years of age, in which, after several tappings, Dr. Clarke injected an infusion of the dried fruit of the diosperos Virginiana into the abdominal cavity, which he allowed to remain in the cavity for ten minutes. Profuse bronchorrhœa set in, and under the influence of medicines, alternated for a while with abundant diaphoresis, after which gastrorrhœa occurred, but was stopped by an emetic. The urinary secretion was next restored, and the patient ultimately recovered.

Obstructions of the Urethra.—Dr. Jervey, of Charleston, South Carolina, states, in the *American Journal of the Medical Sciences*, that a patient he attended, a mulatto, sixty years of age, had a stricture in the urethra of many years' duration, which resulted in retention of urine. Finding it impossible to pass an instrument, he cut down upon the strictured spot, but found he had only opened a false passage. Some slight relief having been thus obtained, the man would not submit then to further surgical treatment. At a subsequent period the

bladder was punctured above the pubes. A perineal abscess afterwards formed, and extensive sloughing ensued. Dr. Jervey then cut down upon the catheter, while in the anterior part of the urethra, and finally succeeded in passing the instrument into the bladder. The wound extended forwards through the greater portion of the scrotum, and was dressed in the usual manner, the catheter having been left in the bladder. No untoward circumstance happened until the seventh day, the healing of the wound having progressed kindly, and the quantity of the urine passing through the ulcer in the perineum having very much decreased. On the seventh day the catheter (from the impatience of the patient) escaped, and much difficulty was experienced in re-introducing it. Dr. Jervey then allowed it to remain until all trickling of the urine through the perineum had ceased, when he withdrew it, passing it, however, whenever necessary, for the relief of the bladder. The patient steadily advanced to a cure, and between the third and fourth week after the operation passed his urine in a full stream, without any mechanical assistance. This he continued to do, without the slightest return of former difficulty, up to the time of his death, a few months since, which happened in consequence of lately-acquired intemperate habits.

Cadaveric Lesions in Yellow Fever.—Dr. John Harrison, Professor of Physiology and Pathology in the Medical College of Louisiana, in an article published in the *New Orleans Medical and Surgical Journal*, gives the following as the result of his observations, made during thirteen years' practice in New Orleans, during ten of which he was connected with the Charity Hospital, as to the post-mortem appearances found in yellow fever.—The skin: A few hours after death nothing is more common than to find all the lower or depending parts of the body in a state of congestion—literally black from accumulation of blood. And this is not confined to the external parts; the same thing will be found at the base of the brain, in the depending portion of the intestines, and particularly of the ileum. This congestion is also seen more or less in the lower portion of the lungs, and it constitutes, in many cases, what is mistaken for inflammation of the stomach towards the cardiac orifice. The tissues seem to be partly disorganised by the disease; they have lost, in a great degree, their natural elasticity; the capillary spaces are enlarged, and the blood settles down from the mere effect of gravity. The brain is sometimes congested with blood; at others it contains a little water in the ventricles and under the arachnoid. The pia-mater is sometimes finely injected; the dura-mater is rarely affected, and, when so, presents only a few small sanguineous spots on its serous surface. In most cases the brain presents no appreciable lesions whatever. The like may be said of the spinal marrow and sympathetic ganglia. The lungs are sometimes obviously congested with blood. They do not retract, as they usually do, when the sternum is removed. They are also, in parts, much discoloured. In one case, examined in 1839, a portion of the left lung, about the size of a dollar, was found in a state of apoplexy—the blood was extravasated and coagulated. The mucous membrane lining the trachea and bronchia is also, in many cases, finely injected or spotted with blood. In numerous cases—perhaps in a majority—the lungs present no lesion that can be detected. The heart is very rarely, if ever, affected. The endocardium is sometimes slightly discoloured, but this is only met with in subjects that have been some hours dead, and appears to be occasioned by absorption of the colouring matter of the blood left in the cavities. Small blood-spots are also sometimes found on the endocardium, and seem to be analogous to the petechiæ on the skin. Coagula are generally formed in the heart in this disease, but they contain more colouring matter, and are softer than those which are met with in cases of death from most other diseases. The liver: Dr. Harrison never saw any lesion in this organ which could be attributed to the effects of the disease. There is no organ in the body which presents such various appearances as this; at times, being very dark; in other cases, presenting a pale yellow aspect. In the cases examined at the Charity Hospital, it is not unusual to meet with chronic affections of this organ, but as an equal number of cases are seen at other seasons, it is plain they have nothing to do with yellow fever—either in cause or effect. Indeed, there is no organ in the body with which the disease may take so many liberties, without material injury to health, as the liver. The liver sometimes contains less blood than is usually the case in this viscus, and in those cases it is paler and drier than usual. At other timer, however, it is engorged with blood, and bleeds freely when cut; but these appearances it is subject to in common with all the organs, and the existence of one or the other appears to depend much upon the condition of the patient at the time of the attack, and the treatment he has undergone. In cases in which the lancet has been used freely, a pale yellow liver is generally seen. The gall-bladder in most cases contains its usual quantity of bile, which is to all appearances healthy. Sometimes it is greatly inspissated; in other cases the bile is more mixed with mucus than usual. Dr. Harrison has sometimes found the gall-bladder containing only a little glairy mucus: such cases are rare. The mucous coat of the organ is sometimes, like other mucous tissues, injected or spotted with blood. In most cases it is not affected. The spleen is usually sound. It is sometimes engorged with blood, and in consequence, is enlarged and softer. Dr. Harrison has never seen the pancreas diseased in yellow fever. The urinary bladder is rarely changed in appearance. Its mucous secretions are sometimes increased in quantity, and in a few cases the mucous membrane is dotted with small points of blood. The kidneys sometimes contain a great deal of blood. In some cases, the mucous membrane of the pelvis and infundibulum is, like the mucous coat of the bladder, minutely spotted with blood. The stomach and intestines: In a great majority of cases, the stomach is finely injected with blood. Not only is the mucous membrane thus discoloured, and that, too, in cases examined almost immediately after death, but abrasions of the tissue in pit-like holes and furrows are also found. It is beyond all doubt that this engorgement existed before death. In some cases, the whole surface of the stomach is affected; in others, the effusion and injection are confined to the cardiac or pyloric portion. The sub-mucous cellular tissue is also generally injected. The duodenum, and a large portion of the other small intestines, are frequently found in the same condition. In some other cases, though these are far more rare, the stomach, duodenum, and other intestines, present an almost entire absence of appreciable lesions. The large intestines, and the lower portion of the small, are not so often found congested as the stomach and duodenum, yet such a condition is by no means rare. Before leaving the stomach, it may be well to remark, that, in some cases, it presents a very singular aspect caused by artificial means. It is difficult to describe. The mucous tissue, when washed, has a sort of marbled appearance, with faint lines running here and there, and intersecting each other. This is owing to the acid solution of sulphate of quinine, administered in the latter stages of the disease. That such is the fact, has been proved by immersing a stomach not having this appearance in a solution of quinine. A remarkable feature in yellow fever is, the frequent occurrence of intussusceptions of the small intestines. These were exceedingly common in autopsies made in 1839. The quantity of intestine invaginated sometimes exceeded a yard. In certain cases Brunner's glands were found presenting a miliary aspect. In some cases of a typhoid type, in which there existed before death a low nervous delirium, sometimes ulceration, and, at others, hypertrophy and softening of Peyer's glands were found. Ulceration sometimes occurs in Brunner's glands, but rarely, and, when it does take place, there is generally hemorrhage. The mesenteric glands are sometimes considerably enlarged. This occurs generally in cases in which death occurred after the seventh or eighth day. Dr. Harrison has also seen them much enlarged in cases treated on the mercurial plan. The blood: This fluid does not present any strong evidence of those changes which might be expected after the system undergoing such violent actions. It has been said that it loses its coagulability. Whether such is not the fact, in certain cases, Dr. Harrison will not to say, but in a great majority it is certainly not true, for coagula are found in the heart, and blood taken from the larger vessels generally coagulate sooner a while. It is unquestionably true, however, that it requires a much longer time to coagulate than blood usually does, and that the coagulum is larger and softer. Blood drawn from the arm rarely, if ever, presents a buffy coat; nor has Dr. Harrison ever seen it cupped. The muscles, in many cases, are darker and drier than usual. The other parts of the body present nothing remarkable.

England.

[The following are the only articles of interest to the profession in the last No. of the *Lancet*.]

Insanity complicated with Paralysis.—Dr. Conolly describes a peculiar form of paralysis complicating insanity, examples of which he says are always to be met with in asyla, but which is rarely recognised by private practitioners. It is a complication of a very serious character, and the unfailing ground of an unfavourable prognosis. Insanity may be complicated with partial or complete paralysis of one side, or any common form of paralysis; but no peculiar mental symptoms attend such complications; the insanity puts on a chronic character, and the paralysis is irremovable, and the bodily and mental malady continue the same for years. But the course of things is very different in that far more frequent form of paralysis which is found in association with insanity, and perhaps never except in such association, and to which the term general paralysis (*paralysie générale* of the French writers) has been frequently given, or that of the paralysis of the insane, which is more correct. This remarkable affection was probably called general paralysis, in consequence of its character not being to affect one side of the body, or one limb, or the lower limbs only, or the tongue only, or to distort the face, or to draw the tongue to one side; but gradually, especially, and almost always in a certain order, to invade the whole voluntary muscular system. The first symptoms of this complicated malady are often slight, and somewhat variable; and it is difficult in many cases to ascertain when or in what manner it really commenced. M. Calmeil thinks the paralytic state sometimes precedes the mental aberration. When the patient comes to the asylum, or becomes sufficiently ill to cause his medical adviser to be consulted, it is usually the mental peculiarity that has excited anxiety, the bodily malady not having attracted notice. Something has been observed in the manners and habits of the patient differing from his usual manners and habits; perhaps a striking change in some particulars, or only a kind of exaggeration of the natural character in others. In the higher ranks these peculiarities may be a disposition in the patient to take more exercise than usual, to drink more wine, to expose himself more heedlessly to cold; he is disposed to exaggerate the value of his property, or to think more about money, or to take an unwonted interest in trifles, talking with unaccustomed energy, or arguing with unusual vehemence. Men of business and tradesmen become sanguine, speculative, talk of large sums of money, and neglect a prudent attention to the means of acquiring moderate profits; they make foolish purchases, and sell inconsiderately, believing that they are making a fortune; and sometimes fancy the property of others to be their own, and pass to the asylum through the hands of the police. Perhaps none of these incipient symptoms are observed every day, but on some days only; and there are better days, in which the anxiety and fears of the relatives are allayed. Alternations of good and bad symptoms may continue long, and give rise to hopes which the physician alone knows to be delusive. Even the physician partakes of this hope often, because few physicians often see the malady. The patient perhaps looks well, and is extremely cheerful; but a peculiar tremor is observable about the angles of the mouth, and a slight tardiness of articulation. These few symptoms are, in such combination, ominous in their character, and indicate a hopeless and fatal malady. To an ear practised in such sounds, the first few words uttered by the patient reveal the exact character of his malady. There is a little trembling, and a kind of imperfect obedience of the lips to the will; and the speech is rather hesitating than stammering, a

kind of delay or lingering between the syllables being its chief characteristic. The intervals both between the syllables and the words are increased, and this imperfection is contrasted with an earnest joyous manner, together with a slight expression of fatuity. The tongue is protruded, and kept so by small successive efforts, and, in old cases, with much difficulty and repeated attempts. The paralysis next extends to the lower limbs. There is an imperfect movement of the legs, a certain appearance of awkwardness and heaviness, or, perhaps, a planting of the feet more apart in walking, as if there were some little difficulty in balancing the body successively on each knee. The hands are sometimes tremulous, and the patient is observed to loose his manual dexterity; or his handwriting has become much altered. As the hands are less often employed, the infirmity of the legs always attracts the most attention; but the hands are soon observed to tremble when exerted, and to have become feeble. Meantime the patient makes no complaint of any kind; he even tells you that he is in particularly good health, and much stronger than he used to be. Perhaps he adds, that he has just been appointed to the command of the army, and is to have a million a year. The mental delusion may be very great, and the paralytic appearances very slight. Or in those who have led regular lives, or have always been of a tranquil disposition, the mental malady has rather the loss of power which accompanies old age, but with the addition of delusions not always present in natural decline. The mental delusions may, in all cases, lead to occasional fits of irritability, or of extreme restlessness and excitement; the patient declaring that his presence is urgently required somewhere, and manifesting the greatest anger and violence when he finds his wishes opposed. He accuses those about him of injuring his prospects, and obstructing his advancement, and it is very difficult to pacify him, or to prevent his escape by the door or the window. The progress of the malady is uncertain in all but its result. After a considerable truce, a rapid deterioration is perhaps perceived, preceded, probably, by an attack of giddiness, or by a flushed face, with some excitement, some confusion, and some additional tremor, such symptoms lasting a day or two, and leaving the poor patient evidently further damaged. In other instances epileptiform attacks supervene. After such seizures the patient's state is always found to have undergone considerable deterioration. If these disturbing accidents do not occur, a very slow change for the worse takes place; the mind becomes weaker, and the body more helpless; but nutrition goes on well for a long time, and the effects of good food, and warmth, and care, and cleanliness, and kindness, are quite remarkable, prolonging life even for years, the patient becoming fat, and passing his days in a state of perfect mental satisfaction. In fact, throughout the course of the malady the patient is in a perfectly happy condition, so that he might in this respect be envied even by some of the healthy. To this, Dr. Conolly says, he has known very few exceptions. This state of complacency causes an entire disregard of their real affairs, their property, or their business, and often an almost complete indifference to their relatives and friends, and all domestic and social relations. It seems to be partly the result of a physical condition free from uneasy sensations; the appetite being good, the bowels not generally disordered, and, what is remarkable in relation to the appearances after death, the ordinary senses not being impaired; there being neither loss of sight nor strabismus, nor affection of the hearing. The appearance of the tongue, and the state of respiration, indicate little or no disorder. In the earlier stages the pulse is very little affected, being only feeble and rather quick, as in other forms of insanity; but in the advanced stages it varies more from day to day, and is sometimes 140. Sometimes the pupils are dilated; and in some instances the patients suffer from a feeling of general debility; but upon the whole they seem to be protected by the nature of this malady from all ordinary mental or physical discomfort. It seems as if all sexual feelings were early extinguished; as well as all care, ambition, rivalry, and other disturbing influences. Fits of impatience occur, but under proper management soon subside. The sphincters lose their power, or the mental infirmity leads to a neglect of cleanliness assigned to that cause; but the patient seems unconscious of any distress; he cannot walk, but he never complains; every function gradually grows weaker, but he never seems to imagine that he is seriously ill. In some protracted cases the hands and feet, or the knees, become bent and contracted, particularly where women are the subjects of the malady; but the patient never refers to the inconvenience that results from this; and gangrenous ulcerations take place in parts pressed upon, or where no pressure exists, as on the top of the feet, healing and breaking out in succession, which yet rarely produce any suffering. The senses become at last duller, and the patient weaker; he does not recognise those about him, but he sinks as from the mere decline of old age, with some of its irritability, but exempt in almost every case, even from the first, from all other perturbations. Some exceptions, however, there are, in which the patients weep and are distressed; and others in which the paroxysms of restlessness and excitement come on, and the patient runs wildly about, if able to do so, laughing, crying, complaining, exulting, and urgently begging to be allowed to go home. An intolerable sense of heat, or a morbid coldness, forms the occasional torment of others; and they all bear extremes of temperature with difficulty. Even when moribund, a painful state of restlessness is now and then observed; and death, in some cases, is preceded by a series of convulsive attacks, and subsultus of one side of the body, or of both sides, continuing for days. This disease sometimes runs its course in little more than a year, but has occasionally extended to four or five, and in one instance at Hanwell to nearly six years. The usual duration of life after the commencement of the attack is about two years. With respect to the causes of this complication, Dr. Conolly says, there are several peculiarities of character about it, which may assist the investigation of its origin. It is far more common in men than in women. It is far more common in societies or nations of great cultivation, activity, and enterprise, than in others; and, apparently, more common in temperate than in cold or hot climates. It seems more frequently to affect well developed than ill developed brains; and although epileptiform seizures supervene upon it, it does not appear among the epileptic. Lastly, although the condition of the brain is in some degree that of chronic hydrocephalus in most of the cases, the ordinary senses are not impaired. He observes that he has sometimes thought it occurred most frequently in those cases of insanity which arise from what are vaguely termed moral causes, meaning violent impressions made on the mind, disturbing the sentiments and affections, and often leading to misgovernment of the propensities. In only one case could Dr. Conolly trace an hereditary tendency to cerebral disease. In almost every case of this complication, the head is well developed, whereas the contrary seems to obtain in ordinary cases of insanity. The appearances after death are somewhat uniform. In five cases lately inspected, all of a few years' duration, in men of middle age, the cerebral vessels were full of dark coloured blood; the substance of the brain was remarkably firm; the arachnoid membrane was thickened throughout, and especially in the ventricles and septum, where it had an almost flocculent appearance; and the ventricles were quite filled with serum. In one of these cases there was also much lymph beneath the arachnoid, over both sides of the brain; in the others merely a milky effusion. Precisely the same appearances have been reported in three other cases. In another, a male patient, sixty years of age, there was milky effusion beneath the arachnoid, and the ventricles were full of serum, but the brain was not unusually firm; and in this case the cerebral arteries were dotted with atheromatous deposits, or points not so hard as to be termed osseous. There was also atrophy of the cineritious matter, which was in some parts pale, and reduced to extreme tenuity, and in several portions of a pink colour. In several of M. Calmeil's cases the medullary substance of the brain is described as being firm; but in the twentieth case recorded by him, it is mentioned as having been in a state of general softening. Dr. Delaye found induration in almost every case. The numerous examinations described in M. Calmeil's book are nearly uniform in exhibiting serum in the great cavity of the arachnoid; it is also often mentioned as filling the ventricles; the cortical substance was generally injected, and the white substance occasionally firm. A morbid condition of the membrane lining the ventricles is also sometimes noticed, and induration of the spinal chord; but the last was only a rare appearance, as the chord was usually unaffected, except by the presence of serous effusion. It appears, therefore, as if the only appearance constantly met with, or almost constantly, is that of serous effusion, to the extent of several ounces, under the dura mater, or in the great cavity of the arachnoid. This circumstance led M. Bayle, and also Esquirol, to ascribe the whole malady to membranous inflammation, and consequent effusion. The same effusion is constantly met with in cases of chronic insanity without paralysis. Effusion beneath the arachnoid, separating the convolutions, accompanied by a thickening of the membrane, is equally common in insanity with and without general paralysis. Effusion into the ventricles, to a considerable extent, with a thickening and roughness of the lining membrane and septum, is more frequent in general paralysis than in insanity, and seems in some way to belong to the complication. Dr. Conolly is of opinion that the appearances thus noticed are unsatisfactory, as offering an explanation of the causes of the complication, but looks forward to the result of more extensive researches on the subject. He thinks it not improbable that M Calmeil's opinion, that there is a chronic inflammatory state of the cerebral substance and of the periphery, may be correct.

Mercury in Syphilis.—Mr. Acton discusses the question how long mercury should be given in the treatment of secondary symptoms, and he states that it will be required for a month, six weeks, or even three months, during which, the mouth may be kept slightly affected, provided the health of the patient will allow of its being continued so long, and no untoward accident happen. There are a few patients who appear to resist the effect of mercury, just as there are some who are influenced by a few grains; the former may generally be salivated, when confined to a warm room, and not allowed to expose themselves to the air. Women, for these reasons, require less mercury than men, and infants at the breast are placed in the most favourable circumstances for the beneficial influence of mercury. If a patient will not confine himself to the house, at least he should clothe himself in flannel, avoid wet or cold feet, exposure to draughts, &c. With respect to the effect of mercury on the system, it varies greatly. Some patients are not aware of any effect whatever; others, from the first dose, begin to feel lassitude and a general uneasiness; their appetite fails them; the tongue is moist and white, though not furred; there is some fever and heat of skin; this goes off in a few days, and the patient bears the remedy well during the remainder of the time. Mr. Acton says he generally recommends a glass or two of wine to patients who feel this uneasiness, or weak brandy and water; or brandy and soda-water which seems to put the stomach in better humour than anything else. If, on the contrary, the patient habitually indulges in wine or spirits, his rations must not be cut off suddenly, but gradually diminished to a more moderate quantity. He has never found any advantage follow from keeping persons on low diet when taking mercury.

Seutin's Starch Bandage in Fractures.—Mr. Markwick states that the principal advantages of this bandage, which—from the facility with which it is split, thus constituting, at will, a moveable and immoveable apparatus—has been termed also by its inventor, the *appareil amovo-inamovible*, are, first, that of effectually preventing any motion between the fractured extremities of the bones. This is evidently of the utmost importance in the treatment of all solutions of continuity in the osseous tissue, as, unless coaptation be maintained, not only will irritation and inflammation be excited and the pain and suffering of the patient greatly prolonged, but also the formation of the callus considerably retarded, if not entirely prevented; for children and infants, also, whose restless nature is a source of considerable anxiety to the surgeon, in consequence of the difficulty thereby experienced in maintaining perfect immobility of the fractured bones. the starch ban-

dage is an invaluable apparatus. All others, independently of their total inability to maintain perfect coaptation, become, in cases of fracture of the lower extremity, constantly saturated by the alvine and urinary excretions. They therefore require to be frequently changed, in order to prevent the irritation, excoriation, and fœtor, which would otherwise be occasioned. But this frequent changing must evidently cause considerable pain to the patient, as well as greatly retard the formation of the callus, by allowing the fractured ends of the bones to rub against each other. Thus, it will be perceived, that by remedying one evil the surgeon creates another. In the delirium occurring in cases of compound fracture from extensive laceration of the soft parts, injury of the nervous filaments, &c., no apparatus will so effectually prevent the fragments producing that disturbance upon which the delirium in many cases depends. It forms, with the fractured limb, a whole, which cannot move without the concourse of its constituent parts. Hence the impossibility of any partial movement taking place, or the occurrence of any displacement of the broken bones, the whole limb being obliged to move in the direction of any impulse given. Neither can there be free motion in any articulation; for supposing a bone was solicited to move on another, it will be prevented from doing so by two diametrically opposite surfaces of the bandage; hence it is easy to conclude that the muscular contractions themselves will be unable to produce any change in the relation between the fractured surfaces, since, on the one hand, the contraction, requiring a certain lateral space for the development of the fibres, can but imperfectly take place, and on the other, although it might be freely effected, the displacement would be rendered impossible by the contentive means. The compression, also, which this bandage exercises, considerably suppresses the suppuration occurring in compound fractures, which from its frequently being very excessive, greatly reduces the strength of the patient, and consequently protracts his recovery. It likewise secludes the purulent matter from the free contact of air, and thus renders its absorption much less dangerous. In gun-shot fractures of the articulating extremities of bones, in which, when amputation has not been immediately performed, a cure can only be obtained by ankylosis, the starch bandage affords an excellent means for securing this desirable termination, by preventing all motion of the joint. Secondly, that of adapting itself, when properly applied, to all elevations and depressions; consequently it exercises an equal degree of pressure on all parts, and is therefore not liable to produce congestion or mortification; on the contrary, it acts antiphlogistically by giving tone to the vessels, relieving the inflammation, and, by preventing any unnecessary afflux of the fluids towards the fractured limb, allows this to receive only sufficient for repair of the solution of continuity. Thirdly, that it does not become deranged; but remains in the same position as when applied. Fourthly, that it admits of progression, and enables the patient to be removed to any part without danger; thus, the adult patient who has been accustomed to a life of activity, is no longer under the painful necessity of remaining in bed during the formation and consolidation of the callus, there to become exhausted and cachectic by a long-continued decubitus, and a prey to his bitter reflections, but is able to change his position, get up, and even walk about on crutches, and by this means recruit his strength, relieve his mind, and facilitate and hasten his recovery. Those severe and distressing cases of ulceration and gangrene which are so commonly met with, especially in old people, and which are consequent on remaining long in the recumbent posture, are of very rare occurrence, if not entirely unknown to those who employ the "appareil amove-inamovible." Fifthly, that of the materials of which it is composed being economical and easily procured. Sixthly, that it is equally applicable to all kinds of fractures. Seventhly, that it admits of the limb being placed either in a state of flexion or extension, of pronation or supination, or of abduction or adduction. Eighthly, that it is more easily removed, and more speedily applied, than any other apparatus. Ninthly, that from the facility with which it may be divided, it forms, as its name implies, a moveable and immoveable appareil at will. With respect to its application, the necessary requisites are one of Scultetus' bandages or a common roller, two or three old linen bandages, of convenient length and breadth for the fractured limb, some pasteboard, of sufficient stiffness and firmness, from which splints are to be torn rather than cut of the proper size, in order that their edges may be so levelled off as to lie evenly on the limb, instead of being sharp and angular, and thus produce an injurious pressure on certain parts, and some fresh well-made starch. These things having been previously prepared, the surgeon immediately proceeds to reduce the fracture. When this is accomplished, and while the bones are being maintained in apposition by an assistant, a bandage is to be applied first round the toes—supposing it to be a fracture of the leg, taking care, however, to keep their extremities free, as an index to the condition of the remainder of the limb. Those parts which from their prominence are likely to receive too great a degree of pressure, and, by this means, may become inflamed and gangrenous, such as the ancles, the tendon of the tibialis anticus, the spine and tuberosities of the tibia, the head of the fibula, and the condyles of the femur, are to be guarded with wadding or amadou, previously to the application of the first roller. This is then to be passed round the foot and leg, as high as the knee, or to a short distance above it, according to the situation of the fracture, and afterwards slightly starched for the purpose of fixing its edges; if more be applied, it will penetrate through to the internal surface of the roller, which will, in consequence, be rendered harsh and irritating to the skin. The posterior splint, from which a semicircular piece has been torn to allow of a space for the heel, having been softened in water, starched, and padded, is then to be applied and secured with the second roller, which must be well-starched by means of a brush, or the palm of the hand. The lateral splints, prepared as the posterior one, are next applied, and over them the third bandage, which should receive a good coating of starch. If preferred, the lateral splints may be applied at the same time as the posterior one. If more solidity should be required, a fourth, and even a fifth bandage may be applied. It is advisable, previously to the application of the bandages, the first, however, excepted, to dip their extremities in the starch; by this means the edges become fixed as the bandage is unrolled. The end of the last bandage should also be folded in and put in a conspicuous place. In cases of compound fractures, the apparatus must be so applied as to allow a free exit to the secreted fluids; thus, the edges of the rollers must be either be turned back from the solutions of continuity, or holes cut in those situations corresponding to them, and the splints either notched or perforated. A communication can then, if necessary, be established between two openings, and a free discharge promoted. The wounds can also, by this contrivance, be dressed according to circumstances. Metal splints are sometimes requisite to give support to the fractured limb, when the apparatus becomes softened by an abundant suppuration. Extension and counter-extension should be kept up until the bandage is perfectly dry. An old shape, resulting from a previously treated fracture, is an excellent addition to secure perfect coaptation during its desiccation, which may, in some cases, be promoted by hot bricks, bottles of hot water, bags of heated sand, or by exposing the limb to a fire or the sun's rays. In fractures of the lower extremity in children, the bandage should be covered over, when dry, with white of egg or some kind of varnish, or enveloped in a piece of oiled skin, in order to prevent its being soiled and softened by the excretions

SARCOMATOUS TUMOURS OF THE ORGANS OF GENERATION.—Dr. Brett describes several cases of sarcomatous tumour of the organs of generation in the male which he treated while in India. He terms the disease hypertrophy of the scrotum and cellular tissue. Neither the testicles, or their coverings, or the penis, in the slightest degree participate in the disease; certainly not necessarily so. The spermatic vessels are not diseased; the tunica vaginalis is transparent; the tunica albuginea is unchanged. There are often hydroceles, the fluctuation of which is not perceived beneath the deep fleshy mass; but this is to be attributed to the pendulous state of the tumour, and to the gravitation of blood, the superficial and deep-seated veins being greatly enlarged and distended with blood. The integument is thickened, and sometimes warty. Dr. Wise considers the disease to be essentially an inflammation of the veins. It is often ushered in by a smart paroxysm of fever, followed by effusion of lymph in the scrotum, which becomes tumefied, and continues so, after the subsidence of the other symptoms. The fever frequently returns, with increased swelling. It may be successfully combated, in the early stages, by a persevering use of purgatives, issues, alteratives, local frictions, and a careful avoidance of the influence of the weather, particularly when combined with the local application of cold; but the natives can seldom be induced to persevere, and generally neglect the early stages of the disease. Thus it is that the malady falls under notice when it is only remediable by the knife. The tumour now advances, without pain, but not rapidly, until it has obtained a certain size. It at length totally conceals the organs of generation. Its progress then becomes more rapid, from the unresisting nature and pendulous position of the parts, so as at length to attain an enormous bulk. The disease may originate in the skin of the penis, or in that and in the scrotum simultaneously. On examination of these tumours after extirpation, the sub-cutaneous areolar tissue is found to be much increased in thickness and condensed in structure. On making incisions into this organized lymph, a quantity of transparent serum escapes. The corion is thickened, dense, and cartilaginous. The cutis is often thickened, rough, and scaly, with its papillæ much enlarged, and the surface is studded with warty tumours; at other times the cuticle is not at all changed. The arteries are not enlarged, but the veins are much increased in diameter, and their coats are thickened. The operation is performed in the following manner:—The patient being placed on his back on a table, with the lower extremities widely separated, the tumour is to be turned over the abdomen, to allow of the veins being somewhat emptied of their contents. A large semicircular incision is then commenced on the posterior part of the tumour, with its convexity forwards. This accomplished, the tumour is turned down. Two longitudinal incisions are then made about three inches apart, commencing from the neck of the tumour on each side, corresponding with the entrance of the spermatic cords, and extending in a parallel direction for about three inches; their inferior extremities are united by a horizontal incision. Two elliptical incisions, with their concavities outwards, are then made on each side, commencing from the same point, and terminating at the posterior incision. Hemorrhage is suppressed as much as possible by the fingers of assistants. Two bold and deep perpendicular incisions are then made through the mass, down towards the tunicæ vaginales, which, with a little dissection, are exposed and extricated, but not opened; they are dissected up towards the external abdominal ring, and held back, by an assistant, over the abdomen. The flaps are then all dissected back. A circular incision of the diameter of a crown is made around the urinary opening, and the elongated and almost always healthy prepuce is carefully dissected down to the glans penis. This is most important, and if done carefully, forms a complete natural covering to the penis when reflected back upon it. One bold incision down to the body of the penis facilitates this. The remaining attachments of the tumour are separated by a few strokes of the knife; and the hydroceles should be punctured to evacuate their contents. The whole operation need not occupy more than ten minutes. The lateral and posterior flaps are united by sutures and isinglass plaster. The pubic flap covers the root of the penis, and the loose elongated prepuce is reflected back to cover the body of the organ. Great care should be taken to receive the urine when voided, so that none should escape on the wound; for which purpose the patient should wear an elastic gum catheter, well secured and stopped, and every measure should be taken to favour the adhesive process. This disease is not at all malignant. Of seven cases in which Dr. Brett operated, five recovered. The other two died of mortification of the wound. The same disease occasionally affects the pudenda of the female.

ORIGINAL LECTURES.

A Course of Lectures on Diseases of the Skin.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE VII.

ECZEMA.

According to Willan, and others.

GENERA.	SPECIES.
Eczema.	E. Solare. Impitigiuodes. Rubrum. Mercuriale.

As proposed by Startin.

GENERA AND SPECIES.	DIVISIONS.	VARIETIES.
ECZEMA.		
I. Simplex vel vesiculatum. Rubrum. Crustatum.	Localis. Generalis.	Sparsum. Confertum. Figuratum. Chronicum.

There is perhaps no disease of the skin, except simple redness in the parts, which occurs so frequently as vesicles or small blisters filled with a limpid fluid—eczemation, as it has been termed. A familiar instance of this fact is witnessed on the application, to any part of the integuments, of fire, blisters, various acrid matters, or the strong acids, whether vegetable or mineral.

That division of eczemation, to which I would now call your attention, is termed by Lorry and Willan, *eczema* (or watery tetter). It is defined to consist "in an eruption of minute vesicles, not contagious, crowded together, and which, from the absorption of the fluid they contained, form into thin flakes or crusts;" these (I may add) are found by microscopic inspection to be layers of albumen or lymph, mixed with a few blood discs or globules, and a portion of unchanged cuticle. Eczema has been compared, from the intense heat and pain which commonly accompany it, to the action of fire, and the resemblance becomes more apparent when the vesications appear. The mechanical effects on the epidermis are also very similar. Effusion of fluid takes place beneath the cuticle, and this ultimately gives way, without having undergone any apparent change. Eczema is also very sudden in its attacks; it may be developed in a few hours, a day, or a night. On a comparison of eczema with impetigo, there will be found to exist between them a connection somewhat similar to that which I mentioned as manifested between psoriasis and lepra, that is to say, eczema is to be regarded as the more inflammatory affection, whilst both diseases are so frequently joined, or run into each other in their chronic forms or stages, that it is next to impossible to indicate where one affection ends and the other begins. I have, therefore, been accustomed to consider eczema to comprehend the stages of *redness*, *vesiculation*, and *encrustation*, and that when pustules, morbid cuticular scales, or ulcers, leaving cicatrices, are produced, the disease is to be regarded as impetigo, with which eczema then becomes complicated. It is probable, however, as I said before, respecting lepra and psoriasis, that impetigo and eczema are the same disease, the constitution of the patient or the degree of inflammation determining its form: I believe that in both, to a greater or less extent, the same parts are affected, viz., the sudoriparous and sebaceous glands of the skin. Willan and his followers have divided eczema into three varieties, E. simplex, E. rubrum, and E. impetiginodes, which I may observe, may be either local or general, acute or chronic; but were it not for the disadvantage of creating names, I should prefer, as I have mentioned in my former lectures, to divide each cutaneous disease into two great or principal varieties, which should indicate the local and general affection, and these again might be subdivided by any characteristic indications presented by the particular affection. Of course, there will be complications with other affections, readily indicated in precise language by making an adjective of the malady in question—thus, eczema inveteratum, impetiginodes, &c.

I have endeavoured, however, to keep as much as possible to the nomenclature at present in use, hoping by this means to prevent confusion, whilst I attempt to give a meaning to the terms which shall not only signify the disease, but give expression to its precise state.

Eczema is found to attack individuals at any period of their lives, from the earliest infancy to old age, and its most usual situations are those portions of the body where the sebaceous organs are probably most developed—thus, the scalp, behind the ears, the face, in the flexures of the joints, inside the thighs, the dorsal surfaces of the hands or feet, and around the different openings of the body, with occasional extensions from the latter situations to the mucous membranes, are the most frequently affected localities.

No rank or condition is exempt from the attacks of eczema, which, as I have observed, may be confined to one spot, or may extend all over the body.

It is usually to be traced to some local or general cause of irritation, for the most part not being preceded by fever, nor accompanied with derangement of the constitution; when seen under these circumstances, as is occasionally the case, they are to be regarded rather as accidental complications than as connected with the appearance or continuance of the disease. I have very often, however, been unable to trace the least physical cause for this cutaneous affection, and consequently have sought amongst the moral emotions for its origin, and thus, in many instances, have been reasonably induced to refer its commencement to sudden affliction, anger, despair, anxiety, &c., which, by interrupting the digestive function, or by influencing in some as yet unexplained manner the cutaneous circulation, have in particular idiosyncrasies produced the eczematous eruption. The Baron Alibert, like Liebig of the present day, considered this class of complaints as the effects of a too rapid combustion on the surface, and the former was in the habit of telling his pupils that he considered "every being which respires is rigorously impregnated with the matter of fire, and that he regarded the fable of Prometheus stealing the celestial flame as but the faithful emblem of this primary condition of life." Certainly the burning and intense pain which precedes, and is connected with, some eruptions of eczema, seems to verify the Baron's notions.

The first division of eczema, which I shall call E simplex, is the eczema smplex of Rayer, the solar eczema of Willan; it is ordinarily a slight affection, a few detached minute vesicles appearing on some portion of the skin from exposure to the stimulus of the sun's rays, or from acrid dust, heat, &c., being spread over the surface, or it may arise without any evident cause. There is little or no redness, heat, or inflammation, and the complaint is commonly evanescent, the vesicles drying off in commonly evanescent, the vesicles drying off in minute yellowish incrustations, and proving of no importance, unless, as is sometimes the case, the disease assumes the next appearance to which I continue Willan's name of rubrum, and then heat, redness, and swelling, the true products of inflammation, are present in addition to the eczemation.

E. simplex may be confined to one portion of the body: thus it is often seen between the fingers in hot weather; or in young subjects it may be general. I have no doubt that the complaint we call herpes, as I shall hereafter mention, is this form of eczema in a more modified shape, and I have often seen detached rings, figures, bands, and groups of large vesicles, which are to be regarded in a similar light. Eczema vesiculatum may thus run through the three varieties I have distinguished as sparsum, figuratum, and confertum.

I point to some examples of these, which you will see are marked herpes, which I think might be much more simply regarded as belonging to the disease we are considering, as I am aware of no practical result to be derived from their separate consideration.

The term E. rubrum denotes a more intense form of the affection under consideration, which manifests itself in the first instance by acute burning pain, heat, and redness in the part affected, which becomes covered with a vesicular eruption, for the most part confluent, and quickly ending in the rupture of the vesicles, and the effusion of a quantity of watery or serous discharge, which seems often to excoriate the neighbouring parts. This discharge has occasionally a milky appearance, but it never contains pus as in impetigo, though blood discs or globules can be usually discovered. The cuticle becomes softened by this secretion, and from the confluence of the vesicles it is soon detached from the diseased parts, leaving them red, polished, and inflamed, their surface being covered with minute orifices, which pour forth the peculiar serosity described; the cuticle often furnishes a sort of loose border round these diseased portions, as I pointed out in impetigo, and flakes of coagulated albumen create more or less crust, which rapidly accumulates when a commencement is once established, thus referring the eczema to the next varieties, the crustatum or inveteratum.

As I observed of E. simplex, E. rubrum may be subdivided into the varieties sparsum, figuratum, and confertum; it also now and then may deserve the epithet inveteratum or chronicum, when it partakes somewhat of the nature of a squamous affection, and would seem the uniting link between this malady and psoriasis. Occasionally also the whole body is affected with eczema rubrum, which then becomes a very severe and sometimes fatal disease.

In its local form, also, eczema rubrum is often produced by many external irritants, as lime, sugar, dyes, flour, &c., forming the vesicular bricklayers', grocers', and bakers' itch. It is also occasionally a symptomatic affection of carious bone or inflamed periosteum in habits with a syphilitic or scrofulous taint.

Eczema crustatum and inveteratum are commonly the chronic terminations of the former varieties. No description is therefore required of their earlier stages, and beyond the parts affected with the eczema becoming encrusted as it were with the albuminous layers or flakes originating from their exsiccated secretions, which do not contain pus globules or productions of morbid cuticle, when examined by the microscope, little need be said concerning them.

In the chronic or inveterate forms, redness and crusts may be co-existent; but when the complaint arrives at this stage it is more commonly to be referred to impetigo, in which disease indeed eczema may be said to be so constantly merged that I am quite sure an union of the two maladies under a common description would be an advantageous simplification.

Willan seemed quite aware of this fact, and, therefore, eczema impetiginodes forms one of his divisions of the disease. As this constitutes so frequent a complication, and several examples of it are before you, I shall shortly describe it, though, in my own opinion, it should be considered impetigo.

E. impetiginodes usually commences very suddenly, and with lancinating, burning pains, rather than with the creeping, tingling, and itching sensations preceding the true eczema; the part affected is also red and swollen, and the vesicles formed are larger, and filled with pus as well as lymph; the humour which discharges from them quickly concretes into greenish, yellow scabs, scarcely to be distinguished from those of impetigo; but the serum continues to flow after the formation of these crusts, and marks the linen, the sheets of the bed, and the dressings, with a yellowish stain, giving off a disagreeable odour, like that of decaying wood or a suppurating burn.

This form of eczema, if it is to be so considered, is more liable than the others to exacerbations and remissions of its violence, sometimes seeming about to disappear, and then again manifesting greater irritation and disturbance than before; it also may last for weeks, months, or years, whether proceeding from an external irritation or internal cause, and it may leave one part of the body to attack another; like impetigo, too, this affection seems to extend deeper than the skin, and to affect the absorbents and lymphatic glands in its vicinity, which tumify and sometimes suppurate; it also occasionally leaves cicatrices on the completion of the healing process. I have seen the whole body affected with what would be called E. impetiginodes, but which I

have constantly regarded as an exacerbation of impetigo scabida.

Of all cutaneous diseases, perhaps eczema presents the most varied appearances; yet if attention be paid to the forms I have indicated, they will, I trust, be readily discriminated. The circumstance of so many irritant substances producing eczematous eruptions is one of the principal causes of perplexity, but it is to be remarked that the disease thus originating, for the most part, though not always, rapidly disappears when the cause is removed; exposure of the parts affected with eczema to the air appears much to increase the inflammation: thus the hands, the face, the ears, &c., from the circumstance of their being habitually uncovered, generally manifest the most acute symptom. A very remarkable form of eczema is sometimes produced by taking mercury, and more frequently by a combination of this mineral with arsenious acid, in the manner it is sometimes exhibited in this institution; other diseases of the skin appear also occasionally to originate eczema, when by any chance they suffer an increase of inflammation. Psoriasis and scabies perhaps most frequently present these combinations; the dust and heat attending many trades are constantly exciting causes of this complaint: thus cooks, hatters, smiths, bakers, dyers, braziers, and all workers in metals, are liable to be affected, and sometimes to such a degree as to oblige them to renounce their accustomed means of obtaining a livelihood. Eczema is commonly held to be a very obstinate affection, particularly in the aged, and in its chronic or inveterate stages I have, certainly, occasionally experienced more difficulty in its treatment than in the common forms of impetigo, which is the most important disease, from the ulcerations and consequent scars following the healing process. It is, indeed, often surprising what very extensive encrustations and excoriations may be cured in eczema, without leaving the least trace of their existence; in fact, I have often fancied, in children particularly, that the skin has appeared smoother, fairer, and clearer, than before the attack of the disease.

I do not know that I have much to add on the treatment of eczema, beyond the general remedies I advised in impetigo.

It is a great and primary object to cleanse the skin, and nothing answers the purpose of softening the crusts, and thus obtaining this end, better than the local or general vapour bath or tepid ablutions with warm water, yolk of egg being used instead of soap, and glycerine, diluted with more or less water, being afterwards applied over all the affected parts; warm baths of milk and water, mucilage, or bran water, are also useful where a great surface requires cleansing, and these should be often repeated.

The constitutional cause meanwhile (if any exist), should receive our best attention and efforts for its removal, when mild counter-irritation will be found the most successful plan of treatment; the bisulphuret of mercury, the black sulphuret of mercury, or the white precipitate of mercury, mixed in very small proportions with fresh lard, I have found the most useful external means; creosote, too, may be occasionally joined to these ointments; sometimes, however, in very young children, badly nursed and attended to, nothing more stimulating than a little Goulard and cream can be borne.

The internal treatment is to be conducted on the same principles, though iodine in some of its forms is more frequently required, and the alkalies I have found more useful than the acids. Mercury in some conditions of E. rubrum acts most favourably; but in young children I rarely employ it; arsenical preparations, for the most part, are too stimulating, unless combined with opium, colchicum, or some narcotic; but I will next week relate, according to my custom, a few of the cases illustrated by the models before you, which, better than any mere description, will show you the plan of treatment recommended and the results attending it. I would now observe only that the diet should always be simple and free from stimulants, which also should be avoided externally, save such as may be applied with the view of producing counter-irritation, and that daily local or general baths are almost indispensable in nearly every form of eczema; amongst these, the vapour bath, undoubtedly, claims a preference in adult cases.

The Structure and Functions of the Brain,

WITH

NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education,

BY DR. COSTELLO,

Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

(Continued from page 411.)

Here is another case almost resembling the foregoing, but of which the progress has been rather more slow.

CASE 3.—*Acute Paralytic Cerebritis—Duration Eighteen Days; Super-acute Inflammation of the Cortical, and Softening of the White, Substance.*

Nicholas Merin, aged thirty-seven, a journeyman, was, during many years, strongly addicted to drink; he waited with impatience for the pay of each week to spend what he had earned in spirituous liquors, especially brandy. This is all the knowledge we possessed of his anterior state. He was brought, on the 31st July, 1838, to the Bicêtre, on account of extravagance—a consequence of his fatal habit. He is still in a very decided state of maniacal exaltation; his face is red; his agitation extreme, striking at and tearing whatever he can lay hands on. When spoken to, he replies with difficulty, and pronounces his words like a drunken man. Abstinence, rest, diluents, and sanguineous evacuations, were followed by remarkable improvement in his position during the first six days. He was again calm and reasonable, but thedifficulty of pronouncing continued. On the tenth day he stuttered so completely that he could hardly make himself understood, and the excretions were involuntary. On the twelfth day there was a violent paroxysm of fury and agitation. On the thirteenth day the face was earthy, the cheek-bones projecting, the eyes largely opened, the pupils dilated and immoveable; the abolition of the intelligence and sensibility was almost complete; the patient only pronounced hoarse and guttural sounds when speaking. On the fifteenth day the upper and lower limbs were in a state of general tetanic stiffness; there was very strong tension of the muscles of the abdomen; when the patient was raised in order to be changed, he was as stiff as a mass of stone or iron; the teeth were strongly clenched. This state lasted two days more, and the patient sank the eighteenth day of his admission.

Autopsy.—The dura mater was distended by a large quantity of serum. On the anterior part of the right cerebral lobe there was a false membrane, of a brown colour, adhering loosely to the arachnoid surface of the dura mater, proceeding from the falx to the middle lobe, and covering, from before backwards, an extent of three inches. This, undoubtedly, was the residue of some sanguineous effusion of long standing. The arachnoid was thickened, and adhered in many places to the convolutions. All the periphery of the brain was perforated by erosions, penetrating half a line deep into the grey substance. All these erosions were red, presented numerous orifices of vessels, and resembled the small pits of small-pox. The grey substance was violet-red, and more soft towards the frontal lobes than towards the superior parts. The white substance was also violet-coloured, diffluent at the anterior part of the ventricles, and presented in this place the appearance of curdled milk. The interior of the ventricles was lined with slight and very thin granulations; they contained a little serum. The corpora striata, the annular protuberance, and cerebellum were healthy; all the small intestines were violently inflamed.

Reflections.—In this man the predisposing cause of the paralytic cerebritis, from which he sank, was certainly drunkenness. His brain, unable to resist the last excess, became inflamed under the repeated action of the same cause, and the patient was brought in a furious state to Bicêtre. However, at the time of his admission, the tongue evidenced a profound lesion in the midst of the other symptoms. A proper treatment seemed to arrest the disease at first, but the paralysis of the tongue remained; it became more and more decided, and on the tenth day the patient completely stuttered. At the same time the palsy extended to the anus and bladder; the symptoms were rapidly aggravated. The general and tetanic stiffness of all the body was a symptom indicating, in my opinion, the extreme violence of the cerebral inflammatory state which was ushered in the twelfth day by a very strong paroxysm. Henceforth, the inflammation continued its rapid progress. In the periphery of the brain, the cortical substance, violently inflamed in all its thickness, was perforated with erosions, which were but the prelude of a disorganisation which had not had time to be more profound. In the interior of the brain, the white substance began also to be softened at the anterior part of the ventricles, and under the influence of a process equally inflammatory. By the action of these two disorganising causes the series of symptoms above described was produced, the progress of which had been very rapid, if we compare it with the ordinary slowness of the insidious development of general paralysis.

This first form of the disease is, then, the most rare. It approximates much to the progress of ordinary violent cerebral inflammations. The means that may serve to distinguish are: first the symptoms of paralysis of the organ of speech, the trembling hesitation; then the stammering, and afterwards the chimerical ideas of power and riches which the patients express. We shall find all these symptoms in the second form, in the chronic progress of the disease, but weakened, and lasting a longer time.

SECOND FORM.

CHRONIC PROGRESS OF GENERAL PARALYSIS.

Under this second and chronic form of general paralysis are ranged the greater number of the cases observed first by M. Calmeil, and afterwards by M. Parchappe; M. Calmeil foresaw from his researches that the affection called general paralysis was, in reality, but a chronic inflammation of the brain; and M. Parchappe, wishing to determine the seat of the disease in a more precise manner, has always found it in the second layer of the grey substance, which, according to him, becomes the focus of a chronic alteration; all these results are exact; but they resolve only a part of the question, which is much more complicated, according to our researches.

Many cases of chronic general palsy might be cited in which the alterations described by these authors are found.

CASE 4.—*Chronic General Paralysis—Duration five Months; Chronic Inflammation of the Grey and White Substance.*

Chevalier, aged forty-one, locksmith, enjoying good health, and not habituated to any excesses, had the influenza, and, during the eight months which followed this attack, he complained of continual pains of the head; it was at last perceived that, notwithstanding his apparent health, he had difficulty of speaking, and moments of absence in his ideas; some symptoms of delirium occurred, and he was brought to Bicêtre, May 12, 1838. His face face was pale, his eyes were greatly opened, and the motions of his lips remarkably slow. The patient articulated with extreme difficulty; his pronunciation was perplexed; his lips trembled continually; his interrupted, jumping, speech expressed incoherent and confused ideas, in the midst of which we distinguished the fear of thieves. The lower extremities appeared feeble; the patient was obliged to support himself against the beds in order to walk; the excretions were involuntary; the hands clutched in a convulsive manner what they took hold of.

During the months of July, August, and September, the symptoms remained almost stationary; some scorbutic patches appeared upon the limbs, which were dispersed. In the beginning of October, the paralysis made fresh progress; he could no longer stand upon his legs, nor articulate any word; his arms were in a continual agitation, in, as it were, a convulsive trembling, and he was continually pulling the bed-covering to him. The scorbutic eruption re-appeared, and the sacrum began to strip. During a month all these symptoms became more aggravated; the emaciation became extreme, and the patient sank after an agony of several days.

Autopsy.—Extreme emaciation; cranium thin, white, and light; meninges thickened, red, and intimately adherent in all the posterior half of the hemispheres to the cortical substance, which was wholly removed with them; the middle layer of the cortical substance was violet-coloured, ecchymosed, disorganised entirely in all the posterior part of the brain. The base of the brain presented also analogous adhesions, but they were less extensive; the white substance of the posterior portion of the hemispheres was remarkably violet-coloured, diffluent when compared with the anterior lobes; both lungs were hepatised at their base.

Reflections.—We see here a chronic cerebritis invading slowly almost the whole of the posterior part of both cerebral lobes, and disorganising it by a chronic inflammatory action. The disease must have commenced by a lesion of the meninges, of which we find the trace in their adhesion to the grey substance, and it is to this period that we must refer the first symptoms of delirium and embarrassment of speech; but afterwards the alteration penetrated into the cortical, and into the white substance of the two posterior lobes, the structure of which it slowly disorganised; it is to this particular seat of the inflammation that we must attribute the carphologic movement of the arm and the convulsive clenching of the hands. As to the general symptoms of paralysis, they are intimately connected with the general inflammation of all the posterior part and base of the brain, and this chronic inflammation had, in the course of but five months, run through all its phases.

CASE 5.—*Chronic General Paralysis—Duration five and-a-half Months; Chronic Inflammation of the Grey and White Substance.*

Louis Menier, a youth, aged fourteen, large for his age, had been epileptic during the last three years; the fits were few, but very violent, lasting several days without interruption. After the last fit he had, it was perceived that his tongue trembled, he spoke with extreme difficulty, his gait was uncertain, and his replies incoherent; generally a few days sufficed to restore him completely after his fits, but this time all the symptoms of general paralysis and intellectual incoherence persisted. He was brought to Bicêtre, three weeks after the attack, the 13th March, 1838.

The patient replied with extreme slowness and difficulty to questions addressed to him; his pronunciation only expressed guttural sounds, or parts of certain words which seemed to issue convulsively. His look was fixed, astonished, and stupid; the cutaneous sensibility was also abolished in the arms and thighs, which might be strongly pinched without his perceiving it; the lower extremities were very feeble; the patient staggered and fell on the least shock; he voided his urine and excrements involuntarily.

Two months later, he could no longer leave his bed; he uttered piercing and inarticulate cries; towards the end of July, convulsive motions were observed in the arms and jaws, with chattering of the teeth; all the prominent parts of the back and body were excoriated; to the convulsive symptoms succeeded a general rigidity of all the muscles; the forearms were strongly contracted, and could not be extended by force; the lower limbs were equally contracted and in semiflexion: this state lasted six days, the teeth were fuliginous, the eyes dull, and the patient sank during the night.

Autopsy.—About six ounces of serum were effused in the base of the cranium; the arachnoid was thick, opaline, intimately adherent to the grey substance in all the superior part of the brain, and and even in the great cerebral fissure; this adhesion did not permit us to see the corpus callosum. The arachnoid adhered so intimately in all its parts to the cortical substance, that this substance was wholly removed with the membrane, in the superior part of the brain, in its great fissure, in all its posterior periphery, and in a great part of its base. The white substance which corresponds with the places in which the grey substance is altered, was itself almost diffluent, yellowish, clotted, entirely disorganised in certain places, and a little more firm in others. The cerebellum was small, of an excessive softness, almost diffluent; we could not distinguish its ordinary folds; the protuberance was, on the contrary, more firm, and whiter than in the ordinary state, especially internally.

Reflections—In this case the chronic inflammation of the brain appeared in consequence of a violent attack of epilepsy; the sanguineous congestion, which always follows these attacks, instead of being resolved as ordinarily happens, sojourned in the cerebral pulp, irritated it violently in its periphery, and finally produced in the greater part, an adhesive inflammation with the arachnoid; thus the patient, instead of recovering his health, as at the end of his former fits, presented symptoms of paralytic dementia, embarrassment of speech, obtuse ideas, paralytic inertia of the lower extremities; the chronic inflammation of the grey substance traversed successively the superior region of the brain, penetrated beneath the falx into the great cerebral fissure, where it produced an adhesion of the two hemispheres (which is very rare) invaded all the posterior region of the brain, a great extent of its base, and disorganised also the subjacent grey substance, as well as the cerebellum, of which the circumference was evidently softened. The convulsive motions, followed by tetanic rigidity of all the muscles and contraction of the arms and legs, were perhaps owing, in a great part, to this last affection. Lastly, I shall note, as undoubtedly having some relation with the epileptic fits which the patient had during three years, the internal hardness of the annular protuberance and medulla oblongata.

CASE 6.—*Chronic general Paralysis of Four Months' Duration; Chronic Inflammation of the Arachnoid and Grey Substance in all the external Surface of both Hemispheres.*

Lanoul, a mason, aged twenty-two, of a robust constitution, was in the habit of drinking to excess. After one of his drunken fits he did extravagant acts, and was brought to Bicêtre in a state of extreme agitation and violence. I saw him on the day of his admission: his face was red, eyes projecting, and he spoke with vehemence; they were obliged to put on a strait-waistcoat. He was rich, and possessed chateaux. His delirium was calmed after some days; the features were sunken; walk slow; replies tardy, with an embarrassment of the tongue, which made him hiss almost all the consonants. His lips were agitated with spasmodic movements; he said, nevertheless, that he was very well. On the tenth day the pronunciation was completely confused; he stammered out incoherent words; he wished to speak clearly, but he pointed with his hand to his throat, as being unable to express what he would say. The upper and lower limbs were perfectly agile; the excretions were not involuntary. The symptoms remained stationary during nearly six weeks. An energetic treatment was employed; a blister, then a seton in the neck, drastics internally twice a-week, affusion of cold water on the head every day, valerian and arnica internally. Under the influence of this treatment the symptoms were very sensibly diminished. He could tell his name and age clearly, and gave some account of his former state. This amelioration was not of long duration; towards the middle of the third month he was seized by a maniacal agitation, followed by a general feebleness, impossibility of articulating sounds, and involuntary excretions. The body was in a state of complete prostration, and the pulse very slow. In fifteen days the wasting made rapid progress; the two arms and legs were palsied and insensible; the eyes were fixed; the speech only consisted of moaning and broken sounds. He died on the 17th September, reduced to a skeleton.

Autopsy.—The cranium was white; the bones diaphanous and light; the dura mater was raised by a very large quantity of serum; the arachnoid red, thickened as it were, sanguineous, in all the periphery of the two hemispheres. It adhered in all this extent so intimately to the cortical substance that it was detached in flakes with the membrane raised. The interior of the grey substance was reddish, ecchymosed, rough, full of sanguineous granulations, which were, in reality, only the orifices of sanguineous vessels. This substance was completely disorganised, and the middle layer presented especially the remarkable aspect of a blackish softening. This alteration did not exist at the base of the brain; the cerebellum was large, whitish, and soft; the other internal parts of the brain offered nothing particular; there was very little blood in the aortic cavities.

Reflections.—This case is, in many respects, like the greater part of those collected on the same subject by Bayle, Calmeil, Parchappe, and Esquirol. General paralysis very frequently coincides with a chronic meningo-cerebritis, and with peripheral disorganisation of the grey substance. This is the case in the greater number of cases, but we shall see further on, that this paralytic cerebritis may depend on other alterations, and that even under the chronic form we are now considering there are frequent complications, as we shall see in the following case.

CASE 7.—*General Palsy; Mania at first during Six Months; then General Paralysis during Seven Months; Chronic Inflammation of the Grey Substance; Meningeal Apoplexy.*

Ruffinati, a sober and orderly workman, aged thirty-five years, went to the interment of one of his comrades, in the month of July, and was exposed with his bare head to the sun during many hours; in the evening he had violent pains of the head; some days after he was attacked by furious delirium, and was sent to Bicêtre. During three months, we observed no changes in his state except short intervals of tranquillity; he was, nevertheless, agitated, and replied correctly, with firmness and vehemence. In the seventh month, in consequence of a violent fit of anger, he suddenly lost speech and consciousness. These formidable symptoms disappeared after a few days; but his pronunciation remained embarrassed, his face besotted; he understood what was said, but his replies were slow, unfinished, and made with hesitation and trembling of the tongue; the lower extremities trembled also; he dragged his feet and staggered often; the arms were agile, and preserved their energy; the excretions began to become involuntary. In the tenth month the articulation of words was impossible, and reduced to unintelligible sounds; the patient was obliged to keep his bed; there was paralysis of the lower extremities; he could not retain his excrements; the motions of the arms, were, nevertheless, free; the patient carried his food to his mouth, and swallowed it with greediness, and at the risk of choking; during three months the symptoms were gradually aggravated; an obstinate diarrhœa came to complicate this fatal condition; marasmus was complete; and the patient sank with some general convulsive movements.

Autopsy.—Cranium thick, and injected with blackish blood; dura mater puffed up; after having removed it, the middle and anterior region of the brain presented a false membrane, eight lines in thickness, full of brownish stripes; a residue of blood also brown, and not yet entirely absorbed, compressing on each side the two anterior and middle lobes, which were flattened, elongated, deformed; this was the remains of the meningeal apoplexy with which the patient had been stricken seven months before, in consequence of his fit of anger; the hemorrhage extended from the frontal lobes to the middle lobes of the brain; it strongly compressed all its middle and anterior region, and imparted to the cortical substance a yellowish aspect, a consequence of the sanguineous exudation. The convolutions were effaced; on examining attentively the cortical substance, its middle layer presented a complete disorganisation of its pulp, which was blackish, softened, and diffluent in certain places; this disorganisation extended to the convolutions of the anterior base of the brain, above the orbits. The posterior part of the hemispheres appeared sound; the convolutions there had preserved their ordinary aspect and form; the other nervous centres presented nothing remarkable; in the intestines there were traces of a violent enteritis.

Reflections.—In this patient exposure to the sun produced the first attack of acute delirium, the seat of the disease being especially in the meninges and cortical substance of the anterior portion of the brain. Six months after a hemorrhage occurred in the same region, between the pia mater and arachnoid, ending in compression and loss of consciousness, the lower extremities only being paralysed; then the symptoms of general palsy appeared, but from this moment there were two organic actions going on simultaneously. On the one hand, the meningeal apoplexy was very slowly absorbed;

even, after seven months, it compressed very strongly still the anterior lobes, and presented a thickness of eight lines; and, on the other, the chronic alteration of the cortical substance continued its progress, which was equally slow. It extended to all the convolutions, which were compressed by the apoplectic effusion, as well as to the convolutions of the anterior lobes of the brain. This and the following case are similar to those observed by Bouillaud, but we have already seen, and we shall see hereafter, that this seat is far from being constant, and that the lesion of speech may depend on another alteration than that of the anterior lobes. The meningeal apoplexy is here but a complication of chronic cerebritis, of which the course could not but be accelerated by this circumstance. We may remark that the arms preserved their agility, even to a late period, and that this mobility coincided again with the sound state of the posterior lobes.

Case 8.—*Chronic General Paralysis of Thirteen Months' Duration; Chronic Inflammation of the Anterior Lobes; Atrophy of the Anterior Convolutions.*

G., aged forty-seven, an officer of good constitution, was obliged to resign on account of an altercation with one of his superiors. In private life he tried several speculations, the success of which did not correspond with his hopes; notwithstanding the kind attentions of his wife, he became anxious, moody, and manifested some ideas of suicide. Contrary to his usual habits, he took to drinking spirituous liquors, spoke incessantly of fortune, of millions, of a hundred thousand men; all his ideas were impressed with exaggeration. Reduced to extreme penury, he signed bills for considerable sums, and he was sent to a maison de santé. He was transferred two months after to Bicêtre. His appearance bespoke prosperity and benevolence, but he did not appear surprised at the place in which he was placed; in other respects he reasoned correctly and said, that excepting a few matters which will soon be settled, there is nothing to prevent my restoration to an honourable position in the world. Some hours after he no longer recollected what he had said, took one of his companions for a colonel, became excited on the subject of his battles, of a levy of a million of men, &c. In a little time he became taciturn; his face altered; his speech was trembling, and seemed to be trying to collect his ideas. A month after his admission, the paralytic dementia was complete; he stammered when he wished to speak quick; his pronunciation was unintelligible; he passed his urine involuntarily, and was in a continual state of agitation and trembling; his intelligence was lost; the motility of the upper and lower limbs was intact, and even energetic.

The summer was passed without any amelioration in his state; he had violent fits of anger, followed by profound prostration. In the ninth month, he could no longer raise himself, nor speak, nor move; he ate in his bed; when placed on the close stool he uttered sharp cries; his limbs were stiff, half contracted; his emaciation was extreme; this state persisted nearly four months longer. In spring an eschar formed on the sacrum; the limbs were drawn up, and contracted themselves; the points of support—the elbows, back, trochanters, and knees—were excoriated. He died after an agony of five days.

Autopsy.—The cranium thin, and easily fractured; the dura mater was raised by about six ounces of serum, which flowed out on cutting it; the arachnoid was covered in all the lateral regions by a false membrane, smooth, transparent, moveable, sliding upon the membrane, and in which the liquid which had escaped appeared to be contained. The arachnoid itself was thickened, reddish, sanguineous; it adhered intimately to the brain in the frontal and supra-orbitar regions.

When the false membrane and the arachnoid were removed, we saw that all the anterior convolutions of the brain were retracted upon themselves, and atrophied; they were separated from the skull the full space of an inch. The cortical substance of all the atrophied convolutions was red, violet-coloured, and softened in the frontal and orbitar regions; the white substance which formed the interior of each of these convolutions seemed to have entirely disappeared; all the posterior hemisphere of the brain was sound; the convolutions there were voluminous, exactly filling the cranial cavity; the cerebellum and medulla spinalis were healthy.

Reflections.—Of what nature was the cyst that contained the serum effused between the dura mater and the arachnoid? The interior presented no adhesions, nor trace of vessels, nor of remains. This cannot occur, in our opinion, but from a species of encysted dropsy, developed in a false membrane, in an albuminous exudation, the result of old diseases in the membranes themselves. This lesion appeared to us to be connected, but in a remote manner, with the disease, which had existed for thirteen months. The arachnoid was sanguineous and thickened in the frontal region; the convolutions were atrophied from this two-fold inflammatory process. Hence, the whole of the symptoms of dementia and general paralysis, of contraction and marasmus, which succeeded each other slowly, to end in death. We think that atrophy of the convolutions is the inevitable consequence of the obliteration of the arterial vessels, either from the effect of the encysted dropsy, or from the effect of the chronic meningitis. To decide the question it would have been necessary to make very fine injections, of which we could not have foreseen the necessity.

In this second form the general paralysis was always in relation with a chronic meningo-cerebral inflammation, either of the whole, or of the anterior, or of the posterior, region of the brain. All the cases observed by M. Calmeil and M. Parchappe agree perfectly with those I have related. The arachnoid is as often diseased as the grey substance. The second layer of this substance is always the focus of a more intense inflammatory action. We have already pointed out this fact long since in furious delirium. Although, therefore, we may regard this alteration as the special cause of the disease, we shall now see that it may have others.

ORIGINAL CONTRIBUTIONS.

ON THE FREQUENCY OF CANCER AT DIFFERENT AGES, AND THE COMMENSURATE PROPORTIONS OF ANALOGOUS DISEASES AT THE SAME AGES.

By Charles King, Esq.

Some statistics of cancer were brought forward in the *Medical Gazette* (August, 1845), by Mr. T. W. King, of which the following is the summary:—"*Of all females who die about forty-four years of age, nearly one-half have cancers; of males, one-eighth. Cancers increase in frequency from youth up to the forty-fourth year, and then decrease; but in males above sixty-five, one fifth of all who die are cancerous.*" In consequence of the importance that seemed to be attached to those statements, I have been induced to revise and extend the tables[1] from which the calculations were made, and I venture to state, with Mr. King's concurrence, that in all respects the present data are more positive and exact than the former series. The reader may, however, find it most satisfactory to consider the present as an appendage to the first statements.

The common definitions of cancer, scirrhus, and fungus, are quite sufficient for our present purpose.

Uterine tubers, simple ovarian cysts, doubtful polypi, and ulcers, as well as many questionable tumours, have been entirely set aside. Another set of cases, as complex ovarian tumours, and diseases affecting more than one part of the system, and the like, have been set down as doubtful cancers; but as it seemed right not to disregard these, one-half their number has been added to the sum of cancers at the several ages. In the next place, a deduction has been made of all considerable fatal accidents and operations, including herniæ, poisoning, tetanus, and the most rapid deaths only from delivery. Thus, for each period of life, I have uniformly set down the total number of cases, minus the accidents, divided by the cases of cancer, plus the smaller half of doubtful cancers.

Amongst 2097 fatal cases, cancerous diseases occurred in the proportions seen in the tables opposite.

The present tables differ slightly from the original ones in divisions relative to ages, consequently some of the old inferences may be still deserving of attention. There are two points of view in which the knowledge of these facts becomes available in practice. In all doubtful cases of internal diseases, in proportion as they are serious, and appear near the especial age of cancer in either sex, it is evident that the specific disease is to be anticipated with more and more probability, and it is even a more valuable means of negative diagnosis with respect to those circumstances under which cancer is least to be expected, although no age is exempt. In the museum of Guy's is a wax-model of congenital hematoid fungus of the testis. A chronic renal tumour with varying hematuria occurring in early childhood, as occasionally happens, cannot fail to induce strong suspicion of cancer.

Table 3.

Doubtful Cases of Cancer occurred in Females[2] in the following proportions:—

Between	0 — 17	3	in 109
"	18 — 23	6	" 107
"	24 — 29	8	" 105
"	30 — 39	15	" 162
"	40 — 44	14	" 77
"	45 — 49	2	" 67
"	50 — 54	2	" 53
"	55 — 64	7	" 55
"	65 and above	1	" 29

A second material inference from the present table (3), relates to what all seem to term doubtful cancers; but when it is made broadly to appear that these affections assume the same disposition, as to age and sex, as true cancers do, it will be admitted that a point of affinity is established that it would be difficult to controvert. I am not led from what I have been taught to rely wholly on the modern microscopic data as to the nature of cancer, for in a series of cases, and even of periods in one case, anatomical gradations present themselves so prominently and uniformly, that it seems only vain to say, these are one and the same, unless the nature of the differences is also explained.

The last *British and Foreign Quarterly Review* contains an anonymous, and rather broad encomium on treatment of cancer by pressure; but it would seem that the facts are daily increasing towards demonstrating the total futility even of extirpation. We have yet to be furnished with the very first proofs concerning the best cases for the knife. We know too much of hopeless cases. If cancer be always constitutional, always tending from bad to worse, if scirrhus ends in medullary disease, if serous ovary finally gets a fungoid base, and hematoid and disorganising growths are but part of the final constitutional derangements of one diathesis, it is of course unavailing to produce the absorption of one spot of cancer. Mr. King shews various preparations in the museum of Guy's Hospital, which illustrate the local removal of cancer by pressure. Tubera are seen in gradation growing in the interior of the bodies of the vertebræ, and hollowing the bones by pressure in all directions, until nothing remains to sustain the superincumbent weight, and consequently the tubercle, confined on every side by ligament, gradually yields to this new compression, and both bone and cancer are reduced to a mere vestige. This process is by no means very rare, but the disease throughout the frame still continues its course uninterruptedly. Cancer may excite the *nutrition* of adjacent lymphatic glands; but is it not the state of the body which renders their hypertrophy progressively and ever worse and worse? The latest growth is always the most rapid and

[1] 33 vols. of 4to MS. by Dr. Hodgkin, Mr. King and others have all been briefly analysed by Mr. King, and it is the data of this analysis revised by myself, so far as the facts would justify, that form the basis of these calculations. The tables will, in the main, explain themselves, and although there must be room for comment and reservations, I am disposed to rely on the pains I have taken towards establishing fair approximate averages, especially on the grand points.

[2] Doubtful males' cases occur so scantily, that our numbers barely indicate an approach to the above proportions.

TABLE 1.
FEMALES.

AGE. Between					
0 and 17	Cancers 3 + half the doubtful cases, 1		4		
	Deaths 109 —	Accidents, &c. 7	102	=	$3\frac{47}{51}$ per cent.
18 and 23	Cancers 4 +	3	7		
	Deaths 107 —	3	104	=	$6\frac{19}{26}$ "
24 and 29	Cancers 9 +	4	13		
	Deaths 105 —	5	100	=	13 "
30 and 39	Cancers 27 +	7	34		
	Deaths 162 —	6	156	=	$21\frac{2}{13}$ "
40 and 44	Cancers 21 +	7	28		
	Deaths 77 —	4	73	=	$38\frac{24}{73}$ "
45 and 49	Cancers 16 +	1	17		
	Deaths 67 —	7	60	=	$28\frac{3}{6}$ "
50 and 54	Cancers 15 +	1	16		
	Deaths 53 —	4	49	=	$32\frac{32}{49}$ "
55 and 64	Cancers 16 +	3	19		
	Deaths 55 —	6	49	=	$38\frac{38}{49}$ "
65 and above	Cancers 9 +	0	9		
	Deaths 29 —	9	20	=	45 "

TABLE 2.
MALES.

AGE. Between.					
0 and 17	Cancers 1 + half the doubtful cases, 0		1		
	Deaths 149 —	Accidents, &c. 21	128	=	$\frac{1}{32}$ per cent.
18 and 23	Cancers 6 +	0	6		
	Deaths 142 —	22	120	=	5 "
24 and 29	Cancers 6 +	0	6		
	Deaths 140 —	12	128	=	$4\frac{11}{16}$ "
30 and 39	Cancers 12 +	3	15		
	Deaths 266 —	38	228	=	$6\frac{11}{19}$ "
40 and 44	Cancers 14 +	1	15		
	Deaths 163 —	17	146	=	$10\frac{20}{73}$ "
45 and 49	Cancers 10 +	2	12		
	Deaths 144 —	25	119	=	$10\frac{10}{119}$ "
50 and 54	Cancers 12 +	2	14		
	Deaths 114 —	13	101	=	$13\frac{87}{101}$ "
55 and 64	Cancers 22 +	1	23		
	Deaths 141 —	18	123	=	$18\frac{84}{123}$ "
65 and above	Cancers 11 +	1	12		
	Deaths 74 —	14	60	=	20 "

most feebly vital.[3] The common experience of surgery grows stronger with every new research in evidence of the conclusion that the material avail of local extirpations may be altogether null, while the most successful cases in appearance may often have needed no local interference. Hunter's contempt for caustic locally to cancers seems to have been well defined, and the general appearances of the organs of those who die sufficiently late of cancer, demonstrates not the absorption and circulation of one kind of cancer, but the continual deterioration of one constitutional process—nutrition or growths less and less normal, more and more prone to break up.

Occasionally, it is true, the medullary or later constitutional epochs of cancer may seem to be primarily and very rapidly developed, and either in the young or aged. It is true, the scirrhous or early stages are sometimes found alone developed in the dead, and it is also true that intermediate stages or doubtful cases may appear to arise singly; but the common fact of the order of cancerous formations, as above described, is a much more general truth, and, indeed, it is rarely without some confirmation in the autopsy of cancer. Some die of casualties supervening on early cancers, and some of incipient cancer, as when it obstructs passages. Habitual emesis, wasting the frame, will of course impede cancerous growths; and again, cancer whose main trait is ulceration or slough is not much of a case for varied growths; but still early indurated slow thickening, and, later, softer vascular active fungus may well characterise the beginning and the conclusion of the cancerous constitution. And it is in vain for the microscope to declare no structural differences throughout the several products of a succession of months, until the question is answered, what is the essence of these palpable and physical differences with which our common senses make us familiar? A chemist may not say paste is the same boiled and unboiled.

There may be some real objections to the application of the above figures to particular classes. It is to be remembered that the great London hospitals admit patients (and some in large proportions) of a grade above that of workhouses. Fatal venereal cases (in very small numbers, especially females) have not been excluded. Hospitals avoid receiving many severe phthisical cases; but also at Guy's it is usual not to admit cancerous cases for which there appears little prospect of amelioration, as, for example, late stages of uterine diseases and open fungating breast—a fact which numerically may perhaps more than overbalance, all objections to the foregoing calculations.

Southampton,
February, 1846.

[3] Dr. Hodgkin observes, "From a tumour having all the closeness and firmness of scirrhus a new growth may proceed, having the softness and rapid increase of fungoid disease." And again, he says, "When, as is sometimes the case, a succession of operations are performed at the same part for the extirpation of cancer, there is a progressive alteration in the physical and chemical characters of the adventitious structure." Just so the old surgeon may remove a tumour, and declare on examination from experience, "If it is not malignant it would soon have become so." The valuable catalogue of the museum of the Royal College of Surgeons of Ireland, by Dr. Houston (p. 294), describes the cast of a tumour removed from the neck of an old woman. The tumour weighed five pounds and a-half; it had existed for about eighteen years, and had degenerated early into carcinoma. It contained a quantity of albuminous fluid. Two months later the wound of the operation was healed without any disease. The patient survived three years and cancer recurred in the cicatrix (D., f. 424, 425).

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

MEDICAL CASES.

CASE 6.—*Severe Chorea with great tenderness in the Spine—Recovery under the use of Leeches, Iron, and Purgatives.*

Caroline Stewart, aged fourteen, of Ancoats, was admitted into the hospital on the 17th of February 1845, under the care of Dr. Howard, suffering from very severe chorea. She is a healthy looking girl in general appearance, of florid complexion, and has enjoyed very good health previous to the present attack, but has not yet menstruated. Her mother states that, without any cause that she is aware of, her daughter began about three weeks ago to have twitchings in the limbs, which continued to increase rapidly up to the day of her admission.

When admitted the whole of the body was affected by the spasms, the limbs were in a constant state of motion, the arms being the worst; the muscles of the trunk were so affected as to throw her off the bed, and she was in consequence obliged to be tied down; the head was also in continued motion, and there was occasionally spasms of the face. She had entirely lost all command over the muscles of speech, and was unable to articulate any sound; she had also much difficulty in deglutition. Upon examining the spine there was found at the lower part of the dorsal region much tenderness on pressure, and the slightest tap or pressure on this part threw her on the instant into a violent fit of spasms. The sounds of the heart and of respiration were normal, and she was quite free from cough and dyspnœa; pulse could not be counted in consequence of the spasms, but was small; tongue was moist and slightly furred; appetite tolerable, and bowels costive; passed urine freely. To have Hirudines viij applied to the painful part of the spine, and

R. Pulv. jalap c. cal., grs. xx; s. s.

16.—The spasms have continued about the same, the limbs being in constant motion. She was somewhat relieved by the leeches; the spinal tenderness is less, but is not quite gone, and pressure still causes some increase of the spasms. She sleeps

tolerably, and during sleep all spasms cease, and she lies perfectly quiet and still. Pulse is small; tongue furred; bowels are freely moved by the powder; appetite is good.

R. Ferri sesquioxidi, ℈j. Ter in die sumend.

19.—She sleeps well; she is somewhat quieter than when admitted; the motions are less severe and cease entirely during sleep; the spine is less tender upon pressure; pulse small and frequent; appetite good; tongue cleaner; bowels freely open; stools black, probably from the iron; passes urine freely. Cont. pulv.

23.—She is considerably better, and can now articulate with tolerable distinctness; the motions much less severe, the limbs being quieter; there are is still some remaining tenderness of the spine. Pulse small and quick; tongue moist and but slightly furred; appetite better; bowels freely open; passes urine freely. To have Hirudines vj to the painful part of the spine. Cont. pulv.

28.—Continues to improve; the spasms are rather better; she articulates better, and says she is free from pain; the spine is less tender upon pressure. Sleeps well and is quiet during sleep; her appetite is tolerable; tongue moist, not much furred; bowels open; passes urine freely. Cont. pulv.

March 1.—Sleeps well; is quieter; spasms less severe, and can articulate much better; pulse small and frequent; bowels regular, and appetite good; spinal tenderness is almost gone. Cont. pulv.

4.—Continued to improve up to yesterday, when she began again to be worse; the spasms are more frequent, and almost constant, although she can still articulate as well as on the 1st; pulse can hardly be felt, she is so restless; tongue moist and clean; more thirst; appetite not so good; bowels open; passes urine freely; the spinal tenderness is slightly increased, but is not severe.

6.—She is again better; slept better last night; spasms are less severe; tongue clean and moist; less thirst; bowels are rather costive; appetite tolerable; pulse small and quick.

R. Pulv. jalap c. cal., grs. xiv. Statim sumend. Cont. pulv. ferri.

8.—She is again much quieter, the spasms being less severe, and she articulates better; the spinal tenderness is less; bowels are rather costive; other symptoms the same.

Rep. pulv. jalap c. cal. p.r.n. Cont. pulv. ferri.

12.—She is much improved; the spasms are better. When I entered the ward she was lying perfectly still; the pulse is weak and small; tongue clean; appetite good; bowels freely open. Cont. pulv.

20.—Has continued gradually to improve; is now very much better; lies perfectly quiet in bed; has occasional spasms, but these are very slight, and can now articulate very well; sleeps well; pulse is 65, more full and soft; tongue cleaner; no thirst; bowels are freely open; she has continued occasionally to take one of the pulv. jalap c. cal. powders, and says she is relieved and feels better after them; appetite very good. Cont. pulv.

April 2.—She is very much improved; she gets up and runs about the ward all day; is apparently free from all spasms, and has good command over her limbs; says she feels stronger; pulse is more full; tongue clean; no thirst; appetite very good; bowels freely open from the powders: passes urine freely; the spinal tenderness is entirely gone. Cont. pulv. ferri and pulv. jalap.

17.—Since the last report she has gradually continued to improve and gain strength; she has been perfectly free from all spasms, has now good command over all the limbs, and has quite recovered her power of distinct articulation; bowels are regular, and appetite very good. She was discharged, and left the hospital.

REMARKS.

Chorea is a remarkably common disease in this hospital, the wards being seldom free from cases, and occasionally containing as many as seven or eight at a time, whilst there are many others attending as out-patients; and it is a common remark amongst the medical officers that it is more frequent here than they have ever seen it in other hospitals. Why this should be does not appear very evident. It is most frequent in young girls about the same age as the subject of the present case, most of whom have not begun to menstruate.

The symptoms in many of the cases vary only in degree, and have not been accompanied, except in some few cases, by any local pain; but occasionally there was some variety, amongst which I have seen one or two cases where the motions in the limbs has so nearly resembled that of paralysis agitatus, that had it occurred in old age it would have been most probably considered as a case of that disease. Occasionally, also, along with the spasms, I have seen loss of sensation in the limbs, and this bearing a proportion to their severity, and disappearing gradually as the spasms ceased. The symptoms in this case were very severe, and appeared rapidly without any apparent cause, the heart's sounds being normal; occasionally this is not the case, as there is heard a soft systolic bellows-sound, which I have generally seen to disappear as recovery took place. Whether this is dependent, as Dr. Addison contends, upon some organic cardiac disease, does not appear certain; but from its nature, from its disappearing with recovery, and the absence of any symptoms in the history of the patient to account for such organic disease, I am inclined to believe that it more frequently arises from anæmia, and is similar to those systolic bruits so frequently heard in severe cases of chlorosis and other diseases where there is much anæmia. That it occasionally is dependent upon organic cardiac disease is most probable where the patient has suffered previously from rheumatism, which disease is occasionally followed immediately by twitchings of the limbs analogous in every respect to those of chorea. In this case there was one symptom, spinal tenderness, which threw some light upon its probable cause, and I am inclined to believe that it was, if not dependent upon, at least greatly aggravated by the state of irritation existing in the cord or its membranes; this opinion is borne out by the relief which followed the application of the leeches, and the gradual cessation of the chorea as the spinal tenderness diminished. The prognosis in this and most cases of chorea is very favourable, as recovery generally occurs; but there appears to be much greater danger when chorea occurs during pregnancy, which I have occasionally seen it do, and always prove fatal. When it does prove fatal there is seldom any appearance found which will account for the symptoms. I have seen two fatal cases, in both of which this was the case. That it is essentially a disease of the nervous system is most probable, but its seat is yet undefined.

The treatment in this case was simple and effectual; the leeches to the spine relieved the pain in this part, and also the spasms; the free administration of purgatives was beneficial, as it very frequently is in other cases; the slight relapse which occurred in the recovery was quickly remedied by purgatives; these with the iron proved very effectual. In other cases I have frequently seen the iron fail, and recovery take place under the use of the zinc, arsenic, or quinine, with the cold shower bath—a remedy which is used with great benefit in this hospital—in fact there is a marked difference between the time of recovery of cases in the cold months of winter when this is not used, and of those in the summer when it is used daily.

WESTMINSTER HOSPITAL.

(Extracted from the Ward-book.)

Fracture of the Cranium.

William Webbsdale, aged fifty, was admitted into Henry Hoare ward December 13th, 1845, with fractured skull, and was placed under the care of Mr. Phillips.

The patient was brought to the hospital on the evening of Saturday the 13th inst. at ten o'clock. He walked the greater part of the way to the ward; but from being unable to see, it was necessary that he should be led.

It appeared that the very formidable injury present in this case was produced by the kick of a horse which was inflicted while he was passing at the foot of a stall in the dark half an hour before. He was struck down, and for a moment stunned, but immediately got up and called for assistance, being unable to distinguish any object. Assistance was obtained, and he was conducted to the hospital. When admitted he was perfectly sensible, and there was no loss of voluntary power. The forehead, instead of presenting the natural convexity, was completely driven in, and there was a deep concavity instead. An extensive radiating lacerated wound existed, through which the air passed freely in expiration; the orbitar plate on each side was driven down upon the eyeball; the anterior chambers were full of blood, and vision was completely lost. There was no sickness, no sign of compression, and the pulse was 78. As there was not any urgent symptom, the wound was merely covered over, and he was left unmolested for the night.

14.—½-past 8, a.m.—The breathing is heavier, but not stertorous; pulse 86; consciousness lost; sphincters no longer under control; but the voluntary muscles are at present unaffected by any sign of compression. Applic. catapl. sinap. crur. Injectio terebinth.

9, p.m.—Bowels well relieved; symptoms somewhat abated.

15.—8, a.m.—More restlessness; pulse 92; sphincters still not under control; no other sign of compression; breathing less heavy; consciousness somewhat restored; answers questions.

16.—9, a.m.—Mental consciousness completely restored; sphincters perfectly under control; pulse 92; bowels well opened. Mutton broth.

17.—Slight cough; tongue clean; pulse 72; perfect consciousness; no recollection of the accident; no sign of compression. Generally speaking much improved. R. Syr. papav., Oxymellis scillæ, Aquæ, āā partes æquales, Sumat ℥j. Pro re natâ.

18.—9, a.m.—Pulse 72; integuments more inflamed; no suppuration; all else going on as before.

19.—Pulse 66; more restlessness; tongue coated; sight totally lost. R. Pil. hydrarg., Ex. coloc. c. āā gr. v; statim sumend. R. Liq. ammon. acet., ℥ss; Tinct. hyoscyam., *m.* v.; Aquæ, ℥vj; ft. haust, 4tis horis sumend.

20.—Bowels well relieved; irritability lessened; pulse 66.

22.—From the last date to the 22nd the patient gradually improved. He can now distinguish light from darkness with the right eye; the left is still quite dark. To have beef-tea.

25.—Vision further improved, but he cannot distinguish objects. To have mutton chop, and half-a-pint of porter.

Jan. 6, 1846.—Improvement progressive; wounds nearly healed. Can distinguish objects with the right eye; left still dark.

9.—Complained of some pain in the head after getting up yesterday. R. Pil. hydrarg., gr. v. Haust Rhei postea.

26.—Discharged cured. The right eye is prominent, and the sight imperfect; the left eye atrophied and its function destroyed.

Wound of the Scalp.

James Westwood, a lighterman, was admitted, January 21, 1846, into the hospital, with a lacerated wound over the right ear, caused by a fall into an area, while in a state of intoxication. The bone was exposed, but no fracture could be discovered. The man at the time of his admission was labouring under great excitement. He was ordered to take a calomel pill directly, and to follow it up with a black draught four hours afterwards. He was also directed to take a fourth of a grain of tartarised antimony in a solution of the sulphate of magnesia every four hours.

Under this treatment he went on very well, and was discharged cured a few days afterwards.

At the next meeting of the Royal Medical and Chirurgical Society, on Tuesday, a paper by Mr. Acton will be read, entitled, "An Account of a partial double Monstrosity.—Ischiapage of Geoffroy Saint Hilaire.—Heteradelphia of Vrolick." The child, of which a description will be given in this paper, is now exhibiting in London under the name of the Human Tripod, or three-legged child! It is stated to possess a bi-penis, and to be a triscele. It will be brought to the meeting, where the fellows and visitors will have an opportunity of examining for themselves this singular monstrosity.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Meeting of February 24, 1846.

Dr. WATSON, Vice-President, in the Chair.

On the Poisonous Effects of Animal Food when Eaten in a State of Decomposition, with Three Cases of Poisoning by Bacon, attended by Temporary Derangement of the Mental Faculties. By JOSEPH TOYNBEE, Esq., F.R.S., Senior Surgeon to the St. George's and St. James' General Dispensary.

The author commences his paper by stating that, although numerous and valuable observations had been made on the effects of mineral and vegetable poisons, the medical profession possessed but very scanty information respecting the agency of animal poisons. Animal poisons act in three ways—1st, by the gases evolved during putrefaction being respired; 2nd, by the introduction of decomposing matter into the system by means of wounds; 3rd, by its introduction into the stomach and intestinal canal. The paper referred to the latter class. It appeared that the *putrefaction* of animal matter was of two kinds—the *ordinary* one in which meat is considered to be "high," the other which Dr. Christison describes as "*peculiar*," and which gives rise to the formation of a poison. The three articles of food which, under certain circumstances, undergo this peculiar change are "a particular kind of sausage, a particular kind of cheese, and bacon." Between the years 1793 and 1827, or in the course of thirty-four years, two hundred and thirty-four persons residing in Wirtemberg partook of the sausage poison, of whom nearly one half died. Several well authenticated cases of poisoning by *bacon* have been traced in Germany and France, but previously to the present time no cases of the kind have been recorded as having occurred in Britain; but, as Dr. Christison most justly remarks, "the defective system of medical police in this country would allow cases to pass sometimes without notice, and almost always without scientific observation; but it must not therefore be supposed that they are wholly unknown." The author proceeded to show that a poison of a similar character was developed in each of the three kinds of food alluded to, and he then detailed the three cases of poisoning by bacon which had been attended by him.

CASE 1.—A barrister, aged thirty-five, partook of tainted bacon three times, but was not affected by it until the third day, in the morning of which day he became anxious, but transacted his ordinary business, and also had interviews with several strangers, and took careful notes of what occurred. Towards the afternoon he became dreamy; his imagination was disordered, and he found that his memory had almost deserted him; indeed, to so great an extent that he could not recal to his mind the act of getting up, or, with one or two exceptions, the particulars of a walk he had taken with a friend before breakfast. The persons whom he had seen in the morning were as characters in a drama, and he could only assure himself that he was not then dreaming by turning to his notes, and by summoning his servant. He suffered from a slight diarrhœa; the pulse was slow and weak; the hands were cold, and covered by a clammy perspiration. In all he said and did he was perfectly rational, and in the evening he presided at a lecture. These symptoms, in a modified form, lasted for three or four days.

The second case was that of an architect, who partook of the bacon only once, on which day he had sickness, depression, and chilliness. The following day he complained of a burning sensation in the throat, acute abdominal pains, confusion of ideas, and dimness of vision. Diarrhœa ensued, and a cold, clammy perspiration.

The third case was that of a gentleman, aged thirty-seven, who partook of the bacon three times; felt nothing until the evening of the third day, (having taken the bacon at breakfast in the morning) when he was seized with nausea, faintness, and spasmodic pains, in great intensity. The bowels acted violently; there was a great disturbance of the mental faculties, so that he found himself unable to make coffee, which he was in the habit of doing daily; other symptoms indicative of mental derangement followed, and convalescence was protracted for three or four days.

The mode of treatment pursued was the removal of the poisonous matter from the intestinal canal as soon as possible, and the production of reaction by the aid of stimulants.

The author then proceeded to observe that he believed a large amount of disease was directly traceable to unwholesome food. He referred to the extremely impure state of the water supplied to London, upon which subject he had given evidence before the Health of Towns Commission. He showed that bread, meat, beer, &c., were often very injurious to the health, and he gave an extract from a "Statistical Report on the Physical Condition of the Working Classes of St. James'," showing that the milk supplied to that parish was obtained from diseased cows, confined in filthy sheds, and fed principally upon an empyreumatic "mash" from the distillers, and the grain from the brewers.

The author concluded by calling upon the medical profession to come forward and occupy its proper place in the van of those who are now endeavouring to carry out measures for the improvement of the public health, to enforce upon the government the necessity of adopting enlarged sanitary measures, and above all to appoint properly qualified officers of health, whose duty it should be to investigate into all circumstances which tend to injure the public health, in order that they may be effectually and speedily removed, and their recurrence prevented.

Dr. Gregory remarked that the loss of memory, so ably described by Mr. Toynbee in his communication, was by no means an uncommon symptom. It occurred very frequently in indigestion as usually met with, although certainly not to such an extent as in the cases detailed by Mr. Toynbee; nevertheless he had in the course of practice met with several cases in which it was to the full as severe, and that, too, without there being any reason to believe it was dependent on the action of a peculiar poison, carried into the system with the articles of diet. He (Dr. Gregory) was within bounds when he stated that he had seen some dozens of such cases. He was desirous to learn whether other persons than those whose cases were detailed by Mr. Toynbee had partaken of the presumed poisonous food, as in Mr. Toynbee's cases it might otherwise be dependent on previous indigestion; and he also wished to learn whether any other fellows had seen cases in which similar confusion of ideas and loss of memory attended the phenomena of indigestion, with faulty secretion of the liver.

Mr. Toynbee observed that the three cases which he had described were those of the three persons who alone had partaken of the diseased bacon in London: the other shoulder, which was not in so decomposed a condition, was eaten in the country, and he believed no evil consequences resulted from its use. That shoulder was cooked by frying, and he (Mr. Toynbee) quoted some cases from Christison to show that, by the process of frying, the poisonous principle was in part dissipated. The loss of memory was in his cases very strongly marked, and not one of the parties was subject to indigestion, but were in fact previously in good health.

Dr. Webster agreed with Mr. Toynbee that the symptoms which he had described were caused by a diseased condition of the bacon, and he added that bacon in the south of Europe was not permitted to be sold at certain periods of the year, on account of its being decidedly unhealthy. He (Dr. Webster) believed that during the prevalence of cholera many cases originated in the first instance from the ingestion of diseased food. He then inquired whether the animal from which the bacon was procured was in a healthy condition prior to his being killed, and also as to the nature of the food on which it had been fattened?

Dr. Golding Bird believed that chemical analysis would have failed to elucidate the source of the poisonous influence of the bacon. He doubted, indeed, the existence of any substantive toxic agent, either in the bacon under consideration or in the Wirtemberg sausages. The statements of those who had examined these substances were contradictory, and ended merely in plausible conjectures; hydrocyanic acid and sebacic acid, as well as acrolein, had been suspected, but never detected. Buchner's researches merely went to show that he succeeded in removing the less deleterious portions of the sausages he examined from those that were more active. Dr. Bird considered the key to all these poisonous phenomena was to be found in Liebig's extension of the well known physical law of a molecule in motion being able to communicate an analogous motion to others with which it may come in contact. Putrescent animal matter is matter in a state of change; if taken into the stomach, it is either converted at once into albuminous or fatty matter, and digested like more healthy food, or if the vital endowment of the stomach be weak, the matter resists the converting power of the assimilative functions, the putrescent molecules enter the blood, and there act as a septic poison, developing a chain of symptoms remarkable from their indicating a highly deranged condition of the nervous system. The effect of high temperature, as that of frying and cooking generally, in preventing the injurious effects of the putrescent food, is explained not by its volatilising a peculiar poison, but simply by setting in action a new series of chemical changes altering the molecular arrangement of the unhealthy food, and thus rendering it altogether harmless. Whatever might be the nature of the putrescent food, whether a Wirtemberg sausage, bad bacon, decayed Stilton, or high game, the conditions for the development of injurious effects from their ingestion are still the same, viz., a state of the primary assimilative functions too feeble to put an end to the molecular motion constituting putrescency.

Mr. Toynbee said, during the time that he carefully watched the symptoms evinced in the cases detailed to the Society, he was fully impressed with the certainty that the patients were labouring under the effects of a morbid poison; subsequent researches have all tended to confirm that opinion, and, in the face of what had been said this evening, it appeared to him that it would be difficult to imagine any cases more completely made out. He, therefore, wholly disagreed with the view promulgated by the last speaker. In the first place, there can be no doubt of the fact that a peculiar poison is frequently engendered by the decomposition of animal matter. Dr. Christison devotes a chapter to its consideration, and he has shown that, during the production of this poison, a peculiar decomposition occurs. Now, whether this poison is produced from the decomposition of veal, bacon, or sausages, a similar train of symptoms is evinced—symptoms which differed entirely, both in their character and severity, from those produced by indigestion, and they were well marked in the three cases alluded to. He felt that no one could have witnessed, as he did, the total loss of memory experienced by one of the gentlemen, unaccompanied by any sensations of uneasiness in the digestive organs, and the symptoms of anxiety and agitation, clammy perspiration, and oppressed circulation, without being equally convinced, with himself, that they arose from the effects of a poison in the blood. The length of time which elapsed between the partaking of the bacon and the manifestation of the symptoms, and the extremely slow way in which the latter disappeared, seemed to disprove the view that they arose from indigestion. The peculiar symptoms produced by the sausage poison were repeated in these cases, and it is very interesting to observe that, in the cases quoted as having occurred in Germany, in which bacon produced the ill effects, loss of memory was a recorded symptom. In reference to the remarks that fell from Dr. Golding Bird rejecting the idea that any poisonous matter was ever formed during the decomposition of sausages, bacon, and other animal matters, Mr. Toynbee called attention to the numerous researches which had been conducted on this subject by continental chemists, and Dr. Christison not only agreed that a peculiar poison was generated, but they had been able to obtain it in so highly a concentrated form, that by the administration of it to animals, in doses of the fraction of a grain, they had produced symptoms similar to those alluded to in the paper, but in so aggravated a form as to produce death. These facts seem quite conclusive against the opinion that the symptoms in the cases related were only the result of a mal-assimilation of the tainted food.

n some Points in the Structure of the Spleen and Supra-renal Capsules. By C. HANDFIELD JONES, M.B., Cantab., Assistant Demonstrator in St. George's Medical School. [Communicated by Mr. Prescott Hewett.]

The author remarks that the work of Professor Muller contains all that is certainly known respecting the structure of the spleen, and the account given in this paper confirms entirely that of the German physiologist. He asserts that there are frequently found in this organ a number of peculiar cells, or rather vesicles, of distinct yellow colour, varying much in size and generally aggregated in groups. These are traced throughout the animal series, and are found most developed in the lowest class, that of fishes, but in none of them are of constant occurrence. With regard to the nature of these cells, it is suggested that they may consist of biliary matter; but the point chiefly insisted on is, that they present an instance of secretion taking place in an organ which normally does not appear to exercise this function. The reason of the spleen thus differing from the true glands is shown to depend on the circumstance that its component cells are nuclei, and not true cells, though under certain conditions they do assume that form. The structure of the supra-renal capsules is next detailed, the medullary portion consisting of nuclei and a blastema, the cortical either of nuclei which have each become surrounded with a quantity of granular matter, so as to resemble closely an epithelial cell of the kidney, or of amorphous granular matter, sometimes forming small globular masses which are probably produced by the action of the nuclei The supra-renal capsule is thus shown to approach more nearly in its character to that of the true glands, the cortical substance being regarded as an elaborated product of the medullary; this was confirmed by a subsequent remark to the effect that in the fœtus the medullary substance very much exceeds the cortical, while in later life the proportion is quite reversed. Finally, a question is raised whether the nuclei of the spleen, being supposed to possess (as other nuclei) an attractive power, may not exert this specially on the blood corpuscle, and thus regulate the quantity of blood which the organ contains, and which, according to Dobson's theory, varies at different periods.

Dr. Handfield Jones had had an opportunity of examining the supra-renal capsules of a fœtus at the sixth month, in which he had found that the medullary matter constituted the greater part of the organ; it was surrounded by a small strip of cortical substance, and he was of opinion that this dissection corroborated his view that the cortical matter was elaborated by the medullary, and was stored up around it for want of an excretory duct for its removal.

Mr. Toynbee said that, although the colour of the bodies described by the author of the paper, and even their peculiar composition, as shown by the microscope, might lead him to believe that they were composed of biliary matter, still without chemical analysis no satisfactory conclusion could be arrived at.

Dr. Handfield Jones did not wish to assert that the matter he had described as being met with in the spleen was absolutely biliary: he merely desired to draw attention to its appearance, and the resemblance it presented in the frog to the bile found in the liver of that animal.

STATISTICAL SOCIETY.

Colonel SYKES, Vice-President, in the Chair.

The subject for the evening was "*The Influence of the Prices of Wheat on Mortality*," by William Farr, Esq.

The number of deaths in a given year, remarked Mr. Farr, is the result of many causes, and the command of subsistence and of all the necessaries of life, including firing, clothing, animal food, depending on wages, cannot be precisely expressed by the prices of wheat. But the following method (notwithstanding these difficulties, and the imperfection and limited extent of the observations, referring to one market-town and one city) will enable us to determine whether the mortality, in a long period, is the greatest or the least when the prices of wheat are above or below the average. I have taken periods of ten years, and arranged the burials of the several years in the order of the relative prices of wheat, beginning with the highest, and ending with the lowest, in the decennium.

FIVE YEARS OF HIGHEST PRICES.

Year.	Prices of Wheat.	Burials.
1613	48s. 8d.	7,519
1617	48s. 8d.	8,286
1618	46s. 8d.	9,614
1612	44s. 4d.	7,842
1614	41s. 9d.	7,389

FIVE YEARS OF LOWEST PRICES.

1616	40s. 4d.	8,072
1611	38s. 8d.	7,343
1615	38s. 8d.	7,887
1619	35s. 4d.	8,008
1620	30s. 4d.	9,712

There was dearth in 1800 and 1801; the mortality was higher in these years than has ever since been experienced, even under the visitations of cholera and influenza.

			Per Cent.
Dearth...	1800	the mortality was	2·67 or 1 in 37
"	1801	"	2·62 or 1 in 38
Asiatic cholera	1832	"	2·40 or 1 in 42
Influenza epidemic	1837	"	2·52 or 1 in 40

The general result of Mr. Farr's researches is that, from the 9th to the 16th century, frequent famines occurred that devastated the kingdom, and destroyed thousands of lives. In the 17th and 18th centuries, we have numerical statements of prices and of the burials in London. The burials were 120,000 more in the years of high than they were in the years of low prices. In the twenty years, 1801 to 1820, a dearth, continued from 1800, caused a higher rate of mortality than has been since experienced; but, in that period, the mortality was nevertheless slightly higher in the years when prices were nominally low than in the years when prices were high. During the last twenty years, 1821—1840, the mortality has, on the average, been lowest, not when the prices of wheat were highest, or at a medium, but when they were lowest. We can have no hesitation in inferring, therefore, as a general deduction from the five series of facts, that, in years of high prices, many more thousands of the people of this country die than in years when one of the necessaries of life is cheap and abundant. The following table is drawn from data, under the Registration Act, during the seven years, 1838—1844, and compared with the average prices of wheat.

DEATHS IN EACH YEAR TO ONE THOUSAND LIVING OF BOTH SEXES.

	1838	1839	1840	1841	1842	1843	1844
England and Wales	45	46	44	46	46	47	46
Lancashire, Cheshire	2568	2843	2957	2541	2526	2491	2384
Yorkshire	2161	2317	2333	2164	2158	2113	2058
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Average price of wheat	64 7	70 8	66 4	64 4	57 3	50 1	51 3
Price of meat per cwt. (Greenwich Hospital)	42 5	47 8	54 0	56 1	52 9	40 1	40 10
Daily wages at Greenwich Hospital—Bricklayers	4 9	4 9	4 9	5 3	5 3	5 3	5 3
Ditto, ditto—Carpenters	5 5	5 5	5 5	5 8	5 8	5 8	5 8

The public health has, in the opinion of Mr. Farr, been better during the five years ending in 1845 than in any five consecutive years of our history; but past experience compels us to confess that, in the midst of our congratulations, this favourable state of things may be reversed; an epidemic may break out in this or the sister island, and destroy thousands of persons of all ranks and stations. A considerable part of the improvement noticed has taken place in the town populations, and our cities may be rendered still much more salubrious by adequate supplies of water-sewers, open streets in the place of courts, warmer, cleaner, and more comfortable dwellings for the artizan and labourer, and fewer hours of toil — all of which require capital, and will be greatly facilitated, Mr. Farr conceives, by any measure calculated to increase the demand for labour, or to render the supply of bread and animal food less unsteady, and more abundant.

MEDICAL SOCIETY OF KING'S COLLEGE LONDON.

February 12th, 1846.

DR. JOHNSON, Vice-president in the chair.

Mr. Lavies communicated a case of sudden death from rupture of the heart. The most interesting circumstance in this case was that there were two ruptures, one a vertical tear in the left ventricle, the other a very extensive transverse tear in the right auricle. The muscular tissue of the heart was much softened, and ulcerations were abundant in the aorta and pulmonary artery. Since either of these ruptures would be sufficient to cause instant death, it is evident they must both have taken place at the same time. Had the softening proceeded so equally in the two situations that they had both attained that point beyond which the integrity of their walls could not have been preserved at the same moment? Or was the one rupture the effect of the sudden commotion produced by the occurrence of the other.

Mr. Arlidge read a paper on "Nutrition." After having made some prefatory observations on the incessant changes which animal bodies are undergoing, he went on to define the meaning of nutrition; he divided that process into two parts, 1, primary, 2, secondary assimilation. The primary, including the digestion of food, the separation of its nutritious portion, the chyle, and the admixture of this portion with, and its perfecting in, the blood. Secondary assimilation, comprehending those vital processes whereby each tissue takes up from the blood materials suited for its own growth and reparation, as also those processes whereby effete particles of the various tissues are recombined, so as to form matters fitted for some ulterior purposes in the economy, or fit only to be cast out as useless and noxious. He then proceeded to the subject of primary assimilation, first giving an account of the nature of the food of animals, which can be derived only from organic matters. These organic matters are prepared by plants, which by inherent, vital, and chemical processes can impress the characters of organisation upon inorganic matter. From the vegetable kingdom, therefore, directly or indirectly, the food of all animals is derived. In the carnivora, as their material has ascended the scale through animals as well as vegetables we may suppose it to have become more and more animalised; and thence may we not infer that their greater activity—their greater vitality,—is derived? In order to the nutrition of animals a direct relation must exist between the proximate principles of their food and those of their tissues. Such principles are not only prepared by other animals, but also by plants; thus we have vegetable albumen, fibrine, and caseine, identical in composition with the like-named animal principles.

Dr. Prout has classified all varieties of food under four heads; 1, Albuminous, including gelatine; 2, Saccharine; 3, Oleaginous; 4, Aqueous; and experience has shown that a due admixture of these several primary forms of food is necessary to healthy and prolonged nutrition. Liebig arranges the various kinds of food into two classes, 1, elements of nutrition; 2, elements of respiration. But it appears that some of the latter class may serve for nutrition; if so, this division of food will not hold good, and, further, it is based upon theoretical principles the truth of which has not yet been demonstrated.

He then went on to speak of the processes of digestion and chylification—the former carried on by the stomach, by the vital power of that organ, and by the chemical action of its products. That organ acting chemically, in reducing the food from a *high* to a *low* form, and *converting* the various articles of food, so that the resulting chyle presents an uniform composition, acting vitally in effecting a change so that the nutritious part of the food may become adapted to be taken up in the organism. The formation of the chyle being completed in the duodenum, it is then taken up by the lacteals distributed in the highly vascular villi of the small intestine. During the absorption of the chyle, the epithelium of the villi disappears, and a new generation of cells is seen in the meshes of the villi; the operation being completed, these cells disappear. This production of new cells, their fleeting character, and, we may suppose, their peculiarity of action, is analogous to the successive production and deliques-

cence of cells displayed in the germinal membrane of the embryo. As in the latter, the cells appear the agents in developing and strengthening the principle of vitality, so we may suppose the cells developed in the villi are the agents for impressing the characters of organisation, or vitality, upon the comparatively crude chyle. Besides the lacteals, the vessels of the villi absorb; for matters are found in the venous blood, which are absent in the contents of the lacteals; and much fat is found in the blood of the vena portæ, no doubt taken up from the chyle by the veins of the lacteals. The chyle being taken up in the lacteals, in its course onwards the changes it undergoes are of a *completing* character. In this course it is exposed to the vitalising operation of the large surface it comes in contact with in the lacteals, and in their complex convolutions in the lymphatic glands, of the lymph it meets with, and of the nucleated cells found in the lymphatics. From the concurrence of these organising agents, the albumen of the chyle becomes converted into fibrine; and thus the chyle becomes approximated in character to that of the blood, into which it is poured. Some German chemists consider that the chyle when mixed with the blood undergoes a final elaborating process in the lungs during respiration.

The author then adverted to certain processes of nutrition going on in the blood—as the formation of the red globules and their use, and the origin and use of the colourless globules. In doing so he referred to the various theories on these subjects, and stated various reasons for believing the red corpuscles to be capable of self-generation, and that the colourless were those more immediately concerned in the nutrition of the body and the formation of fibrine, while the red stood in nearer relation to the energy of the vital processes and the generation of heat. For the generation of red corpuscles, he further considered fibrine to be necessary, for if an animal be freely bled, its red globules are much diminished, and are very slowly reproduced, and their reproduction is preceded by an augmentation of fibrine.

The author next proceeded to the subject of secondary assimilation, which he supposed to take place by the medium of cells. This process in animals and plants differs; in the former it is of two parts, *formative* and destructive, but in the latter the second part of the process is wanting; hence their almost indefinite growth. He next alluded to the theory of *complementary* decomposition, advocated by Dr. Prout; and then reviewed the theories of Liebig and Simon, respecting the origin of the various secondary proximate principles.

The next point treated of by the author was the reparation and transformation of tissues. He gave the views of Dr. Macartney on reparation, and stated that the reparation of various tissues varies both as to the time requisite to effect, and as to its completeness according to the degree of organisation of the tissue. He further stated it as a general rule that, where a tissue becomes transformed it takes on the character of one below it in the scale of organisation.

As the last part of his subject the author spoke of depraved nutrition, where the function of digestion, or that of sanguinification, or that of secondary assimilation, was impaired; he instanced as examples diabetes, fatty degeneration of various tissues, and the morbid growths of tubercle and cancer. The last named products he thought to be thus formed, "the cells of a tissue being either deficient in organising power, or having a supply of faulty blood, instead of developing cells or products possessing the characters of health, and capable of presenting the same vital powers, fail, and produce cells which have a retrograde tendency, or which give origin to a tissue defective in one or more peculiar vital endowments."

Medical Journals in Spain.—The following Medical Journals are published in Spain:—los anales de cirugià; el Boletin de medicina, cirugia, y farmacià; la Gaceta mèdica; el Boletin del instituto mèdico; la revista cientifica; la revista mèdica; la gaceta homeopatica; le restaurador farmaceutico; and la faculdad

REVIEWS.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. Latham, M.D., Fellow to the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. In 2 vols. London: Longman and Co. 1845. Vol. I.

(Continued from page 216.)

PERICARDITIS.

The exocardial murmur or attrition-sound which was discovered and traced simultaneously by Dr. Watson and Dr. Stokes, of Dublin, is a certain indication—an unerring sign—of pericarditis, and its presence occurs fortunately early enough to bring our knowledge of the existence of the disease fairly within the period that will allow it to be successfully treated by medicine. Other sounds, however, also proceed from the pericardium. They have been likened to the crumpling of parchment, the creaking of shoe-leather, and the churning of milk; but Dr. Latham says, by no description or similitude can the student be enabled to recognise these sounds. A knowledge of them must be acquired by experience. Yet is an acquaintance therewith most important and most necessary, for they as surely indicate the presence of pericarditis, as do the more perfect ordinary exocardial murmurs.

"One fortunate circumstance, however, belongs to these indefinite and less perfect sounds, which greatly diminishes the chance of evil that might be supposed to arise from a doubtful or postponed decision respecting their exact import as diagnostic signs. It is this:—Wherever any one of them arises in consequence of pericarditis, it becomes changed, in the course of one or two days, completely or partially, into the genuine exocardial murmur. It is either merged entirely in it, or partakes enough of its character to leave its import no longer doubtful. And then the genuine murmur being once established continues such thenceforward through the whole course of the disease, or only changes its character a few days before its final disappearance."

These indefinite sounds sometimes are heard over a particular space, for a longer or a shorter time, and then disappear, or cease to be heard, recurring after an interval, and afterwards either ceasing altogether or becoming permanent. When they become constant, they gain the character of the ordinary exocardial murmur, and spread themselves widely over the precordial region, or beyond it.

Another significant and very important sign is the dulness on percussion, over the precordial region. It is indicative of one of the results of inflammation, namely, the effusion of serum, and may sometimes extend over a part, sometimes over the whole of the precordial region; sometimes it reaches beyond the precordial region, as high as the second, and even the first left rib; sometimes it extends beneath the whole length of the sternum, except about an inch at the top, and even beneath the cartilages of the ribs on the right side. Unlike, however, the corresponding attrition-sounds and dulness on percussion in pleurisy, the exocardial murmur and dulness on percussion of the precordial region may be co-existent. Dr. Latham says that they are almost always coincident, and that the exocardial murmur is always audible to the same extent, as the dulness on percussion is perceptible. The dulness may also be the first sign, the attrition-sound being superadded a few days afterwards, the two signs be thereinafter co-existent. Still, this is not universally the case. Dr. Latham has seen instances in which during the height of the inflammation, the exocardial murmur has become very indistinct, or altogether ceased, and yet returned a day or two after, in consequence of the whole extent of the precordial region, and wide space around it, being vesicated by a large blister.

The explanation offered by Dr. Latham of the disappearance of the attrition-sound in pleurisy, when effusion has taken place, and its persistence under similar circumstances in pericarditis, is as follows:—

"Fluid within the pleura exercises its pressure upon the most yielding organ of the body, the lungs. They make no resistance, but, shrinking in their dimensions, and giving place more and more as the fluid increases, they recede further and further from the ribs, until at length they are forced into an incredibly small compass by the side of the vertebral column, impervious to air and useless, but in themselves perfectly free from disease.

"But fluid within the pericardium produces no such effect upon the heart by its pressure. The heart, of all organs of the body, is the least yielding. It is the pericardium that now yields. But then, in the greatest accumulation of fluid within it, the space intervening between the pericardium and the heart will bear no comparison with that between the pleura and the lungs in ordinary cases of pleurisy. Further, when in pericarditis death has taken place while the inflammation was progressive, dissection has generally found as much solid as fluid matter within the pericardium, and sometimes even more lymph than serum. The heaped-up curdled albumen covering the entire heart, and adherent to, or pendulous from, the loose pericardium, would make it appear that the interposed serum (which itself contains flakes of lymph) was not enough to prevent the opposite surfaces from touching and rubbing against each other, and so to prohibit the murmur.

"In the few cases where the dulness on percussion supersedes the murmur, or greatly alters its character, it is probable that the fluid products of inflammation exceed the solid, that the serum exceeds the lymph, in an unusual measure."

In addition to these auscultatory signs, an undulating motion, and a vibration often become perceptible to the sight and touch between the cartilages of the second and third, or third and fourth ribs, or between the cartilages of both simultaneously. The vibratory motion may occur alone, but the undulation was never seen by Dr. Latham unaccompanied by the other sign. Neither of these two indications may be present in pericarditis, and consequently they are both inferior to the exocardial murmur and the dulness on percussion, as means of diagnosis. Besides which, as their appearance, when they do occur, is late, a diagnosis founded on them would be probably too late for efficient treatment. The vibration also is present in disease of the semilunar valves, whether of the pulmonary artery or of the aorta, and the diagnosis again must, therefore, depend on the concurrent circumstances of the particular case.

Pericarditis, as a disease accompanying acute rheumatism, has long been known to the profession—long before auscultation was practised. Medical practitioners previously to that discovery, knew well the pathological condition of the constitution at large, out of which it is most prone to arise, and consequently when to expect it, and they also knew well, when to infer its existence from such symptoms as were within their reach. When in the course of acute rheumatism, there arose pain in the precordial region, often augmented by pressure, anguish, and oppression of breathing, and an irregular or intermitting action of the heart, they were able to detect pericarditis, and treat it accordingly. When, however, in acute rheumatism not one of these signs occurred, and yet pericarditis existed, they overlooked the disease, or when they did not occur until late in the disease, much valuable time was lost, and life sacrificed.

"These are events of past years. In such unfortunate cases there was neither precordial pain, nor respiratory anguish, nor irregular pulse; and the auscultatory signs of pericarditis were as yet unknown. But the like mistakes could hardly occur *now*; it is scarcely possible that pericarditis coming on just at the suspected time, and just under the suspected circumstances, could *now* be overlooked. Every prudent physician, I presume, searches after it day by day with his ear in all cases of acute rheumatism; and though the heart itself show no vital consciousness of its ailment either by feeling or function, by pain or palpitation—though the organs in closest relation with the heart, the lungs, feel nothing, suffer nothing, and declare nothing, and so there be no dyspnœa, yet will the *mere mechanism* of the disease proclaim the fact of its existence to the ear."

Of these symptoms, the pain, if it occur at all, almost always occurs early; the fluttering, faltering action of the heart, and with it the respiratory

anguish, are almost always late. The pain is most unconstant and uncertain; it may be severe when the disease is comparatively slight, and the most severe cases have passed through all the stages without pain. Patients have ever died from the disease without the occurrence of pain.

"But still pain is a most important symptom. Where there is pain, we should always think of disease, always search after disease, and always require strong circumstances to convince us that disease does not exist. Where there is no pain in a part suspected of disease, we should never on that account conclude it to be healthy, and never be content until we find other circumstances to convince us that it is really so."

The eighth lecture commences with some statistical details of the frequency of heart-affection in cases of acute rheumatism, from which we gather, that out of 75 males, the heart was affected in 47 cases, the seat of the disease being in the endocardium alone in 30, in the pericardium in 3, and in both the endocardium and pericardium 7. In the remaining 7, although the heart was undoubtedly affected, the exact seat of disease was doubtful. Three only of these cases proved fatal, and in these three both the endocardium and pericardium were inflamed. Of 61 females, the heart was affected in 43, the endocardium being alone inflamed in 33, the pericardium alone in 4, both membranes in 4, and the seat of the disease doubtful in 2. From this it appears that in two-thirds of the cases of acute rheumatism, there is inflammation of the heart; the endocardium suffering in nine cases to one of the pericardium.

The result of these cases are thus stated:—of the 63 patients who had simple endocarditis, the membrane recovered its complete integrity of structure in 17 only, and it remained permanently injured in 46.

"Of the 30 males, the subjects of rheumatic endocarditis, the endocardial murmur ceased entirely only in 8; while it remained, after they were convalescent, and as long as they continued under observation, in 22. And of the 33 females the endocardial murmur ceased entirely only in 9; while it remained in 24.

"Thus, while inflammation arrested and life saved in all the cases which occurred, even 63 in number, do indeed sufficiently testify how small is the present peril of life from rheumatic endocarditis, yet the entire restoration of the endocardium to its perfect structure in 17 only, and the permanent injury done to it in 46, denote a most fearful disease in regard to its distant results. For the probability is as great as four to one, that inflammation befalling the endocardium will become the rudiment of disorganisation to the entire heart.

"The results of simple rheumatic pericarditis were these:—

"Of the 7 who suffered simple pericarditis in acute rheumatism, 3 were males and 4 were females, of whom none died. Life was saved in all. Inflammation was arrested in all; and all resumed the general conditions of health. Neither, after inflammation arrested and life saved, did it happen to any one of these cases of pericarditis, as it did to 46 out of 63 of endocarditis; not in a single case did the exocardial murmur remain after convalescence, to denote a still abiding change of structure in the pericardium, as the endocardial murmur had remained, and denoted permanent disorganisation of the endocardium in so many cases of endocarditis."

But the disappearance of the exocardial murmur does not denote the absolute removal of the effects of the inflammation, as does the disappearance of the endocardial murmur in cases of endocarditis.

"For the endocardial murmur could not cease, while the lymph still remained on the endocardium to produce the obstruction to the blood which caused it. But the exocardial murmur could cease, while yet the lymph remained on the pericardium. For its opposite surfaces might by the same lymph be made to adhere, and thus the cause of the murmur would be removed."

It is more than probable that, in the majority of cases, the treatment of pericarditis does not effect a perfect cure.

"The results of rheumatic endocarditis and pericarditis combined in the same subject were these:—

"Of the 11 in whom endocarditis and pericarditis were combined, 7 were males and 4 were females. Out of these, inflammation was arrested, and life saved in 8; and 3 died. Of the 8, who were convalescent from this double disease, one of the structures inflamed, the endocardium, underwent perfect reparation in 2, for the endocardial murmur entirely ceased; and imperfect reparation in 6, for the endocardial murmur continued. As to the other structure inflamed, the pericardium, although the exocardial murmur ceased in all, it is doubtful whether its reparation was perfect in any. Probably there remained a greater or less extent of permanent adhesion.

"Thus of these 8 cases of double disease, or of inflammation involving the two structures of the heart, I am not sanguine enough to believe that the organ recovered a perfectly healthy condition in a single instance. For in the 2, where, doubtless, the endocardium was perfectly restored, the pericardium probably adhered; and in the 6, where, doubtless, the endocardium was permanently injured, the pericardium probably adhered also.

"In the 3 fatal cases, the auscultatory signs denoting inflammation of the endocardium and pericardium were well marked, and on both membranes dissection disclosed the recent effects of inflammation, when it is arrested in its mid progress by death."

The careful study of the ultimate results of disease of the heart, caused by acute rheumatism, comes not within the compass of the physician. The case may extend over years; it may terminate in two or three, or it may embrace the period of from twenty to thirty years. He may see cases in the commencement, others midway, and others again at their close; but to trace them from the commencement to their termination is not allotted to him. Were it so, a life were well-spent in the careful and attentive study of the symptoms and signs that would arise in its progress. Under such circumstances, a careful and accurate detail of the semeiology of chronic disease of the heart, such as has been given by our author of the acute form, cannot be expected. It would be a piecemeal affair at the best.

On Famine and Fever as Cause and Effect in Ireland; with Observations on Hospital Location and the Dispensation in Out-door Relief of Food and Medicine. By D. J. Corrigan, M.D. Dublin: Fannin and Co. 1846. 8vo. pp. 33.

The object of this pamphlet is to depict the present state of destitution in Ireland, and to anticipate the probable mischief, physical and moral, that will follow from the diseased and defective potato crops. It will be fresh in the recollection of our readers that we treated this subject, in its *general* headings, in our leaders of November 1st and October 25th of last year. Dr. Corrigan entertains it exclusively in its relations to the poor of Ireland. The introductory part of the pamphlet is devoted to a consideration of the well-established fact, that defective nutrition is one of the most frequent causes of epidemic fever, and that this once established, though in the simple form, may yet support and propagate itself, and even acquire the type of virulence. This subject is treated in a review of epidemic fever, and amply illustrated by evidences derived from certain unexceptionable authorities. We have no doubt that the personal experience of Dr. Corrigan would enable him to corroborate in most particulars the facts he quotes, and we could have almost wished, in our deep sense of the value of his individual opinion and of the extent of his practical observation, that he had spoken oftener in the first person. His logical deductions, however, make ample amends, and satisfy us how painfully true are his apprehensions, and how imperative it is upon the legislature to avert, if possible, the expected evils.

"We find famine," says he "invariably preceding or accompanying epidemic fever (it matters not how other circumstances vary), and famine, therefore, we are justified in marking out as its great cause. The people of Ireland are peculiarly liable to become the victims of such pestilence. The effect of competition among a population with little employment, has been to reduce their wages to the lowest sum on which life can be supported. Potatoes have hence become their staple food. If this crop be unproductive, the earnings of the labouring class are then quite insufficient to purchase the necessary quantity of any other food. Corn is altogether out of reach of their means, and thus, with an abundance of it around them, so great as to admit of exportation, they *starve* in the midst of plenty, as literally as if dungeon bars separated them from a granary. When distress has been at its height, and our poor have been dying of starvation in our streets, our corn has been going to a foreign market." (p. 22.)

In concluding this, the most interesting and important part of the subject, Dr. Corrigan observes, "I have, I trust, shown enough to prove the ultimate connexion between want and fever, and sufficient to prove that want stands paramount beyond all other causes. It is not *my* province to go further. It is for the political economist when the medical observer has pointed out this cause, to devise the measures best calculated to take away, or to lessen that cause. To him, whom fortune or station has called to such a task, there is a high incitement to serve his country. He will have the gratification of feeling, that while promoting the prosperity and wealth of his country, he is its best physician, diminishing deaths, and dispensing longevity." (p. 23.)

This little work throughout abounds in good sense, judicious discrimination, and, more than all, most benevolent intention. Whilst the profession are indebted to Dr. Corrigan for the sagacity with which he has treated a comprehensive scientific subject, the suffering poor of his ill-fated country owe him every gratitude for the eloquence with which he has pleaded in their behalf.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

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A Clinical Lecture by Dr. Civiale "*On the Breaking and Distortion of Lithotritic Instruments in the Bladder," supplied by the lecturer, and translated for the* Medical Times *by* Dr. F. Harrington Brett, *will appear in our next number.*

A Constant Reader.—*Dr. Rigby's System of Midwifery will, we should think, suit our correspondent's views. The new edition of Dr. Gregory's Practice of Medicine is just published.*

An Enquirer.—*The report is correct. The bust was removed before the members had assembled.*

P. H.—*Mr. Charles Guthrie's work is on the Different Forms of Cataract and their Treatment, by operation or otherwise. A notice of it may be found in one of our back numbers.*

Ephraim Hillot's *request shall be attended to.*

A Chemical Student.—*The progress of Chemistry by M. Berzelius, is now in course of publication in the* Pharmaceutical Number *of the* Medical Times.

The reports of the Manchester Eye Hospital *have been duly received and shall appear in an early number.*

The report on Medical Galvanism *is not fitted for our columns.*

We beg to thank Mr. Cherry *for his communication.*

The important and eloquent address of Dr. Chambers *delivered at the Anniversary Meeting of the Royal Medical and Chirurgical Society of London, will be published entire in this journal next week.*

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THE MEDICAL TIMES.

SATURDAY, MARCH 7, 1846.

THE NATIONAL ASSOCIATION.

THIS vast Society—*the* voluntary incorporation of the Profession—has just prepared for issue a very important document, containing a record of its recent proceedings, and a manifesto of its aims and future policy.

In a preliminary address, marked by equal moderation and sagacity, the Committee give a brief narrative of the steps taken by them to accomplish the object for which was formed the immense organisation over which they preside. They demonstrate the systematic attack made by the Colleges, through Sir James Graham, on the high standing of the General Practitioners—their success in resisting it—their approximation to the achievement of a separate and honourable incorporation of those who had been assailed—with the ultimate contingency now before us—all parties being as they were before the introduction of the Bill, except that the General Practitioners are united, popular, and formidable—their principal antagonists weak, divided, and obnoxious to public censure.

After a brief summary of the formal business despatched by the Committee, in its different meetings from the 24th December to the 4th March, we have a copy of the Memorial sent, in December, to Sir James Graham for a Charter of Incorporation. It forcibly expounds the grounds of their request, and makes the subsequent flat refusal received from Sir James Graham come with a very ill grace.

We have then a third Report from the Deputation appointed to negociate with Sir James Graham on the formation of a New College. It consists mainly of correspondence between themselves and the Home Secretary, in which the good faith and consistency of the latter gentleman do not shine out to the greatest advantage. He endeavours most unjustifiably to treat the Deputation as representatives of Practitioners in "Medicine and Midwifery" only, and declines taking any step in the direction he had previously marked out for himself.

The Transactions, after some financial statements, conclude with a selection from the Society's correspondence, and extracts from the leading articles of the *Medical Times*, the *Medico-Chirurgical Review*, and the *Morning Chronicle*.

We have reserved for especial mention the circumstance which will strike the heads of the Profession with the greatest force, and, if we mistake not, produce a very desirable sensation throughout the country.

THE COMMITTEE EMPHATICALLY DECLARE THEMSELVES for the establishment, by VOLUNTARY AGENCY, of a NATIONAL FACULTY OF MEDICINE AND SURGERY.

There is no over-rating such a public declaration, made by an Association numbering nearly six thousand members, and remarkable for the moderation, sagacity, and forethought of every important step that has characterised their past proceedings. We mistake, or it will fall like a spark on gunpowder, and will brighten into wide effulgence amid universal acclamation. Give us but the aid of the distinguished men who are on tiptoe to join in this great national movement, backed by so powerful an Association, for a commencement, and gigantic as is the result aimed at, we shall not despair of it for an instant.

A public meeting of the members, at which this will form the great point of discussion, or rather acceptance, will be held by the Association on the 17th of April next. We trust that every member who by any means can attend, no matter how far his residence from town, will not fail to be present. There are great things involved in the present startling movement.

——— et errat longe, mea quidem sententia,
Qui imperium credat esse gravius aut stabilius
Vi quod fit, quam illud quod amicitia adjungitur.
TERENCE.

MR. LAWRENCE has been secretly rebuked by his Council brethren for the intemperate display which has been dignified with the title of "The Hunterian Oration." To his infinite surprise, they passed upon him a vote of censure—we beg pardon, "a vote of disapprobation." He was not without a defender, it is true. The Greens, the Coopers, and, we cannot doubt, the Brodies, were for him; but the Guthries, the Souths, and the Keates outnumbered them, and Lawrence, the reviler of the College members, stands before the public *snubbed*, or worse, by his own College colleagues. There is here the material of an exquisite farce. The traitor of his early friends was inopportune in the expression of his vehement hostility to those he had deserted. He overdid his new part, and having made himself too unpopular as a supporter, is now adroitly turned to account as a scape-goat. He makes a splendid victim. He has been so far used up that we admire the ingenuity of the Council in extracting from him this, the only, service that remained in him. They did admirably to offer him up as their peace-offering to those *he* had betrayed, and *they* incensed. We cannot doubt that it is as agreeable to him as it is useful to them. Lawrence has the capacious stomach for an affront which the bold-speaking Pistol had for Fluellen's leek, and we dare swear will offer the public, on the present occasion, a striking exemplification of the sincerity of his Christian principles of meekness and long-suffering. Lawrence is the last of men to show a proud spirit under a sharp insult. If one cheek has been smitten, he thanks heaven he has another yet to offer. The more undeserved from such a quarter, the greater his merit of submission. The Council condemning his collegiate insolence had actually perpetrated worse. Lawrence's "blasphemy" of to-day, in the Council itself a few months since was but a "choleric word." Lawrence, foul-mouthed as he was, never said worse than the Council *wrote*, when it told gentlemen that their prayer could not be acceded to, because it would not do to oblige felons, quacks, and the promoters of indecent advertisements. Much as he railed against General Practitioners to their faces, it was not more severe than what the Council told them behind their backs, when it publicly announced by hand-bill, that they were only fit for tooth-drawing, and such common exigencies of surgery. But there is a season for all things. There have been teachers before now who hav birched a pupil for learning his masters' lessons too well. It is on this principle that Lawrence has now been horsed. Of course, many will call the Council's conduct to their zealous colleague dishonourable; but what of that? It is to the preservation of society that there is *not* "honour among thieves." There always comes a day when some of the gang will make their peace with injured justice, by peaching on a co-offender; and there is especial comfort in this ease in the fact, that the victim of the Jonathan Wilds of the College, the sacrifice to justice, could not have been better selected. He is, in the first place, particularly obnoxious to justice, adding treason to offence. In the second place, he will go to the moral scaffold prepared for him with a beautiful meekness. He may be trod on, but he will not turn. He is as safe a victim as he is an useful one. We congratulate his colleagues on their discrimination. In the words of one of Dickens' heroes, he may be safely pitched into, for "he has no friends!"

This giving up of their general—this betrayal of Lawrence—disgraced and manacled, to his triumphant enemies, to gratify them with the boast that his treachery to them has at length met its due retribution, has one trait about it that should win from us a cheerful welcome. It is a surety for us that the Council are dead beat, and have determined to make terms with us at any price. We expect, therefore, daily to hear from them the basis of a new, and perhaps honourable, alliance with their members. It cannot come too soon, or, if meant for acceptance, cannot assume too liberal a character. Whatever may be the Profession's opinion of the men now at the head of the College, it will not prevent our doing full justice to any good measure they may at the present juncture perchance father. Let them really make the College what it should be—the head and home of the English Profession, and we will not only give them a hearty support, but secure them that of our brethren. But it is not promises, nor hopes, nor rumours, nor shortcoming performances that will win us. We have been deluded and cajoled too often, and too much, by their rumoured intentions, and disgusted too frequently and too long by their actual doings to make a single demonstration in their favour, until we see actual evidence of a new and better life. We want to see an amelioration, not the talk of one, and until we do see it, we shall strenuously urge the National Association, and the whole body of British Surgeons, to proceed in their independent course of action, as if no such rumours were afloat. Nothing short of a complete reorganisation of the College of Surgeons would form an equivalent to us for that independent and united Faculty which lies now so clearly within our power. Let the Council only proceed so far, and they may yet save caste.

"I must confess that the critics are a race of scholars I am very little acquainted with, having always esteemed them but like brokers, who having no stock of their own, set up a trade with that of other men—raking into slight wounds where they find any, or scratching till they make some, where there were none before."
SIR WILLIAM TEMPLE.

"Natura omnes fecit judices—pancos artifices."
LOCKE'S LETTERS.

AN insignificant, nameless somebody, announced in the pages of a cotemporary, last week, the startling fact, that he had found out Paulus

Ægineta was a fool, and that the Council of the Sydenham Society were becoming uncommonly like him, for permitting to be anglicised the rhapsody and rubbish he scribbled centuries ago in Greek. Certes, this sagacious enunciation will be hailed by philosophers, and scholars, and doctors of all degrees, as smacking of the oracular, and worthy of the tripod. Alas! poor Paul! you have been "written down an ass"—your best friends will never be able to doff the designation for you—you will never be esteemed again, but as

> "A bookful blockhead, ignorantly read—
> With loads of learned lumber in your head!"

And you, Oh, magniloquent "Censor," who have achieved the mighty modern feat of traducing the character, and ridiculing the reputation, of the illustrious dead, you deserve to have your *magni nominis umbra* cut an inch deep in brass, as a fitting testimony to the veriest punchinello that ever affected to parody a subject surpassing a limited comprehension! And ye, unhappy little coterie of Sydenhamites, assemble in council once more, weep over your fallen greatness, close your committee-books, "Othello's occupation's gone," for a flying artilleryman, armed with a pop-gun, is having a shot at you, and swearing in the magnitude of his wrath, that you "must not, shall not," publish any more from the pen of Paulus Ægineta.

> "Oh, bloodiest picture in the book of time,
> The Council fell, unwept, without a crime."

Now, what in the name of all that is probability, will our readers suppose is the grave offence committed by the Council of the Sydenham Society, and by their unhappy, ill-fated author, to call down upon the memory of the one, and the very existence of the other, an annihilating tornado of verbosity, so potent, that it actually ventures to predict its own irresistibleness? As Grimaldi would say (we shall be pardoned quoting from the facetious Joey, the subject is so truly comic), "what's the row?" Why, the Council, in common with sundry blockheads, yclept historians, who have lived at intervals during the last thousand years, have perpetrated the blunder of ranking Paulus Ægineta amongst the male species, when, after all, as proved by a "second Daniel," who has just come to judgment, he was neither more nor less than an old woman! Sublime ingenuity, to discern, after the lapse of ages, that the physician of Ægina should have been petticoated, instead of breeched! It would really seem as if Solomon were wrong, when he ventured the belief that "there is nothing new under the sun." Man-millinerism ought to be at a premium for ever.

Besides having mistaken the sex of their author, the Council of the Sydenham Society have committed the more egregious sin of publishing an English version of "the anile-book," bearing this said author's name. This very act is considered, by the critic referred to, "a prostitution of the funds, a dereliction of duty on the part of the Council of the Society, and a degradation to our science and literature." The misdemeanour on the part of the ill-starred Paulus himself is the having written sundry volumes "of arrant and intolerable nonsense." This is certainly a pretty considerably cool attempt at castigation; but we should decidedly have more admired the courage of the anonymous scribbler, if, when letting out his foolery, he had also let out his name. Individually, his opinion neither merits reception nor refutation; but, as his effusions found an asylum in a periodical, which really ought to have known better than harbour them, and as they may possibly, when promulgated by such means lead some of the younger members of the profession into error, or unworthy prejudice, we choose to provide them with the correction they merit.

That Paulus Ægineta was an old woman, and that his writings were arrant intolerable nonsense, the Rhadamanthus of medico-literary criticism infers from two passages which he quotes. The former is on affections of the breasts, saying, "After childbirth, the milk frequently being converted into cheese in the breasts, produces inflammation. Wherefore, at first we may use these applications:—Having squeezed a soft sponge out of tepid oxycrate, apply it to the breasts, and bind it on in the proper form; or use dates triturated in oxycrate; or alum, fleawort, with coriander and parslain, may be applied in the form of a cataplasm; or apply the firestone triturated with cerate, and bind it on."

Now what any cynic, not also a profound simpleton, can discover arrantly intolerable, or anile, in the above passage, considering it was written more than a thousand years ago, we cannot for the life of us imagine. In reality there is nothing at all in it that does not consist with the best established facts of modern pathology and medical practice. We know well enough that during the period of lactation, especially the earlier period, various causes, such as moral emotions, cold, local pressure, or bruise, neglect of giving the child the breast, &c., will cause a retention of the milk, which becoming altered by stagnation, and thickened by an absorption of its watery parts, acquires a consistence and curdiness not unlike that of soft cheese. And though the term *cheese*, as employed by Paulus, may be liable to some hypercritical exception, it is not only not erroneous, but it may perhaps be doubted whether a more appropriate term could be employed—certainly not a more convenient one. This retained milk causes irritation and subsequent inflammation, producing, as is too often the case, mammary abscess. So far Paulus is perfectly right, and if his analyst had been only half as accurate and experienced, he would have known that when these abscesses are opened, it is not an uncommon thing to find them contain great masses of curd, intermixed with pus, and the other products of inflammation. As to the remedy, beyond local depletion, we have no modern treatment that can surpass it. What better discutient could be found than a sponge dipped in tepid oxycrate (vinegar and water), and bound carefully, to retain the vapour, over the affected part? The other remedies are just discutients, poultices, and emollients—and what can the practitioner of the present day use better? For ourselves, we think scarcely a better passage could be selected, to prove how rich in practical knowledge, and good common sense, was the slandered physician of Ægina.

The next prescription, for writing which it is assumed the author ought to have been proscribed, is one for hysteria, whether sympathetic with uterine or other disorder. "Things of a fetid smell are to be applied to the nose, such as an extinguished lamp, castor, liquid pitch, gum vernig, burnt wool and rags. Some have even brought close to the nose a chamber-pot containing *stale* urine or feces." And do we not, let us ask, with all our refinement, and improvement upon antiquity, use sundry of these very things in this day, when more delicate ones are not at hand, for reviving and rousing hysterical patients? In the absence of remedies that we would *choose*, we must be satisfied to use those which we can *get*. In the days of Paulus there was little choice of stimulants. *Eau de vie* was an unknown commodity—*eau de Cologne* had never been thought of—*vinaigrettes and smelling bottles* were amongst the things that had to be—and portable electricity was quietly in embryo! In the simplicity of the world of that day, therefore only very primitive remedies could be suggested, and it was not a little to the credit of its observant people, that they discovered the stimulating properties of empyreuma, and an extemporaneous mode of producing it. As for the stale urine and feces, Paulus does not advise that they should be administered to the olfactories of hysterical folks, but merely says that some have so employed them. But had he even recommended their use, in the absence of better things, where would be the folly, and why should the advice cause any wonderment! We know that the prevailing odour of stale urine and feces is ammonia; and though we should prefer to exhibit the volatile alkali separately, instead of in combination with the dirty materials producing it, yet when we remember that in the days of Paulus there were no such facilities for sublimation and distillation as we now possess, we cannot be surprised that there was some rudeness in the administration of remedies. But that seemingly coarse and offensive practice was the very source of a subsequent improvement in one of the arts of medicine. It having become known that the substances used as stimulants owed their potency to a particular and easily separable ingredient, led to the future possession and employment of that ingredient in an isolated form. And that Paulus, or the people of his time, should be ridiculed for using burnt wool and rags, and liquid pitch, in the absence of creosote and naphtha, and the substances evolving ammonia, when they could not get the latter by itself, is just as worthy as that the efficacy of burnt sponge should be derided because we now use iodine separately, or that a practitioner should be laughed at who may choose to prescribe cinchona when he can get quinine.

The critic further says, that if the Council of the Sydenham Society will transmit to his journal one single page out of the first volume of Paulus Ægineta, which would be deemed worthy of printing in the said periodical, he will withdraw all he meant to say. Very condescending indeed! He apparently knows about as much of the active members of the Sydenham Society, as of the author he affects to comment upon. If he knew as much of the Sydenham Society and of that journal as we knew, he would never have thought of suggesting an act so utterly at variance with professional propriety, and common probability. We will, however, refer him to a passage, amongst a score of others we could turn to, in five minutes, that will satisfy his expectation and judgment, at least if his head be anything better or more brain-like than a China orange; and that passage is contained in sect. xxxv, p. 273, vol. i, "On Epidemic Diseases." Had Paulus never written anything more accurate and excellent than that, it would amply atone for the many antiquarian extravagances with which his works abound. As to the abuse of the learned translator's commentary upon Paulus, neither its source, nor the medium of its transmission, is significant enough to shake the classical reputation of Mr. Adams. We consequently leave it without comment. And as regards the Council of the Sydenham Society, if they are never reprobated from a more respectable quarter, they have little cause of fear. In translating Paulus it must be admitted that they are answering one of the primitive objects for which the Society was founded, viz., the rendering into English, the older medical authors; and if the specimen they have already given us, be a proof of what they will continue to give, they will be acknowledged, despite some less judicious acts, to have done much to in-

erease the enlightenment, and learning, and liberality, of the Medical Profession. As we have said, this article is not written in reply to the querulousness of a pseudo-critic, whose opinion is as worthless, as his effort at concealment is abortive; but to correct ignorant imputation against learned authorities and to neutralise an endeavour, cunningly contrived, to disparage one of the best steps taken by a very well intentioned society.

SHAM ASSOCIATIONS.

[FROM A CORRESPONDENT.]

There have been meetings, and petitions, and deputations, from week to week, announced in one of the medical journals professedly as from two medical associations—one is honoured with the appellation of the British Medical Association, the other with that of the Associated Surgeons. These are very high-sounding titles, and in connection with them we have seen the less aspiring names of Webster, and Hodson Rugg, and Bottomley. Further than that, nobody, we believe, knows one thing about these important societies. With regard to that unquiet ghost of a society, the British Association, Webster has been long fancied to fulfil in his own person all the functions of all the members, except paying, and that duty is said to be merely honorary, there being nothing to pay for, neither meeting-room, secretary, nor minute-books. He reminds us of the fifer who, when the muster roll of the 92nd regiment was called one day, after a severe peninsular battle, stood alone, unsupported, with a "Here I am." Are the "Associated Surgeons" in a better plight? Who are their members?—what their number?—what their committee?—who their chairman, vice-chairman? Will anybody, dare anybody, say?

If not, who will doubt the public opinion, which distinctly accuses the parties "working these oracles" with attempting to gull the profession with sham associations. In the name of public opinion, which these fictitious organs so largely discredit, in the name of all that is respectable in public life, let us have an end to this incessant promotion of these sham institutions. We are tired of seeing, in such rapid succession, small groups of chevaliers d'industrie plotting together under an aggregate name, to seduce from the public a confidence which, individually, their social position would repel. The trick used to serve a purpose, but in medicine it has been tried a little too often to be again essayed with success. Again, we say, in the name of outraged public decency, let us have an end of it.

MISCELLANEOUS CORRESPONDENCE.

PLACENTA PRÆVIA.

To the Editor of the Medical Times.

SIR,—In your Journal for February 14th, there is a communication from the pen of Mr. Ebsworth, surgeon to the Barford Poor Law Union, on the merits of the mode of practice recently proposed by Dr. Simpson in certain cases of placenta prævia. I should not have troubled you with these remarks on this much agitated question, believing as I do that the matter in dispute must be virtually settled in a very different way from the pages of a periodical, did I not feel that the observations of your correspondent are likely to mislead many who are now hesitating whether to adopt or reject the new practice, and thinking that Mr. Ebsworth has drawn positive conclusions from lamentably insufficient data. These data appear to be three cases which have fallen under the notice of your correspondent during the last three months, in one of which only the placenta was removed by an ignorant midwife before the child; and the profuse hemorrhage which attended (but did not follow) the operation was the cause of subsequent atonic headache and debility.

From this not very abundant experience, and from "much reading about the new fangled practice," Mr. Ebsworth proceeds to deduce his remarkable conclusions, prefacing and recommending them by the original observation, that "meddlesome midwifery is bad, and scientific midwifery good," and impressing upon his readers the invaluable fact that, however we may theorise and speculate, after all "*experientia docet.*" This latter maxim may, at first sight, appear somewhat at variance with Mr. Ebsworth's practice; but one who could have the hardihood to condemn in toto, without qualification or reserve, a plan of practice recommended by the professor of midwifery in Edinburgh, and approved of by other of our first authorities after a patient investigation of its claims to support, need not hesitate to give the title of "experience" to the details of the case of M. K., described in less than ten lines of your journal. I will now proceed to notice some of the extraordinary statements of your correspondent, premising, at the same time, that it is my sincere conviction that they do not proceed from wilful misrepresentation.

1. It is said, that "there may be one or two instances of the child being born alive after the placenta has been removed." Now what is the fact? Dr Simpson has collected 141 cases, in which the placenta was expelled before the child, and out of this number nearly 1 in every 3 children survived; or 31 per cent were saved, and 69 lost. This is no random and general statement, but a positive and statistical fact, and bears about the same ratio to Mr. Ebsworth's one or two instances as this gentleman's "experience" does to Dr. Simpson's.

2. It is asserted that, by the extraction of the placenta before the child, its chance of life is entirely abolished, the safety of the mother is diminished, and little hope remains that she will survive. The former part of this statement has been shown to be erroneous, though I may here observe that, as a general rule, we can scarcely expect the success which attended the cases collected by Dr. Simpson. The latter observation can be as readily and surely proved to be equally incorrect, and this not by a vague recourse to generalities, but by specific facts. Out of the 141 cases, before alluded to, 10 only of the mothers died after the complete expulsion or separation of the placenta before the child. In 7 or 8 of these 10 deaths, the fatal event seemed to have no connection with the detachment of the placenta, or with the consequent results; and of the 3 remaining cases he admitted as fatal from this cause (which is doubtful) the mortality will be 3 in 141, or about 1 in 47 cases. Mr. Ebsworth could not have consulted these cases when he made the bold statement that little hope remained to the mother after this (so-called) hazardous operation.

3. From the results of his three cases, in two of which the ordinary practice was adopted, and in the third the placenta was removed before the child, your correspondent concludes that "the superiority exists on the side of ancient practice." Disregarding for the moment the utter absurdity of attaching any weight to a deduction from such premises as these, let us examine the real state of the case. Dr. Simpson has given a table of 399 cases of placental presentation from various authors, out of which 131 proved fatal. These were treated according to "the ancient practice;" and though I admit that some slight error in these numbers has been pointed out, yet, when corrected, they make the average mortality certainly not less than 1 in 4 or 5, proving that the deaths from this complication, and the treatment pursued, has been almost as numerous as those from malignant cholera, lithotomy, or even ovariotomy. But Mr. Ebsworth is satisfied of the safety of the old practice.

4. In the first case recorded, the interference with the placenta, consequent on the introduction of the hand for the purpose of turning, caused profuse hemorrhage, which was renewed after the birth of the child. Now in Dr. Simpson's cases, after the separation of the placenta, the hemorrhage was entirely arrested in the vast majority, and in 5 only out of the 141 was it alarming. It is fair, therefore, to infer that if in Mr. Ebsworth's case the placenta had been wholly (and not partially) detached at once, the subsequent profuse hemorrhage would have been averted.

The second case recorded partakes almost of the incredible in some of its details. On Mr. Ebsworth's arrival the patient "was almost dead," respiration being scarcely perceptible to the attendants; yet an immediate attempt was made to dilate the os uteri, and persevered in for three hours, the flooding continuing the whole time! The patient recovered. Such an example of tenacity of life is rare among the higher animals, and the whole case is one of such a remarkable character that it deserves to be recorded at greater length for the benefit of your readers. In the third case, which was attended by a midwife (is this the source of Mr. Ebsworth's hostility to the new practice?), the placenta was removed, and the child expelled by the natural efforts of the uterus. It presents no other feature of interest.

5. Your correspondent, with much judgment and consistency, expresses his dislike of meddlesome midwifery, and in the next sentence advocates speedy manual delivery of the child with the partial separation of the placenta, in place of entire removal of the latter organ alone. Which operation, I would ask, more justly deserves the name of *meddlesome*? And whether was the midwife or the surgeon the more meddlesome practitioner—the former who waited by the woman's side (with mistaken patience, indeed) for two days, or the latter, who commenced dilatation of the os uteri in a patient "nearly dead?"

In conclusion, it must be apparent that your correspondent has arrived at his results from a hasty system of generalisation, than which nothing is more fatal to the true interests of medical science. It was this false method that pronounced guaiacum a specific for syphilis, and naphtha a cure for phthisis, and it was only by a more logical and philosophical mode of proceeding that all the great facts (properly so called) of medicine were established. I would not, however, fall into the error which has been here condemned, and pronounce positively either for or against the new practice in placenta prævia on any data we as yet possess. Let us withhold our judgment for a time, and collect and arrange trustworthy observations.

It is only right to add, before concluding, that your correspondent believes that no sinister motive can be attributed to Dr. Simpson in recommending his new practice, and is willing to hope that it is an error of judgment merely. This is as it should be. Trusting that the importance of the subject will claim for these remarks a place in your valuable journal.

I remain, Sir, your obedient servant,

JOHN ELLIOTT WOOD.

University College, Feb. 19, 1846.

PROFUSE MENORRHAGIA.

(To the Editor of the Medical Times.)

SIR,—Should you think the following observations of sufficient interest to your readers, I shall be obliged by your inserting them in the forthcoming number of your valuable journal. It is well known to most of our professional brethren that there is sometimes considerable difficulty experienced in arresting some of the more passive forms of hemorrhage, as profuse menorrhagia; or, at least, we cannot always succeed in our object until the drain on the patient's system has proceeded to a most inconvenient, and sometimes alarming extent. Having been somewhat perplexed with one or two such cases recently, I was advised by a medical friend, in my neighbourhood, to make trial of a little plant, called "vinca minor," or the common garden periwinkle—a plant which seems to have escaped the approving notice of our pharmacologists, but which, in the instances where I have tried it, has acted in a manner at once as efficient as it was rapid. The cases which seem most favourable for its administration are hemorrhages of a purely passive character, unattended by any organic lesion or serious complication. The form in which I have given it is that of an infusion—half an ounce of the dried leaves and stalks to half a pint of water, which may be sweetened, so as to render it more palatable, and administered in two ounce doses three times a-day. A few such draughts will in most cases be found effectually to check the discharge.

Should any of your numerous correspondents be

disposed to give a trial to the above remedy, I do not think they will find themselves disappointed in its use.

I am, Sir,
Yours obediently,
G. WEATHERS.

High-street, Camden-town.

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Alford (H)—The Poetical Works of, 2 vols fep. cloth, 12s

Allan (J H)—Pictorial Tour in the Mediterranean; including Malta, Dalmatia, Asia Minor, Grecian Archipelago, Egypt, Nubia. Greece, Ionian Islands, Sicily, Italy, and Spain. 2nd edition, royal 4to, numerous plates, cloth, £3 3s

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A Becket (T.)—The Life and Letters of, now first gathered from the Contemporary Historians. By the Rev. J. A. Giles, D.C.L. 2 vols. 8vo. cloth, 24s

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Annals of Virgin Saints. By a Priest of the Church of England. Fcap. cloth, 7s 6d

Poetical Works of James Beattie, LL.D., and William Collins; with Memoirs of their Lives and Writings. By T. Miller, and engravings by Samuel Williams, &c., from drawings by John Asbolon,, 8vo., cloth 12s

Sketch of the Life and Writings of the late Dr. James Johnson. By his Son, Henry J. Johnson, 8vo, with portrait, sewed, 2s

Poems. By Thomas Hood. 2 vols., cloth, 12s

Braim (T. H.)—History of New South Wales, from its Settlement to the Close of the year 1844. 2 vols. post 8vo. plates, cloth, 21s.

GOSSIP OF THE WEEK.

M. Orfila has resigned his seat as member of the general council of hospitals at Paris, in consequence of his entertaining a serious difference of opinion with his colleagues on the subject of clinical teaching at the faculty.

The Medical Reform Bill for France, it is expected, will be brought before the Chambers in a few days.

OBITUARY.—Dr. Beullac, honorary president of the Royal Society of Medicine, at Marseilles, recently died of apoplexy, in that town, at the advanced age of 79; and Dr. Louis, secretary of the Medical Society of the Temple, has just died of phthisis pulmonalis, at Paris. On Thursday, the 26th inst., in the 34th year of his age, Henry Smith, Esq., surgeon of Cheshunt. On Friday, the 27th ult., at his residence, No. 3, Great James-street, Bedford-row, Lewis Hensley, Esq., surgeon, in the 52d year of his age. On the 18th inst., at Haigham, Norfolk, aged 59, W. O. Locke, Esq.

MEDICAL APPOINTMENTS AT PARIS.—Messrs. Martin-Solon, Louis, and Guérard, have been appointed physicians at the Hotel Dieu; Messrs. Bouvier and Legroux, at the Hopital Beaujon; and M. Blache, at the Hospital for children.

The committee of the Chamber of Deputies, on the budget, has rejected the allocation required for the establishment of a professorship of comparative anatomy at the faculty of Paris.

The bust of Mr. Lawrence has been removed from the library of the Royal Medical and Chirurgical Society.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Gentlemen admitted members on Friday, February 20, 1846:—O. H. Higgs, T. C. Paley, D. Mahony, A. R. R. Preston, R. Appleton, G. F. Burroughs, J. Bluck, J. S. Milford, J. M. Sellors, and J. C. Day.

APOTHECARIES' HALL. — Gentlemen admitted licentiates, Friday, 26th February, 1846:—Charles Henry Dunhice, William Henry Parsey, and James Mackie.

NAVAL APPOINTMENTS.—Surgeon, Dr. West (1814) to Raleigh; Assistant surgeons James Davidson of H. M. Snrveying Vessel Tartarus, and Dr. J. Christie of Haslar Hospital to the Raleigh.

QUININE IN THE AFRICAN REMITTENT FEVER.—Mr. Thomson strongly recommends the exhibition of quinine in rather large doses in the treatment of the African remittent fever. He seems to consider that it also acts as a prophylactic.

MORTALITY TABLE,

For the week ending February 28, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	916	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	159	183	188
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	89	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	164	169	157
Diseases of the Lungs, and of the other Organs of Respiration	287	363	294
Diseases of the Heart and Blood-vessels . . .	34	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	70	69	72
Diseases of the Kidneys, &c.	11	7	7
Childbirth, Diseases of the Uterus, &c.	17	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	7	6
Diseases of the Skin, Cellular Tissues, &c.	6	2	2
Old Age	54	90	67
Violence, Privation, Cold, and Intemperance . .	21	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of March 2, 1846; M. Mathieu in the Chair.

Development of Minute Substances in the Bones of the Hog; by M. Boussingault.—After examining the quantity and the nature of the minute substances contained in the skeleton of the animal, at different ages, M. Boussingault has endeavoured to ascertain if, in all cases, the ingesta do yield the elements requisite to the formation of bony matter. The results of M. Boussingault's experiments are:—1. That the development of the bony system in the pig is extremely rapid during the first eight months of life, and is from that period forward considerably slackened; 2. That unless a certain quantity of lime be contained in the food or in the water given to the animal, the bones will become subject to softening and fragility.

Polypous Excrescences of the Heart; by Dr. Parchappe.—The first problem which Dr. Parchappe has endeavoured to solve relates to the distinguishing anatomical characters between the excrescences formed in the heart during life, and the concretions deposited after death in the same viscus. Dr. Parchappe considers that the production of vascularity in the growths under consideration, the continuity of their tissue with that of the heart, their lamellar structure, the presence of clots of blood, or of sanious and purulent fluids imprisoned in their substance, are positive signs that the concretions are due to disease and have not formed after death. Dr. Parchappe has further sought for some anatomical signs, discriminative of the concretions resulting from inflammatory action, and of those produced by simple fibrinous deposits not occasioned by phlogosis. In this research Dr. Parchappe has failed for one of two reasons; either because the deposits alluded to are *always* under the control of inflammatory action, or because the mechanical process of their formation is the same whatever may be the nature of their original cause.

The Electric Maid.—This interesting impostor has returned to her village, after failing completely in displaying, in presence of the academical commission, her boasted electric powers.

ACADEMY OF MEDICINE.

Meeting of March 3, 1846; Dr. Roche in the Chair.

THE PLAGUE AND THE QUARANTINE QUESTION.

Dr. Prus read to the Academy the first part of an extremely interesting report, prepared by a Commission of the Academy, appointed for the purpose of investigating the question of the plague, and the advantages of quarantines. The following is an abstract of the portion of the report read to the meeting of March 3rd:—

After adverting to the extreme importance of the subject, and the difficulties which attended its investigation, the learned reporter observed, "that whilst the commercial interests of the country were clamorous for a diminution of the impediments thrown in the way of trade by the sanitory precautions hitherto deemed necessary, the more sacred sanitory interests of public health, on the other hand, imperatively demand a rigorous and impartial examination of the matter. Without making known to the world the motives which dictated their conduct, England and Austria have for some years materially diminished, or, indeed, altogether abolished, the quarantines for ships coming from the Levant. This country will now follow the example shown by its neighbours, and whatever may be the determination adopted, its motives will be made public."

The Commission of the Academy had divided its labours into four parts:—1. Countries in which the plague arises spontaneously. To what causes is spontaneous plague to be attributed? Can the removal of these causes prevent the plague? Prophylactic means which may be opposed to it. 2. Has the plague always shown itself in an epidemic form? Of sporadic plague. Is the cause of propagation in the atmosphere, or does it lie in the infected persons? 3. Mode of transmission of the plague. Inoculation at a remote distance from the original seat of infection. Can the disorder be communicated by direct or indirect contact with the persons affected?—with their clothes?—with goods brought from a spot where the plague existed? Is it to be feared that epidemic plague may be thus imported into France? 4. Incubation of the disease; quarantines; conclusions.

Part 1, sect. 1. The plague is a disease of the entire system, affecting, however, more particularly the nervous, lymphatic, and circulatory structures, and generally attended with buboes, gangrenous abscesses, and petechiæ. Descriptions of the plague, of an incomplete nature it is true, may be found in works of the most remote antiquity. Thus, Moses, 2,400 years before the Christian era, mentioned the existence of the disease amongst the Israelites; Thucydides relates the history of the plague at Athens; and Homer portrays the epidemic plague which raged during the Siege of Troy. Rufus, of Ephesa, is the first author who speaks of the pestilential bubo, which he considered a fatal symptom chiefly in Lydia and Syria. Before the Christian era many plagues have been noticed in Italy, Greece, and Syria, but none had ever been known to exist in Egypt until the occupation of that country by the Arabs, under Caliph Omar, at the beginning of the seventh century. It is a fact which now seems fully entitled to credit, that previously to the seventh century of our era, that land which now seems the only spot in which the disease is generated, enjoyed a complete immunity from the scourge—a remark which the learned reporter considered extremely important for the proper intelligence of the history of the plague.

During the middle ages, the absence of any printed records renders it difficult to trace the disease in its various outbreaks; but since the fifteenth century the progress of human knowledge, and the improvements of science, rendered permanent by the discovery of the art of printing, greatly facilitate the researches of the learned, and enhance the value of the documents handed down.

During the sixteenth and seventeenth centuries we find that many plagues were observed in various parts of Europe, and *two* only in Egypt. During the eighteenth and nineteenth centuries we find the disorder seems always, or almost always, to have been imported into Europe by the Levant trade.

At Erzeroum about thirty years ago, at Aleppo in 1822, a *spontaneous* plague showed itself. On the banks of the Danube in 1828, in the province of Valachia, the Russian army was decimated by a spontaneous and most destructive pestilential epidemic. Since the establishment of lazarettos in European Turkey, the plague has broken out seve times spontaneously, and six times in the Asiatic part of the Turkish Empire.

Not more than ten years ago, Egypt, Syria, and Constantinople were looked upon as the constant centres of infection from which the disease irradiated to other climes; but since that period Constantinople and Syria having been completely free from the disorder, Egypt alone remains permanently occupied by the disease, and a cause of dread to all civilised nations. In conclusion it may be asserted, that the plague is a disease which has on numberless occasions arisen spontaneously, not only in Turkey, Syria, and Egypt, but in many parts or the continents of Africa, Asia, and Europe.

Sect. 2. To what causes is spontaneous plague to be referred? In the Delta, the fertility and richness of the soil contrast in a striking manner with the indolence of its inhabitants and the state of squalid misery in which they live. The Fellahs, who form three-fourths of the population, are badly fed, and can hardly be said to be clad. Their drink consists of putrid water. Their houses are hovels of the most wretched description, surrounded with heaps of accumulated filth, which they are not sufficiently industrious to remove. The dried excrements of the cattle are their only fuel. In Cairo, a city of 200,000 inhabitants, the streets are not paved, they are narrow, and made the receptacles for dirt of every description, and even for the dead bodies of animals which are abandoned to the voracity of tribes of wandering dogs; twenty-five cemeteries exist within the precincts of the city, and ten at its very gates; from each, mephitic exhalations constantly emanate. Each house, besides, is a cemetery in itself; many containing in their caves no less than thirty or forty bodies. If, to all these circumstances, we add the periodic inundations of the Nile, we find united in one spot all the local conditions most favourable to the production of destructive epidemics. By comparing the state of modern Egypt, such as we have described it, with the condition of the same country in remote ages, when the hygienic precautions relative to the embalming of the dead, the cultivation of the soil, and the circulation of

the waters, were properly attended to, we find the true reason of the immunity Egypt formerly enjoyed from the plague, and of the frightful epidemics which the same country is now so often visited with. We do not lay the blame on the great and intelligent prince who rules at present the destinies of the country: the intentions of Mohammed Ali are excellent, but they are almost entirely baffled by the stupidity and indolence of the natives.

Bassora and Bagdad, cities in which the waters are not allowed a free escape, are, as well as Cairo, frequently attacked with the plague. In Constantinople and Pera the state of the streets is horrible; the poorer classes are badly fed and badly housed; it is not wonderful if here again we find the plague exercising its fury. Erzeroum is a city of 50,000 souls, built on the shores of the Euphrates, and surrounded with swamps. The houses are wretched huts, crowded with men and cattle. The consequence of this state of things has been, in August, 1840, an outbreak of the plague, and another spontaneous attack in June, 1841. The latter epidemic made no less than 36,000 victims. On the banks of the Danube the same unhealthy conditions are met with as in Turkey and Egypt. The current of the river is excessively slow; its banks are swampy, low, and deserted, a few miserable villages lying on its course at distant intervals. In conclusion, the living on alluvial soils, or in the neighbourhood of marshes near the Mediterranean, or certain rivers, viz., the Nile, Euphrates, or Danube, the bad construction of dwellings, the presence of a moist and warm atmosphere, the action of putrid animal or vegetable matter, insufficient diet, and a state of physical and moral misery, are the causes to which the development of spontaneous plague can, with all propriety, be referred.

Sect. 3.—If the preceding remarks have any truth, it follows naturally that the plague should be endemic in Egypt. Such is the fact: Every year in Alexandria and Cairo no less than fifteen or twenty cases of sporadic plague are observed, and every ten years the disorder appears in an epidemic form.

Sect. 4.—It appears quite certain that Egypt had been free from the plague so late as the year 620 of our era. Previously to the occupation of the country by the Arabs, the hygienic precautions taken by the various governments averted the scourge, and induced a reasonable hope that a return to the same or to analogous measures may be again productive of the same beneficial results. The causes which engender the plague being now more known, can be effectively opposed; from the time the Egyptians abandoned the custom of embalming their dead, the country ceased to be a healthy one. This occurred towards the middle of the fourth century, and 200 years later, when the atmosphere of Egypt had become gradually corrupted, the plague broke out. The coincidence of these two great facts should be taken into serious consideration, and point, in our opinion, distinctly to the true mode of restoring the climate of Egypt to a wholesome state.

The present condition of Syria, of Turkey in Europe and in Asia, of the kingdom of Tripoli, Tunis, and even the empire of Morocco, is such as to render it still possible that epidemic plague may break out in these countries.

Sect. 5.—But spontaneous plague is not, in the opinion of the commission, to be feared in Algeria, because the Arabs or Kabyles live under tents in the open air, or in houses placed on the summit of rocks, and because the improvements in the construction and police of the small number of cities of the province give sufficient guarantees.

Sect. 6.—In all ages, in all climes, the plague has disappeared under the influence of civilisation. Although at present permanent in the East, the plague did not exist in the Levant, when the Greek, Roman, or Egyptian civilisation flourished; then, it was the occidental part of Europe which was a prey to epidemics. Now-a-days matters are reversed, Europe is liberated from the disease, and the eastern countries suffer from its invasion. The plague was expelled from Egypt by civilisation, and returned with the barbarians; civilisation alone can again drive away the disease; it is, therefore, to the union of sciences, arts, agriculture, industry, and good public and private hygienic measures, that an appeal must be made. Success in the endeavours to render Egypt healthy, would be easier to obtain now than in former times, because the nature of the plague and its generating causes are better known. Egypt being the principal spot from which the disease originates, it is clearly in Egypt that the first efforts must be made, at the same time the improvement of other less important sources of infection, such as Constantinople, Erzeroum, and the banks of the Danube, should not be neglected. The general conclusion of this first part of the report is the following:—The progress of the acts of civilisation, and a general and constant application of the laws of hygiene, can alone furnish us with the means of preventing the development of spontaneous plague.

Meeting adjourned at 5, p.m.

HOTEL DIEU.

CLINICAL LECTURE. *Dyspepsia.* By Professor CHOMEL.

Dyspepsia is a functional alteration of the digestive apparatus, unconnected with any organic change in the structure of the abdominal viscera. The disease cannot be considered to have any thing to do with an inflammatory condition of the stomach. We will show you how numerous, and how different from each other in nature, are its causes, and how powerless medicine must have been against the malady when it was treated by antiphlogistic and debilitating measures. Many cases are daily observed, in which no organic alteration can be detected, but in which the digestive functions are perverted. The following case is one in which dyspepsia had long existed in a very marked manner, although the patient had been placed under our care for a much more serious disease:—(The person referred to was a woman, lying in M. Chomel's ward, bed No. 7. She was aged thirty-two, and worked all day at her needle, a sedentary occupation, by which she was deprived of the exercise indispensable to the preservation of health.) For many years this person has been troubled with that variety of dyspepsia called sick headache, and, from the first appearance of hemicrania to the present day, she has never been one fortnight without a return of the symptom; her headache is generally attended with pain in the stomach; after her meals, she has a tendency to sleep, which she must satisfy under penalty of sickness. This is observed in a great many cases of dyspepsia. The poor woman whose history we have related, as far as it is connected with the disease under consideration, has not been admitted into our wards merely for the treatment of gastric symptoms; her case is, as we said, of a far more severe nature. About a fortnight ago, she was alarmed in the street by the passage of a carriage close to her; she fell, and when she was raised from the ground, she was found to have lost the voluntary motion of the lower extremities. She felt at the same time that remarkable sensation of formication, so characteristic of lesions of the spinal chord; the bladder and rectum have, since her admission to the hospital, become also paralysed. We are induced to consider this case as one of apoplexy of the medulla spinalis.

Dyspepsia (to return to our subject) is a disease which manifests itself by symptoms referrible, on the one hand, to the stomach and intestines, and on the other, to various organs of the human frame which share more or less in the sufferings of the digestive viscera. In the region of the stomach, the patients usually complain of uneasiness and sense of weight, which sometimes amounts to pain; this sensation may be felt immediately or some hours after a repast. In dyspeptic patients we do not consider a loss of appetite to be a constant symptom; in many instances the craving for food is morbidly strong. Often you will observe eructation of gaseous or liquid substances, with a burning in the throat, and sometimes true nausea and sickness; some patients reject all the contents of the stomach. The gastric gurgling, or the sound of air and liquids moving in the stomach, is a phenomenon which is highly deserving of attention, inasmuch as it often alarms the patient, and as it is looked upon, by many old writers, as the constant sign of serious organic disease of the stomach. Recent observation has shown it to be, on the contrary, very frequently produced by mere functional disorder, and it should lead the physician to recommend the patient to abstain from abundant drinks. The other parts of the alimentary canal are, in dyspeptic patients, often the seat of symptoms of a troublesome nature, such as pain, flatulency, and fetid diarrhœa.

Cephalalgia is an extremely frequent result of dyspepsia, and often appears as a symptom of irregular digestion in people otherwise healthy; nay, even in confirmed dyspepsia, you will sometimes meet with headache at a time when the digestive functions seem to be proceeding with regularity. It is a remarkable fact that the cause of headache is hardly ever in the head, but must, in almost every instance, be sought for elsewere. Somnolency frequently accompanies the headache, and is generally induced by the stomach being overloaded with a too heavy repast. Pain in the region of the sternum, and palpitation of the heart, often follow laborious digestion; indeed, the palpitations may be occasionally traced to the displacement of the heart by the distended stomach.

After difficult digestion, slight paroxysms of fever, with their three stages of cold, heat and perspiration are also observed. In other patients, inability to use the extremities, or to exert in any way the muscles of voluntary motion, is the inevitable consequence of an abundant meal.

ELECTION OF A PROFESSOR TO THE CHAIR OF ANATOMY IN THE FACULTY OF PARIS. — After a brilliant concours, during which Drs. Denonvilliers Giraldés, Gosselin, Chassaignac, and others, distinguished themselves in a remarkable manner, Dr. Denonvilliers was elected on the 6th instant, to fill the chair, as a successor to the late Professor Breschet.

DAN. M'CARTHY, D.M.P.

England.

[The following are the only articles of interest to the profession in the last No. of the *Lancet*.]

LEUCINE, AND VALERIANIC ACID.—M. Liebig has succeeded in preparing valerianic acid, and a new substance which he calls leucine, from cascine. The following are his directions for their preparation. Mix thoroughly pressed cheese, prepared from fresh or curdled milk, and freed as much as possible from adherent particles of butter, with an equal weight of hydrate of potass (or highly concentrated hot solution of potass); melt the mixture by the application of heat, and keep it in this state of fluidity until hydrogen gas begins to be evolved, and also ammonia; then dissolve the mass in hot water, super-saturate the solution slightly with acetic acid, filter, and allow the filtrate to cool, when a mass of very fine needles will separate. This mass is soluble in cold water with difficultly, and absolutely insoluble in alcohol and ether; by repeated solution in water slightly mixed with carbonate of potass, and subsequent reprecipitation with acetic acid, the substance of which this mass consists is obtained in crystalline needles of a pure white colour and silky lustre. The composition of this substance is expressed by the formula $C^{16}\ N\ H^{9}\ O^{5}$; the analyses, however, from which this formula results, require confirmation. This substance, although readibly soluble in alkalies, combines with acids; the mother liquor from which it is crystallised yields subsequently, upon further evaporation, a copious amount of leucine. If the melted mass is super-saturated with tartaric acid instead of acetic acid, and the fluid is subsequently subjected to distillation, a distillate of an acid reaction is obtained; upon saturating this with water of barytes, evaporating the mixture to dryness, and distilling the dry barytic salt in conjunction with phosphoric acid, a colourless, oily acid, and an aqueous acid fluid, possessing the odour, and all the properties of valerianic acid, are produced. Leucine, when fused with hydrated potass, yields ammonia and hydrogen gas, and the residue contains valerianate of potass. The formation of valerianic acid, upon melting caseine with potass, seems, accordingly, to be preceded by that of leucine. Except one equivalent of hydrogen, the formula of leucine expresses the composition of an ether, which consists of one atom of cyanic acid, one atom of oxide of amyle, and two atoms of water. The transmission of the vapour of

hydrated cyanic acid through anhydrous fussel oil, causes the formation of a solid crystalline substance, soluble in water and ether; this substance crystallises readily from aqueous snd ethereal solutions, and bears in its external appearance the very closest resemblance to leucine; its solubility in ether, however, distinguishes it from the latter substance. Long protracted melting of the mixture of caseine with hydrated potass causes the formation of a copious amount of butyric acid by the side of valerianic acid. The salt of silver prepared with the oily valerianic acid produced from caseine, left, upon combustion, 51·62 of silver; this removes all doubt regarding the identity of this oily acid with the common valerianic acid. The crude distillate contained, besides valerianic acid, a volatile substance exhaling the odour of human excrement; this substance reduced nitrate of silver to the metallic state, but it contained no formic acid; the alkaline solution yielded a copious crystallisation of oxalate of potass previously to the super-saturation with tartaric acid.

The Uterus.—Dr. Tyler Smith states that the uterus is a muscle, the largest and most important (?) muscle of the animal economy. Its nerves, he says, are derived chiefly from the third and fourth sacral, and the hypogastric ganglia. Its motor actions are presided over by the spinal marrow, its chief physiological motor actions being reflex in their nature. Other causes of uterine contraction are direct or centric spinal action, the influence of emotion, and muscular irritability. In making such a statement, Dr. Smith takes no heed of Mr. Beck's recent dissections, by which, according to the decision of the Council of the Royal Society, he has proved that the uterus has no nerves, and for which he received a gold medal from the Society.

Medullary Carcinoma of the Membranes of the Brain.—Mr. Bird Herapath details the case of an old lady he attended with congestive apoplexy, and paralysis of the right side, which existed during several days, after which she gradually recovered, and apparently regained the full power of the affected side. Some months afterwards, she again consulted Mr. Herapath, complaining of darting pain in the left side of the face, head, and back of the neck, which also affected the sight of that eye. There were no symptoms of paralysis left, but she experienced a difficulty in directing the right hand to any desired point, and several minutes would frequently elapse before she could find with it the object she was in search of; yet the hand and muscles of the arm all exercised their functions properly; the directive power alone seemed wanting. If she withdrew her attention from that hand, when she held anything in it, she would often let it fall unconsciously; yet sensation was equally good in both her hands and arms. At times, a sudden attack of vertigo would come on, and, unless supported, she would fall to the ground. During the next two months these symptoms became more and more aggravated; her speech began to fail her and her mind to wander; although perfectly sensible of what she wished to say, she would frequently stop and hesitate as if at a loss for a word; then at others she would use one perfectly irrelevant to the subject, and, endeavouring to correct herself, would only make matters worse in the attempt. She would call things by their wrong names, and get strangely confused. Her right leg began to halt and totter under her; the right arm to hang almost powerless by her side; and in December last she became perfectly helpless; on one side, sensation, however, still remained. The faculty of speech was so much impaired that her friends could understand her only with great difficulty; yet she protruded the tongue in direct line, and no apparent paralysis of its muscles existed. The face was never distorted, and all its muscles appeared to act properly; the pupils acted as they ought, and no deafness existed. A second attack of apoplexy soon after supervened, in which, after lingering some while, she died. At the post-mortem examination, Mr. Herapath found, upon endeavouring to remove the dura mater, that it was firmly adherent to the left cerebral hemisphere (apparently); the nature of the connexion at first appeared to be fibrin effused between the two, but it turned out afterwards to be of a very different kind. A large tumour grew from the dura mater the eft parietal protuberance, and forced itself into the substance of the brain, pushing aside the convolutions, and by its pressure occasioned their softening and absorption. The tumour was easily separated from the disorganised cerebral mass, even with the handle of the scalpel, and then it appeared nodulated and semi-elastic, but soft and destructible: it was inclosed in a thin serous membrane, proper to itself, continuous over its whole surface; in some places it was almost pulpy, in others firm and semi-elastic; it was two and a-half inches long, two inches broad, and one a-half deep; its weight was afterwards ascertained to be two ounces. It existed in the middle and posterior lobes of the left hemisphere, and pushed itself into the descending corner of the lateral ventricle. By more careful dissection, it was shown to consist of two portions closely united by a narrow slender peduncle; one of these flat and circular, its diameter the size of half-a-crown, and five-eighths of an inch thick in its centre, but dwindling off towards its edges; this portion was developed between the fibrous and serous layers of the dura mater; it was apparently the "fons et origo mali." At one spot it had pierced the arachnoid layer, and formed the peduncle before spoken of; but as its growth was gradual, it seems probable that it had commenced, and then forced itself downwards between the convolutions of the brain, carrying with it the cerebral layer of the arachnoid, which, as the tumour increased in size, became its investing tunic. The two layers of arachnoid then took on an inflammatory action, fibrin became effused, and thus formed the broad bond of union apparently existing between the dura mater and the brain, the true cerebral mass disappearing by absorption as the tumour increased in growth. Upon making a horizontal and longitudinal section of the tumour developed in the brain, it was seen to present a mottled, variegated appearance, of different consistency: the harder portions were yellowish-white, and very like crude tubercle as it begins to soften; the more pulpy portions were not unlike softened brain, whilst here and there cellulo-fibrous membrane divided and inclosed the lobules of which the mass was formed. The upper or placental portion was much harder and denser; but its section also presented the nodulated, mottled appearance of the other. The whole character of the substance led Mr. Herapath to imagine it to be a medullary carcinomatous growth, and this opinion was verified by a microscopic examination which Mr. Wilson made. It distinctly exhibited the cellular nature of the mass, and most of the cells had that peculiar caudate character, considered as indicative of malignant structure. So distinctly marked was this peculiar character, that Mr. Wilson said he had never seen so beautiful a specimen of this variety of carcinoma.

Poisoning by Mussels.—Mr. Cooper was consulted respecting a gentleman, who was taken suddenly ill after supping on mussels, &c. He complained of violent pain in the head, with extreme difficulty of breathing; the face was flushed, the lips purple, the eyes staring and intensely congested, and the pupils dilated. Before the cause of the attack was known, some blood was abstracted from the arm, and afterwards a full emetic was administered. After it had acted freely, the patient complained of intense itching, and the chest and arms were the seat of extensive urticaria. He also suffered from numbness about the face and throat, and the lips and face were much swollen, with an intense pricking sensation about the forehead and temples, and oppression at the chest. The symptoms gradually disappeared under the treatment pursued. Mr. Cooper adds that upon subsequently inquiring minutely into his sensations whilst the attack was on him, he stated, that for three hours he was perfectly blind, and seemed to have lost all his faculties; he had neither the power of thought nor of memory; the interior of the mouth, head, and throat, all seemed swelled to twice their natural size, and the eyes felt as if they were starting out of their sockets. The difficulty of breathing he described to be, as if he were drawing his breath through a sponge; the oppression would get worse and worse, up to a certain point, approaching to suffocation; it would then stop, and for half a minute he felt better, then the oppression would come on again, and so it continued, with trifling intermissions, for between four and five hours. His lips felt exceedingly parched, and his saliva viscid and ropy: he did not feel particular uneasiness about the abdomen at any time, nor was there strangury or irritation about the urinary organs.

Ovarian Dropsy.—Mr. Eccles records an apparent case of cure of ovarian dropsy by the Brunonian plan of treatment.

Traumatic Tetanus.—Mr. Bascome narrates a case of traumatic tetanus, in which the plan of treatment was intended first, to relieve spinal congestion by local depletion and revulsion; to soothe the nervous system by means of nitrate of silver, which he has for many years prescribed, with almost invariable success, in convulsions in children produced by teething, &c.; and, lastly, to unload the bowels by the sudden application of cold, so effectual in cases of colica pictonum—dry-bellyach—in the West Indies—in the form of an enema, at the same time relieving the spasmodic state of the abdominal muscles; the sedative effects of the cold being ultimately reflected back on the medulla spinalis. The patient recovered.

Acetate of Lead in Diarrhœa.—Dr. Golding Bird has lately given the acetate of lead in a case of diarrhœa, the result of fever. The patient was a child ten years of age, and had become the subject of fever from depressing causes. Two of its brothers had died from the fever. The patient was admitted into Guy's Hospital, and eventually became the subject of diarrhœa, which had its origin, it was evident, in ulceration of some of the small glands of the ileum. The child was in a very depressed state, and had petechiæ on the skin and aphthæ in the mouth. Opiate injections, astringents, hot fomentations to the belly, and all the usual means of treatment, failed in arresting the disease. Under these circumstances he determined on giving the acetate of lead in two-grain doses as recommended by some Dublin practitioners. That dose was accordingly ordered to be given after each motion, until the quantity taken should amount to a scruple, if such quantity were necessary. It was given in simple mucilage and syrup. After four doses had been administered, the diarrhœa was checked, and a figured motion passed. In a second attack the disease was arrested by the second dose. He had tried it also in diarrhœa supervening on a case of purpura, with the same good results. The lead acted on the pulse, which before was quick and vibratory, by rendering it fuller and slower.

Dislocation of the Radius Forwards.—A boy was admitted into the London Hospital, presenting the following symptoms, resulting from a fall. The forearm was semiflexed and semiprone, attended with inability either to extend or flex it completely, or to render the hand more or less prone; there was a twisting and flattening of its upper part; the head of the radius could be perceived in front of the elbow-joint, and opposite the upper part of the coronoid fossa of the humerus, and a depression in its normal locality. On attempting forcibly to flex the forearm, a peculiar and very characteristic interruption was produced, by the head of the radius striking against the humerus, between its condyles. The tumefaction and pain were comparatively little. Counter-extension being made from the lower part of the arm, the forearm was gradually extended from the hand, held as in shaking hands, supination being at the same time attempted, and assisted by pressure with the operator's thumb against the upper part of the radius: in a few seconds the dislocation was reduced. Flexion and extension could then be made by the patient himself, who was anxious to exhibit his recovery of power, and not the slightest reappearance of dislocation was perceived on his so doing. The joint was then confined on an angular splint, and spirit lotion applied. Very little inflammation ensued, and in a month from the time of the accident he was discharged, the forearm at the time being strong, and perfectly symmetrical.

[The following are the only articles of interest to the profession in the last two numbers of the *Medical Gazette*.]

Uterine Enlargement.—Dr. Lever records three cases of uterine enlargement. The first is that of a young, unmarried woman, who had long been carrying on an illicit intercourse, had had an attack of gonorrhœa, which became chronic, and

afterwards became pregnant. For some years she had a leucorrhœal discharge, which had invariably been increased after each menstrual period. Her labour was good; in fact, for a first confinement, easy; her child was small and puny, although born at the full period. About a week or ten days after her delivery she suffered from central pains shooting through the pelvis and thighs, and which continued increasing and decreasing up to the period of her admission. Her milk was moderate in quantity, and not sufficient to satisfy the cravings of her child. Her countenance, on admission, bore evidence to the duration and extent of her sufferings; her eyes, although bright, were sunken, and surrounded with dark areolæ; her face was pale; tongue clean, flabby, and indented at the edges; the pulse was small and quick; she could not walk without bending her body; neither could she sit with the body erect. When desired to place her hand on the seat of pain, she laid it over the region of the uterus and ovaries. The abdomen, when examined, was sub-tympanitic; it was all over resonant, except at the inferior portion, where palpation discovered the uterus large, and rising higher into the abdomen than the length of time which had elapsed since her confinement would lead one to expect; the examination could not be very accurately made, from the great pain occasioned when the abdominal walls in front of the uterus and ovaries were pressed upon. There was pain in micturition and defæcation, and some obstruction was offered to the passage of the motions; there was a sensation of dragging behind the pubes, increased by her standing, or attempting to assume the erect posture. Occasional darting pains, commencing at the uterus, and coursing towards the crista ilii on both sides, were complained of; her pulse was small and quick, and, having been advised to wean her child before she came into the hospital, the mammæ were large, full, and distended with milk. Examination per vaginam found this canal free from tenderness, except at the upper part, but bedewed with a copious discharge of a muco-purulent character. The urethra was swollen and tender; the uterus was large, tender, and weighty, lying back on the rectum, with its usual mobility diminished; the os and cervix thick, and causing considerable pain when pressed by the finger; the glandulæ were prominent; the upper part of the vagina on either side was hard and exquisitely sensitive. The finger passed into the rectum found its calibre diminished by the antecumbent uterus. Dr. Lever diagnosed chronic metritis, with subacute inflammation of the pelvic cellular tissue. The treatment consisted of rest in the recumbent posture, local blood-letting, scarification of the os and cervix uteri, mercury in small doses combined with Dover's powder, until the gums were slightly affected, that action being maintained for some time, while the bowels were kept open. Mild tonics were also given to support the strength. The various local remedies deserve a passing notice: anodyne injections were freely and regularly injected into the vagina, and always with comfort. The urethra, which was swollen and tender as far as the neck of the bladder, had its tenderness diminished, and its size decreased, by two or three scarifications; the breach of surface which was detected in the inner margin of the under lip of the urethra healed by the application of the nitrate of silver, which, applied through the glass speculum to the ulcerations detected in the os and cervix, was found to be equally efficacious, while the hip-bath employed regularly twice a-week, eased her pain, promoted diaphoresis, and assisted in the restoration of the catamenial function. Soap strapping was also applied round the breasts, on account of the full secretion of milk which was going on. Dr. Lever says this plan is most efficacious when practised sufficiently early, and as far as his experience warrants, when properly performed never fails to effect the intended purpose. The second case was one of chronic inflammation of the womb, with hypertrophy. The patient was a young female, in delicate health; she had been married fourteen months, had never been pregnant, and all her illness dated from her marriage. Her pale face and anxious countenance bore testimony to the duration and amount of her suffering, directly referred by her to the seat of the uterus and its appendages; there was dulness on percussion, and the uterus itself, enlarged, could be felt above the pubes, although the pain she experienced rendered her impatient of pressure; the left side of the uterus was more full, and returned a dull sound over a larger surface to the percussing finger than the right; there was slight inconvenience in the evacuation of the urine, and the bowels were naturally torpid, but when relieved by aperient medicines gave her relief. The finger passed into the vagina discovered the uterus large, prolapsed, with the usual character of its neck entirely gone; it imparted the sensation of a globular-shaped polypus, with a slight indentation in the inferior part corresponding to the os uteri; this viscus had lost its usual mobility, and appeared fixed in the pelvis. On the left side of the uterus, at the upper part of the vagina, there was a fulness, but no fluctuation could be detected; the finger, when withdrawn, was covered with a thick discharge similar to arrow-root made with water, and sticking most tenaciously to the fingers. The introduction of the speculum caused considerable pain; the neck of the womb was found to be red in colour, and had a shiny tense appearance, but free from ulceration. The uterine bougie was passed with a little manipulation to the extent of $2\frac{3}{8}$ inches (this patient had never been impregnated), and the fundus of the uterus, raised by it, was brought more readily forwards towards the abdominal parietes for examination. The treatment consisted in maintaining the recumbent position, leeching the cervix, and in the internal administration of mercury, with the view to affect the system. The patient, however, who is still in the hospital, shows herself very tolerant of the effects of the mineral. The third case described as enlargement of the uterus has been only a short time in the wards. The patient is a widow, thirty-five years of age, and has never been pregnant. She presented the following symptoms:—Her appearance is tolerably healthy; her respiration regular; her pulse tranquil; and appetite good. The abdomen is enlarged by a swelling which extends from its lower part some distance above the umbilicus; percussion returns a dull sound over the tumour, but a clear sound in the region of the transverse arch of the colon above the tumour, which is firm and moveable; it appears to be harder and more defined on the left side, although the right side appears to protrude more than the left; a strong impulse is given to the tumour by the pulsation of the aorta. After walking or standing her legs swell, the right more than the left; her bowels are confined, and seldom act unless she takes aperient medicine; there is dragging pain in the back, increased when she assumes the erect posture, pain in the thighs, &c.; her tongue is moist and clean; secretions natural; pulse 70, regular, and of good volume. The finger introduced into the vagina detected nothing abnormal in that canal; the os uteri was seated high up, and was directed backwards; it is free from disease; the movements of the former, caused by the hand laid on the abdomen, were communicated to the os uteri, and vice versa; the uterine sound was without difficulty passed into the uterine cavity to the extent of nearly $7\frac{1}{2}$ inches; it could not be moved freely in the cavity, and when the handle was depressed, its bulbous extremity could not be readily felt, but the tumour was pressed forwards against the abdominal walls. The mammæ were small and flat, and the nipples small. The circumference of the abdomen at the umbilicus was 35 inches; from the umbilicus to the anterior and superior spinous process of the right side she measured $8\frac{1}{2}$ inches; from the umbilicus to anterior and superior spinous process of left side 8 inches; midway below pubes and umbilicus, from anterior and superior spinous process, 15 inches. Dr. Lever observes respecting this case, that a casual observer might have had an idea that this woman was pregnant; the appearance of the abdomen was not unlike that of pregnancy; the gradual increase in its size, the length of time the swelling had existed, and the period during which it had been observed, would also favour the opinion. An unpractised auscultator might have mistaken the impulse and "bruit" for the uterine sound; but, on the other hand, the mammæ were undeveloped, and none of the symptoms of pregnancy had been felt; the abdomen, when examined by the hand, did not afford the sensation which is given in utero-gestation; no fœtal sounds or fœtal movements could be detected; the mouth and neck of the womb, as examined per vaginam, were not those of pregnancy; the catamenial functions had been performed with regularity, and a month previously to her admission there had been a copious discharge of fluid and coagulated blood, which rendered it necessary for her to require the assistance of a surgeon. The history of this case bore many points of resemblance to ovarian tumour: the pain and enlargement commenced on one side, and thus gradually distended the abdomen; it is true the movements of the tumour were communicated to the uterus, and vice versa, but that is constantly the case where the connection between the ovarian growth and the uterus is intimate. But there are points in this case opposed to its being an ovarian tumour: the greatest width is on the side opposite to that in which it was at first discovered; for there is a difference of half an inch between the two. In ovarian disease, if there be any difference, it is usually in favour of that side in which the disease commenced. The vaginal examination was against the supposition of ovarian disease; but the investigation by the uterine sound most forcibly confirms the belief that it was not ovarian; this was passed into the very centre of the mass, and to the unusual distance recorded in the report of the case. It is true there is sometimes elongation of the neck and cavity of the uterus co-existing with ovarian disease, but not to the extent, or if to the extent, not in the short space of time, which the history of this case shews has taken place here. This opinion, however, Dr. Lever gives with caution, for in the 14th volume of the *Dublin Journal* there is a case of extra-uterine gestation recorded by Dr. Kennedy, in which the uterus was developed in its length, with very little increase of breadth, to the extent of 12 inches. If this, therefore, be ovarian tumour, the uterus and growth must be very closely connected, and there must be longitudinal hypertrophy of the uterus itself. Dr. Lever is inclined to believe that the tumour is uterine, for the sound passed into the uterus ran behind it, the morbid growth intervening between it and the abdominal parietes; whereas, if it were ovarian, it should run in front of or to the side of the tumour.

Paracentesis Thoracis.—Dr. Hughes describes two cases in which paracentesis thoracis was performed. The first terminated fatally; the second was cured. In the first, that of a man of very dissolute habits, the pleuritic effusion apparently followed the disappearance of enlarged scrofulous glands. The man had been previously attending as an out-patient, but on the occurrence of the effusion was admitted into the hospital. His face was thin and pale, and his complexion sallow; the hair long, lank, and black; the tongue was clean, pale, and moist; the skin cool. He had, for two weeks previously, been occasionally affected with a slight cough, with a trifling mucous expectoration. The respiration was hurried, in number 34; the pulse 108, soft, and feeble. He lay most easily upon his back. The appetite was tolerably good, and the bowels open. The physical signs were—The left side was dull upon percussion before and behind throughout its whole extent. It was more rounded, and the intercostal spaces were more nearly upon a level with the ribs than those of the right side. The left ribs were almost motionless during inspiration. The heart was full only at the right side of the sternum, and was most distinctly heard over the lower part of that bone. The respiratory murmur was inaudible, excepting below the clavicle, where it was rough and indistinct; the breathing was tubular in the interscapular region, but the voice was clear, distinct, and shrill, in every part of the side. Tactile vibration was absent. The right side, excepting from the encroachment of the heart, appeared to be healthy. Mercury and iodine, with gentian, were ordered, and paracentesis thoracis practised the next day. Seventy-two ounces of a clear, yellow fluid, like small beer, of the sp. gr. 1018, were withdrawn in a full stream, without the slightest inconvenience, or the ingress of a single bubble of air. The patient was relieved for a time, but afterwards pleuro-pneumonia set in in the other side of the chest, and although it was apparently removed by the treatment, the man continued to get weaker, the character of the fluid secreted by the pleura changed, pure pus only was evacuated, and the patient sunk. The body was examined thirty hours after death.

The right lung was very generally connected with the costal pleura by old, soft, jelly-like, albuminous matter, below which (but below which only) the serous membrane was thickly covered with miliary tubercles. At the part invested by this recently inflamed portion of membrane, the lung was somewhat firm, and rather more loaded with blood than at other parts, but it was otherwise quite healthy in appearance and structure, and quite destitute of tubercle. The left pleura contained three pints of the same sort of thick puruloid fluid as had been recently withdrawn from the cavity, and was, except at, and rather below, the apex, where it was firmly adherent, covered with a thick, soft, and opaque albuminous layer. Below this layer (as in the lower part of that on the right side) was a thick sprinkling of miliary tubercles, which appeared to be strictly confined to the serous membrane. The left lung was greatly compressed, but was quite free from pneumonic consolidation, from tubercles, or deposit of any other kind. When the inflammatory coating was removed from the surface, it was capable of being inflated without difficulty. The heart and pericardium were healthy. Abdomen: The enlarged but flaccid stomach covered nearly the whole of the intestines. It contained a considerable quantity of fluid, probably taken only a short time before death. The mucous membrane was soft, thickened, and in patches ecchymosed, but was free from ulceration. There were traces of old peritonitis in the firm membranous adhesions which existed in some parts, while a smoky dark colour was observed on the surface of other parts of the serous membrane. Some of the mesenteric glands were slightly enlarged. The small intestines were considerably loaded with pultaceous fæces, but afforded no evidence of disease. The liver and kidneys were tolerably healthy. In the second case the effusion was consequent on neglected pleurisy. The patient recoved under the conjoint influence of mercury and the operation.

Sialorrhœa.—Dr. Glover describes a case of sialorrhœa occurring in the person of an unmarried female, and referred to an injury inflicted on the kidneys by overstraining, while carrying a load. The excessive discharge of saliva appeared on more than one occasion to alternate with deficient secretion of the kidneys; as the latter increased in quantity the former diminished. The saliva was at first very offensive and dark-coloured, but afterwards became clear and the smell less annoying. The patient complained of considerable pain on pressure over the epigastric region, and there was tenderness along the lumbar spine, and in the left lumbar region. The right arm was numb; she is often affected with dizziness, and reported that she had had an epileptic fit. The tongue was red and clean; great thirst; appetite bad; bowels constipated; pulse 76, and weak. She has no palpitation of the heart, but has heavy nocturnal sweats, and is very weak. The quantity of saliva secreted during the day is about a pint, and of urine half a pint. Dr. Glover examined the urine and saliva chemically. The urine, which contained a slight red uric acid sediment, was acid, and had a specific gravity of 1035, taken by the hydrometer, and without regard to temperature. In 1000 grains of the filtered fluid there were—

Water	934·16
Solids	65·84
	1000·00
Uric acid	0·70
Urea	16·20
Salts of incineration	15·70
Residuul bodies	33·24

The amount of solids thus obtained from urine of sp. gr. 1035, is nearly intermediate between what might be expected, according to the results of M. Bectquerel, on the one hand, and of Dr. Christison on he other. The quantity given above is the mean between the results of two evaporations. According to Dr. Christison's table, urine of sp. gr. 1035, should give no less than 81·55 of solid contents. Becquerel does not ascend higher in his table of the solids, contained in urine, than the sp. gr. 1033·6, which he makes to correspond with only 55·40 of solid contents (Séméiotique des Urines, p. 16), while Dr Christison gives for 1033, no less than 76·89 of solids. The saliva had sp. gr. of 1004·2, and was faintly alkaline. The analysis was conducted chiefly in the mode recommended by Dr Wright. 4000 grs. of saliva were evaporated for a residuum, after filtration. The flakes collected on the filter are set down as ptyalin. The following are the results:—

In 1000 parts there were of flakes	4·00
In 1000 do. of filtered saliva—	
Water	995·50
Solids	4·50
	1000·00
Sulphocyanide and chloride of potassium, extracted from the residue by ether (Wright).	0·14
Fat and animal extractive soluble in hot alcohol	0·42
Chlorides	0·25
Animal extract soluble in water	1·53
Albumen and mucus	0·40
Alkaline carbonates and phosphates	1·43
Earthy phosphates	0·13
Loss	0·20

This analysis shows a diminution in the proportional quantity of the normal principles, while the animal extracts and salts are increased. The loss was 0·8 on 18 grains of residuum. The increase of salts fell chiefly upon the phosphates, as was shown by the very feeble alkalinity of the mass of carbonates and phosphates, and its slight effervescence with acetic acid. Sulphocyanic acid was distinctly detected by the permuriate of iron. Medicine appeared to exert little or no influence over the disease. Dr. Glover remarks that the most complete series of observations hitherto published on sialorrhœa, appear to be those of M. Tanquerel des Planches, reviewed in the Archives de Médecine, for October 1844. In the idiopathic sialorrhœa, according to this author, the flow takes place as well in the night as in the day time. The physical properties of the saliva undergo no particular alteration except a fœtid smell and diverse taste; the chemical properties offer, on the contrary, very considerable modifications. These are, according to MM. Guibourt and Quevenne, "the reddish-yellow colour of the residue, the presence of a large proportion of brown extract of the odour of ozmazome, and of an animal matter, having the properties of non-coagulated albumen. M. Tanquerel des Planches has never found the saliva acid in cases of sialorrhœa." He describes the consequences of ptyalism as being "the hindering of the speech and of mastication: the depravation of the taste, and more or less distinct disorders of the stomach, a sense of constriction at the throat, constipation, flatulency, great thirst, exhaustion, and nervous symptoms, complete the list. Ptyalism is generally chronic; rarely intermittent; subject to exacerbations, according to very variable circumstances. In general it disappears as rapidly as it came; abundant stools or sweating have been seen to coincide with its disappearance."

Nævus Maternus.—Mr. Harvey describes a singular mark, which he found round part of the neck of a newly-born child, which appeared as if strangulation by a cord had been attempted. He asks if this had been a secret or sudden and unassisted delivery, if a coroner's jury would not have unhesitatingly pronounced it a case of infanticide?

Traumatic Tetanus.—Mr. George details a case of traumatic tetanus, in which considerable benefit was apparently derived from the local application of camphor, and he thinks it likely to prove a valuable adjuvant to constitutional treatment.

Oxaluria.—By this title, Dr. Shearman describes three cases in which crystals of the oxalate of lime were discovered in the urine. He states that these crystals are met with very frequently. In the first case the oxalate of lime was found generally in the urine passed in the morning, instead of, as is usually the case, in the urine passed after a meal. Dr. Shearman considered the condition of his patient to be dependent on chronic organic disease, either in the pylorus or kidneys, instead of simple mal-assimilation of the food in the stomach In the second case the oxalic diathesis was dependant on mental annoyance and exhaustion. It was attended with repeated inflammations and enlargement of the testicles, uneasiness in the region of the kidneys, and great nervous irritability. Regulation of the diet, with alteratives and vegetable tonics, effected great improvement. The third case was one of impaired digestion, with some indications of scirrhous pylorus. Some benefit resulted from the modification of the diet adopted, and the exhibition of mild alteratives, alkaline aperients, and light tonics, but the oxalates continued to be deposited, although in less number and smaller. *** In adopting the term "oxaluria," as indicative of the nature of the disease, Dr. Shearman has committed the error of regarding a mere symptom as the disease itself. The deposit of the oxalate of lime in the urine cannot be other than a mere symptom.

Diabetes Mellitus.—Dr. Percy narrates a case of diabetes mellitus, which terminated fatally. The stomach was examined microscopically by Mr. Busk, who discovered the presence of a confervoid growth in the contents of the stomach. There was also an abundance of the sarcina ventriculi (Goodsir) in all stages of growth or formation.

Tumour of the Cranium.—Mr. Phillips reports a case of tumour of the cranium, from the Westminster Hospital, occurring in the person of a woman, fifty-three years of age. It was situated about the junction of the frontal and parietal bones, and was about the size of a French walnut, perfectly smooth, and the integument moved readily over it. It was doubtful whether the tumour was itself moveable in any direction. The history of the case was, that the tumour had existed about six months; that it had gradually arrived at its present size, and that there had not been at any time any pain experienced in it. Twelve months previously, a small swelling was observed near the same point, and disappeared without any treatment. An exploratory puncture was made with a grooved needle; nothing escaped but a little blood. A longitudinal incision was made over the tumour, and a dense cyst discovered. It was then evident that the tumour was not steatomatous, and, to give room, another incision was made perpendicular to the former; the flaps were reflected back, and the tumour exposed. This was not done without wounding several small arteries. The cyst was punctured at several parts with the point of a knife, and the contents were discovered to be in appearance something like the pulp of a red gooseberry, but much firmer, not very unlike medullary sarcoma. It appeared that the tumour was under the periosteum, and that there was a slightly raised ledge of bone around it; but the tumour stretched so far among important parts that it was not thought prudent to follow it. Two long needles were passed crosswise, as nearly as may be through its base, and a strong ligature passed around. It was tied as firmly as possible, but the ligature occasioned very severe pain. The patient was put to bed, and on the following day some threatenings of erysipelas were apparent, but they did not proceed. At the end of a week it was evident that a considerable part of the tumour was in a sloughy state. On the thirteenth day it came away, leaving a suspicious-looking surface and an awkward-looking secretion upon it, with the smell of malignant disease. A part of the tumour remained, and upon this, from time to time, the chloride of zinc was applied. By this means more of it was destroyed, but ultimately a new attack of erysipelas supervened; and as it was severe, and her health had suffered from it, the surface was allowed to heal over the remaining part of the tumour. Mr. Phillips remarks that the external character of this tumour, as well as its history, had a strong resemblance to those steatomatous growths which are so frequently seen about the scalp; and it was not until it was freely exposed and the cyst opened, that its nature could be discovered. It is not easy even now to say what was its exact nature, but the probability is, that it was a form of malignant structure. It was developed under the periosteum, and the bone itself had undergone change; there was no conversion of it into the ordinary form of osteosarcoma, but the surface was raised into nodules, and a sort of bony ridge extended around the base. It did not appear to have any connection with the interior of the cranium. A case was published in the present volume of the *Medical Times*, page 70, by Dr. Black, of Glasgow, in which there existed several of these tumours of the cranium, which, however,

unlike Mr. Phillips' case, were preceded and attended by severe pain. The case terminated fatally, and the largest tumour was examined afterwards. It adhered closely to the integuments which covered it; so close, indeed, was the connection that the edge of the scalpel had to be constantly employed, before a separation could be effected. A portion of the tumour was removed and carefully examined. It had a white appearance, slightly tinged with yellow, and was closely organised throughout the whole of its structure. When the tumour had been wholly removed, the handle of a scalpel was introduced, and passed freely into the cavity of the cranium, to the membranes of the brain, and the same thing occurred with the smallest tumour, which was also examined, with the view to ascertain whether it was connected with the interior of the skull. Judging from these circumstances, we are inclined to believe that in Mr. Phillips' case the external tumour had an internal origin.

AN ADDRESS

DELIVERED BEFORE THE

ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON,

AT THE

Anniversary Meeting, held on Monday, March 2,

BY

W. F. CHAMBERS, M.D., F.R.S., K.C.H.,

PRESIDENT, PHYSICIAN TO THE QUEEN, ETC.

GENTLEMEN,—I need scarcely remind you that this Society, like some others founded on similar principles, was established for the promotion of science by the collection and public reading of essays on medicine and surgery, and the *vivâ voce* discussion of matters connected with the science and practice of every branch of our profession; and that the essays and commentaries collected and published by such associations as this, have this advantage over the contents of the ordinary journals of the day, that they are not only selected for publication by gentlemen of known respectability and eminence in their several departments, but that by the constitution of our Society it must happen that the weight and character, and faithfulness of the contributors and contributions, are placed in their just light before the Society, and, what is much more important, before the profession at large. The success which has hitherto attended our labours could not have been secured without the mutual confidence and perfect harmony which has subsisted, and the frequent intercourse which has been for so long a period uninterruptedly sustained amongst us.

This then, Gentlemen, being the essence of our institution, and on these views our intercourse being founded, it is not unreasonable that, after having for many years taken counsel together for the improvement of our own knowledge, and, I trust, for the benefit of society, we should sometimes avail ourselves of an occasion for counting our members, and passing in review before us the several characters and qualities of those who are no more, as materials for sober reflection, and not allow those we have so long cherished as our associates to disappear from the scene of their activity and usefulness, without one passing glance of affectionate retrospection.

Of those who have earned the melancholy right to stand in the obituary of the year, I will first name DR. ROBERT WILLIAMS, one to whom I feel myself bound by the ties of early professional friendship, as well as by those of common academical education. After the usual scholastic course he was sent to Trinity College, Cambridge, where, although it was not his lot to be distinguished by high university rewards, yet he was known throughout his academic career to be one who was highly cultivated and accomplished, given entirely to literary pursuits, and cherished by the most distinguished of his cotemporaries, many of whom have since filled high stations in the service of their country.

After graduating in physic, he betook himself to the medical schools of this metropolis, addressing himself chiefly to the opportunities of professional improvement afforded by St. Bartholomew's Hospital, and he subsequently became one of the physicians to St. Thomas', which office he held till his death. To the duties of this office were added those of lecturer on the Theory and Practice of Medicine.

These duties he continued to execute with great zeal, until the germs of the disease which has now deprived us of him began to interfere with his activity, and to blunt the edge of his energies; an effect which, I doubt not, long before it was suspected of affecting him, had masked the vigour of a most active and talented mind with a supineness of manner and movement, which it was impossible for those who had the pleasure of his acquaintance and friendship not to observe and lament.

But that this apparent supineness was not congenital or natural to him, but the effect of subsequent circumstances, is proved by a fact which is not perhaps known to many of us—that at the early age of fourteen, having been taken by his uncles to North America, whither they were called by business as merchants, he passed through the perils of shipwreck on an island on that coast, which nearly cost him his life; and, I am credibly informed, that throughout the voyage, and during the time of the greatest danger, his zeal, fortitude, and agility were the theme of general admiration, and very mainly contributed to the ultimate safety of his fellow voyagers and himself.

As I have just now said, he was a man fond of science and devoted to literature, but the tendencies of his mind in whatever department of knowledge it was engaged were very peculiar. In the study of History, which was one of his favourite pursuits, it was his habit chiefly to occupy himself in analysing the campaigns of great generals, both ancient and modern, and acquainting himself with all the occurrences and events which bore on successful warfare, and all the errors and omissions which led to the defeats of the unsuccessful. In fact, I doubt whether he was unacquainted with the strategic history of any period of the world.

It will be readily believed that a mind of this enthusiastic cast was not exactly fitted for the dull and often repulsive realities of the study and practice of medicine; perhaps, however, I ought not to say the study of the science, for I believe he had never been deficient in his application to the pursuit of medicine as a science, as was sufficiently evinced by his elaborate work on the "Elements of Medicine;" but his mind was not, I think, calculated for prosecuting its practice with success. He had, in truth, little faith in physic, nevertheless he could not be said to be idle in therapeutic research, for he had early imbibed a strong opinion in favour of the efficacy of *specifics* in the cure of disease, so that he was always more or less engaged in seeking them and applying them to his practice, and he was sanguine in the belief that in good time we should discover specific remedies for many maladies which are now considered irremediable, and that even phthisis pulmonalis itself would bow its head to the power of some agent derived from the animal, mineral, or vegetable kingdom. I wish I could say that the researches of our late friend and president had been as successful in these investigations as his zeal and benevolent perseverance richly deserved.

In alluding, however, to his failures in the search after specifics for the alleviation of human suffering, I must not omit to say that in one instance at least he was eminently successful: I mean in the investigation of the uses of the iodide of potassium in cachectic diseases, particularly those in which the bones and periosteum are the seats of swelling and pain. These he showed to be under the peculiar influence of this powerful agent with a degree of clearness and fidelity which has left little more to be said on the subject.

It is worth while, however, to remark, that since Dr. Williams published his remarks on this salt, and mentioned seven or eight grains, given thrice daily, as its average dose, many of those who have fairly tried the agent have come to the conclusion that this is too large a dose to be safely prescribed in all cases: this is consonant with my own experience, and I believe I might quote some of the most eminent of my colleagues as agreeing in this opinion. I do not mean to say that much larger doses are not daily given without injury to the patient, but that two grains given twice or thrice a-day will serve every purpose which the salt is capable of effecting, and that, in particular constitutions (like those who are subject to the erethism of mercury), an idiosyncrasy exists which may, after a very short use of larger doses, cause extreme prostration and fatal syncope. I have myself seen more than one instance of a fatal result from full doses of it. In one of these—a case of ovarian tumour of a very moderate size and attended with no danger whatever previously—the patient had taken five grains thrice a-day for a very few days.

But to return—those who recollect Dr. Williams occupying this chair need not be reminded of the good sense, urbanity, and talent with which he uniformly discharged his duty, whilst the friends who saw him and knew him in private life bear testimony, with one voice, to his domestic and social virtues—to his candour, justice, and universal philanthropy.

The next name which presents itself to us in the catalogue of those who have finished their mortal course in the past year is that of Sir Matthew Tierney. Mr. Stanley, our late president, in his elegant notice of Sir Henry Halford, touched on the art of conciliating the attachment of the eminent and powerful "principibus placuisse viris" displayed by that most successful physician, who, he justly remarked, had, during a great portion of his life, formed as it were a fast link of union between the Profession and the Court.

Sir MATHEW TIERNEY affords us a striking proof that there are more paths than one to the honorable distinction which his late colleague had achieved for himself. The former starting from the academic shades of Christ Church and associating through life with those who had been the companions of his youth—participating in their classic pursuits, and imbibing the refined tastes and feelings of the most accomplished amongst them—seemed to be early identified with the aristocracy, and to find the doors of the court opened to him the moment he applied for admission. Sir Matthew Tierney, also, during the active portion of *his* life, enjoyed in a very high degree the favour of the Court, and the confidence of those who moved within its precincts. His path to eminence was, however, cleared by himself; he made his way, step by step, to those distinctions which seemed, as it were, to be thrust on his co-partner in courtly honours. It is not my intention, on this occasion, to encroach much on the province of the biographer. It will be sufficient to say, that his accidental residence at Brighton, with the regiment of which he was surgeon, introduced him to the heir apparent, who, attracted by his manners, and his skill and decision in practice, contributed to his elevation (within an unusually short space of time) to a high station both in the Profession and in society.

Time will not allow me to dwell much longer on the history of this eminent physician; there was, however, one anecdote related of him some years ago which, as it strikingly illustrates his professional qualities, and involves also an important point in medical ethics, I think worthy of being mentioned on the present occasion. I will relate the anecdote as it was communicated to me by a gentleman who was an eye witness of the facts:—It happened, on the morning of the accession of George IV., that his Majesty was seized with a violent, inflammatory cold, for which he was attended by one of his physicians, who, thinking he had relieved him effectually, and being himself summoned out of town, left the king, with an injunction that he should not permit himself, on any account, to be bled. Unfortunately, however, towards the evening, the inflammatory symptoms increased, and Sir Matthew Tierney, on being called to his assistance, immediately decided on the necessity of venesection—a measure which was objected to by the king and some of those who surrounded him, on the ground of the strong opinion given against it a few hours before. Sir Matthew, however, respectfully, but steadily, insisted on the measure; and the obvious and signal relief experienced from it by the patient fully justified the determination of the physician, and firmly established his character as a man of sound judgment and no ordinary decision.

Now, nothing, I think, can show in a more distinct light, than this case, the inexpediency of leaving a patient with any prohibition as to subse

quent treatment, when we are obliged to resign him into other hands;—an inexpedieney which involves the safety of the patient, our own credit, and the credit of the science we profess; aggravating, in truth, very unjustifiably the responsibility of your successor, who, if he be not a man of strong nerve, may, by the weight of authority, be brought to hesitate about a measure which it is of vital importance to the patient to have executed without delay or modification.

But, however this may be as to others, this incident was certainly of great advantage to the subject of our present notice, in establishing his high character as a skilful and resolute physician amongst those whose good opinion it was most important to him to conciliate and secure.

I must not omit to say, that Sir Matthew had by this time been created a baronet, and adorned with other decorations which, however humbly they may stand before the world in the scale of such distinctions, are considered by the rulers of this great country (which owes so much to the successful cultivation of the arts and sciences), as quite sufficient to satisfy the ambitious aspirations of men of the most distinguished professional or scientific eminence.

Sir Matthew Tierney lived after this time to an advanced age in virtue and honour, cherished by his friends and patients, and most esteemed and beloved by those who knew him best. He died at Brighton in October last, from an attack of gout, by which he had been much afflicted; having just attained the 70th year of his age.

It has been well observed by the learned author of the "Medical Portrait Gallery," that the next subject of our notice, Dr. James Johnson, through a long and chequered life seems to have offered an exception to the dictum of the poet, "haud facile emergunt quorum virtutibus obstat res angusta domi." Dr. James Johnson, by birth an Irishman, was educated in Ireland, and spent in that portion of the United Kingdom his earlier years, making the fullest use of what might be called very slender helps to learning and science, but he used them with a degree of success which few, who have had the most ample means of accomplishing themselves have attained.

It is not my purpose to follow our late friend through all the difficulties he encountered, and all the kindness he experienced (on account of the manner in which he mastered those difficulties) from his superiors in the service which he had chosen as the arena of his early professional labours. It will suffice to say that, after having served his country in almost all parts of the world with great zeal and credit, he collected, in a volume he now published, the results of his experience as to the character and treatment of the diseases of the East, where he had been occupied in very arduous professional duty for three or four years.

This work, his celebrated treatise "on the Influence of Tropical Climates on European Constitutions," which was published in 1812, has passed through many editions between that year and the present; I have a right, therefore, to call it deliberately his celebrated work, for time has already sealed it with a permanent reputation. It is a work displaying the most distinct views of disease, and the utmost perspicuity as to the means by which those views should be carried into practice; and, though it was evidently the effort of one who was not used to the artifices and technicalities of composition, yet, very soon after its publication, it became almost the text-book for medical practice throughout India, both on land and at sea. Indeed, its most remarkable feature was one which does not certainly belong to all medical works, namely, that, like the "Processus integri" of Sydenham, and Pemberton's "Treatise on the abdominal viscera," although by no means waiving the consideration of the pathology or theory of disease, it at once teaches the tyro in medicine, if called on to treat the diseases described in it, to act on its instructions with almost as much confidence and safety as if the author were present as his living instructor.

But, however successful this first effort of authorship, it was followed by one of Herculean character, which, although well known and much valued by the profession, did not, in my humble judgment, secure him a tithe of the credit and praise in this country which the magnitude of the attempt, and the complete success with which it was attended, so abundantly merited. I need scarcely say I allude to his undertaking alone and unassisted, the conduct of the *Medico-Chirurgical Review*, and being often himself the author of every original article in each number. This work had, as we all know, deservedly the most extensive circulation both at home and abroad, in the new as well as in the old world.

Dr. Johnson, however, although largely occupied in practice, and contributing his full share to the medical literature of the day, was not a mere professional author; for he found time for the publication of some very lively works, chiefly of travels, all tending more or less to our improvement in the physiology of man, and the modes in which such knowledge may best conduce to the health and happiness of his fellow creatures.

Dr. Johnson's manners were plain, but breathed much kindness of feeling towards his patients, and perfect openness and candour towards his brethren. But I cannot better sum up his character than in the glowing language with which filial affection has inspired the author of the short memoir of his life and writings just published. He says, "if we look back on Dr. Johnson's career, we cannot but deem it a successful one. He started in life without money, friends, or education. By his energy and talents he worked out for himself education, a profession, reputation, and a competency, if not a fortune. He gratified his tastes, while he raised his position. Fond of observation, he saw a large portion of the globe, and happy in describing what he saw, his writings were a source of emolument and honour. By taste, by circumstances, he was the child of literature, and literature was to him most bountiful. His name was noised abroad by his popular writings. His fame will live with his standard works. Ambitious of a good, rather than a great name, the general regret that waited on his loss proves that that ambition has been gratified. If he dreaded anything, it was the decrepitude and childishness of declining years. He was spared both; he practised his profession as successfully as ever within a week of his death. He did not worship wealth, but he desired a sufficiency. He obtained it, bequeathing to his widow an easy independence, and to his children what will sustain, though not debauch, their industry. What he prized above all things was integrity and honour, and he has left a name which is synonymous with both."

Dr. John Warburton offers, in the accidents and incidents of his life and character, a similar antithetic parallel to that of the physician whom we have just now commemorated. Dr. Johnson laboured through poverty to riches; Dr. Warburton was born and nursed in competency, and grew up, and lived, and died in opulence, presenting throughout an eminent example of youth unallured by wealth into idleness or vice, but spent in the due cultivation of his mind and faculties; so that, besides possessing himself of the ordinary education and accomplishments of an English gentleman, he became a considerable proficient in mathematical science, which the high degree he took at Cambridge sufficiently testifies. Having completed his general education at that university he devoted himself to the studies of his profession in the metropolis, and turned his mind particularly to the treatment of the insane. This at length led to his election to the office of physician to St. Luke's Hospital. There he laboured most heartily in his vocation, and distinguished himself, not only by exemplary kindness and attention to the patients, but also by the most anxious solicitude for the amelioration of the institution itself.

We all know, Gentlemen, with regard to the legal evidence of insanity, what difficulties it involves, and how hardly and coarsely the members of our profession are often treated when called on in courts of justice to discuss popularly, and yet metaphysically, the boundaries of soundness and unsoundness in the human mind. It is but fair to suppose that he had in his long life a due share of the embarrassments which such cases present to the mind of the conscientious physician. But such was his skill, discretion, and presence of mind, that we have no instance on record in which he did not acquit himself, not only blamelessly, but with the praise of unimpeachable uprightness and honesty. In short, he always appeared to me to be of that class of which we happily can enumerate so many in our ranks, who, without any great brilliancy of career, contribute largely to the sustenance of the character of this country for sound and sober good sense, and the highest moral and intellectual purity.

Dr. Warburton lived in comfort, in the exercise of all the social virtues, attaching to himself a large circle of distinguished friends, and enjoying the advantage of having conciliated the regard and approbation of one of the most eminent men who has been enrolled amongst us. I need scarcely remind you that he was the friend and son-in-law of Abernethy.

With Dr. Theodore Gordon, one of our vice presidents, of whom death has prematurely deprived us, I had the pleasure of being intimately acquainted, and can speak with great sincerity and satisfaction of his gentle, unassuming, and retiring manner, combined with very considerable medical lore, and great skill and decision in the application of his knowledge to practice. He had spent his youth and the flower of his age in the medical department of the army, and it is remarkable that, though from his habits and dispositions he was eminently qualified for the occupations of civil life—

> "Tho' peaceful olive nodded o'er his crest"—
> "Fronde super galeam et felici comptus olivâ"—

and girded only for the benigner purpose of administering to the suffering of his fellow soldiers—it was his extraordinary lot to have been in the midst of more deadly combats and frightful carnage than many of those whose lives have been dedicated to the profesion of arms. In the eighteenth year of his age, after finishing his education at Aberdeen and Edinburgh, he entered the army in 1803. He first served in Hanover, and afterwards followed his regiment (the 91st foot) to Portugal. He was present at the battles of Roliça and Vimeira, and narrowly escaped with his life in the latter engagement, and after being present at the battles of Salamanca and Vittoria, the affair of Burgos, and the siege of St. Sebastian, and the passage of the army into France (on which occasion he was severely wounded on the head and neck), he accompanied the Duke of Wellington from Brussels in his triumphant progress to Paris after the battle of Waterloo.

Here he laboured in his benevolent vocation amongst the wounded French at the Military Hospital of St. Louis, and on the re-establishment of peace he returned to his country, and having passed through labours and dangers in actual service, which would have entitled him, had he been anything but a physician, to the most dazzling honours and envied distinctions which a nation can bestow, he was rewarded for his long and able services by being appointed deputy inspector of hospitals, and professional assistant to the Army Medical Board Office, in which latter position he laboured (and it was no mean labour) till within a few weeks of his death. He died at Brighton, in the fifty-third year of his age, and the examination post-mortem verified the previous diagnosis of his medical friends, by exhibiting his lungs extensively diseased, and the right side of his heart dilated and much attenuated.

We have also to lament the removal from our ranks of another individual by that merciless disease which we see every day grasping the most intelligent and the most interesting of our fellow creatures, and against which the expedients of our art are almost powerless; I allude to Dr. Hocken, a young physician of great promise, and very early reputation. Born in the west of England, he settled in London, having attached himself to St. Bartholomew's Hospital, where he prosecuted with great praise his medical and pathological pursuits, devoting himself at first very much to subjects connected with ophthalmic disease, but afterwards extending the range of his studies to matters of general interest. Amongst the fruits of his labours in the cause of medical science, I may particularly mention his treatise on the comparative effects of mercury and iodine in specific diseases; and his observations on endocarditis and pericarditis, efforts highly creditable to his precocious talents, and giving us an earnest of future eminence and success, never, alas! to be realised, for he was removed from us by his early death (in

the twenty-. . h year of his age), at the house of his brother, in Cornwall, whither he had retired by the advice of his medical friends, as holding out the only prospect of arresting the progress of the malady with which he was already too surely and too fatally affected.

There are some more names in the long list of the losses of the last year to whom, I grieve to say, our time does not allow me to do justice, but whom I cannot pass by without a few words of recognition.

Amongst these I would first mention Dr. William Fergusson, an army physician of distinction, who after long military service, retired to Windsor, and practised there with great acceptance and credit to a very advanced age. Of his industry and talents he has left to this Society abundant proofs in the second, fourth, and eighth volumes of our Transactions. His first paper was one "On the Mercurial Treatment of Dysentery." This was followed by a very able and interesting treatise "On the Malignant Venereal Disease in Portugal," and in the eighth volume he published his "Inquiry into the Origin and Nature of the Yellow Fever in the West Indies," in which he generally agrees with the opinions of Dr. Bancroft as to the absolute non-contagiousness of yellow fever, differing from him altogether, however, as to the Mediterranean fever, which he considered also to be miasmatic, and not contagious.

Of Dr. Morris Pritchett, a naval physician, and licentiate of the College of Physicians in London, whom we have also lost within the last year, it should be recorded that in the year 1841 he accompanied the expedition to the Niger and the western coast of Africa, in her Majesty's steam ship Wilberforce, in which, under his care, the mortality was unusually small, and, after his return, he published an excellent treatise on the African fever, which he traces altogether to miasmatic influences, and treats with purgatives, full doses of calomel, and James' powder, and quinine.

To this last must be added the names of William Tudor, Esq., long an eminent and well known practitioner at Bath—of Dr. John Robb, who, after filling every subordinate office in the medical department of the army with great credit, attained before his death to the rank of deputy inspector of hospitals—and lastly, of our most respectable associate and neighbour, Mr. John Wallis Lambert.

A very few days ago I thought I had prepared myself to notice, however imperfectly, all the losses this Society had sustained during the last year, when I was astounded by the information that our late friend and colleague Sir George Lefevre was no longer amongst the living.

His history may be very shortly given. He was born at Great Berkhampstead, Herts, and received his medical education at Edinburgh (where he graduated), as well as in London, where he attended with great assiduity the practice of the borough hospitals. He was first a licentiate, then a fellow, of the Royal College of Physicians of London, and after a few years, becoming attached to the household of an opulent Russian nobleman, at his instance he resided at St. Petersburgh, and was for many years physician to the British embassy at that court. For this service he received the honour of knighthood by patent, when, after winning the respect and regard of the British residents at that metropolis, as well as many of the Russian nobility, and realising a competency, he determined to return to his native country, and spend the remnant of his days in the leisurely practice of his profession, in literary pursuits, and in the society of his friends, of whom he had secured a large and much attached circle; but, alas! for the views, and resolutions, and anticipations of mortality! He returned, indeed, to England, and for some time seemed delighted with his own position in the profession and in society in general, which, from his cheerful mind and manners, he seemed calculated to adorn, when all his vital energies began to fail him, and those who saw most of him observed that he was daily more and more cherishing hypochondriacal feelings; these, a gradually increasing uneasiness in the region of the heart tended to aggravate, and caused at length an attack of fever and cerebral irritation, which were the obvious causes of his unexpected decease.

He had wrested sometime previously to his death from a medical friend, whom he had prevailed on to examine him, the fact that the heart was embarrassed by slight thickening of the mitral valve. On this occasion he called on me and expressed his horror at the discovery which had been made, in terms so much out of proportion to the actual evil, that I thought it my duty to press on him the slightness of the defect and its comparatively mild character; for it was evidently one of those cases (as was proved by the examination post-mortem) of chronic endocarditis in which the valves become thickened by slight inflammation, perhaps of an arthritic character rather than by the ossific diathesis with which we are familiar in old age; a distinction well worked out in Dr. Latham's last very able and useful treatise on diseases of the heart. But it was in vain to reason with him on the subject, for he would not be comforted. From this time he failed rapidly in health, and never recovered either his bodily strength or his intellectual vigour. I was well acquainted with him, and from the circumstance of his having married a relation of mine, enjoyed a degree of intimacy with him which afforded me much satisfaction. He was, in one word, a most amiable member of the profession and of society. His cheerfulness, indeed, in the midst of domestic misfortunes, of no ordinary intensity and bitterness, was most remarkable, whilst his kindness to all around him, and especially to a large circle of relations who depended on him for advice and comfort and countenance was sufficiently testified by the profound grief with which he has been lamented by them. But I need not enter at any greater length on these melancholy considerations; I would endeavour rather to lead your minds to the recollection of his kindly and benignant qualities,

"Purpureos spargam flores"

And, in concluding this tribute to his memory, leave you reposing rather on the contemplation of the brighter traits and amenities of his life than of its shadows and misfortunes.

It only remains that I should congratulate this society on its thriving condition, and thank you at the same time for the patient indulgence with which you have accepted my inadequate attempts to do justice to the duties you have imposed on me by placing me in this chair; and especially that duty which has devolved on me this day; and to offer you all, individually and collectively, my best wishes for your future success and prosperity.

ORIGINAL LECTURES.

A Course of Lectures on Practical Midwifery.

Delivered this Session at St. Bartholomew's Hospital, and revised especially for the Medical Times,

By EDWARD RIGBY, M.D.,

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

RETROVERSION, AND DURATION OF PREGNANCY.

Gentlemen,—Before entering upon the next subject, there are a few more observations on retroversion which I wish to make. I told you at our last meeting what I consider to be the best mode of replacing the uterus when under these circumstances, and although the introduction of the hand is a severe and painful proceeding, I think you will find that the patient will suffer less than in the continued, and perhaps after all fruitless, attempts to replace it in the ordinary way with a finger per vaginam and another per rectum. I also told you that retroversion sometimes terminates spontaneously, not merely by abortion, but by spontaneous reposition; where the displaced uterus has not produced any serious inconvenience, it may continue in this condition for some little time, until its increasing size, from the advance of pregnancy, gradually raises it out of the pelvis.[1] Our statistics on these points are too imperfect to enable me to say whether this be the exception or the rule in cases of retroversion where the displacement has been unattended with acute or dangerous symptoms; and I can almost imagine it possible that, under such circumstances, the whole may occasionally take place without a medical man being made aware of it. In other cases it is as much the reverse; not only do the symptoms demand immediate interference, but on attempting to replace the uterus we find ourselves entirely foiled. If the patient's strength permit it, she should be bled in the erect posture, and from a large orifice, so as to induce syncope. She should stand close to a bed, upon which she should be placed the moment she faints, and the hand introduced at this favourable moment of relaxation for the purpose of replacing the uterus.

Dr. W. Hunter proposed, in desperate cases, where every attempt had failed, to puncture the uterus, and let off the liquor amnii; by this means its size would be considerably reduced and the reposition facilitated. He did not live to see this put in practice, although it has been since done with success. The success, however, is only as regards the mother, for premature expulsion inevitably takes place, sooner or later, after the evacuation of liquor amnii. I know of only one case where the bladder was punctured—not only was the mother saved, but pregnancy went on to the full period, and a living child was born.

Of the various subjects which demand your attention in a course of midwifery lectures, there is none which presents greater difficulties, involves deeper responsibilities, and about which there is still so much discrepancy of opinion, as that which I propose next to consider.

The duration of pregnancy is a subject which has always occupied much attention, especially during the last century, for legal questions of the utmost importance are connected with it: it is a subject, therefore, about which there is every inducement for us to gain the most accurate knowledge, and to fix its limits and the laws upon which they depend with the utmost precision and certainty; and yet, strange to say, there is none on which the data are so vague, the opinions so various, and about which, when questions arise in connection with it, we find medical men giving such conflicting evidence. On no occasions, and I speak it with regret, have the obstetric portion of the medical profession cut so sorry a figure as at important trials where the decision of the case rested solely on the question, of "how long does a woman go with child?" One party of medical men has been, as it were, pitted against the other to give opinions in evidence as diametrically opposite as possible. When we look at the vague and various methods which are made use of for calculating the duration of pregnancy, you will scarcely be surprised at what I have now said. In the first place, the calculation is made by calendar months, the variations of which you are well aware, so that we may have a period of nine calendar months which may differ in its number of days by a whole week from another period of nine calendar months, according to the part of the year you commence your reckoning from; so that even if there were but one universally allowed datum as regards pregnancy to commence from, we should, nevertheless, have a considerable variation in different cases. Some patients calculate from the last appearance of the catamenia, others from the time of their first missing, while others take an intermediate period between these two. Occasionally we meet with some who reckon from the time of quickening, but I think this is still further off from a chance of being correct. Quickening is not more valuable as a means for calculating the duration of pregnancy than it is as a sign of pregnancy itself; in both cases, Gentlemen, it is more likely to lead you astray than right.

Two hundred and eighty days is the period which, by common consent, has been acknowledged to be the duration of pregnancy in the human female, but I am not quite sure that this is so correct as has been supposed. In fixing a period like this, the ordinary and most correct way would be to take the mean of a number of observations which have been made under circumstances where every chance of error has been guarded against, and avoided as far as possible; and yet this is scarcely the case with the duration of pregnancy, for I believe that most who have paid any attention to this subject will agree with me in saying that 280 days is *not*

[1] See a case in point in Dr. Rigby's Reports in the *Medical Times*, Oct. 18, 1845.

the mean of a series of accurate observations carefully made on well founded data, but that it is much nearer one of the extreme (the maximum) of such cases, and that, in the majority of cases where the commencement of pregnancy has been known with certainty, its duration has been some days short of this period. Thus, in three cases which I happen to know of, where sexual intercourse took place only once, labour came on in 260, 264, and 276 days after that event. But why should we expect that the duration of pregnancy should be so certain and precise? No two women, even under exactly similar circumstances of age, mode of life, climate, &c., menstruate alike; no two pregnancies, even in the same patient, are exactly similar to each other; the size and weight and form of the child, and the quantity of the liquor amnii, also vary so much as to justify considerable deviations from any fixed time at which labour may be expected to come on. Still, however, although, as you well know, there are no limits to labour coming on *before* its natural term; there must be some boundary assigned, beyond which pregnancy cannot last. Let us first of all ascertain, as far as we can, what are the causes which, in a perfectly natural pregnancy, bring into action the process of labour at the expiration of a certain interval from its commencement. You will recollect that, when speaking of the signs of pregnancy, I mentioned the fact of the catamenia occurring, in certain cases, for one, two, or more months after conception; now, although the actual appearance of this discharge must be looked upon as a deviation from the ordinary rule, you will find a considerable number of patients who, for many months after conception, are able to mark what would have been a catamenial period by the symptoms of pelvic congestion and uterine irritability which occur at these periods. Hence it is why women prone to abortion look upon these periods with much dread, knowing that then is the danger greatest. In other cases, it is true, these symptoms are either absent or so slight as not to excite notice. Now, I believe that the circumstance of labour coming on spontaneously, after a certain duration of pregnancy, depends in a great measure on the recurrence of one of those (what would have been) menstrual periods, at a time when the uterus, from its distention and weight of contents, is no longer able to bear that increase of irritability which accompanies these periods, without being exerted to contract and expel its contents.

If this view be correct, and the observations of some years since I first adopted it have confirmed me in my opinion, it will at once enable us to account for many of those slight discrepancies which have rendered this subject so obscure.

It is a well-known fact that conception takes place most readily immediately after a catamenial period, or immediately before it, although I need hardly say, there is no period during the catamenial intervals at which it may not take place. Let these lines, which I now draw upon the black board represent a number of catamenial intervals, which, with the corresponding spaces, indicate so many months.

1 2 3 4 5 6 7 8 9 10

— — — — — — — — — —

If the patient has menstruated immediately before the first interval, and has conceived directly afterwards, we shall find that labour will come on at the termination of the ninth interval, or what would in the unimpregnated state have been the tenth menstrual period, which, from the reasons I have already stated, the uterus will not pass over without assuming a state of activity.

If, on the other hand, conception has taken place during the early half of the first catamenial interval, this will make no difference as regards the accession of labour. The uterus will, by the time it has reached the tenth menstrual period, have attained such a size and weight of contents that it cannot pass this time of periodical excitement without commencing the process of labour. If, however, conception has not taken place until shortly before a menstrual period (we will suppose it to be before the second period in the diagram which I have made), one of two things will happen, either labour will, as in the other cases, come on at the tenth menstrual period, and thus the pregnancy will be three weeks short of the full time, or the uterus, from not having attained its full degree of development, may be enabled to pass through this period without being excited to commence the process of expulsion, and thus carry its burden for some time longer. In observing the duration of pregnancy in a certain number of cases, where the patient's reckoning has been solely made by calculating from the last appearance of the catamenia, a certain number will go more or less beyond the 280 days, whereas others will be as much the reverse, and I know of no satisfactory mode of reconciling these discrepancies, except by the explanation which I have just given; thus, of 108 cases where the reckoning was made from the last appearance of the catamenia, fifty-five went beyond the 280 days, fifty-one short of that time, and in two labour came on exactly at the 280th day. Dr. Merriman has given a very interesting table, where the duration of pregnancy, as calculated from the last appearance of the catamenia, was ascertained with the most scrupulous care. It was, as he informs us, "calculated from, but not including, the day on which the catamenia were last distinguishable." I have quoted this table in my work on Midwifery, and will do so now, in order that I may also quote the remarks which I was induced to make.

5	were born in the	37th week.
16	"	38th "
21	"	39th "
46	"	40th "
28	"	41st "
18	"	42nd "
11	"	43rd "

"So that about one-third were born three weeks after the 280 days from the last appearance of the catamenia, a circumstance which is perfectly easy of explanation from what we have just observed, without the pregnancy having overstepped its usual duration. In other words, it would appear that twenty-eight of these cases had conceived one week, eighteen two weeks, and eleven three weeks, after the last appearance of the catamenia."

In looking over my chapter on this subject, I find that I have been guilty of some inconsistency respecting a celebrated case of supposed over-term pregnancy, related by Dr. Dewees, where the child was born 291 days after a single occurrence of sexual intercourse. This is not a case of what has been termed *partus serotinus*, or over-term pregnancy; but is perfectly explicable by the views which I have just laid before you. If conception had taken place just before a menstrual period, you will easily see, from what I have already stated, that it was quite possible for her to pass the ninth menstrual period without the accession of labour. This is strikingly confirmed by Dr. Dewees himself, who says that "the lady was *within a week of her menstrual period*, which was not interrupted, and which led her to hope that she had suffered nothing from her intercourse; but the interruption of the succeeding period gave rise to the suspicion that she was not safe, and which was afterwards realised by the birth of a child."

It is owing to the difficulty of obtaining sure and certain data on these subjects, that different legislatures have allowed more or less time beyond 280 days, in order to cover any inaccuracies of reckoning, or other sources of variation, which may have taken place; thus the code Napoleon allows 300 days, or twenty days beyond the usually assigned period; in Prussia it is 301 days, or three weeks; any case, therefore, in which pregnancy has been stated to have exceeded the above-mentioned limits, is not considered to be possible, and is, therefore, deemed unworthy of credit. As such, I would unhesitatingly consider the *partus serotinus*, or over-term pregnancy; and, as far as I know, in all the cases in which this has been stated to have occurred, there is not a single instance in which some powerful motive did not occur to induce the parties to make such a statement. One of the most remarkable examples of modern times, is the celebrated Gardiner Peerage Cause, where the legitimacy of the child depended solely on its having been a case of over-term pregnancy, to an extent which, I should have thought, might have deterred the hardiest of hard swearers.

By an old, but valuable French author, Dionis, who wrote at the beginning of the last century, it is curious to see how thoroughly is understood the nature of these said over-term pregnancies, and what sly hints are given respecting the conduct of the practitioner on such occasions. "On some occasions," says he, "the surgeon must not maintain that a woman goes constantly nine months; for if a new-married woman at the end of seven brings forth as fine and lusty a child as if she had gone the full time; if a widow is delivered of a son, who is to be heir to her husband, ten or eleven months after his decease; or if a woman is brought to bed eleven or twelve months after her husband has gone a voyage, shall we say that such things are impossible? The reputation and honour of these women is at stake; and, therefore, the surgeon, for the peace and credit of families, must not only pretend to be convinced of the possibility of them, but must likewise bring parallel cases to illustrate and prove them." That is to say, I presume, that if your patient tells a great lie, you are to tell a greater! I do not ask you, Gentlemen, to follow the advice of Dionis in this respect, but the opinion implied therein, viz., that these after-term pregnancies only occur where there is some powerful motive connected with the establishing of their authenticity fully bears out my previous remarks on on the subject.

The Structure and Functions of the Brain,

WITH

NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education,

BY DR. COSTELLO,

Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

THIRD FORM.

GENERAL PARALYSIS—ACUTE HYPERTROPHY OF THE WHITE SUBSTANCE OF THE BRAIN—INFLAMMATORY SWELLING OF THIS SUBSTANCE—ACUTE INDURATION OF THE BRAIN, WITH HYPERTROPHY—SOUND STATE OF THE CORTICAL SUBSTANCE.

In this form the medullary substance appears to be the focus of an alteration of which we find few examples in authors; it augments in consistence and volume, and presses the convolutions against the skull, and this hypertrophic action coincides with a very decided febrile state. There are frequency in the pulse, heat of the skin, paroxysms, sharp cries, and on opening the body we find the convolutions large and sound, the cortical substance sound also, but all the white substance is swollen, more white and firm than in the normal state, presenting a bulk, a true inflammatory hypertrophy, on the development of which correct notions are still wanting. I subjoin some of the cases which I have observed.

CASE 9.—*Chronic General Paralysis of Seven Months' Duration; General Hypertrophy of the White Substance of the Brain.*

Grouber, aged thirty-seven, a mechanic; of a dry, bilious, irascible temperament, and very intelligent, though without education; experienced severe trials, which threw him into a state of habitual anger. He became addicted to drink, and had many fits of delirium of short duration. He passed nearly six months without being able to work, and was admitted into Bicêtre on the 24th January, 1837. His face was sottish, and covered with a viscid sweat; he was agitated, anxious, spoke slowly and with difficulty, and did not finish the words and phrases which he began. He asked to be allowed to return to his work, but he did not know why. The excretions were involuntary, and he presented a general typhoid appearance; the skin was warm, pulse very frequent, and his tongue red and dry. He passed many months at the infirmary in the same state. Every evening there was a slight return of fever, and the thirst was great, the other symptoms remaining unchanged.

In the month of June, the fifth from his entrance, his pronunciation became more and more confused and unintelligible. His right leg was in a continual

tremor, and very painful to the touch; the left leg and superior extremities did not present this extreme sensibility. On the 20th July, the extremities were cold; there was *subsultus tendinum* in all the muscles of the limbs. The right leg was always excessively sensitive, the slightest touch of it causing a shock to the whole body; the pulse almost imperceptible; the patient exhaled a very strong odour of mice. On the 7th of August the symptoms were still more formidable, but the extraordinary exaltation of the sensibility in the right leg persisted to such a degree, that approaching the palm of the hand without touching it produced something like an electric shock. This phenomenon was positively confined to the right leg. Speech and deglutition were impossible. The patient fell several times out of bed during the night, and died the next day.

Autopsy.—Cranium thin; the diploe little injected. The general appearance of the brain, covered with the dura mater, was, as it were, swollen; the dura mater was thin, almost diaphanous; the pia mater and arachnoid perfectly healthy; the convolutions were large, flattened; the cortical substance presented nothing remarkable; its thickness, consistence, and colour appeared natural, but the whole brain presented an unusual development. This appearance led us to suspect a central effusion, either serous or sanguineous, but it was not so. Incised with precaution, the white substance presented a remarkable degree of consistence and size; it was more firm than ordinary—of a satin white colour, but its development and general hypertrophy were especially striking. This increase of volume in the white substance of the brain, as well as the atrophy of this organ, were certainly connected with an excess or defect of the serous supply in the interior of the pulp. How came it that this hypertrophy had presented the progress and symptoms of a cerebral inflammation? We know not yet with certainty; but we recollect a like case, the progress of which was still more rapid, mentioned by Magendie in his lectures at the College of France in 1841; it is that of a young girl, who was admitted into the Hotel Dieu, in a complete state of consciousness, with delirium, convulsive and involuntary movements in the limbs, and general trembling, and loss of speech, although the sensibility and motions were not entirely abolished; excretions involuntary; plaintive cries, with alternations of calm and of partial and general convulsions. At the autopsy the only alteration presented was an hypertrophy, as it were acute, of all the cerebral mass, characterised by the flattening of the convolutions against the skull, by the whiteness of the medullary substance, by the unusual development of the brain and cerebellum, compared with the capacity of the cranium. This hypertrophy lasted hardly more than fifteen days, and presented the super-acute progress and febrile symptoms of an inflammation. Before giving our opinion on the nature of this alteration we shall quote some more cases almost resembling the first. Our present difficulty, however, is to account for that exaltation of sensibility in a single limb, when all the encephalic mass appeared equally affected.

CASE 10.—*General Paralysis of Five Months' Duration; Chronic Hypertrophy of the Cerebrum, Cerebellum, and of the principal Centres.*

Legeure, aged forty-one, was admitted into Bicêtre on the 27th April, 1838, in a state of maniacal dementia; he was agitated; his ideas were unconnected; his pronunciation was slightly embarrassed, with feebleness of memory, and the general sensibility appeared obtuse in all parts of the body. On the 15th of May the symptoms were aggravated; he could no longer rise from his bed; his excretions were involuntary, and his countenance altered; his answers to questions trembling, incomplete, guttural, and inappropriate; complete insensibility of the skin; inferior extremities slightly contracted. This state continued to be more and more aggravated for four months. On the 16th of September a large eschar formed on the sacrum; there were trembling of both arms, complete contraction of the legs, with general marasm, dull and fixed eyes. Death occurred during the night.

Autopsy.—Skull thick, injected; dura mater adherent to the skull; pia mater and arachnoid appeared healthy; convolutions large, yellow, depressed; the furrows seemed to have disappeared, the brain appearing perfectly round, and projecting over the edge of the skull; superficial grey substance reduced to an almost imperceptible layer of yellow hue; white substance firm, of a dazzling white, varnished, and of surprising size and volume. It cut into solid slices, and the mass appeared to be but one from the ventricles to the surface. Corpora striata discoloured, and smaller than usual; cerebellum and pons large and firm; medulla and spinal marrow firmer and larger than usual; both lungs hepatised at the base.

Reflections.—The progress of the hypertrophy in this case was less rapid, though it seemed to have been much more extensive, and to have given rise from its commencement to contraction of the lower extremities. The convulsive tremors of the arms showed the acute progress of the hypertrophy on the posterior lobes, and most probably it was the exhaustion of the patient alone that prevented this hypertrophie induration from manifesting its characters of acuteness, and that, owing to this same cause, the affection of the lungs was not shown by any signs of reaction.

CASE 11.—*General Paralysis, Nineteen Months' Duration; Hypertrophy of the White Substance, with a Few Spots of Softening.*

Camus, aged fifty-two, was brought to Bicêtre in the state of complete demency, stuttering instead of speaking, dragging his legs after him, scarcely able to stand, voiding his excrement involuntarily, and continually filling his pockets with every bit of rag or stone he could pick up, scarcely understanding what was said to him, and, instead of returning answers, often shedding tears. It was stated that he had been in this state six months, that it came on gradually, and without any known cause; skin hot; pulse strong, and frequent; complained of thirst.

He remained eleven months in this state; he was then attacked extensively with phlegmonous erysipelas, which yielded to treatment, but was followed by obstinate diarrhœa, rapid marasm, and a large eschar over the sacrum. He died two months after, without convulsions or contractions of the limbs.

Autopsy.—Dura mater of a deep red; its vessels filled with blood; arachnoid and pia mater but slightly injected; cerebral mass seemed enormous; the convolutions were completely flattened, and all appearance of furrows was effaced, the whole mass appearing round, solid, and whitish. No trace of cortical substance could be recognised, nothing remaining of it but a yellow pellicle. The entire mass of the hemispheres was white, resisting, and could be pulled away in firm shining layers, so elastic that they could not be torn without some degree of force. The whole substance of the anterior lobes presented a few violet-coloured, dotted patches, resembling small scorbutic ecchymoses. Cerebellum firm and large, as was the pons also. All the small intestines were violently inflamed and ulcerated in several places.

Reflections.—The development of this hypertrophy of the brain took a year and a half, and it is probable would have extended over a longer period had not death been hastened by the acute enteritis. The enormous morbid development of the hemispheres and base of the brain seriously disturbed the intellect, the power of speech, the sphincters, and general sensibility, and had not the enteritis occurred the patient most probably would have died of convulsions or a sudden congestion.

In the case just related we see that the progress of the hypertrophy was acute or chronic, affecting the white substance only, apparently to the detriment of the grey substance, which, under its influence, was greatly diminished. The white pulp of the nervous system was eminently fibrous, and its inflammation showed strong analogy with the effects of irritation in the other white tissues. The blood, or at least the colouring matter of the blood, could only penetrate it with difficulty, and its congestion was shown only by the injection of its capillaries, or by a hemorrhagic effusion. Now, it may happen in these cases that, the blood-vessels of the grey substance being obliterated, the full activity of the circulation is directed to the white substance, and as the serum only, and not the colouring matter of the blood, penetrates it, its bulk is increased, while its properties are perverted. This form of hypertrophy is very common in epileptics. Ferrus has met it almost constantly in these patients, with augmentation of density, dazzling whiteness of the white substance, and thickening of the skull. Dance and Scoutteten make the same remark.

FOURTH FORM.

GENERAL PARALYSIS; PARTIAL OR GENERAL ATROPHY OF THE CONVOLUTIONS; DEPRESSION; SHRINKING; DENSITY; AND DIMINUTION OF THE BRAIN AND ITS MEMBRANES.

This alteration, which is the inverse of the preceding, may also be chronic or acute; it is often found in general paralysis, but local only, and limited to only a few of the convolutions, or to a particular portion of the brain. It has been particularly described by M. Lelut, and several cases of it are recorded in the works of M. Calmeil and M. Parchappe. The following cases occurred under my own observation.

CASE.—*General Paralysis, Five Months' Duration; Acute Atrophy of the entire Peripheric Mass of the Brain.*

Royer, a captain of the guards, was lively, playful, and of strong constitution up to the age of fifty-two. In the beginning of 1836, some excitement of his ideas was observed, more especially in regard to politics—a thing altogether unusual for him. The ordinary means were employed to combat these symptoms; but, notwithstanding, the agitation, sleeplessness, and delirium, especially at night, became gradually increased. On the 7th of September he was admitted as a patient into Bicêtre.

He was still a robust man, of good manners, but his countenance was changed; the embarrassment of his ideas and recollections was evident; when calm his conversation was tolerably connected and agreeable.

On the 15th of November, speech was altogether indistinct; ideas confused; recollection gone; but he had still a love of neatness, and was careful in his dress. On the 20th of December he began to be dirty; much agitated at night; body much emaciated; countenance sunken; pulse slow but strong; lower extremities paralysed and insensible. On the 4th of January there was complete marasm; idiotic laughter; and death after a stertorous agony of thirty-six hours. The temperature during the day was considerably below freezing point.

Antopsy.—Skull thick, injected; dura mater sunk and wrinkled; arachnoid healthy, raised up by a little serum, and easily removed from the surface of the brain. But what was remarkable was the space of half an inch between the skull and the brain throughout its whole surface. The peripheric convolutions generally presented a singular appearance, being small, wrinkled, chagreen, shrunk on themselves, and not more than two lines thick in their largest diameter; the grey substance of a violet-red hue, injected, and firm; the white substance livid, ecchymosed throughout its entire extent, dotted with darkish patches and spots, its bulk diminished, hard and resisting, but this might have been the effect of the hard frost on the night of his death. Nothing was remarked in the other cavities.

It is impossible not to recognise in this atrophy all the characteristics of an inflammation of the brain, of which evident traces occur in both substances. How is this acute atrophy to be accounted for? this general shrinking of the brain under the influence of an inflammatory process, which, under ordinary circumstances, augments the bulk of the diseased tissues? I cannot explain it; but such facts occur, and require further investigation.

THE HUMAN TRIPOD.—This most singular monstrosity was exhibited at the Royal Medical and Chirurgical Society on Tuesday evening, and constituted the principal centre of attraction to the great body of the fellows and visitors present, who assembled in great force on the occasion. We have rarely seen so large an attendance, and the general feeling appeared to be one of great obligation to Mr. Acton for the opportunity afforded them of inspecting this very rare monstrosity. A descriptive account of the child, a fine healthy one, was afterwards read, of which and of the discussion which followed, we shall give a report next week.

ORIGINAL CONTRIBUTIONS.

REPORT OF A CASE IN WHICH A LARGE TUMOUR WAS SUCCESSFULLY REMOVED FROM THE ANTERIOR WALL OF THE VAGINA, WITH OBSERVATIONS.

By Alfred H. McClintock, M.D., F.R.C.S.I., Assistant-Physician to the Dublin Lying-In Hospital.

(Read before the Dublin Obstetrical Society.

Though the following case, which I have the honour of bringing before the notice of the Society, contains nothing very striking or wonderful, yet it would seem at least to possess some claim to novelty, and, therefore, I trust may not be wholly devoid of interest. The subject of growths from the vaginal parietes is one which seems to be only very cursorily glanced at in the different standard treatises on female diseases, from which it is fair to conclude that those of any magnitude are of rare occurrence. This observation we strictly confine to tumours springing from *the vagina itself;* otherwise, it would be an unfounded statement, as there are certain growths in this situation which have been fully described, and their apparent treatment clearly laid down by authors. Of these, we may mention the vascular and encephaloid tumours of the "meatus urinarius," the thickened state of the cellular membrane surrounding the urethra, warty excrescences from the vulva, encysted tumours of the pudenda, oozing tumour of the labium, and enlargement of the clitoris;—all these, I say, are well known to practitioners, but the case before us was, I conceive, totally different from any of them; it was, in fact, a dense fleshy tumour of considerable size, springing from the anterior wall of the vaginal canal, and carrying the fine mucous membrane before it. Dr. Johnson, whose opinion upon this subject is entitled to attention, informed me that he had never met with a similar case throughout his lengthened and vast experience. Without further delay, we shall proceed to state particulars.

The subject of the case was an unmarried woman, thirty years of age, and of healthy aspect. She presented herself for admission into the hospital on account of a tumour occupying, and protruding beyond, the vulva. This was productive of no pain or annoyance, further than that which arose from its mechanical inconvenience; nor was there the least functional disturbance of any of the adjacent organs. She had always menstruated regularly, and her general health was sound, and unimpaired. The history she gave of herself was simply this: that, ten months previously, she first became conscious of a small tumour in the vagina, which slowly, but steadily, increased in size, always, however, remaining in the vulva, till the last two months, during which time it had been generally external, particularly whenever she was engaged in any laborious occupation. Upon examination of the tumour, the first thing we were struck with was its great resemblance, both in size and colour, to a prolapsus; but a very little scrutiny was sufficient to prove that such it was not, as the finger could be passed up readily behind it, though not in front, and the os uteri was found in its natural situation. Ofcourse, the next thing that suggested itself to the mind was the probability of its being a prolapse of the bladder. But this opinion also was untenable, for reasons which will appear evident as we proceed. In structure the tumour was firm and elastic, was not capable of any motion, except by using much force, and even then only of a little. It was of nearly the same thickness from its origin to its extremity, and measured upwards of five inches in circumference, so that there was no attempt at anything like a neck; indeed, it was larger toward the base than elsewhere. The anterior part of the growth took its rise immediately behind the meatus, which was thus lodged in the angle between the vestibulum and the tumour. The anterior wall of the vagina was examined high up, above the origin of the tumour, and a healthy unoccupied portion was found intervening between it and the cervix uteri. The state of the bladder, as to distension or emptiness, had no effect whatever upon its size. When a silver catheter was introduced per urethram, its point could be very distinctly felt through the parietes of the vagina, above the part from whence the growth sprang, but there did not seem to be any change in the position of the bladder that would warrant the belief of its contributing to the size or formation of the tumour. It was closely invested with a rose-coloured mucous membrane, and at the lower extremity or apex there existed some superficial ulceration, similar to what is seen surrounding the os uteri when the prolapsed womb has been long unreduced. No pain or uneasiness was complained of in touching it, nor did she evince distress unless it was rudely handled. Being satisfied that the bladder was not at all implicated in the formation of this tumour, it was determined to attempt its removal by the ligature. Accordingly, on the 15th August, Dr. Johnson and myself applied a ligature of silk fishing-line around its base (keeping about half an inch from the orifice of the urethra), and confining it by means of Leuret's canula. When tightened it caused no pain at the time, but after the lapse of a few hours she experienced very considerable distress, though it was not of long continuance.

The same night she rested pretty well, and the following morning we found her, in all respects, going on favourably, the pulse being quiet, and no pain or retention of urine present. By this time the tumour had become universally livid. On the third day the discharge was fetid, and it was found that the ligature, which was tightened this morning, had formed a deep indentation all round. She complained of much pain, which subsided in the course of two or three hours. In this manner things went on, the ligature being daily drawn tight, until the sixth day, when the report states there had been a considerable amount of hemorrhage in the night, which, it was ascertained, had proceeded from a transverse burst or rupture in the right side of the tumour, though, to all appearances, this was in a complete state of slough. The pulse was quickened, and she seemed low and weak to-day, with little appetite. After carefully syringing the vagina—an operation that was never omitted morning and evening—I drew the ligature tight, whereby some pain was produced. There was no return of hemorrhage. On the eighth day a large clot, which had occupied the rent and part of the interior of the tumour, came away, leaving the latter much reduced in size, and in the condition of a most abominably offensive slough. Drawing the ligature now always caused pain, to soothe which an anodyne was ordered to be given. On account of the inflammation and excoriation of the vulva and labia, the canula and ligature were removed on the eleventh day, and as much of the slough excised as could be conveniently got at. In doing this a scissors was used, and some difficulty experienced, owing to the intensity and toughness of the part. The portion of the tumour which remained uncut by the ligature almost equalled the thickness of one's forefinger. By cutting away a part of the slough from day to day, the whole was removed before long, and the occasional use of the warm bath, with unremitting attention to cleanliness, subdued all the swelling and inflammation of the labia and vagina. A very minute examination, three weeks after the detachment of the ligature, could not detect any remaining trace of the growth, nor was there anything at all abnormal in the feel of the vagina. A slight degree of incontinence of urine existed, but this became daily less troublesome, and in a few weeks ceased. Upon making a strict investigation with a catheter in the bladder, for the purpose of ascertaining the cause of this disagreeable symptom, which at first excited some uneasiness in our minds, we discovered the deficiency of a small portion of the under surface of the urethra, close to the meatus, as if it had been obliquely sliced off with a penknife. This was the only cause to which the occurrence of the incontinence seemed at all referrible. Not many days after this she left the hospital, and returned home in perfect health, having almost entirely regained the control over her bladder. I have since had the satisfaction of hearing that she is quite well in this and every other respect.

Thus the entire of the tumour was not removed for about four weeks, though completely deprived of vitality, and reduced to a state of slough, by the action of the ligature, which, together with the canula, was detached on the eleventh day. It is rather singular that she never suffered from retention of urine throughout this whole period, notwithstanding the proximity of the tumour to the bladder and urethra. How to explain the cause of the hemorrhage which occurred on the sixth day, I am quite at a loss. From the appearance of the tumour after the clot which obstructed the rent had come away, it would seem that the blood had been effused into the interior of the part, below the ligature, and that eventually the right side had ruptured, thus causing the protrusion of the large coagulum which was remarked on this day. This growth, as was before noticed, was extremely firm and unyielding; so much so, as to justify the opinion of its being of a sarcomatous or fibrous nature; and, after its vitality had been completely destroyed, it appeared almost identical in its structure with sloughing tendon—so strongly marked was this fibrous arrangement. In Dr. Ashwell's elaborate "Treatise upon the Diseases of Females" (p. 714), I find the following brief notice of a case much resembling this, and which I shall therefore take the liberty of quoting. After casually observing that "polypoid growths may spring from the submucous tissue of the vagina, carrying the lining membrane before them, and either partially or entirely block up the passage, and protrude beyond the os extern., and resemble in their size and appearance the procident womb," he continues, "a case of this kind was lately under my care in the hospital, in which a growth of the size of a large hen's egg, covered by the rose-coloured mucous membrane, had passed the orifice of the vagina, and had been mistaken for the protruded uterus. The lower surface of this growth had a large circle of ulceration, very similar in its direction and aspect to that which takes place around the os uteri when the womb has been unreduced for any length of time. A careful examination soon detected the os uteri, and the womb was felt in its proper situation. The growth was excised by Mr. Key, and the patient quickly recovered. These tumours," he adds, "do not bleed, being composed of cellular tissue, and fat, and a few blood-vessels, but their vascularity is by no means striking." How far this description applies to the case I have related it is unnecessary for me to say. The existence of such a tumour as this in a parturient female would, I have no doubt, exercise considerable influence upon the duration of her labour. From its structure it is impossible to suppose that it was of a "follicular origin," or would have at all admitted of the treatment recommended for tumours of this kind by Mr. Hemming, in his paper published in the 35th vol. of the *Edinburgh Medical and Surgical Journal.* Any attempt to excise it would probably have been attended with very considerable hemorrhage, and from its close connection with the urethra and neck of the bladder might have entailed a urinary fistula. Dr. Ashwell does not state from what part of the vagina the tumour in his patient grew, which is to be regretted, as it is a fact which must influence the prognosis and treatment in all these cases.

A PRIZE ESSAY ON PURULENT ABSORPTION.

Communicated to the Medical Times by Thomas Ottrey Rayner, M.D., F.S.A., &c.

(Continued from page 415.)

Exp. 2.—One drachm and a-half of healthy pus were thrown into the crural vein of a small cur; the injection was immediately followed by cries, loss of motion, and evacuation of the urine and fæces. The animal appeared very ill for two days, with dulness, thirst, and loss of appetite; apparent recovery on the third. On the seventh, two drachms of thickish pus, that had been taken twenty-seven hours before, from a scrofulous lumbar abscess, were injected into the other crural vein. This operation was followed by the same immediate symptoms as the former one. On the third day he was much better and eat a little, but was still dull; the dulness increased, and on the fourth day he had stupor, and was unable to stand; he appeared moribund, but nevertheless survived in this state for about thirty hours longer. After the first day

from the operation there was some looseness of the bowels.

EXAMINATION FOURTEEN HOURS AFTER DEATH.

Lungs emphysematous in patches, and spotted here and there with round defined ecchymoses; here and there also hepatisations, but no pus; pleura healthy.

Liver apparently healthy and not softened. Two of the smaller lobes, however, presented irregular patches of a yellowish aspect, which extended into the substance of the lobes; they had somewhat of the appearance of fatty degeneration. Gall-bladder much distended. The small intestines contained a considerable quantity of bile, mixed with mucus, but exhibited no traces of inflammation. Other organs healthy. The head was examined, but found healthy.

Exp. 3.—A small piece of wood was passed into the external jugular vein of a dog. The operation was followed in a day or two by dulness, loss of appetite, stupor, and death on the sixth day.

EXAMINATION ABOUT FORTY HOURS AFTER DEATH.

Thorax.—On removing the sternum, a quantity of pus was found infiltrated into the cellular tissue of the anterior mediastinum. All the large veins forming the superior cava were then exposed—an operation of some difficulty with regard to the left external jugular on account of the thickening of the tissues from inflammation which had taken place around it. This vein was found filled by a large clot of grumous blood, mixed with pus; this extended upwards nearly to the point where the jugular is formed by the junction of the auricular and temporo-maxillary veins, and downwards as far as the union of the two venæ innominatæ, where it ceased rather suddenly; the clot was less consistent at this part than in the jugular itself, and did not appear to have impeded the return of the blood from the axillary veins. On the clot being removed, the lining membrane of the vein was found of a nearly white colour; whereas in the other veins which were healthy it had a pinkish tint, apparently from imbibition of the colouring matter of the blood. The piece of wood was found in the centre of the clot at the place where it had been inserted.

Heart.—The lining membrane of the heart appeared quite healthy. Both ventricles contained a quantity of fluid blood, together with several clots of fibrin, free, as is usual, from colouring matter. Fibrinous clots were drawn out of the pulmonary artery. The lungs were much diseased; the lower lobes of each were hepatised nearly throughout; that of the left lung scarcely floated in water, and sank when a little spirits of wine was added. The portions not hepatised were emphysematous. Numerous abscesses, varying in size from that of a pin's head to a kidney bean, were found; they were most numerous about the surface and edges of the lung; they were not filled with pus alone, but were tuberculated as it were by the cellular tissue of the lung, into which pus was infiltrated. On forcing air into the bronchial tubes, the emphysematous portions were readily inflated; but it was difficult to inflate the abscesses, sometimes, however, the air bubbled out from the more superficial ones. It was not possible to trace a bronchial tube, nor one of the pulmonary vessels, clearly into an abscess. The middle and upper lobes were also much affected, but here the pneumonia was more lobular, and each hepatised part was found, on cutting it, to contain a small abscess. The upper lobes had suffered least. The liver, kidneys, spleen, and intestines, all appeared healthy The head was opened by Dr. Johnson for the purpose of dissection, but no morbid appearance was observed.

Exp. 4.—Two drachms of pus, from a lumbar abscess, were injected into the crural vein of a dog. The same symptoms as in the previous experiments occurred immediately. Apparent recovery the next day. On the eighth day four drachms were thrown into the jugular vein. There were no cries, but great dyspnœa, which destroyed the animal in about two hours.

EXAMINATION SIXTEEN HOURS AFTER DEATH.

Large veins and right cavities of the heart distended with blood; very little in the left ventricle. When the lungs were cut into, an immense quantity of frothy serum issued from them; the trachea also was filled with it. A small ecchymosis existed on the lower, and a little circumscribed abscess without any surrounding pneumonia in the middle lobe of the left lung. All the other viscera were healthy.

Experiments of injecting healthy pus into the veins of dogs have been performed in France by M. D'Arcet. They are detailed in a thesis on multiple abscesses, which I shall have occasion to refer to in future part of this essay. Although he made eleven or twelve injections, he succeeded in causing multiple abscesses only twice. As I have not been able to procure the original work, but seen an abstract of it merely, in the *British and Foreign Medical Review*, I am unable to account for this failure. The experiments are, however, with those which I have just narrated, sufficient to justify the following conclusions:—

1. That healthy pus circulating in the blood of animals, by whatever means introduced, is capable of causing, in various parts of the body, abscesses, similar to the consecutive or disseminated abscesses which occur in the human subject.

2. But that pus circulating in the bood does not necessarily cause disseminated abscesses, because when the quantity is small, it is susceptible of elimination from the system.

The discovery in the lung of the dog, the subject of my fourth experiment, of a single abscess, which could have been caused only by the pus first injected, does not invalidate the latter conclusion; for it is to be regarded merely as an accident in that particular case, and as unlikely to have happened in the other cases in which recovery, after the injection of a small quantity of pus, appeared complete.

Other inferences may be drawn from the results of the above experiments, and they will be mentioned at a future period; those I have now made are sufficient for my present purpose.

But in what way does pus act in thus giving rise to the formation of consecutive abscesses? What becomes of it after it has been introduced into the torrent of the circulation?

In order to answer this question, it is necessary to find some liquid capable, when introduced into the blood, of dividing itself into molecules similar to the granules of pus, yet each susceptible of ocular demonstration. Metallic mercury suggests itself for this purpose.

Exp. 5.—Two drachms by weight of metallic mercury were introduced into the jugular of a small dog; in a day or two he had frequent cough; the respiration was quickened, and he refused food; emaciation; death on the seventh day. The lungs were found dotted with small abscesses, in each of which was a globule of mercury. They were most numerous about the edges and surfaces of the lower lobes. The other viscera healthy.

This experiment has been repeatedly performed by Cruveilhier. He has varied the quantity of mercury considerably, with this difference in the result: that when it was large, the abscesses were very numerous, and death soon followed; when small, the animal survived two or three months, and after death tubercles instead of abscesses were found in the lungs, the centre of each being formed by a globule of the metal. The more fluid part of the pus would appear to have been absorbed. Cruveilhier has also found that the whole of the mercury is not always retained in the lungs; but that a part of it sometimes passes through these organs, and is then discovered giving rise to abscesses in other parts of the body.

Now these experiments, considered with reference to the analogy between the physical qualities of pus and mercury, justify the inference that the former fluid, being too viscid to pass readily through the capillary system, is retained in the minute vessels, where, acting as a foreign body, it causes the abscesses in question.

I come now to the consideration of the mode of development of consecutive abscesses in the different organs in which they are found, and of the other local effects produced by the pus. I shall first describe their morbid anatomy, as visible to the eye in the different stages of their formation, and shall afterwards enter upon the questions, in what part of the vascular system do these effects first commence? What is the precise mode of action of the pus in producing them? Emphysema of the lungs, especially the lower lobes, was in my experiments the first effect of the introduction of pus into the circulation. This was most likely occasioned by the violent efforts to breathe, which were immediately excited. I do not know whether it is ever found to have taken place in the human subject; at all events, it is not mentioned by authors; but it does not appear necessary for its production that the pus should be suddenly introduced, for it was found very extensively in the lung of the subject of Experiment 3rd, in which the entrance of pus into the blood was most likely gradual. The next appearance found, is that of a number of little ecchymoses, the majority of them being situated in the lower lobes, and near the surface and edges of the lung. Each of these soon becomes the nidus of a round hard engorgement, in the centre of which, by a careful examination, one or more very small veins filled with pus may be detected. The ecchymosis next becomes black and hard, and afterwards whitens from the formation of pus; this commences in the centre, and gradually extends to the circumference, until the whole is converted into an abscess irregularly spheroidal in shape, and surrounded by perfectly healthy tissue. When, as is commonly the case, the abscesses are situated quite at the surface of the lung, they are almost always accompanied by pleurisy, with effusion of serum and lymph, and sometimes of pus. Occasionally the pleura pulmonalis is destroyed in patches by being involved in the abscess, and, when the lung is removed from the chest, a ragged looking ulcer presents itself on its surface, and a spot, covered with a slightly adherent layer of pus, is seen on the corresponding surface of the pleura costalis. The interior of an abscess frequently presents, on a section, patches of the substance of the lung of the same deep red colour as that immediately surrounding it; portions of lung in the centre of the abscess not having yet lost their red colour, from purulent infiltration; for the abscess itself is seldom entirely fluid, but is trabeculated as it were, by the infiltrated pulmonary cellular tissue. This may be seen by raising it with the forceps. Cruveilhier records a case in which a careful dissection of the pulmonary artery, discovered that vessel to be filled by a decolorised sanguineous concretion, slightly adherent to its walls; the concretion divided itself with the artery, and penetrated into a number of its slender ramifications. It was easy to see that the coagulation of the blood had commenced in the arterial trunk, and had extended itself into its final divisions; the clots in the small divisions were red and little consistent, while those in the principal trunk presented, by their solidity and their want of colour, unequivocal proofs of their longer standing.

Consecutive abscesses in the liver are the result of a similar series of changes; we find first, brownish bloody spots, which appear to have their seat in the lobules themselves; next infiltration of concrete pus commencing in the centre of the spot, and surrounded by hepatic tissue of a brownish slate colour; sometimes a large number of lobules is affected, sometimes the inflammation is confined to a few of them; thirdly, the pus is collected into an abscess, surrounded by a greater or less extent of tissue changed to a brownish slate colour. The intermediate portions are healthy. In the liver of the subject of my first experiment, the pus was not concrete, but quite fluid, and the hepatic tissue was every where softened.

Analogous changes take place during the formation of consecutive abscesses in the spleen and in the other organs which form their occasional seats. The precise process seems to be modified by the structure of the organ. The joints, and the cellular tissue surrounding them, are frequently the seats of purulent collections. If several are affected, it sometimes happens that the different stages of the progress of the disease may be traced in the same body. First, there is an increased secretion of synovia, which soon assumes a reddish colour, it often holds a few flakes of lymph in suspension; pus is next poured out and mixed with the synovia, it gradually increases in quantity till it fills the cavity of the joint; and the synovial membrane bursting, the surrounding cellular tissue becomes infiltrated. In some cases the articular cartilages ulcerate, while in others they are quite unaffected.

In the substance of muscle the disease commences as a small round engorgement, in the centre of which a little pus is seen; the whole gradually suppurates, and forms a circumscribed abscess.

In a few cases recorded by Dance, the skin was the seat of various lesions, some having the appearance of a boil or anthrax, others consisting of little livid spots like petechiæ, others again of pustules like those of small-pox.

Abscesses are seldom found in the brain, but deep red injection of the pia mater, and inflammation, with effusion of lymph on the arachnoid, are not uncommon. Andral, however, mentions a case (Essai d'Hem. Path.) in which he found consecutive abscesses in the brain. In this instance, the mode in which pus found entrance into the circulation could not be discovered.

Dance also records a case in which there were deux grands plaques mous parsemés de points blanchâtres situeés sur le feuillet arachnoidien de la dure merc qui tapisse les fosses anterieures et latérales du crâne; elles resemblaient à des ecchymoses.

The absurdity of the theory which attributes the formation of consecutive abscesses to the deposition of the pus by the absorbents in the situations where it is found, will be readily seen from the foregoing statements; for the abscess is only the complete result of a local inflammation passing through all the ordinary stages.

(To be continued.)

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

SURGICAL CASES.

CASE 1.—*Fatal Hemorrhage from Superficial Wound of the Thumb—Gangrene of the Arm.*

George King, aged nineteen, a bookbinder, from Major-street, was brought to the accident-room at the hospital on the 3rd of February, at about three, p.m., with two slight cuts on the inner side of the thumb; they were of very small extent and quite superficial, and had been caused by a portion of broken glass. They were bleeding very profusely; there was a small arterial branch wounded, but, besides the bleeding from this, blood seemed to be oozing from every point of the wounded surface; the blood was of a bright-red colour, thin, and showed no disposition to coagulate around the wounds. A ligature was put around the bleeding arterial branch, but the bleeding still continuing very profuse, pads of lint were applied over both wounds, and then bound tightly down by strips of plaster. This seemed to check the bleeding for the time, and he was sent away with instructions to return again to the hospital immediately if the bleeding should come on again. He is a tall young man for his age, thin, pallid, and of an unhealthy appearance. His father states, that whenever he has received a slight wound, ever since he was a child, it has bled very profusely; when very young he received a trifling scratch which bled for some days. When only six years old he had a tooth extracted, which bled to an alarming extent for four days; he has since received several wounds which have each bled very profusely, so much so that he has always been obliged to apply for surgical aid to check it, which has generally been accomplished by pressure. His health has not been very good; he has frequently been ailing, weak, and debilitated, but latterly he has been quite as well as usual. His habits, mode of life, and diet have been tolerably good. The other members of his family have enjoyed tolerable health, none of them having manifested the slightest disposition to this hemorrhagic diathesis.

After he left the hospital, nothing more was heard of him until the next day at eleven, p.m., when the father came up to say that the wounds were bleeding very freely, and that the boy was very sick; he was told to bring him up to the hospital immediately, and he would be taken into the house, but he did not do so. On the Monday morning (February 5), one of the clerks from the hospital was passing the house in which the boy lived, when the father called him in. He found him almost exsanguine, in a state of most complete exhaustion; there was no pulse to be felt at either wrist; heart's impulse hardly perceptible; extremities cold; constant sickness and jactitation; frequent convulsions; gasping for breath; and almost complete aphonia. The bleeding, it appeared, had returned soon after he left the hospital on the 3rd, had continued without intermission up to the present time, and was still going on, blood being continually oozing through the dressings over the wound. He had lost an enormous quantity of blood during this time. Cold was applied over the dressings, and the tourniquet placed on the arm so as to compress the brachial artery. This soon checked the bleeding, and he was ordered,

R. Opii dura, gr. ij, s s.

R. Mist. æther. c. opii, ℥ss; omni horâ sumend.

He was again seen a few hours afterwards, when he was found to be a little better; there had been very much less bleeding, and there was then only a very trifling oozing. Ordered to continue mist.

In the evening, when again seen, he appeared better than in the morning; there had been very little bleeding; he had rallied a little; pulse was just perceptible at the wrist, but he had still frequent attacks of sickness, and occasionally convulsions, with low muttering delirium at times. He was carefully carried to the hospital, was placed quietly in bed, with the tourniquet still over the brachial artery. A consultation was held upon the case, when one of the surgeons suggested the adoption of transfusion; this was not adopted; but he was ordered to have brandy given freely, strong beef-tea per mouth and rectum, and any other nutritious food he could be got to take, and to have the following medicine:—

R. Tinct. ferri. muriat., gr. v.; Aq. camph., ℥j; ft. haust. omni. horâ sumend.

6th.—He has continued very restless; the bleeding returned during the night, in consequence of which the house surgeon was called up three times; he each time applied the tinct. ferri. muriat. to the wound, and increased the pressure, the tourniquet still remaining upon the arm. He lost nearly a pint of thin blood, which showed no disposition to coagulate upon the parts. The bleeding was checked by the last application, and has not returned since; he has rallied a little this morning; pulse is just perceptible, but very rapid; sickness very troublesome; extremities cold; is very restless; constant jactitation of limbs, with occasional convulsions; surface blanched, and vessels seem drained of blood; speaks in a whisper. Continue brandy and beef-tea, &c., with the tinct. ferri. muriat.

7, p.m.—Has had no return of bleeding; he is somewhat better than this morning; pulse is a little fuller; surface and extremities somewhat warmer; convulsions less frequent; tongue moist and blanched; bowels not moved since his admission until this evening, when he had a common enema administered, which brought away some fæces. Cont. tinct. ferri muriat., with brandy, &c.

7.—He has passed a very restless night; slept none; there has been no return of the bleeding, but he appears much worse this morning, pulse being again almost imperceptible; surface and extremities cold; he lies gasping for breath; extremely restless; constant jactitation of limbs; frequent sickness; bowels not again moved; passes but little urine; has some delirium; he complains of having much pain in the hand; the dressings have not been disturbed; there has been no further bleeding; the tourniquet still remains upon the arm, but is not very tight.

Cont. Tinct. ferri muriat. Brandy, beef-tea, &c.

8.—Had rather a better night; took freely of the brandy, beef-tea, and other nourishments; slept for a short time, and he appears to have rallied a little; there has been no return of the bleeding; pulse still very low; less sickness; is more composed; surface somewhat warmer; is at times delirious. Cont. Tinct. ferri muriat., brandy, &c.

R. Pulv. secale cornut., ℈j. Omni 4tâ horâ.

Vespere.—No return of bleeding; but is more restless; surface cold; pulse very weak and frequent; no convulsions, but complains of increased pain in the hand.

R. Morph. acet., gr. ¼. Fiat pilula, s. s.

9.—He has not slept during the night, being very restless; no return of bleeding, but is very low this morning; pulse almost imperceptible and irregular; frequent sickness; extremities cold and very pallid; bowels slightly moved; passes but little urine; does not take the brandy, &c., quite so freely; complains of much pain in the head; the dressings have not been disturbed, and the tourniquet still remains upon the arm. Omit. Sccale. Cont. Tinct. ferri muriat., beef-tea, brandy, &c.

10.—Had a better night; has again rallied a little, pulse being more distinct, but still very weak, and 128; sickness at longer intervals, occasionally vomiting of a darkish coloured fluid; bowels not open; passes but little urine; is still complaining of pain in the arm, which is slightly swollen above the dressings, which have not been removed; the tourniquet removed from the arm. Cont. Tinct. ferri muriat., &c.

11.—Slept but little; was restless; pulse extremely small and weak, 130; surface cold; countenance is sunken and anxious; breathing laborious; voice low and indistinct; occasional sickness, and low muttering delirium; has had much pain in the arm; some of the dressings being removed, a gangrenous vesication was found on the inner side of the palm of the hand, and the parts around and arm above much swollen. Bandages were all slackened. Continue beef-tea, brandy, ale, and good diet.

12.—Has slept very little in the night; arm painful; vesications much larger, and swelling extended higher up the arm; the gangrene is fast extending; pulse weak, irregular, and 135; surface just warm; is very low; countenance sunken, pallid, and anxious; tongue moist and pale; bowels not open; passes little urine; he takes pretty freely of all kinds of nourishments.

13.—Passed a bad night; much delirium; the gangrenous vesications on the arm have considerably extended, nearly up to the elbow joint; the whole arm is much swollen up to the axilla; he has lost all sensation in it below the elbow, and complains of much pain above; pulse 144, weak and irregular; complains of great faintness and sense of exhaustion; takes but little food; tongue furred; constipation; passes but little urine. To have poultice to the arm.

He continued to sink gradually, and died a nine, p.m.

POST MORTEM THIRTY-FOUR HOURS AFTER DEATH

External surface very pale; gangrene of the arm has extended as high as the elbow.

Chest.—A small quantity of clear serum in pleuræ.

Lungs were slightly œdematous at some parts, but otherwise quite healthy. They were pale, and contained very little blood.

Heart apparently healthy; contained very little blood; in the right auricle and ventricle there was a little, and some clots of fibrine, but these were very soft; left cavities were entirely empty.

Very little blood flowed from section of the large vessels—it was thin and fluid. A portion of it was collected, and allowed to stand for some hours; but there was no attempt at separation into clot and serum. It had a thin watery appearance.

Abdomen.—The whole of the viscera were pale and exsanguineous. There were some old adhesions between the liver and lower surface of the diaphragm.

Liver.—Its structure was pale; upon slicing it there were seen several large cysts containing pus, and a kind of cheesy matter resembling that of crude tubercles; these were many of them contained in distinct cysts, and the surrounding texture of the organ was apparently healthy; others were not surrounded by a cyst, but around these the biliary structure had the same healthy appearance.

The other abdominal viscera appeared healthy.

REMARKS.

This case offers a striking example of that form of hemorrhage resulting from a diseased state of some parts of the system, where there is manifested a strong disposition to severe hemorrhage under the influence of the most trivial exciting causes, which state of the system has been designated "hemorrhagic diathesis." The wounds which

were the immediate exciting cause in this case were such that, under ordinary circumstances, there would not have been the slightest difficulty in checking the bleeding from them; but when the boy was seen in the accident room at the hospital, it was evident from the rapid rate at which the blood seemed to ooze from every point of the wounded surface, that in his case there was a stronger disposition to hemorrhage than is usual, and upon inquiry it will be seen, from the history given by the father, that he had ever since birth been liable to severe bleeding after the most trifling wounds, and that this had on two or three occasions assumed a very serious aspect. Several cases similar to this in the strong disposition there was to hemorrhage, have been recorded; in some of these it has been traced as hereditary, several members of the same family having suffered from it. This is noticed by Dr. —— of several families in America which fell under his care; no such tendency seems to have existed in this boy's family. Upon what this strong tendency to hemorrhage depends is not positively ascertained; it is, however, generally considered that, as in purpura hemorrhagica and sea scurvy, there exists a diseased state of the blood, and that this consists either in a diminution in the amount, or a diseased state, of the fibrine; this is probably correct, and is in keeping with one of the phenomena generally found to attend these cases, namely, the slight disposition which the blood shows to coagulate; this was well marked in this case. The condition of the blood which was collected at the post-mortem also corroborates this; it was thin, of a darker colour than usual, and although allowed to stand perfectly still for many hours, it did not manifest the least disposition to separate. The fibrinous clots found within the cavities of the heart were remarkable for their softness and the readiness with which they were broken up; their existence, however, militates somewhat against the opinion that this constituent of the blood was low in quantity. Although a diseased state of the blood exists, there may be other symptoms likely to increase, if not to cause this diathesis, such as an abnormal state of the small capillary vessels, and of the smaller arterial branches. It is not improbable that in these cases they are distributed much more minutely through the different parts than under ordinary states of the system. If we suppose this state of vessels to exist, we shall the more readily see why there should be such a general oozing of blood from the wounded surface, also why this disposition to hemorrhage having once manifested itself in childhood, the tendency should continue through the rest of the patient's life, and prove fatal at last, as is generally the case. . It is quite as probable that such a state of the small vessels should exist, as that a diseased state of the blood existing soon after birth, should continue throughout the rest of life, although it is probable that these two states are combined, and the result is the strong disposition to hemorrhage which existed in this case.

Although the bleeding was checked for the time when he left the hospital, it was most probable that it would return, and directions were given accordingly; still he was not again seen until he had lost so much blood as to preclude almost all hope of his recovery. To check the bleeding, however, was the first point to be attended to, and no more certain mode offered itself than the application of the tourniquet, which it has been shown was successful; the pressure used by this was not at any time such as entirely to put a stop to the passage of blood along the brachial artery; to have done so would have been to entail certain mortification of the limb; the bleeding even returned again after its application, and was checked by the local application of the tinctura ferri. muriat. and increased pressure over the wound, so that there must have been a free circulation of blood through the limb. The subsequent gangrene resulted not so much from the pressure exerted by the tourniquet, as from the immense quantity of blood which he had lost, and the great pressure which it was requisite to make over the wounds to check the bleeding from them. Had not this occurred, it is just possible, supposing there had been no further bleeding, that he might have recovered under the careful administration of stimuli. The rest of the treatment will be seen to have consisted in the administration of astringents, preparations of opium, and a free supply of stimulants and nutritious food, which were the only means likely to be productive of good; indeed, they seem to have relieved him from some of the more urgent symptoms of loss of blood. The same American physician, previously spoken of, recommends strongly in these cases the exhibition of the sulphate of soda in such doses as to act as a purgative; he speaks highly of its effects in several cases which fell under his care, and I have heard of one similar case in which this treatment was adopted with the best results.

The abscesses found in the liver bore much the appearance of those deposits of pus sometimes found after death from severe accidents or other injuries, and generally considered to depend upon the supervention of phlebitis, and were most probably the result of the accident.

TO CORRESPONDENTS.

☞ *Subscribers are respectfully requested to forward their remittances during the present week, by an order on some party in town, or by a post-office order addressed to James Angerstein Carfrae.*

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex-street, Strand, *price* 13*s. neatly bound.*

The Pharmaceutical Number *of the* Medical Times *for March, is now ready, and contains twenty-four closely-printed pages of the most important matter to the chemist, pharmaceutist, and general practitionr. Price* 5*d; Stamped* 6*d J. A. Carfrae, Essex-street, Strand.*

D. S. S.—*We believe the special certificates would be necessary. For full information on this subject we may refer our correspondent to the* Students' Number *of the* Medical Times *for* 1845, *or to the* Medical Times Almanack *for* 1846. *Any further details* D. S. S. *may require is to be obtained by addressing* Sir W. Hamilton, Bart., *Secretary to the Senate of the University of Edinburgh.*

Notts.—*We think it very unlikely.*

Z. Z.—*The fee is an honorary one, there being no legal rate of charge.*

M. B., B.A.—*Boulogne is certainly the most Anglicised town in France. We believe the population before the railroad crisis exceeded* 20,000. *At present we should say it was much increased. The new volume of the* Medical Times *will commence with the month of April. The annual subscription is* £1 1*s. in advance. Some recent changes have, we believe, been proposed in the laws affecting our correspondent's other question, an answer to which shall be given in our next.*

W. W. *before he gave evidence on an inquest should have demanded and obtained a legal summons according to the prescribed and printed form; without this he is unable to demand a fee. In the other case mentioned by* W. W. *the condition of the law is very imperfect. The magistracy have no power to order remuneration to medical witnesses, unless the accused be fully committed for trial, when the expenses (for which he receives a certificate from the magistrate) are allowed the witness by the court. At the Central Criminal Court medical witnesses are paid only one guinea a day. We have, on more than one occasion, been sufferers from this anomalous state of the law in criminal prosecutions.*

In consequence of the length of Dr. Chambers' *Address we are reluctantly compelled to postpone* Dr. Civiale's *lecture till next week.*

R. H.—*Dr. Churchill's work on Midwifery possesses a deservedly high reputation.*

THE MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending by a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13*s; Quarterly,* 6*s.* 6*d. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.*

THE MEDICAL TIMES.

Saturday, March 14, 1846.

> Yet should I try, the uncontrolled worth
> Of this pure cause would kindle my rapt spirits
> To such a flame of sacred vehemence
> That dumb things would be moved to sympathise,
> Till all thy magic structures, reared so high,
> Were shattered into heaps o'er thy false head.
>
> Milton.

The announcement made in the last Transactions of the National Association, that the Committee were prepared to fall back upon their former pledge of striving for the establishment of an institution on the representative principle, that shall recognise in its constitution the unity of medicine and surgery, must give great satisfaction to all earnest and enlightened reformers. We hail this announcement with cordiality, as we see in it a nearer approach to general harmony of opinion, and to the settlement of this long debated question on sound and comprehensive grounds.

This Association has, by contrast with the "Sham Associations" our journal exposed last week, done great things for the Profession. It has succeeded in establishing a sound principle of union among the numerous and variously qualified members of our Profession, by organising into one body all persons in practice as General Practitioners. This is the "great fact" which the National Asssociation has had the honour to establish; and there can be no doubt that from this time forward every movement for the attainment of any wise and useful scheme of medical reform must be based in its recognition. It is a point gained—a step in advance of our former devious, contradictory, and disjointed exertions. This has given the National Association a commanding position both in the Profession and with the Government, and has enabled it to propound measures that have met with universal acceptance—directed as they were to the general good. The confidence of the Profession induced their acknowledgment by the Government, and thus their counsels have assumed a straightforward, unobtrusive, business-like character which had not before distinguished any other association. Their duties were too weighty—their responsibilities too important, to allow of any hasty, capricious, or dogmatic expressions of opinions: and we feel that whatever emanates from the Board Room of this Association will, in consequence of the foresight and prudence brought to bear on every subject, merit the highest consideration of their professional brethren. The bold statement, therefore, which they have recently issued, is another proof—if additional proof were wanting—of the wisdom of establishing a College of Medicine on a wide and general principle.

One important duty of the new institution should be the registration of all legally qualified practitioners, with a view to the punishment of interlopers in professional practice. These systematic plunderers should be exposed; and the medical men in every provincial district would do well to transmit the names of all such persons illegally practising in their neighbourhood to the council of the new institution, who, it is to be hoped, would be enabled to prosecute a few of these gentry under the provisions of the Apothecaries' Act. This would be a most useful function of the new institution, and we trust that its originators will adopt measures both to acquire and exercise it. They may rely upon it that, throughout the country, medical men suffer from nothing so much as unprofessional practice; and that there is nothing for which they would give their money so readily, as the working out of some scheme by which these harpies might be punished, and illicit and dangerous practice prevented. It is not that it so severely affects the pocket as it tells on the character of the qualified body. The man who assumes the responsibilities of life, conscious of his incompetency to answer them, is usually as depraved a man morally as he is ignorant scientifically. His life is but a double pest; the vileness of his practice made more horrible by the unceasing hypocrisy of his manner. He wins confidence but to betray it: undertakes trusts but to turn them into calamities; and when amid the ruins of a once happy family detection at last comes—as it ever will—the horror and disgust for the individual monster is extended to the whole Profession, of which he is erroneously fancied to be at once a member and image.

There can be no doubt that the voluntary agency of the Profession combined in one institution, and really in earnest, would alone do more to curb this rampant and growing evil than the reluctant and half-compulsory exertions of all our old unpopular Colleges together. A hundred agencies might be set at work independently of any act of Parliament, which, stripping quackery of its disguise, would, divest it of half its mischiefs. But it is our earnest trust that the United College of the Profession might count on more than their own voluntary efforts. The graceful and daily increasing liberality of the Society of Apothecaries—the handsome way in which they have, during the late agitation, deposed corporate interests at the shrine of their brethren's welfare—the sacrifices they have spontaneously offered to win the Government's aid in upholding and elevating the social position of the great body of the Profession—irresistibly compel us to look to them with hope and confidence in the present conjuncture of medical affairs. They have frankly bewailed their inability, through legal fetters, to do all that they feel is required for the interests of their brethren. They have as honestly admitted the difficulty of enforcing the penal clause of their Statute of Incorporation, and their past liberality will be a light that but misleads, if it do not pledge them to a cheerful co-operation with us, not only in establishing a college worthy of the Profession, but in giving to it all the practical efficiency their possession of a legal recognition admits of. With a kindly intercommunion of the two institutions, the New College would offer the high social station the old Society has failed to secure, and the old Society would give, or rather lend, a *legal sanction* which otherwise, for a time, the New College would be likely to want. The statutory machinery of the one would give effect to the voluntary action of the other; and thus the Society of Apothecaries would aid in achieving an unity and elevation for the Profession which we might in vain expect from Government. There would be much disinterestedness in this course—a handsome self-abnegation rarely recorded, if ever, in corporate annals. But are we disentitled to expect it? Did not the Society offer unconditionally the surrender of their exclusive rights in favour of a College of Medicine and Surgery, approved of by the Profession?—and have they not avowed that, as present constituted, they cannot do for the Profession what they feel is due to it? We do not doubt, therefore, that they will be among the first to throw themselves into any general movement of their brethren for an organisation suited to their wants, and not unworthy of their station and attainments.

The great Convention of the Profession, in which this subject will be fully entered into, is now not distant, and we anxiously entreat of our readers to concentrate their attention in the meantime on the feasibility of using the present favourable moment for uniting the whole body of Medical Practitioners into one integral body, governed on the representative principle, scientific worth, as appreciated by the Profession, the sole password to official distinction. The scheme, it is true, is as vast as it is magnificent, but we affirm unhesitatingly that the agencies in being for its accomplishment are not less so. The universal unpopularity of the existing Colleges, the interminable difficulties into which the most important of them is plunged, the existence of a United Association of five thousand medical men marked by an unprecedented display of respectability and influence, the favourable disposition of the Society of Apothecaries, and finally, the absolute necessity of doing what neither the Colleges nor Government will ever do—in all these circumstances we have the strongest of guarantees that if the Profession be only true to itself, and enterprising to the measure of its ability (we need scarcely ask so much), success is inevitable, and the new organisation of the Practitioners of the whole empire certain. The triumph would indeed be grand; but the fact which would above all others ennoble it, would be that it was accomplished by ourselves!

"I would not willingly charge the profession to which we belong with a lack of benevolence, or presume to say of it that it is cold and selfish; but I am bound to confess that for ages it has been criminally negligent, or why has not the cry of the widow and the orphan struck upon its ear, and thrilled to its heart's core long before this?—why have not the wealthy amongst us stepped forth from the plenitude of their success to helps those who have been less fortunate?

"Our Profession is not like many others, at all events, it is not like TRADE. If the head of a medical establishment be removed by death, who can fill the chasm death has made?—not the widow, and, it may be, no part of her family; *her daily bread is cut off;* she is cast at once upon a rude unfeeling world, which has nothing to bestow but, perchance, its reproaches, or at best its pity."—DANIELL'S "Address to the Provincial Medical and Surgical Association."

SOME months back we noticed, with commendation, a pamphlet sent to us for review, consisting of "Proposals for establishing a General Medical Annuity Fund for disabled Members of the Medical Profession, their Widows, and Orphans;" and we promised to consider the subject more in detail in some subsequent article. We feel assured that it is one which enlists the sympathies of all honest and benevolent-minded men; and we have a confident hope that it will obtain not only the countenance, but the co-operation, of every heart amongst us that beats in solicitude for the sufferings of another. That hearts, gifted thus generously, abound in our Profession, none know better than ourselves, and none more rejoice to honour them with the praise that is their due; that the subjects peculiarly appealing to their bounty are also unhappily numerous is a fact often painfully forced upon us, both in our public and private capacity. A text so ample and so importunate as this needs no apology for its introduction, or comment. Both are offered to the Profession at large—the source, and, we hope, the succour, of the wretchedness we picture and plead for.

The history of the Medical Profession is full of examples of how uncertain is human life, and how unstable are human prospects. Perhaps none other illustrates this melancholy truth so frequently, or to so large an extent. The preparatory study which a man is compelled to undergo, ere he can join our ranks with credit, and with legitimate chances of successful practice, is eminently calculated to weaken his powers of constitution, and lessen the probability of "length of life being added to his days." Severe study, rigid, abstemious discipline, and continual exposure to the effluvia of disease and death, are so many sources of physical weakness and early physical decay. The commencement of practice, if not marked by that singular success, the issue of accident, and the lot of only a few, requires the exercise of such energy, and entails the suffering of such anxiety, as few stamina can sustain with impunity. Hence, how common a thing it is to find the hopes, expectations, and efforts of the few first years of a practitioner's life, only the heralds of an early death-bed, where ambition pauses in its career of distinction, and its best and brightest enterprises are proved to be as empty and valueless as vanity. Many such cases have we seen, and many a mournful lesson have we read in them. We once watched a man through an honourable and distinguished career of studentship; he was the pride of his teachers, and the ornament of the university that owned him for her pupil. Whatever was creditable to the head and heart of man, seemed to be his appropriate attributes—amiableness and intelligence were singularly combined in him—he never vanquished a competitor without at the same time making him his friend, and even rivals loved him too well to envy his superiority. Every available prize, every available honour his college had to give, he was seemingly fated to get—he swept the dew from the brightest flowers that grew in his pathway, and came home laden with the choicest gatherings that competition and conquest could place before him. When he left his university, charmed with its favour and flattery, and encouraged by the friendship of the many friends it had furnished for him, he was hailed, nor more with the wish than with the expectation that his career as a practitioner would be a counterpart of that which had adorned his period of pupilage. He was the only son of a widowed mother, who, besides himself, had another child, a daughter, some few years younger. The parent had been left with a little property, which barely sufficed to educate her son, establish him in practice, and provide the three with means of subsistence for one or two subsequent years. This, however, was thought to be all that was requisite, for the mother calculated, with as much foolishness as fondness, that her child's reputation would necessarily secure to him a correspondent amount of patronage and preferment. Poor creature! she little knew how many are the trickeries, trammels, and trials of physic! How many obstacles have to be surmounted, tribulations to be borne, and temptations to be resisted, ere the pathway of fame, much less its summit, can be reached. She had never known the melancholy truth.

> Ah! who can tell how hard it is to climb
> The steep where Fame's proud temple shines afar;
> Ah! who can tell how many a soul sublime,
> Hath felt the influence of malignant star,
> And waged with fortune an eternal war.

But she shortly found out its pitiable pauperising

reality. She saw her own limited resources grow daily less, and the likelihood of their return lessen as well; she saw the agony and bitter disappointment of blighted hope settle in the heart of that son upon whom she had lavished her fondest, tenderest care, and for whose welfare she had exhausted her little fortune—she saw that heart, with its noble capabilities, struggle, whilst a life-string was left, against the withering adversities of fate — she watched at the death-bed till that heart was broken, her prop and comfort gone, and herself left houseless, homeless, and friendless in the wide world. She buried the body she had borne, and nourished, and eultured into manhood, and found herself and her remaining child, after the sepulture of their earthly idol, dependents upon the parish.

This picture is one, which has, unhappily, a frequent type in the profession to which we belong. Nothing is more common, as we have said, than to find the sensitive, ardent, hopeful, mind of the young practitioner, irremediably crushed before the blighting influence of disappointment. To the poor sufferer himself the agony is a heavy one, and only to be compensated in the confident expectation that he is exchanging this world for a better. To the parents and relatives whom he may thus unexpectedly leave, his loss is a burden of grief, trying enough even to resignation and fortitude in any form. But much greater is the trial, when, with the personal bereavement, are forfeited the several worldly advantages, of which the object departed was the single source. This is what happens when a medical practitioner, neither rich by inheritance nor acquisition, dies, and leave to the world's mercy, a wife, and it may be, a family of children. These are the cases peculiarly pitiable in the every-day history of our calling. Take the majority of practitioners, even those who have been tolerably successful in their career, and see, after thirty or forty years' practice, what fortunes they have amassed. In the great majority of cases it will be found that their savings would do little more than pay their current debts, and creditably bury them. Nor is it any wonder. During the few first years of practice, the difficulty is "to make both ends meet," and the personal experience of most men amongst us will truly answer how great that difficulty is. As practice increases, responsibilities augment in proportion. A large house, more horses and servants, accessions of company and acquaintance, and the *tout ensemble* of maintaining a "proper position in society," all draw heavily upon the revenue, and keep the recipient poor. It may be that a family, increasing in years, or numbers, or in both, makes a further inroad upon income, and leaves the responsible agent in a state of equivocal solvency. To meet the liabilities above enumerated, requires an excellent *bona fide cash receipt*, which we must remember is, generally speaking, not more than three-fourths or four-fifths of what the medical practitioner usually *books*. Add to these things, the services he voluntarily renders as gratuities; those which are barefacedly exacted from him by parsons, players, dancers, operatic singers, and the other saints and sinners of fashionable life; the charities he is expected to subscribe to, and the many gifts, small in themselves, but large in their aggregate, which he makes to the suffering poor who are the immediate objects of his notice and solicitude, and there can be no wonder that the man is poor. He may continue to live on, day by day, in decency and respectability, owing no man anything, and enabled to be charitable to those more indigent than himself—but what prospects are these in the face of his declining health, the chances of his death, and his wife and family being left unprotected? To-day to be living a life of respectability, and ease, and comfort; to-morrow to have no husband, no father, no home, no friend to care for, or protect them! Terrible reverse, and but too often met with! When the practitioner, dependent only upon his profession, dies, all dies with him; all is lost to those who were his dependents; they are paupers for ever! A tradesman's wife can keep open her late husband's shop, and sympathy for the widow will bring extra custom to her store. Many a lean wife has become a fattened widow through the counter-bounty that has followed as a cordial to the pangs of her bereavement. It is never so with the widows of medical men! In the majority of cases, all their husbands can leave them is the memory of a noble intellect, and the honour of a name! A dear treasure, it may be, to the poor wife; but a miserable shield of defence against the claims of importunate creditors. No matter what might have been the reputation of the father; whose lives he might have saved; whose interests he might have served; only let him die insolvent, and his best friends will leave the treasures that live after him, to reap the benefit of beggary, or the wages of a workhouse! Many a detail in point could we give, were it not too harrowing for recital.

It may be said, why do not men so circumstanced insure their lives? Life insurance, we answer, is a capital thing for those who can command it, but to other less fortunate people it is good for nothing. An insurance that would be of any value after the insured's death, should have some fifty pounds, or more, paid annually during his lifetime. Such payment would be utterly inconsistent with the opportunities of a poor-fellow whose last farthing was swallowed up with unavoidable expenses. Besides, as this is only available in case of a man's death, it would be useless in case of accident, or other cause, disabling him for a time; though the loss would be temporarily, and it might be permanently, as great to his dependents. On this ground it is that we commend, to the best consideration of the profession, the General Medical Annuity Fund, proposed to be established by Mr. Daniell, in the elegant and eloquent address before alluded to. His pamphlet, which no doubt has had the circulation it deserves, and that is throughout the whole range of the Profession, embraces a consideration, in ample detail, of all the advantages derivable from the institution. It is peculiarly an enterprise to serve the General Practitioner — the best educated, hardest worked, worst thanked, and more than all, the worst paid, member of the professional community. In the space we have to spare, we can only treat the subject summarily; but we beg of the General Practitioners, as it most nearly and dearly concerns them, to take it into their serious consideration. To pay a guinea a-year is certainly not much, when it secures to widow and orphan children an immunity from pauperism and a poor-house. Happy are they who may not need the service; there is the greater reason why they should subscribe for the benefit of such as may be less fortunate. Those who are likely to be of the latter class should join the goodly community without delay. We wish the enterprise all the success it merits. God prosper it.

THE COLLEGE OF SURGEONS.

The disorganisation of this unfortunate body is as great and, we fear, as incurable as ever. The internal dissensions are equal to the unanimity of censures out of doors. Sir Benjamin Brodie's abandonment of a very unpleasant place on the Court of Examiners—Mr. White's resignation of his place, both on the Court of Examiners and the Council Board, have in no measure improved the position of the whole body—thus belying the general opinion that things were so bad with them that there could be no change without an improvement. One little fact offers singular evidence of the respectability of the Members. On the night when the Council, by a small majority, passed a vote of censure, the circumstance was that very evening conveyed to a journal for publication early the next morning. From the lateness of the hour, and the absence at the meeting of all but members of the Council, the information must have come directly from one of themselves. We know, however, that each member has positively denied that he was answerable for the report. The mutual confidence and esteem of the Councillors thus situated must be anything but enviable. With such anarchy within, such exhibitions of incapacity, personal ill-feeling, and breaches of trust, and with so perfect a diseesteem and unpopularity on the part of all those outside, for whom they ostensibly hold office—the bond of cohesion which holds them together should be very strong indeed. Yet, as far as we know, he Examiners have each only about four hundred a-year, with a very fair prospect of a large diminution of even that. For ourselves, we would not hold their places for the income of the whole body united.

Numerous council meetings have been recently held, but we are not in a position to announce with what result. We can hardly say that we feel on the matter much anxiety. The Profession has fallen into that quiet humour of contempt in which it awaits all the Council's proceedings with consummate indifference. However brought about, a change is inevitable, almost without our own exertions. There are in the Council itself the elements of dissolution. It must fall to pieces unless something very vigorous be done, and nobody expects the work of thorough repair to come from within. Whatever patchwork may be offered will be accepted as so much, postponing, but not precluding, the time for the new garment.

It is in this fixed confidence that the Profession now regard the present proceedings of the Council with such contemptuous indifference. The poor Councillors themselves are but too conscious at last of their position. A twelvemonth ago they spurned from their doors the representatives of more than a thousand injured members, and exhausted their powers of raillery and sarcasm on the deputation from an Association having five thousand supporters. *Now*, they are but too glad to receive, with servile attentions, four or five self-deputed deputies, acting in the name of an unappointed committee and non-existing association—too happy to reflect on the poor petitioners all the official consequence of corporate fraternisation. The thought is pleasing. For the College there is weakness—for the deputies there is destruction in the homage.

THE NEW ORGANIZATION OF THE PROFESSION.

(To the Editor of the Medical Times.)

Sir,—As one of your readers, permit me to express the warm admiration I feel for the bold proposal made to the profession by the respectable and influential Committee of the National Association. Pledged, as they already are, to the representative principle, I can have no doubt as to the orthodoxy of the principles on which they will base the new institution. On this point let them swerve for no man. They observe now how largely they have gained in strength by keeping aloof from a connection that it was hoped to have forced on them, and

I tell them to proceed on their way as careless of the slanders as of the praises of the individual I refer to, if anything guarding most carefully against the danger of his encomiums. There are intrigues now going on to bolster up the Council of the College of Surgeons. Let the Association not heed, but persist steadily in their course. I remember reading, some three or four years since (shortly prior to the commencement of this agitation, and in the time of my literary darkness), a statement in the *Lancet* that the representative principle, extensively carried out, would be an impracticability! O, for one atom of that sagacious brain! This was in the days of that editor's ratting among the dilapidated colleges. He is still burrowing there in secret, as is shown by the clumsy attempts he is making to play the game of the Colleges against the General Practitioners. He has lived long enough to discover suitable associates. For impudence, apostacy, and general congeniality of disposition, W—— and L—— may appropriately work in the same harness. They began life together, and so should finish it. Each, in his own way, has been the interested slanderer of the general practitioners of this country. Let the attempts of both be equally despised. I am satisfied that, when this Association shall see fit to establish the proposed institution, the profession will give it their warm support. It is, in fact, the only means now in the hands of the profession of carrying on the warfare in which they are embarked; it is no less a necessary than a wise measure.

J. C.

REVIEWS.

On Scarlatina, and its Successful Treatment by the Acidum Aceticum Dilutum of the Pharmacopœia. By Isaac B. Brown. London: John Churchill. 1846. 12mo. pp. 66.

This is one of those equivocal productions which we scarcely know whether to consider medical or miscellaneous. Its author advertises it as a compound of both—a sort of epicene—a rare medley, that will affect to caution the profession with one page, and catch patients with another. "My object," says Mr. Isaac Brown, "in offering this little treatise to my professional brethren, and through them to the public at large, is not to write a history of the various plans of treatment which have been tried, and of their results, but simply to place on record certain facts. I shall therefore be excused for making all my observations as brief as possible. I purposely avoid using unnecessary technical or professional terms, because I wish this to be read by parents and heads of families, as well as by members of the medical profession." (p. viii, ix.) This is really very considerate and liberal of Mr. Brown, who however, makes a certain reservation for himself, in case any old lady armed with a vinegar b ottle or pickle jar, should rival him, and his *acidum aceticum dilutum*, in the treatment of scarlet fever. "I cannot too forcibly," he says, "impress upon every one who is not duly qualified to practise the medical science, the danger of attempting to carry out this or any other plan, without first obtaining the best advice the locality in which they reside affords." (p. ix.) What, then, is the use of telling the public, what a capital thing vinegar is for curing scarlet fever, if they are to be advised in the same breath not to try it? The critical knowledge they may have of the virtues of this said vinegar will avail them nothing, if, after all, they are to place themselves under the exclusive care of one of the profession, when they become the subjects of scarlet fever. Perhaps, however, it is intended that patients impressed with a sense of the value of vinegar, shall ask their doctors, do you treat fever on the new acidification plan? and receiving an answer in the negative, forthwith send for Mr. Brown, the legitimate patentee of the practice.

The following is Mr. Brown's lucid and elaborate explanation of the *modus operandi* of vinegar in curing scarlatina, which learned word, we are philologically informed at page 1, "derives its name from *scarlatto*, the Italian for deep red, and is called medically *scarlatina*, being the modern Latin name for scarlet fever."

"It is well known that acetic acid is a powerful antiseptic, a good styptic, and also a most refreshing febrifuge; it is also well known that it materially assists digestion, thus it acts as a powerful auxiliary in assisting assimilation, and consequently a greater supply of chyle is obtained. Here, then, we have all we want for destroying the poison of the blood, for allaying the vascular state of the mucous membrane, for preventing hemorrhage from the blood vessels, astringing the tonsils and fauces, and for checking the febrile action, and supplying fresh chyle to the blood." (p. 9—10.) Hurrah for vinegar! It deserves to rise in the market, and its panegyrist to be pensioned for increasing its sale!

Mr. Brown does not trust alone to acetic acid—it is his "sheet anchor from the beginning to the end of the treatment;" but he patronises a few "other remedies as *auxiliaries*." Thus he purges with calomel, and caustics the sloughing throats with nitrate of silver. This auxiliary practice, which we are simple enough to consider the only efficient part of the "grand total," is not new in the hands of Mr. Brown. Ourselves adopted the latter at the personal suggestion of Higginbottom, long before Mr. Brown ever dreamt of authorship; and the former we take to be nearly as old as the drug itself. Simple and insignificant though they may be considered, these things are certainly not novelties. The book, however, is not wanting in these attractions; for on going over the cases, *which of course are successful*, we find Mr. Brown suggesting, and his patients performing, such feats of gastronomy and imbibition, as have never been heard of since the days of Falstaff. At page 36, we are told that, at her own earnest request, a lady, four days after the commencement of scarlet fever, and with a pulse of 120, was allowed some bitter beer, and at the same time to continue her port wine and chicken broth. On the following day, when her pulse was "rather better," but no dejection had followed an enema that had been given, she took "at her own earnest request" some "cold roast beef cut up very fine and soaked in vinegar and mustard, and some iced champagne!!" We are not surprised to find that at nine o'clock the next morning, the patient asked for, and had, some "brandy in soda water." The pulse was still at 120, and no wonder. At eleven o'clock that night she was ordered "some hock wine, and good turtle soup." At nine on the following morning, the pulse still at 120, she was directed to "continue the turtle soup, brandy, and wine."!!! (p. 37.) The patient got well, and a very remarkable case of recovery we call it! Had she been treated in the ordinary way, by some stupid routine practitioner, it is very likely that, between the fever and the feeding, not to mention the bacchanalian libations, she would have stood a very fair chance of dying; but, as under the novel management of Mr. Brown, she was regaling herself plentifully with vinegar and water, it is no wonder she got well.

Such is Mr. Brown's practice, and although surprisingly successful in his own hands, we dare venture to affirm that it would have an opposite effect in the hands of any other man who might be silly enough to try it. Our author does not say on the title page of his work what his qualifications are; we should very much like to know whether he have any; and whether Dr. Locock knew the nature of the work, when he permitted it to be dedicated to him. What with distilled vinegar, and some other trifles, we fear the reputation of the Queen's accoucheur is likely to undergo a disagreeable tarnishing. *Fide*, Dr. Locock, *sed cui vide!*

Surgeon Dentists in Paris.—By a recent decision of the law courts in Paris, it appears that surgeon dentists are not qualified to practice their branch of the profession in France, unless possessed of the diploma of M. D., or at least of that of officièr de santé. Mr. William Rogers, was fined twenty-five francs, by the *tribunal correctionelle* for so practising without a medical qualification, and the *Cour Royale* after hearing his appeal decided against him. confirmed the previous judgment, and cast him in costs.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Anniversary Meeting, March 2, 1846.

Dr. Chambers, F.R.S., K.C.H., President, in the Chair.

The finance report was first read, from which it appeared that the receipts during the past year had been £1,192, and the expenditure £1,175, including £131 for books, and the purchase of £200 stock. Thirty-two fellows had been elected during the year. The library had been increased by 260 volumes, of which ninety-five were donations. A large proportion of these books were foreign works.

Dr. Chambers, the president, then delivered the annual address, for which see p. 468.

Certain changes in the bye-laws were then put to the vote, and unanimously adopted. They were principally verbal alterations, for instance in chap. xv, the word "removal" was substituted for "expulsion;" it was also proposed and carried that fellows, whose names were suspended in the room for non-payment, should not be permitted to exercise their privileges until the suspension was removed; arrangements were also made for the appointment of trustees, and their duties defined. They are to be appointed by the council, but to be under the control of a general meeting. It was further provided that the authors of communications published in the Society's Transactions should be furnished with twenty-five copies of such papers at the expense of the Society, instead of their own, as heretofore.

The thanks of the meeting were afterwards presented to Dr. Cursham and Mr. Curling, the secretaries, to Mr. Phillips, the librarian, and to the late treasurers. After which the following were elected the officers and council for the ensuing year:—

President. — William F. Chambers, K.C.H., M.D., F.R.S.

Vice-Presidents. — B. G. Babington, M.D., F.R.S.; Thomas Watson, M.D.; Robert Liston, Esq., F.R.S.; J. G. Perry, Esq.

Treasurers.—George Burrows, M.D.; Martin Ware, Esq.

Secretaries.—George Cursham, M.D.; T. B. Curling, Esq.

Librarians.—R. B. Todd, M.D., F.R.S.; Richard Quain, Esq., F.R.S.

The other Members of Council.—William Baly, M.D.; George Budd, M.D., F.R.S.; P. N. Kingston, M.D.; J. Forbes Royle, M.D., F.R.S.; James Arthur Wilson, M.D.; James M. Arnott, Esq., F.R.S.; Robert Dunn, Esq; Charles Hawkins, Esq.; Samuel Solly, Esq., F.R.S.; Edward Stanley, Esq., F.R.S.

The meeting then adjourned.

WESTMINSTER MEDICAL SOCIETY.

Meeting of March 7, 1846.

Dr. Sayer, President, in the Chair.

Mr. Clarke introduced to the notice of the meeting, specimens of a new mode of preparing meat, made so as to obtain its nutritive powers in a very small compass; they have been brought to this country from New South Wales, in order that soups, broths, &c., for invalids, may be prepared in a comparatively short space of time. By boiling an ounce of the beef-tablets for five minutes in about a pint of water, and adding appropriate seasoning, beef-tea can be had ready for use; and the same with mutton-broth. Since these articles have been imported, a similar mode of preparing vegetables, &c., has been adopted, and any flavours desired may be imparted to the broths, &c., by the addition of appropriate tablets. It was expressly stated, that these tablets did not contain gelatine, an article which had been proscribed by the Academy of Sciences of Paris, as decidedly wanting in nutritive properties.

Mr. Warriner then stated that oxen and sheep are so plentiful in New South Wales, that they used to be slaughtered merely for the sake of their hides bones, wool and tallow, the sale of

which sufficiently repaid the grazier for his trouble and expense. The meat of the animals has since been turned to account, and is now employed in the preparation of these tablets, which are at present manufactured at Sidney on a large scale; but from the want of the necessary knowledge on the part of the manufacturers, are brought to this country having a burnt flavour, which Mr. Warriner seemed to imply, was removed here by solution in alcohol and subsequent evaporation. A similar article, it appears, was imported from Russia some years since, but that contained so much bone gelatine as to be objectionable; the Australian meat tablets, on the contrary, Mr. Warriner stated, on the authority of a very carefully conducted analysis, to be a decoction of beef, containing a small portion of gelatine, but consisting principally of ozmazome, and of two azotic materials, resulting the one from the alteration of the tendons, and the other of the fibrine, and also of different salts. Gelatine is present in very small quantity, inasmuch as the greater part is got rid of by the solution in alcohol practised in this country, to free the preparation of the burnt flavour it had acquired.

Several of the members present took part in the discussion which ensued, but, as the subject will be resumed, we believe, at the next meeting, when probably information founded on experience as to the utility or uselessness of these tablets, will be brought forward, we shall defer any further notice on the subject until afterwards.

SURGICAL SOCIETY OF DUBLIN.

Meeting of the 21st February, 1846.

R. Carmichael, Esq., in the Chair.

A discussion void of any practical interest succeeded to the reading of two papers on "Constitutional Syphilis," by Drs. Egan and Corbett, in which these gentlemen dwelt at some length on the phenomena developed in the fœtus in utero from the above causes. The length of time the disease may persist as a constitutional taint, even after the primary symptoms have been fully treated by, and have apparently yielded completely to, the mercurial plan.

The New Holland Cassowary.

Professor Harrison apologised to the Society for bringing under their notice a subject which was totally unconnected with matters of a practical nature, but which, from its connection with comparative anatomy and physiology, he might calculate on being received by the members with a good deal of interest. Amongst the tribe of struthiones, or running birds, are the ostrich, Indian and New Holland cassowary, &c. A peculiar conformation connected with the air passages of the latter animal had been the subject of much interest and accurate investigation, both during life and after death, by Dr. Harrison, on a late occasion, the results of which he now detailed. Very little was known, he observed, of the peculiarity of organisation of this animal, until the addition lately of a new species of cassowary by Dr. Darwin. Previous to this it was recognised merely as presenting some differences in the plumage.[1] Immediately above the sternum or furculum, and at the anterior part of the trachea, of the New Holland bird is situated a sac as large as a man's head, which the animal has the power of inflating to such an extent that it is seen to bulge out at the lower part of the throat to an immense size, in which condition it remains until it pleases to allow the sac again to collapse. The skin covering the breast of the bird is like that of other parts of its body, only that it is more thickly covered with feathers, which are of that peculiar double kind which has two barbs issuing from a single quill. On raising off the integument covering the sac, a pretty strong muscular investment appeared. The mucous lining membrane was next cut into, and a large opening nearly two inches long, and from a quarter to half an inch in width, was observed at the anterior part of the trachea, which consisted of 104 rings, the anterior segments of six of which were deficient at this part. The lining membrane was supplied with numerous plexuses of nerves and large veins, to which provision was no doubt attributable, he said, the degree of temperature, so far above that of the neighbouring skin, enjoyed by this part. To ascertain the condition of the tracheal orifice, whether closed or open, in the undistended state of the sac, it was necessary to examine the bird alive, and as the animal was a very powerful one, this was not effected without some difficulty. Three or four men having controlled him sufficiently, however, Dr. Harrison found, on carrying the finger along the neck, that the opening was perfectly closed. For the purpose of distending the sac some slight effort was made, probably, he thought, stopping the glottis, so that the air rushed from the tracheal opening.

On examining the trachea after death a very peculiar structure was displayed, which Dr. Harrison thought furnished an explanation of the mechanism by which the closing and opening of the tracheal orifice is effected. The rings are of an elastic and cartilaginous nature, very unusual in the bird family in which their structure is usually osseous. As the sixty-fourth ring is approached—the part at which the opening is situated—the cartilages assume a different form and structure; instead of being single there appear to be two semilunar segments in the six rings concerned in the opening, the anterior cornua of which form the lateral margins of the opening, while the posterior cornua meet behind in the median line and then run forward into the tube, so as to form a prominent vertical keel-like projection. A longitudinal elastic ligament extends along the back part of the trachea its whole length, and beneath this, but only corresponding to the situation of the opening, short muscular fibres pass across from one semilunar cartilage to the other, which tend to preserve the internal vertical projection. In explanation of the mechanism whereby this opening is retained in a close condition when the sac is emptied by the contraction of its muscular covering and its neck relaxed, Professor Harrison observed that the twelve anterior cornua of the six cartilages are approximated, meeting each other in the median line; the posterior internal ridge is thrown forwards and supports these, thus dividing the trachea throughout this much of its extent into two tubes, one at either side of this middle line. A free respiratory channel is thereby preserved, while at the same time the anterior wall is supported against the weight of the atmosphere or the suction influence of inspiration. The line of the opening is also overlapped by the ring above and that below, and the whole is supported and strengthened by the contraction of the walls of the sac.

Dilatations of this kind, Dr. Harrison observed, are usually found in the male bird only; but, in this instance, both male and female have it. The tongue of this bird is furnished with denticulated, fringe-like processes at each side, the upper part of the larynx is unusually well-developed, but the epiglottis is only rudimentary. This sacculated appendage, Dr. Harrison observed, is totally unlike anything to be found in water birds, as the widgeon, &c., and bears perhaps a greater analogy to the laryngeal pouches in the howling monkeys, or the laryngeal sac in ourselves, of so inferior a structure. With respect to its uses, as it has so many peculiarities of organisation, he considered it very difficult to assign any very satisfactory reason for its presence. Were all the struthiones supplied with such appendages it might be said, that a reservoir of air contained in them might be used as a means of sustaining a long race when pursued, so as to avoid fatiguing the respiratory muscles by too frequent repetitions of the inspiratory and expiratory efforts; but opposed to this opinion is the fact of the other running birds, the ostrich, Indian Cassowary, &c., having no such provision. It was conjectured by Dr. Knox, that providence had given the animal this structure for the purpose of enabling it to meet the contingencies of climate—Australia being so subject to occasional floods—and that it takes to the water under these circumstances, the sac acting the part of a great swimming bladder.

Another remarkable peculiarity in these birds is their power of uttering two distinct voices; the one a shrill, hissing noise, somewhat like that of the swan or goose, heard when the bird runs round the cage looking for food; the second a deep, hollow sound, emitted from the chest and resembling distant thunder, the rolling of a carriage a short way off, or the sound elicited from a drum when struck with the hand. The latter sound, he said, was no doubt produced by the rushing of the air into the bronchial tubes, and its being then driven out along the rough resonant trachea. The animal emits this latter sound only occasionally and cannot be forced to utter it. It would be in vain to speculate, he observed, as to the office fulfilled by these sounds. Such a power enjoyed by various animals may be either as a means of sexual attraction, or for the purpose of expressing anger or alarm. It had also been supposed, he said, that the sac is subservient to the respiratory functions as are the air cells in common birds.

[1] Dr. Knox, of Edinburgh, had been the first person to notice a specimen of this tribe in a paper published in the *Edinburgh Philosophical Transactions*, in 1824, but he had not entered into any very minute anatomical details.

PATHOLOGICAL SOCIETY OF DUBLIN.

Meeting of February 7th, 1846.

Robert Harrison, Esq., M.D., in the Chair.

Meningeal Disease and Cerebral Softening.

Dr. Mayne exhibited a brain, at the base of the hemispheres of which softening existed, while on the convexities there were evidences of chronic arachnitis. The subject of these lesions was a man, aged forty-five, by occupation a process-server. In May last he received a severe beating, while in the discharge of his duties, several violent blows having been inflicted on his head; but it did not appear that these injuries were sufficient to stun him at the time, and he was able to resume his business in a few days, as also his habits of intemperance, for he remained continually intoxicated during a fortnight, at the end of which time he was seized with a violent epileptic fit. From this he seemed to recover completely; but at the expiration of a second fortnight, he had a repetition of the fit, and again remained apparently well for an equal space of time, when a renewal of the fit occurred; but subsequently to this third seizure he was found to be hemiplegic, and was now admitted into one of our metropolitan hospitals, when he was subjected to antiphlogistic treatment, under which he improved to a certain extent, when his condition remaining stationary, he was discharged. In September he came under the care of Dr. Mayne, who found him labouring evidently under established cerebral disease. The right side was imperfectly paralytic, the corresponding arm and leg being weaker and less obedient to the will, than the extremities of the opposite side. There was considerable deficiency of the mental powers though he had formerly been a man of rather vigorous intellect. The organs of sense, at the same time, were perfectly natural; he had no defect of vision, hearing, taste, or smell, and the sphincters performed their functions regularly. But the most remarkable peculiarity in the case was his inability to express his ideas; he could pronounce words with sufficient distinctness. He knew the words proper to convey his meaning, but he constantly said precisely the opposite to that which he intended. When he wished to say "Yes," he said "No," and when he was desirous of expressing that he felt "better," he stated that he was "worse." He was most painfully conscious of these involuntary errors, and when what he wished to say was said for him, he appeared grateful and shed tears at the consciousness of his own imbecility. At length, however, he was seized with another fit, and after this became, much more stupid and averse to motion; he also evinced a distaste for food. His discharges passed involuntarily and he gradually became nearly comatose. Under these circumstances his head was again shaved and blistered, and he was put under the influence of mercury. As soon as his gums became affected, the most marked improvement was observed in his condition; his intelligence revived, and he continued much better for a fortnight, but was now again seized with an epileptic paroxysm, and died. The arachnoid covering, and the convolutions on the convexity of the hemispheres were found opaque and

thickened, and here also a good deal of sub-arachnoid effusion existed, but no lymph was discoverable. Upon attempting to raise the brain out of the cranium, the middle lobe on the left side was found adherent to the dura mater, and very extensively softened, and on further examination, the dura mater, which lined the middle fossa, at the base of the cranium, and supported the middle lobe of the brain, was found thickened and studded with morbid deposits similar to carcinoma. Considerable serous effusion existed in the cavity of the arachnoid.

Dr. Mayne conceived that this case might warrant some interesting conclusions. First, it supplied an additional proof of the general law, that the cerebral disease exists at one side and the paralysis at the other. Secondly, it affords a proof that the middle lobe of the cerebrum at one side may be softened throughout the entire part which projects at the base of the brain, although the special senses retain their power. The mental imbecility was most probably dependent on the chronic arachnitis of the convexity of the hemispheres, the anatomical characters of which were discovered after death. Dr. Mayne thought that an affection of the dura mater was the first in a train of lesions, whence the disease was doubtless propagated to the brain; the irritation thus produced in the nervous centres giving rise to the epileptic paroxysms; whilst the effusion in the arachnoid, discovered at the autopsy, accounted for the fatal termination.

MISCELLANEOUS CORRESPONDENCE.

THE NATIONAL FACULTY OF MEDICINE.

"Medice! cura te ipsum."

To the Editor of the Medical Times.

SIR,—As four attempts at medical legislation have been made during the last session, by the indefatigable Home Secretary, all of which have failed, and as I see no prospect of any modified or new bill being introduced, which can satisfy all parties in the profession, you will pardon my trespassing on your valuable pages with the following suggestions respecting the establishment of a NATIONAL FACULTY OF MEDICINE.

The plan I propose is, that all qualified members of the medical profession "practising or entitled to practise," whether at home or abroad, be admitted as members on payment of one guinea, to be continued annually—say 20,000 join, there would be secured at once a handsome sum, and which no doubt would increase every year—that the principal be invested in Government securities, after a sufficient sum for the current year's expenses has been deducted—that trustees be appointed—and that directors be elected annually, to manage the affairs of the FACULTY. That the management of the Faculty be vested in the hands of the directors, and that they draw up a code of laws for the internal regulation of the profession (which may be called articles of peace), or medical etiquette, each member binding himself in a certain sum to observe such regulations (these would decide many disputed points which are now the subject of weekly discussion), such laws to be altered or amended as the directors think fit. The directors to be appointed by vote, each member having a suffrage.

That a list of the members be printed and published on the first of January in each year, and a copy forwarded *gratis* to every individual who has paid up his subscription. That a list headed "Medical Quacks and Impostors," be likewise published, in order to guard the public, protect the qualified, and to discountenance empirical practice; and that the directors do exert themselves, with the aid of the members, to expose quackery by publishing the names of offenders in the public prints, local newspapers, &c., where such may reside, which, in addition to the printed list of charlatans circulated through the empire, will be a powerful means of checking this national disgrace.

I propose likewise, that the "National Faculty of Medicine" be founded as a friendly society, and its rules be drawn up in proper form according to act of Parliament, as no doubt in a few years an enormous income will accrue, which may be disposed of as hereafter may be agreed upon, in assisting the unfortunate but respectable members, their wives, and children. A certificate, signed by the clergyman of the parish, and one or two magistrates, where the practitioner seeking for relief resides, stating the nature of his circumstances, and testifying as to his general conduct, would at once, he being a member of the Faculty, entitle him to such relief as the directors might consider sufficient.

I am, Sir, your obedient servant,
J. W. MOSES, M.D., M.R.C.S.E.
St. Asaph.

REMOVAL OF MR. LAWRENCE'S BUST.

(To the Editor of the Medical Times.)

SIR,—Will you do me the favour to state in the next number of the *Medical Times* that the removal of Mr. Lawrence's bust, along with that of Dr. Bright, was merely a temporary arrangement until additional brackets were put up in the library, and that the council had no knowledge whatever of this proceeding, which originated entirely with myself.

I am, Sir, your obedient servant,
GEORGE CURSHAM.
Hon. Secretary to the Royal Medical and Chirurgical Society.

5, Saville-row March 11, 1846.

[We contented ourselves with announcing the simple fact that Mr. Lawrence's bust had been removed from the library of the society. We were unacquainted with the reason, and consequently did not assign any.—ED.]

ACTION AGAINST AN INSURANCE OFFICE.

[We extract, on account of its professional interest, the following report of an action tried at Northampton last week, from the *Times* of Saturday last.]

ASHBY AND OTHERS, EXECUTRIX, &C, V. BATES.

This was an action against the Argus Insurance Company upon a policy for the sum of £500., upon the life of Richard Bates, farmer at Budbrook, lately deceased. The first plea alleged that it was untrue that he had not rupture or any disease tending to the shortening of life, concluding with a verification; second plea fraud.

Mr. Humfrey, Q. C., and Mr. Mellor conducted the plaintiff's case; Mr. Whitehurst, Q. C., and Mr. Waddington appeared as counsel on behalf of the offiee.

Mr. Mellor opened the pleadings and

Mr. Whitehurst proceeded to open the case for the defence. The insurance was effected in April, 1844, the deceased being then sixty-three years of age. It was required, as usual, that three papers should be signed, one by himself, one by his usual medical attendant, and one by an intimate friend, and that he should be examined by a medical gentleman named by the office. Each of the papers contained questions put by the office as to the general state of health of the party, and as to his being, or having at any time been, the subject of any one of several enumerated maladies, among which was mentioned rupture, or any other disease or affection tending to shorten life. All three answers distinctly denied the existence of rupture then or at any time previously, or of any other disease or affection tending to shorten life, and the office then named Dr. Robertson, physician at Northampton, as the gentleman to examine him, who wrote to the office describing the party as being to all appearance hale, hearty, and robust, with a slight tendeney to apoplexy, broad shoulders, and rather a short neck, but nothing particular, and stating that he thought it was a life they might take. The policy was then granted at a premium of £34. The paper signed by the deeeased, and dated the 3rd of April, 1843, contained these or such words,—"I declare that all that is stated or eontained herein is true, and I agree that this declaration shall be the basis of the contract." The medical attendant stated that he had at times suffered from rheumatism, but not to his knowledge from any of the other diseases named. In May, 1845 a letter was received at the office from Mr. Joseph Ashby, the brother, to say that he was dead, and some inquiries being made, from which it appeared that he had died of strangulated hernia, the company deemed it their duty to resist the payment and defend the action.

The declarations and policy having been put in,

Dr. A. Robertson was called and examined by Mr. Waddington.—Has been between twenty and thirty years a physician in this town, and is physician to the infirmary here. At the request of the office examined the deceased in the month of April, 1843, in the same mode in which he was always used to examine. He began with the head, and proceeded downwards to the chest, and viscera, until he came to the lower part of the belly. He then asked them if they had any rupture or anything unusual in those parts, cautioning them most carefully to conceal nothing from him, and warning them that if they did it would vitiate the policy. If they answered explicitly "No," he proceeded no further. The deceased answered, "No, nothing of the sort." If he had told him about his having been to another medical man to consult him about a swelling, he should have examined the nature of it. As a general rule, he should say that hernia was very easily distinguished from anything else. Any degree of adhesion between the hernia and the sac would indicate long standing, but there being no adhesion did not show that it was not of long standing.

Dr. Charles Kerr.—Has been a physician at Northampton twenty-three years, and thirty in the profession. Is a licentiate of the College of Surgeons at Edinburgh. Mr. Richard Ashby came to him on the 18th of November, 1843, to consult him about a swelling in the lower part of the abdomen. Examined the part with considerable eare. The scrotum was very large. It was a hernia, and he made endeavours to reduce it unsuccessfully, till he thought it would be imprudent uot to desist. There was nothing deviating from good general health. He told witness that it had been coming for a considerable time. Saw him next time on the 9th of December, 1843. Proceeded to make a second examination very carefully, and again made endeavours to reduce it ineffectually. It was an irreducible hernia. Had no doubt that he mentioned to him that it was rupture er hernia. On the 2nd of March saw him again, aud not after this till the 16th of December, 1844, when for quite a different disease he went to him at Budbrook. Had no doubt whatever that what he had spoken of was hernia. It was possible that it could be mistaken, as eminent men had mistaken it. It was a plain case of inguinal hernia. There might be complicated appearances in cases. This did not appear to be one of such. In such cases there might be some difficulty. The swelling was very large, about the size of his two fists, and of a different character from hydrocele. If a hydrocele were great it would lose the pear shape, otherwise it would be the shape of a pear; hernia would never resemble a pear with the thick end downwards.

Cross-examined.—If it were omentum, which he thought it was, it might get thinner, if he got thinner, by absorption; otherwise, if irreducible, as he had stated, it must have remained as large until he died. Did not think it at all likely that it could have escaped the observation of a medical man who was putting him into a bath. Could not say that before the death he had mentioned it to Mr. Helston, who was attending him.

This being the case for the defendants,

Mr. Humfrey proceeded to address the jury on behalf of the plaintiffs, contending that the malady was an enlarged testis, which the deceased had had from his birth, and that the rupture of which he died came on a few days only before his death, from the effects of three very strong emetics which he had taken one after the other, administered by a Mr. Smith, to relieve his total blindness The learned counsel also urged the resemblance of both hydrocele and varicocele to inguinal hernia, as accounting for Dr. Kerr having been mistaken, and then called the following witnesses:—

Mr. William Norton, of Budbrook, farmer, knew the late Mr. Richard Ashby for twenty-four years before his death. Saw him most days. Certified for him when he effected the insurance. Knew

that he had a swollen testis. Never knew of his having a rupture.

Mr. Helston is a surgeon residing at Budbrook, and has been in practice fourteen years. Knew the deceased for many years. Attended him for his father sixteen years ago. In 1844 gave the certificate for the insurance office. Examined him with reference to the questions put by the insurance company. Discovered an enlargement of the left testis and a thickening of the spermatic cord. Then examined him in the usual way for hernia, by pressure with the hand and making him cough violently. Discovered no swelling or enlargement of the ring. Continued the experiment until he was perfectly satisfied that he was not then, nor ever had been, the subject of hernia. Irreducible hernia could not have existed, as had been described, in November, 1843, and been so reduced as when witness examined him. Attended him in November, 1844. He complained of head symptoms. Dr. Kerr attended consultations with witness and his partner during the last fortnight before his death. No mention was ever made of hernia by either. He had varicocele, which occasioned the thickening of the spermatic cord. Examined him about a fortnight before his death, and there was no appearance of hernia. He consulted Mr. Smith, of Southam, who prescribed three strong emetics, and also some strychnine.

Cross-examined.—He died from the operation for hernia. Had not seen him for nearly a fortnight before his death. In January, 1845, did not reduce a rupture which he had, or at any other time. (A letter was here put into his hand, which he said was his handwriting.) He again stated that he had never said that the deceased had had hernia. (The letter was here put in and read. It was to Dr. Robertson, the first witness and stated that the deceased had had a slight hernia about four months before he died, which he had reduced.) He had complained of variocele, which he reduced by manipulation. What he wrote in the letter was the falsehood, not what he said to-day. An enlargement of the veins of the spermatic cord he called varicocele. In April, 1844, saw the suspensory bandage. He had been affected with that ailment from his birth. He had a tendency to apoplexy, occasionally suffered from slight rheumatism, for which, before 1841, he attended him.

Re-examined by Mr. Humfrey.—The letter read was in answer to a letter from Dr. Robertson, marked "strictly private," containing a promise that his name would not be given up in any way.

Mr. William Heury Walker attended the deceased for about a fortnight before his death. Met Dr. Kerr there many times in consultation. Several times assisted in putting him in the bath. Saw no such swelling as had been described. Thought he must have seen it if there had been such. Was fetched about 4 o' clock the day before his death. He complained of having been sick, and of a sudden violent pain and enlargement of the scrotum. Examined the part. Asked him if he had ever had an attack of that kind before. He said, "Not to his knowledge; but that a fortnight previously he had a violent pain in his bowels; Mr. Helston had been sent for, and did something for him, and he soon after became better." He said this particular appearance had happened about an hour previously. Mr. Mash was sent for from the infirmary. Saw the operation performed. It was both omentum and intestine. He died about fourteen hours after the operation. Mr. Mash returned the whole, but it came down again. There was no adhesion, and it appeared a case of recent date.

Cross-examined by Mr. Whitehurst.—The deceased did not mention the word "operate," or "rupture." It was witness's own conclusion at the time that it might have been for rupture. [This witness here produced a letter which he had received from Dr. Robertson, and which was similar to the one addressed to Mr. Helston, and sought information as to the death. It was marked "private," and gave assurance that the witness might rely that his name would not be given up, or himself brought into any trouble or difficulty about it. The answer was called for, produced, and read; and tallied very accurately with the evidence given by Mr. Helston to-day, as well as with that of the present witness].

Mr. James Mash.—Is resident house-surgeon here, and has been so for twenty years. Performed the operation. Found strangulated hernia. There were slight adhesions at the upper part of the sac. If it had been a case of long standiug, there would, he thought, have been some changes, which there were not. It might have been the result of a few hours, of a week, of a month, or more. There was considerable inflammation, which would produce adhesion. From what he saw there was nothiug to induce him to believe that it was fourteen months old. Upon returning the omentum and intestine, observed that there was an enlargement of the left testis. Supposing that the man had had this affection of the testis from his infancy down to sixty-three, he should not have thought it of consequence. With the stricture which he found there could not have been a hernia as large as two fists reduced by being drawn up, or without recourse to the knife.

Miss Elizabeth Beasnell.—Is sister of the widow of the late Mr. Ashby. Knew him to have worn bandages in 1841.

Mrs. Maria Beasnall, wife of Mrs. Ashby's brother.—Has many times assisted in putting him into and out of bed, and in all the necessary offices to be done for him, and saw no such swelling as had been described. On the Tuesday of the operation he screamed, "Oh, Mary, my bowels are in such pain." He was placed upon the stool, and strained very much, but nothing passed from him. He became very sick, and at last screamed out, "Oh, Mary, there's something very wrong." They applied hot flannels to the part, and for the first time they saw a very large swelling. Mr. Mash was then sent for.

Mrs. Anne Gardiner deposed to the same effect.

This was the case for the plaintiffs.

Mr. Humfrey addressed the jury, animadverting upon the use that had been made of confidential letters, written on request, and under such a pledge as had been stated. He contended that the letters told strongly in favour of his clients.

Mr. Whitehurst replied generally, and

Mr. Justice Coltman having summed up minutely, and with the greatest impartiality,

The jury retired at about 9 o'clock, and, shortly before 10, returned a verdict for the defendants upon the first issue, viz., that the deceased at the time of effecting the insurance had hernia; and for the plaintiffs upon the issue of fraud. The verdict is therefore in favour of the office.

GOSSIP OF THE WEEK.

Royal College of Surgeons of England.—Gentlemen admitted Members on Friday, March 6, 1846: H. F. Wilde, H. Hailey, D. Hooper, J. Snelling, W. E. J. Pearse, E. J. Burman, J. D. Rendle, J. G. Jones, C. J. Sylvester,

Apothecaries' Hall.—Gentlemen admitted Licentiates on March 5th, 1846: William Paine Fisher, James Fenn Clark, Samuel Scholfield, Henry Jacobs.

Royal College of Surgeons of England.—Joseph Henry Green, F.R.S., was, on Monday last, elected a member of the Court of Examiners, in the vacancy occasioned by the resignation of Sir Benjamin Brodie, Bart., F.R.S.

Appointments.—Surgeons: W. Roberts, M.D., to the Childers; T. E. Ring, M.D., to the Superb. Assistant-Surgeons: C. P. Mengaye, to the Superb.

The municipal council of Marseilles has just granted the sum of 10,000 francs to defray the expenses of the scientific congress which is about to be held in that town.

Typhus is very prevalent and very fatal in Belgium, at Iseghem, Ingelmunster, Meulebcke, &c.

A bill is about to be brought before the French Chambers, for the regulatiou of the practice of veterinary medicine in France.

M. Orfila's resignation has not been accepted by the general council for the superintendance of the Parisian hospitals.

A Pharmaceutical Society of medicine has just been organised at Montpellier. It will publish a monthly journal, the first number of which appeared at the end of January last.

M. Leroy d'Etiolles has been elected a member of the academies of medicine and surgery at Naples and Barcelona.

Obituary.—At Fochabers, on the 24th, of Feb., Thomas Smith, Esq., surgeon.

Louis Philippe has acceded to the wishes of the Medical Congress at Paris, and has directed that the portrait of Bichat be placed in the historical gallery at Versailles. The minister of public instruction has granted a pension to Bichat's surviving brother.

Queen's College, Birmingham.—An important report of the sub-committee appointed in August last, consisting of the Right Hon. Lord Lyttelton, the Rev. Chancellor Law, the Rev. Vaughan Thomas, Dr. Birt Davies, and W. S. Cox, Esq., to consider the practicability of annexing and adapting a course of preparatory instruction to the present educational economy of the College was presented to the Council by the Rev. Chancellor Law, the vice-president, at a special meeting, on the 17th ult., and unanimously adopted. The sub-committee were requested to resume their labours, to draw out a system of tuition, with a scale of expenses. From the report it appears that a most complete scheme of instruction is now offered to the sons of the clergy, the members of the profession, and the public, on a most liberal, comprehensive, and economical scale, and through the disinterestedness of William Sands Cox, Esq., the valuable privilege of receiving indentures, where required, is offered to resident and non-resident students, without premium. The following is the course of study proposed:—First year—Classics, mathematics, French, German, drawing. Second year — Classics, mathematics, French, German, drawing, dispensing, chemical manipulation. Third year—Descriptive anatomy, general anatomy, practical anatomy, physiology, chemistry, materia medica, botany, surgery, hospital practice, with clinical lectures. Fourth year—Descriptive anatomy, general anatomy, practical anatomy, physiology, chemistry, materia medica, botany, surgery, medicine, midwifery, forensic medicine, hospital practice, with clinical lectures. Fifth year—Descriptive anatomy, general anatomy, practical anatomy, physiology, surgery, medicine, midwifery, forensic medicine, hospital practice, with clinical lectures. On the payment of sixty guineas per annum, rooms and commons will be provided, together with instruction in moral duties and the principles of religion, classics, mathematics, French, German, and drawing.

MORTALITY TABLE,

For the week ending March 7, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	860	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	160	183	188
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	101	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	157	169	157
Diseases of the Lungs, and of the other Organs of Respiration	242	363	294
Diseases of the Heart and Blood-vessels . . .	28	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	79	69	72
Diseases of the Kidneys, &c.	12	7	7
Childbirth, Diseases of the Uterus, &c.	16	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	5	7	6
Diseases of the Skin, Cellular Tissues, &c.	1	2	2
Old Age	38	90	67
Violence, Privation, Cold, and Intemperance . .	19	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

The Meeting of March 9, 1846, presided over by M. Mathieu, was occupied with topics foreign to medical science.

ACADEMY OF MEDICINE.

Meeting of March 10, 1846; Dr. ROCHE in the Chair.

DEATH OF DR. VIREY.—The president communicated to the Academy the decease of the lamented Dr. Virey, one of its most distinguished members, and the author of several important medical publications.

INTERMITTENT FEVER.—Dr. Durand (of Lunel) read a paper on a new theory of intermittent fever. The subject is to be again brought—in extenso—before the Academy, after the discussion of the report on the plague; we will, therefore, postpone until that period the account it is our intention to lay before the readers of the *Medical Times* of Dr. Durand's communication.

THE PLAGUE.

Dr. Prus was then called on to read the second part of his report on this subject.

Sect. 1.—Has the plague always showed itself with the principal characters of an epidemic in those parts of the continent of Europe, Asia and Africa, in which it has been observed? An epidemic is a malady which attacks a large number of individuals at the same season and in the same place. This is the broadest definition of the word "epidemic;" but disorders which present themselves in this form are endowed with special characters; are those to be met with in the plague? Dr. Prus answers the question in the affirmative. In the plague, as well as in epidemic maladies, we find three periods—of invasion, status, and decline—differing from each other in gravity, symptoms, and duration. They are clearly recorded in the accounts of the plague of 1348, of the plague [1] of London, 160[illegible]5; of Marseilles, 1720; of Moscow, 1771; and of Cairo, in the year 1800. During the progress of an epidemic disease, the average number of other complaints usually observed in the same climate is materially diminished, and the endemic maladies are modified in their course and in their symptoms by the prevailing disorder. This special character of epidemics we again meet with in the plague, and we find it carefully noted by Jenner, 1618; by Diemerbroeck (1635, plague of Mimequen, "Syduillus morbus, peste incomitatus"); and Prosp. Alpinus.

Not only are the coincident diseases modified by the plague, but even those persons who escape infection are not wholly free from the morbid influence of the epidemic constitution of the season: persons who, at a former period, have had the disease are said to suffer pain in the scars of pestilential buboes at the approach, and before the appearance, of the scourge. Robert Boyle reports two instances of this kind, and others have been observed in sufficient number to render this sign of the approaching invasion of the malady an indication of no slight importance.

Like other epidemics, the plague recurs at the same time, so that, at the period of its outbreak, the epoch of its termination may be accurately foretold. Thus, in Egypt, the most severe plagues appear in November, attain their height in February or March, and terminate in June. In Constantinople, the disease generally begins in July and ends in December. We also find that the plague is ushered in by premonitory maladies; and this is another circumstance which must assist in placing the plague on the first line of epidemics.

If we turn to the causes of the plague, we find it produced under the same circumstances which tend to propagate epidemics. It is under the influence of a warm, moist, and stormy atmosphere, of a swampy soil, and of the prevalence of some winds for a long time that the plague is found to break out. We must, therefore, consider the disease as an epidemic. The fact being now fully demonstrated, it becomes evident that emigration from the centre of infection will not only preserve those whom the plague has not yet affected, but may be the most efficient curative method for the patients who can bear to be removed.

Sect. 2.—Differences between sporadic and epidemic plague.

Sporadic cases of plague are met with only in those localities which are visited with the epidemic form. They are milder than the cases observed during the prevalence of the epidemic, and not being causes of infection, pass unnoticed in the Levant. They are observed at all times of the year; whereas the epidemic form always recurs during certain months. Besides, these sporadic cases do not in the least modify the symptoms of existing maladies, nor are they ever ushered in by any prodromic disorders.

Sect. 3.—Is the plague propagated by the migration of unknown atmospheric causes, and independently of the *contagious* influence of the infected persons?

When the history and progress of several epidemics of plague are taken into consideration, it becomes clear that, by atmospheric influences only, many localities very distant from each other have been attacked by the malady without the possibility of ascribing its invasion to any communications either of persons or of goods. The plague often wreaks its fury on a single city, although the inhabitants continue freely to communicate with the persons residing in the neighbourhood of the town. Sometimes the epidemic leaps from one city to another without affecting the intervening lands; occasionally, on the contrary, it creeps from place to place without sparing any. It is even the opinion of Clot Bey and of Dr. Aubert Roche, both very competent authorities in the matter, that the winds might waft the plague over the Mediterranean from Alexandria to Marseilles. Epidemic plague may meet with insurmountable obstacles to its progress: thus, the plague which arises in Lower Egypt has never yet passed the first cataract.

It would be, no doubt, of very great importance to ascertain, when the plague has visited a city, the proportion of patients affected in consequence of the epidemic constitution of the season, in consequence of miasmata emanating from the sufferers, and the number of those affected by direct or indirect contagion. This question was attentively examined, for the first time in 1835, by Dr. Lachèze. The result of this physician's researches is, that in Alexandria and Cairo the population, well isolated from infection, lost *one* out of every 400; whereas the population which remained in free intercourse with the patients suffered in the fearful proportion of *one* in every *three*. The value of Dr. Lachèze's statistics has been questioned on the grounds that the hygienic conditions being very different with the persons in quarantine and with the people in the town, that circumstance alone might be considered sufficient to account for the extraordinary differences observed, and to invalidate the conclusions drawn from them. The commission of the Academy has therefore worked upon other data to solve this difficult problem. The arsenal of Alexandria, during the epidemic of 1835, always contained 6000 workmen at the least; every patient who was affected with the plague was carried to an hospital situated outside the precincts of the arsenal, and, strange to say, the persons who touched the pestilential patients were never once infected. These circumstances are merely brought forward to prove that the cases observed in the arsenal were due to *epidemic*, not to *contagious*, causes. Of the six thousand men, three hundred were attacked with the plague—i. e., one in twenty—a larger proportion, certainly, than that mentioned by Dr. Lachèze; but very much smaller indeed than that observed amongst the people who mixed with the patients. The conclusion drawn from this chapter by the learned reporter is, that the plague is transmitted, not by contagion, but by atmospheric causes.

URETRINE POLYPUS.—Dr. L. Boyer laid before the Academy a polypus, of the size of a small apple, of a fibrous texture, extracted by a plan peculiar to himself, viz., that of placing round the pedicle of the tumour a thread, which is immediately employed to cut through the morbid growth by a sawing movement. Dr. Boyer reported another case in which the operation had been performed; no hemorrhage had followed, but the patient having

[1] Sydenham—Opera Omnia Geneva, 174[illegible]), vol. I., p. 65.—Description of the London plague—"Habat incrementi ac declinationis tempor[illegible]: nascitur eo quo diximus tempore (inte ver ac œ[illegible]statem) cresente anno adolescit, eodemque vergent[illegible]e collabascit, donec tandem . . . . inglaciali[illegible]s bruma transmutet."

proved unmanageable and imprudent, peritonitis set in, and death occurred within five days after the operation. This fatal case does not in the least discourage Dr. Boyer, who does not consider the death of the patient as a result of the operation, but as a consequence of her own imprudence.

PARISIAN MEDICAL SOCIETY.

Meeting of March 11th, 1846. Dr. Clancy in the Chair.

Preservation of Specimens of Morbid Anatomy: By M. Pigné, Curator of the Museum Dupuytren.—The following is an abstract of M. Pigné's remarks :—The subject may be divided into two parts—the first referring more specially to the preparation, the second to the preservation of morbid specimens. One of the most important points of the former is the injection of coloured fluids into the vessels of the specimen it is desirable to preserve. The colouring matter should be very soluble, or at least very divisible. Lampblack, acetate of copper, carbonate of lead, and bisulphuret of mercury, are the substances M. Pigné employs for the productions of black, green, white, or red colours; for blue, Prusian blue and indigo are equally eligible, and chromate of lead should be used for yellow. Hématine (extracted from the hématoxylum Cambog.) is considered by the essayist a remarkably valuable substance, inasmuch as it will according to the proportion in which it is added to the vehicle (from one to seven per cent), yield hues varying from the lightest shade of purple to the deepest black. As a vehicle, M. Pigné recommends, for common injections, mutton-suet with the addition of a trifling proportion of yellow wax and essential oil of turpentine. But when it is an object to make an injection into very minute vessels, the essential oil must be used pure, and injected cold. This substance becomes saponified in the capillaries, and acquires a stone-like hardness, which ensures to the specimen an almost everlasting duration. M. Pigné cannot insist sufficiently on the necessity of injecting the liquid slowly, no less than four hours being necessary to inject a liver, and two hours and a-half for a lung; if the fluid were pressed in with greater speed, laceration of the fine texture of the small vessels would inevitably occur. Gelatine and water in equal volumes form also an excellent solvent for the colouring matter of an injection. The gelatine must, of course, be melted in a water bath, at 97—104° Fahr., and the injection should be made under water into the heated preparation; when injected with gelatine the specimen should be dried, as all the fluids in which specimens are usually preserved are solvents of gelatine. But when the preparation is to be subsequently kept in spirit, instead of gelatine, the following composition should be used:—Suet, twenty parts; white wax, one or two; resin, Venice turpentine, five to seven. The mixture is to be melted in a water bath, and injected under water, after the addition of the colouring matter. When the part has been injected, it is often necessary to dissect it very carefully, and in order to prevent alteration of the preparation, M. Pigné advises to keep it in fluid, composed of water one quart, and creosote twelve drops. This fluid will preserve it unimpaired for six weeks, or two months at the least, without change of shape or colour. For the preservation of the fully prepared specimens, many fluids have been recommended, and during a period of five years M. Pigné has successively tried no less than 200. 1. Alcohol is the substance most generally employed, and it should weigh from eighteen to twenty-two by Gay-Lussac's areometer. Notwithstanding its reputation, alcohol is open to several great objections; it discolours the specimen, and alters its size and shape by dissolving its greasy elements, a portion of which floats in the liquid, and renders it opaque and putrid, thus necessitating its renewal at considerable expense every two years at furthest. 2. M. Gannal's fluid (alum, and probably corrosive sublimate, are its constituents), blunts the instruments of dissection, and changes the colour of the preparation. 3. M. Sucquet's fluids (chloride of zinc and sulphite of soda, see *Medical Times*, vol. xiii, page 383), excellent for the purposes of dissection, cannot be used for the preservation of specimens, the colour of which they destroy, and artificial colouring never giving a satisfactory idea of the natural state of things. 4. Creosote, mixed with water in all proportions, has been tried by M. Pigné, whose attention was first directed to the subject by reading in M. Gannal's preface that creosote hastened decomposition. In M. Pigné's opinion it is the very best of all preserving fluids. Water, saturated with creosote, and filtered, retains about twelve drops to a quart, and preserves indefinitely the natural shape, size, and colour of the specimens, although it does not answer so well as an injection. The preservation of the *liquid products of disease* is a subject to which M. Pigné has give much attention, as he deems it of immense importance. Four ounces of pus, extracted by Professor Roux from an abscess, in the year 1843, and preserved by the addition of *one drop* of creosote, were exhibited to the meeting, and not only the fluid was not in the least degree decomposed, but M. Pigné asserted that the globules still preserved, under the microscope, their natural characters. Scrofulous pus, now preserved two years, was shown to the meeting, and certainly presented no sign of putridity. Also urine collected three years and a-half ago, and preserved by one drop of pure creosote. 5. Some morbid alterations, such as pulmonary caverns, and scrofulous tumours in various organs, are constantly destroyed by immersion in alcohol. M. Pigné has discovered that spirit will no longer destroy the preparations, if they have been previously allowed to macerate forty-eight hours in a fluid formerly recommend by Mr. Richard Owen, but which that gentleman has since abandoned. Mr. Owen's liquid is composed of the mixture, at 50° Fahr., of three saturated solutions of common salt, alum, and corrosive sublimate. This fluid preserves and hardens the preparations, but injures materially the instruments of dissection, and is so powerful as even to attack the watch, guard, pins, or other ornaments which the anatomist may wear on his person. The substances employed are, however, very cheap, and, by hardening the specimen, leave to morbid cavities their natural shape, if they have been distended with air during the forty-eight hours of immersion. The glass vases used by M. Pigné, and made expressly by his direction for the purpose of receiving the specimens, are of cylindrical shape, well calculated to prevent any waste of space. The preparations should not be fixed on cork or wooden plates; the latter corrugate in spirit; the former, by losing their tannin and colouring matter, alter the alcohol and render it opaque. In the Paris museums a simple and ingenious method of suspension is employed, and its invention is due to M. Maissiat. The plan consists in attaching the specimen with silk strings, to thin glass sticks bent at right angles, fitting exactly the receiver, and forming invisible supporters. The vases are there closed by the superposition of a flat glass-lid, an advantageous substitute for the heavy and expensive stoppers which would be requisite if the shape of the receivers was different. The lid is fixed on the vase by a very adhesive cement of M. Pigné's invention, consisting of slacked lime, finely powdered and mixed with a little albumen. This substance is applied with a brush, and is dry in the space of a few minutes; but if at any further period it is advisable to open the vase, the lid must be broken. In order to obviate this consequence, M. Maissiat recommends the use of melted caoutchouc, to which is added a small proportion of vermillion or litharge, to give it consistency. This substance is applied with the hand on the edge of the vase, and of the lid, and simple pressure, assisted by a slight rotatory movement, closes the receiver in a manner at once solid, and which permits, the vase to be opened at will, without any effort. Lastly, in order to render the preparation more visible, and to prevent the refraction of the rays of light through the fluid, a circumstance which often prevents the specimen from being distinct, M. Maissiat varnishes the top and the back of the receiver. All these precautions relative to the injections, and to the preservation of morbid specimens, said M. Pigné, in concluding this communication, although they may appear unimportant insure in reality the success of the preparation, and the permanent beauty of the results. Besides, they give neatness to private and public museums, and must serve materially the cause of true science, by rendering more attractive the study of morbid anatomy. M. Pigné's interesting communication of which we have been able to give but an imperfect sketch, was received with the most unequivocal applause.

HOTEL DIEU.

Clinical Lecture—*Dyspepsia*. By Professor Chomel (contiued).

The symptoms of dyspepsia show themselves in the beginning of the disease in an intermittent form; but after lasting some time, they frequently become permanent, and even then present paroxysms corresponding to the hours of the meals. This continuance very soon affects the general health of the patient; they cause him to lose flesh and strength, and, preying upon his spirits, gradually lead to hypochondriasis. The diagnosis of dyspepsia is occasionally attended with much uncertainty, and chiefly reposes upon a process of rational elimination, and on a sort of negative evidence. It is therefore necessary in a patient presenting the symptoms of the malady under consideration, to examine carefully the internal viscera, in order to acquire the positive certainty that the symptoms observed cannot be referred to a physical change in any part of the system.

The causes of true dyspepsia may be classed under six heads, which we will successively examine:—1. The first, and perhaps most important, is want of exercise. A proper amount of exercise is not only indispensable to the preservation of the instruments of locomotion, but is likewise absolutely necessary to the performance of the digestive functions. Sedentary habits are more injurious to man than to woman—to the robust than to the weak—to those accustomed to activity than to persons inured to an in-door life. A sudden change from an active to a sedentary mode of existence often is the first cause of morbid symptoms. The rich, who in summer lead in the country a life of luxury, it is true, but at the same time a very active one, on their return to town exchange it for a life of comparative repose; the consequence often is dyspepsia. In such cases the cause distinctly points to exercise as the most advantageous mode of treatment. In the poorer classes it it not always easy to make the patients take a sufficient quantity of exercise, because their employment, on which depends their daily bread, is very frequently of such a nature as to keep them constantly within doors. In such cases you will derive benefit by recommending the workman to reside at a considerable distance from the place he works in, so that he should be under the necessity of taking some exercise to go to his business and to return from it. The ill effects of want of exercise on the functions of the stomach are well marked in those persons who are entirely wrapped up in literary pursuits. They should not be permitted to occupy their minds at least for an hour or two after meals, and their morning repast should be extremely light. The foregoing observations not only apply to our eminent writers, but also to persons of much humbler pretensions—bookkeepers, for instance. 2. Deep affliction is another not unfrequent cause of disorder of the gastric functions. Persons who are labouring under mental anxiety, or grief, should, if they wish to preserve health, take an extremely small amount of food. 3. The use of inappropriate or badly chosen nutriment also occasions dyspepsia, and is, perhaps, one of the most common causes of laborious digestion. The more or less active habits of each individual regulating his digestive powers, it is necessary that in this respect the physician should allow himself in some measure to be guided by his patient's self-observation rather than by preconceived theoretical notions. The use of wine, of meat more or less done, or highly seasoned, of game, is not a matter of mere fancy; and the substances which one person in perfect health will assimilate without difficulty, will be to another, also in health, a cause of much inconvenience and suffering. The imperfect mastication and insalivation of the food may, doubtless, bring on dyspepsia, as well as the too great number of meals. Few adults make more than one healthy meal a-day.

Dan. M'Carthy, D.M.P.

England.

[The following are the only articles of interest to the profession in the last No. of the *Lancet*.]

Insanity with General Paralysis.—Dr. Conolly, in resuming the consideration of the peculiar form of paralysis met with in the insane, details his views as to its treatment, which, he says, must be merely palliative. M. Bayle, looking upon it as an acute malady, is of opinion that active measures are necessary, and M. Calmeil believes that bleeding is admissible in some cases. To neither of these views does Dr. Conolly subscribe. The disease, he says, may at the commencement, be chronic irritation, sub-inflammation, interstitial deposition, but it is not acute. In the majority of cases, he thinks bleeding would hasten the fatal termination, and he doubts its being serviceable in any. When acute symptoms present themselves in the latter stages, active treatment is quite inadmissible. Leeches to the forehead or behind the ears are however of utility, in relieving some of the troublesome symptoms, and in allaying particular (?) excitement; advantage is also derived from the application of a blister to the nucha. An occasional dose of the pulv. jalap. comp. also does good. Shaving the head and applying counter-irritation to the scalp, moxas, actual cautery and setons, Dr. Conolly believes to be useless. A few grains of pil hydrarg. and pulv. scillæ, followed by the infusion of calumba or cascarilla with an alkali, have been sometimes of service. The reasonable indications of treatment would seem to be to moderate cerebral excitement, and to prevent or remove a super-abundance of serum in the cavities of the brain, or an alteration in the consistence of the brain, manifested by its firmness being generally increased. These indications will be seen to rest on the appearances found after death; but indications for some earlier treatment, and control over the first excitement of the nervous system are wanting. No form of malady is more hopeless. Stimulation of the brain, either by dietetic or medicinal agents is equally injurious with venesection. Dr. Conolly appears to have no faith in the use of cantharides, strychnia, or electricity in the treatment of paralysis. He has watched the effect of strychnia in many cases of paralysis, in hemiplegia. in paraplegia, and in the paralysis of the insane, and the effects have been uniform; it seems always to increase the patient's appetite, and to produce some mental excitement, and, after a time, to stimulate the nerves of motion, and to produce sudden muscular jerks and twitchings, sometimes almost sufficient to throw the paralytic man out of his chair, but it never produces any increased power of making voluntary movements. It rouses the machine, although incurably out of repair, but regular actions can be performed by the machine no more. This is a mortifying illustration of the vanity of rational medicine; but one cannot suppose that strychnia, or electricity, or any of the stimulants of the materia medica, can renew the supply or regulation of the nervous energy, suppressed at its mysterious source. The stimulus of baths even must be used with caution; the shock of the shower bath is objectionable, and even the warm bath may be prejudicial. If a moderately warm or tepid bath be taken, cold applications should at the same time be made to the head. But although medicinal applications exert so little power over this malady, it is surprising to observe the general improvement of the patient, and the evident retardation of all the symptoms, when his state receives daily and efficient care. A large pauper asylum affords great opportunities for confirming this remark. The patients, if well nourished, grow fat, and become managable. They require the comfort of warmth, and without great care they become much worse in severe weather, being then more than usually liable to those fits of temporary stupor which are incidental to the malady; and they fall rapidly into a state which appears hopeless. With warmth and care, however, and nourishing food, and porter, or wine, they rally again and again even from this state, as well as from the prostration which ensues on the epileptiform seizures to which they are liable. Thus, although all the functions of life have a constant tendency to fail, life may be long preserved; and with life a considerable degree of comfort. Restraint is unnecessary, and decidedly injurious.

Ulceration and Induration of the Cervix Uteri.—Dr. J. H. Bennet narrates the case of a young married female, in whom menstruation, previously scanty, ceased on marriage, pregnancy not being the cause. There being some symptoms of inflammation of the cervix uteri present, he used the speculum, and verified his judgment, discovering besides an ulcer on the cervix, which was cured by the repeated application of the nitrate of silver. The inflammation disappeared at the same time, and menstruation was afterwards re-established by means of the internal administration of iron, and local stimulants. In another case, the disease was more severe; the ulceration was more extensive, the cervix hypertrophied, and there were superadded marked symptoms of dyspepsia. The ulceration was cured by the application of the pernitrate of mercury and of the nitrate of silver, and the hypertrophy disappeared. The dyspepsia was also cured by the removal of the cause—the local mischief affecting the uterus. In some remarks appended to the detail of these cases, Dr. J. H. Bennet enunciates a truism, in stating that in these cases the uterine malady and the dyspepsia stand to each other in the relation of cause and effect.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette*.]

Pelvic Abscess.—Dr. Lever, in narrating a case of pelvic abscess, draws attention particularly to the induration of the vaginal parietes, which he regards as an invariable symptom. The disease, in the case which he relates, was the result of exposure to cold; it burst into the rectum, and was followed by partial peritonitis. When the patient was discharged, there remained still some degree of induration of the walls of the vagina, and there was a sensation of numbness in the left lower extremity, and more difficulty in keeping up the temperature of the left leg, than of the right. Dr. Lever observes that this disease, like phlegmasia dolens, affects the left side more frequently than the right.

Paracentesis Thoracis.—Dr. Hughes describes a case of empyema following pleuritis. After the disease had existed some time, the matter was partly expectorated, and evidence was afterwards obtained that there existed a communication between the cavity of the pleura and a bronchial tube. Paracentesis thoracis was performed, but from the liquid not flowing freely, and the ingress of air, the canula was withdrawn after three ounces of pus had been evacuated. Sone slight relief was thus obtained. The expectoration of pus continued for several weeks; the physical signs gradually shewed evidence of improvement, the chest on that side contracted, the patient improved in strength, flesh, and appearance, and ultimately recovered. In remarking on this case, Dr. Hughes observes that the desirableness of the operation of paracentesis thoracis in this instance may be perhaps considered doubtful, as previously to its performance it appeared to be sufficiently evident that a direct communication existed between the cavity of the pleura and the external air through the bronchial tubes. It was adopted after much consideration with the simple view of endeavouring to empty the lower part of the cavity of the pleura, and thus contribute to the expansion of the lungs, or the contraction of the ribs. From the extreme agitation of the patient, three ounces only were abstracted. While then it may be acknowledged, that the only benefit derived from the operation was the withdrawal of this small quantity of fluid, and that it therefore contributed but in a very slight degree indeed either to the relief of the patient's symptoms, or to the shortening of the duration of her complaint, it may be also confidently asserted that it did her no hurt. There is one particular in the history of the case which may be worthy of further remark It has been lately assumed, by a writer in one of the public journals, that in cases of empyema, accompanied with a sudden expectoration of purulent or sero-purulent fluid, and a contemporaneous diminution of the fluid in the pleura, that the inflammatory deposition in the serous membrane has been removed by an inordinate secretion of the mucous membrane. Now, though far from asserting that this never takes place, or that it did no actually take place in the cases particularly referred to, yet Dr. Hughes believes the assumption of inordinate secretion in these, and in similar cases, to be generally incorrect, and states that, in a tolerably large experience in affections of the chest, he has never seen a single instance in which an empyema has been proved to have been removed in that manner. On the other hand, he has never seen a single instance in which the opportunities of proving the source of the expectoration have existed, and have been embraced, in which a direct communication has not been discovered between the cavity of the pleura and one or more bronchial tubes. It is true such proof could not be had in the case under consideration, but it cannot be denied that something very nearly tantamount to proof did actually exist. Before the operation the sputa were yellow; during the operation a vein was opened, and bled freely; the fluid abstracted was exactly similar to that expectorated. After the operation the sputa for thirty-six hours were of a salmon colour, from the admixture and thorough incorporation of blood; and after the expiration of this time they resumed their former appearance. The evidence, independently of actual demonstration, appeared complete, that a direct communication existed between the cavity, from which the fluid was withdrawn into which the vein poured its blood, and the bronchial tubes, through which that fluid was expectorated. Independently of such evidence, it might have been assumed that the fluid had been secreted by the bronchial membrane. It may, indeed, be asserted that in this case the fluid had accumulated in the lung, and not in the pleura. The only answer to this assumption is, that the history, symptoms, and progress of the case, are entirely opposed to such a supposition.

Apoplexy and Paralysis.—Mr. Copeman narrates two cases, one of apoplexy with paralysis, the other of paralysis supervening on diseased heart, which are illustrative of the benefit derived from not bleeding largely in such cases.

Aneurism of the Thoracic Aorta.—At a meeting of the South London Medical Society, Dr. Aldis related the case of a sailor, aged fifty, who had suffered from rheumatism eleven years previously, after which he had palpitation and dyspnœa for four months, and was supposed to have had rheumatic pericarditis. He was admitted into St. George's Hospital, September 26th, 1832. He then had dyspnœa, paroxysms of wheezing, palpitation, and strong action of the heart. Notwithstanding the violence of the heart's action, the pulse at the wrist was exceedingly small and weak. To account for this it was supposed there might be a tumour pressing on the vessels, or an aneurism: and the heart, endeavouring to overcome the impediment to the circulation, was using extraordinary exertion; or, again, the aorta might be contracted. The pulse was at times scarcely perceptible, again becoming perceptible and regular. On the 5th January following, he is reported to have had violent pulsation, and increased action of the heart, but no bruit was audible, and there was no pulsation in the left wrist, and scarcely any in the right. On the 8th the pulse in the right was again distinct and regular, still absent in the left. Early in February he had great pain across the middle of the back, also in the left hypochondrium and scrobiculus cordis, succeeded by a pain like a cord drawn tight round the chest and back. April 26th, a very weak pulse was perceptible in the left wrist, after an absence of three months. In May, a pulsating tumour appeared on the left side of the spine, about the seventh dorsal vertebra; tender on pressure. The superficial veins of the left side of the neck, and left and right breast and arm, were much distended; increased sensibility in the course of the intercostal nerves of left side; countenance full of apprehension; the pulse not perceptible in the left arm, except slightly at the axilla and bend of elbow. The symptoms continued much the same, the tumour enlarging, and the man died in the September following. After death, on raising the sternum, the heart was found much elevated by the aneurism behind it; flabby and not enlarged; no evidence of pericarditis. The aorta was dilated, and formed into an aneurismal pouch, extending from an inch below the left subclavian artery to the left crus of the diaphragm, being about the size of a pint basin. It had pro-

duced absorption of great portions of the bodies of six of the dorsal vertebræ, and three ribs, through which the aneurism protruded. It contained two or three portions of unabsorbed rib. The aorta was dilated above the aneurism from the heart, and contracted below. The muscles covering the aneurism were much wasted. Considerable effusion in both pleuræ; in the left some old adhesions. The lung compressed and softened, adhered firmly to the aneurismal sac.

Aneurism of the Abdominal Aorta.— Dr. Gull states that a young woman about twenty-four years of age, somewhat anæmic, was admitted into Guy's Hospital several years ago, complaining of great pain of a gnawing and wearing character, situated in the left hip-joint; the joint was carefully examined, but no disease detected; she had no other symptoms, except being occasionally hysterical; the disease was thought by some to be hysterical disorder of the hip-joint. After being in the hospital a short time, she complained of a sudden pain in the abdomen, and was much collapsed, and died two days subsequently: on inspection it was found that a large aneurism of the lower part of the abdominal aorta had given way, and a large quantity of blood was extravasated behind the peritoneum, extending upwards between the pillars of the diaphragm into the chest, and downward into the right iliac fossa. In this case the aneurismal sac had irritated the lumbar nerves which pass over the crista ilii, and according to the common law of sensation, the pain was referred to the extremities of the nerves.

Cases of Uterine Hemorrhage, in which Galvanism was applied—Mr. Dorrington narrates, in the *Provincial Medical and Surgical Journal,* cases of uterine hemorrhage in which galvanism was had recourse to, to induce tonic contraction of the uterus. He prefaces the detail of the cases by some remarks on the treatment of placenta prævia, by the separation of the placenta prior to the birth of the child, which method of treatment, he says, seems to have been somewhat abused, its object misunderstood, and the lives of some children to have been sacrificed by its inconsiderate adoption. It does not seem to have occurred to some of those surgeons who have practised it, that nothing but the most extreme danger of the mother can justify a practice which almost necessarily involves the death of the child. The majority of cases of placenta prævia, if seen sufficiently early, are manageable enough on the old methods, viz., rupturing the membranes, or artificial delivery by turning, and till one or other of these means can be adopted the steady use of the vaginal plug. In a fair proportion of these cases the child is born alive, and he thinks that few practical men will concur with Dr. Simpson's views as to the mortality to the mothers, which he seems materially to overrate. The separation of the placenta prævia, before delivery, is justifiable in two sets of cases only; the first is where there is satisfactory evidence of the death of the child, or, what is equivalent, where organic alterations in the hard and soft parts have so lessened the diameters of the passages, as to require craniotomy to terminate the labour; and the second is where the woman is so exhausted as to be unable to bear the shock of delivery, the hemorrhage still continuing, or if not continuing, most likely to recur. It is obvious from this that, although most valuable in its proper place, the treatment alluded to can be very rarely required. The application of galvanism, recommended by Dr. Radford in the same lecture, in which he dilated on the separation of the placenta, is of far more extended service. The first case is one of internal hemorrhage during labour. The patient had been previously attended by a midwife, and when Mr. Dorrington, and Mr. Bent (both of whom were called in), arrived, they found her suffering from the effects of hemorrhage in an extreme degree, though a pint of blood only had escaped externally. The labour pains had gone off; the os uteri was very rigid, and dilated to the size of half-a-crown only, and the uterus soft, and without tone, when examined through the abdominal parietes. About half a drachm of tincture of opium was exhibited, and a bandage applied. A thin serous discharge tinged with blood, however, continued to drain from the uterus, indicating internal hemorrhage, and half a drachm of secale cornutum infused in water was therefore given in two doses, a little tea being added to the first, and a little brandy to the second. Before, however, this was done, Dr. Radford was sent for, and he was desired to bring his galvanic apparatus. In about twenty minutes or half an hour after the ergot had been given, it began to act, and intervallic uterine contraction set in, the head bearing down on the os uteri, and the thin serous discharge soon after ceasing. In the intervals between the pains the uterus still remained soft and doughy. When Dr. Radford arrived he made a vaginal examination, raised the head from the os uteri, so as to allow of the escape of a considerable quantity of the liquor amnii which had been retained above it; the latter portions of this fluid were deeply tinged with blood. He agreed with Mr. Bent and Mr. Dorrington in the opinion that to deliver in such a case would be death, even if the os uteri had been in such a state as to have permitted the proceeding. It was, therefore, determined to try Dr. Radford's new plan of galvanism, applied to the uterus, to induce tonic contraction of that organ, so as to keep the flooding in check, and give time to give support. One conductor of the electro-magnetic apparatus was applied to the os uteri, and the other to the abdominal parietes over the fundus uteri. The woman immediately began to complain that they were cutting her, and the uterine action came on at once. The instrument was used at intervals for twenty minutes, the result being so firm a state of tonic contraction, that it was considered safe to leave the patient. Stimuli and nourishment were administered, and the abdominal bandage applied. Six hours and a-half afterwards labour came on, and a dead child was ultimately born, with the assistance of the accoucheur. The placenta was easily withdrawn from the uterus immediately after the birth of the child, and a coagulum about a pound in weight accompanied it Another coagulum, weighing two pounds, was afterwards expelled. The patient was much exhausted. On the second day abdominal pain and tenderness, with tympanitis, supervened, which was not relieved by the treatment adopted, and she died on the fourth. The examination post-mortem was incomplete. On inspecting the body the third day after death, its whole external surface was found quite blanched, and the abdomen immensely tympanitic. On making an incision into the abdomen, and displacing the bowels, not the slightest quantity of serum, lymph, nor even injection of the peritoneum was discovered. The uterus was rather larger than usual, but well contracted, and by no means softened; its peritoneal covering free from inflammation; the internal one was covered with a dark-coloured coating of what seemed lochial discharge. On making a section in that part of the uterus to which the placenta had been attached, upon tracing the veins there was no indication of thickening or inflammation. Mr. Dorrington observes, respecting this case, that though the termination was unfortunate, yet it was a most satisfactory case as regards the application of galvanism. He draws a comparison between the relative influence of secale cornutum, and galvanism. The uterine action brought on by the former did not occur till an interval of from twenty minutes to half an hour after the administration of the drug; whereas that induced by the galvanism was instantaneous. The contractions from ergot were not nearly so strong as those from the galvanism, and the uterus in the interval between the pains, before the application of the galvanic currents, remained soft and doughy, to which he says their attention was particularly directed by Dr. Radford at the time, as showing that the ergot had failed to establish that state of permanent tone in the organ which was the only security against further hemorrhage. The galvanism, moreover, acted as a general stimulant, which was very useful in the depressed state of the patient; and in this respect its superiority over the ergot, which by some good obstetricians is considered rather depressing, was very decided. The employment of transfusion, after the application of the galvanism, might, he thinks, have saved the patient's life. The second case is one of accidental hemorrhage before labour, occurring in a woman who had been pregnant eight times, and had had two miscarriages. In this case Mr. Dorrington applied the galvanic shocks and currents in both the longitudinal and transverse axes of the uterus. The effect on the uterine fibre was most marked; the firmest tonic contraction occurred the moment the organ was stimulated, and when the conductors were finally removed, a good tonic state of the organ existed, a fact which was proved both by its hardness to the touch, when examined through the abdominal walls, and by the head being in firm opposition with the internal surface of the os uteri. The constitutional effect upon the woman was very serviceable, for it acted as a general stimulus. Labour came on nineteen hours afterwards, and in two hours and a half a living male child was born. The placenta was expelled, along with four or five coagula, as large as the closed hand, in a quarter of an hour afterwards. The woman recovered. The third case is one of placenta prævia, with hemorrhage, both before and during labour. The galvanism in this instance appears to have been used rather as a measure of precaution than as one of necessity.

Compound Fracture of the Skull.—Mr. Parker, in the *Provincial Medical and Surgical Journal,* relates a case of compound fracture of the skull, with portions of the comminuted bone driven into the substance of the brain. There were not any symptoms indicative of this serious complication, which was only discovered by passing the finger into the wound. The broken pieces of bone were removed, and for some few days after portions of the cerebral substance were discharged by the wound. The patient recovered, but the annoying symptom of double vision resulted from the injury.

Ireland.

Polypus of the Heart.—In the *Dublin Hospital Gazette* there is a brief notice by Dr. Corrigan of a case of typhus fever, occurring in an old man, which terminated fatally. The post-mortem examination showed that the tissue of the heart was healthy. The left ventricle contained grumous dark-coloured blood. On slitting up the right ventricle, pulmonary artery, and branches, a singular appearance was presented. A bulbous shaped polypus lay in the right ventricle, not sufficient to fill it. This polypus, narrowing gradually as it passed into the pulmonary artery, extended along this vessel, being about the thickness of a quill, then divided at the bifurcation of the pulmonary artery, and continued its ramifications along the arterial branches. This extensive polypus of fibrine was so firm, that taking it by the root which lay in the right ventricle, it was drawn out, with all its attached branches, unbroken from the pulmonary artery. It was not attached any where to the sides of the arteries, but lay like a cord along their centre. Dr. Corrigan, in commenting on this case, observes that two questions naturally suggest themselves —1st, Was this polypus only formed in the last dying moments? 2nd, Had it any effect as a cause of death? As to the first, he thinks the structure of the polypus itself shews that it must have been a considerable time in process of formation, probably some days. It was very nearly destitute of the colouring matter of the blood, except in its smaller ramifications. It was not of great size, such as is generally seen in polypi of recent formation in the cavities of the heart, but was firm, comparatively hard, and small, compared with the size of the cavities in which it lay. But the most satisfactory proof, probably, of its formation having occupied some time, is to be found in its structure. It consisted of distinct separate layers of fibrine. The outer layer or layers were comparatively soft, and when laid hold of, and pulled, could be most readily drawn down off the middle fibrinous cord which constituted the middle of this long-branched, tree-like polypus. This central fibrinous cord was very firm and pale-coloured. The separate layers into which the polypus easily separated, resembled exactly the separate layers of lymph which are found in successive deposits of lymph in the trachea in croup. On carefully examining the construction of the polypus, its position in the centre of the vessels, its extent in length, and its small diameter as compared with the size of the ventricle and vesse it seemed quite evident that singular

was the growth of probably some days, and was either the cause or the consequence of the sinking of the powers of the circulation. But whether the cause or the consequence, it is plain, that once formed, even in small extent, it would be a serious hindrance to the circulation, and would, most probably, even necessarily, cause death by its constantly increasing size and proportionately increasing obstruction to the function of the lungs and to circulation.

Cirrhosis of the Liver.—In the *Dublin Hospital Gazette* is detailed in brief the case of an habitual drunkard, who died from the consequences of intemperance, the liver being in the early stage of cirrhosis. The post-mortem examination showed that the liver had totally lost its natural sharpness of edge, instead of which, it presented a rounded, puckered, and contracted border, the left lobe being also very much diminished in size. On breaking the tissue of the organ, layers of whitish, fibrous-looking tissue presented themselves, sending off offsets towards the inferior edge of the liver which were attached to the puckered-in depression on its circumference. These fibro-cellular bands ran in greatest numbers towards the inferior surface and edge of the liver. The upper portion of the liver, next the diaphragm, was comparatively sound. The greatest development of the fibro-cellular structure, as to thickness, was towards the middle inferior portion of the liver. The substance of the liver in the interval between the bands was sound in structure and natural in colour. In commenting on this case Dr. Corrigan traced the progress of cirrhosis of the liver. He remarks that the case is an exemplification of a very common commencement of the disease in irritation or sub-acute inflammation of the mucous membrane, caused in this instance by intemperance. The irritation is propagated from the surface on which the biliary duct opens to the gland itself, on the same principle, probably, as irritation will extend from the urethra to the testicles, or from the bladder to the kidneys. The result is the deposition of lymph in the cellular tissue of the liver. The fibro-cellular tissue thus formed soon begins to take on the contractile action which it assumes wherever developed in the body, and fibre after fibre contracting, the most yielding portion of the liver, its free edge, and ultimately all parts of its surface, begin to be drawn in and puckered, until finally, should the patient live sufficiently long, the whole organ is drawn in like a ball covered over with puckered eminences. In the very confirmed and last stage of the disease, it would be, perhaps, impossible to determine what the preceding stages were, the structure of the liver being then compressed in meshes of thin fibro-cellular contractile tissue, so as to resemble a vast number of yellow tubercles stained with bile. This appearance, indeed, it was which led Laennec to suppose that the disease was a deposition of yellow tubercle in the liver, from which he gave it the name of cirrhosis. The present case having proved fatal while the disease was in an early stage, shows distinctly its nature and the mode of its production. Its history is instructive, showing that the point of outset of the disease was in the irritation of the mucous surface on which the biliary duct opened. There is thus, at once, a guide to the great and vital point in treatment, of paying as much attention, in the management of liver affections, to the irritation of the mucous surface, as to the derangement of the liver itself; in fact, of considering the liver, in many instances of its diseases, as a gland deranged or enlarged by conveyance of irritation from the mucous surface with which it is connected.

Internal Piles.—Two cases of internal piles with prolapsed rectum are recorded in the *Dublin Hospital Gazette*. They were under the care of Mr. Hamilton, and were successfully treated by ligaturing the piles, and cutting away the hemorrhoidal excrescence, as well as some of the loose folds of skin at the margin of the anus. Mr. Hamilton availed himself of the occurrence of these cases, to make them the subject of clinical remarks. He observes that in this disease, when the patient goes to stool, a number of small tumours protrude through the anus. They are usually of a deep purple or violet colour, resembling purple grapes or damsons, but are sometimes much larger, equalling a chesnut or small egg in size. At first, when small, they either go up of themselves or are easily reduced: but they soon become larger; for when they get through the anus, the contraction of the sphincter strangulates them and causes them to be much distended with blood; by degrees, also, they drag down more of the mucous membrane of the rectum. As they increase in bulk they are harder to reduce; and as they continue long out, the contraction of the sphincter becomes exhausted, the muscle relaxes, and offers less resistance to the protrusion, so that a portion of the bowel with the internal piles comes down, not only during the efforts at stool, but when the patient walks or rides, particularly in hot weather. The complaint then becomes truly distressing. One or more of the piles become inflamed, the blood coagulates in them and is absorbed, and lymph poured out, which becoming highly organised and full of vessels, forms what has been called the vascular tumour. At length the projecting tumours in the rectum are irritated and abraded by the passage of hard fæces, and ulceration of their summits takes place, with free hemorrhage from their highly vascular structure. This is particularly apt to occur during the efforts in passing a motion, when the open pile, strangulated by the pressure of the sphincter, and distended to the utmost, sometimes actually spits out blood, and in those cases the sides of the night-chair are dashed with blood of a florid colour, which also trickles down the patient's thighs and legs. Even after the piles and prolapsed bowel are returned, the hemorrhage at times goes on within the gut. Besides the irritation, the pain, the serous discharge which always takes place when the prolapsus is large, the loss of time in the reduction, these constant daily bleedings, often to the extent of six or eight ounces of blood, finally exert a most injurious effect on the constitution. The patient's complexion is of a pale, watery-looking, yellow colour; the sclerotic of a pearly white. He loses all energy; he suffers from the vascular reaction attending large losses of blood, viz., palpitation of the heart, violent headache with noise in the ears; and, at last, from the deteriorated state of the blood, deprived of its more solid particles, anasarca supervenes. The irritation of the rectum seems to extend to the upper part of the bowel, as in these cases diarrhœa is very frequent. Internal piles in cases of long standing appear to be of three kinds:—1st. The most numerous are true varicose enlargements of the hemorrhoidal veins, the soft purple piles covered by smooth mucous membrane. 2nd. A varicose vein covered by mucous membrane, altered by inflammation, thickened and highly vascular, so as to bleed readily from the whole surface, which is red and rough. 3rd. A firm red pile of rather a pale colour, composed of highly organised coagulated lymph, permeated by numerous vessels sometimes of large size, and which, when the mucous membrane is abraded, and they are opened, bleed freely. This is the vascular tumour, and is often the seat of the chief hemorrhage. This Mr. Hamilton believes to be formed originally by one of the varices becoming inflamed, and the blood in it, as a necessary consequence of the inflammation, coagulating. As the coagulum is absorbed, the irritation of the pile being kept up, lymph is poured out in its place, and becomes organised and permeated with vessels, with which it is abundantly supplied from the highly vascular neighbouring structures. The very shape and situation proves the vascular tumour to have been originally the same as the varices which surround it.

With regard to the treatment, when the case is recent, the prolapsed piles not large, the bleeding small, and the constitution not affected, the bowels should be regulated by mild purgatives, a few grains of blue pill and rhubarb at night, and a little of the infusion of roses and Epsom salts in the morning for a few days, after which, the ordinary electuary of confection of senna, sulphur, cream of tartar, and mel rosæ, or, what is better, treacle, may be given, as the mel rosæ gripes some people. If, besides the pile coming, there is bleeding, the patient after breakfast should throw up a pint of cold water with a drachm of nitre dissolved in it: this is very useful. Steady exercise and moderation in diet are also requisite. In thin, delicate subjects, in whom the disease is sufficiently common, tonics, particularly the mistura ferri aromatica, are of service. Should there be any serious organic disease, particularly of the chest, the piles should not be interfered with. When surgical proceedings are requisite and admissible, the actual cautery, nitric acid, the ligature, or the knife may be employed. The actual cautery is rarely employed, but its application is less painful than is generally supposed. Mr. Hamilton has no confidence in nitric acid when the prolapsus is large, but thinks it a safe and often efficacious remedy when used to a single bleeding vascular tumour. Excision is admissible only in cases of external piles or hemorrhoidal excrescences. Sir Astley Cooper mentions four fatal cases—three from hemorrhage. This is the danger: after the piles are cut off and the bowel reduced, the patient begins to experience a sense of heat in the rectum ascending up the abdomen, with some pain, and a desire to go to stool. There is a sinking, anxious feel. If he goes to the night-chair, he will probably pass a quart of blood more or less clotted. This will be repeated several times—fainting and death will soon follow. Dupuytren, who was an advocate for excision, used to have an assistant stop with the patient after the operation, to watch the approach of the symptoms of internal bleeding. When these manifested themselves, the patient was desired to pass a motion. The blood came away, and the bowel was protruded, and the bleeding points were touched with the actual cautery. This stopped the bleeding, but was generally followed by much local irritation, retention of urine, sloughing and sometimes contracted anus. The operative proceeding Mr. Hamilton recommends is the application of the ligature, but even this has caused death. In one case tetanus followed; in another, gangrene of the rectum was the cause of the fatal result. Such consequences are, however, rare. Severe pain occasionally follows the operation, particularly when a pile, partly covered by integument, is included in the ligature. Another symptom which follows, is retention of urine.

Prolapsus of the Rectum.—Mr. Hamilton, in the *Dublin Hospital Gazette*, states that in true prolapsus, all the coats of the rectum come down; it is a protrusion of the upper part of the bowel through the lower and out through the sphincter—a sort of invagination by the dependent position of the prolapsed bowel, which may be from one to several inches long. From the pressure of the sphincter it becomes very much swollen, and the reduction proportionally difficult. Inflammation finally commences, and if the part has been down beyond a certain time, ulceration begins round its base, or gangrene of a portion of it ensues. If surgical assistance be sought before this occurs, there will be a mass of intestine protruded from the anus, of an intense red or slightly livid red colour, very hot and throbbing, and the surrounding parts wet with serous discharge. The patient will be in much pain and distress. Letting him remain on his side after having oiled the fingers of right hand, the surgeon presses gradually and firmly on the prolapsus, so as to diminish its bulk, and press it within the anus. But this is not sufficient; for in the majority of instances directly the fingers are withdrawn the prolapsus re-appears. The great thing is to push it beyond the internal sphincter, the contraction of which will most likely keep it up. To do this, the prolapsus must be pushed up within the anus as high as one, or in cases of old habitual prolapsus, two fingers will go, taking care that the whole is up; for one small fold on either side will be sufficient to drag it down again. Where the prolapsus has been long down, even pushing it above the internal sphincter will not succeed. The hard tumour of the prolapsus acts as a foreign body, as it were, and stimulates the rectum to its expulsion. Under such circumstances, Mr. Hamilton advises the introduction and retention for a certain time of a conical instrument, a small glass speculum recti. Dupuytren, where a prolapsus had been long down, and was difficult of reduction, placed the patient on his face, with some pillows under the pelvis and belly, so as to make the anus the highest part of the body. After having surrounded the tumour with moist linen, and placed a compress on the centre of the external extremity, gentle pressure was used at the base so as to diminish its volume, and with the finger it was gradually pushed inside, the part last protruded being the first reduced.

For the radical cure of the prolapsus, either Hey's operation of cutting off a fold of the skin at the margin of the anus, so as to include in the piece removed a small portion of the mucous membrane, or Dupuytren's modification of that operation—the removal with a pair of sharp scissors of some of the folds which radiate round the anus, care being taken that the incision extend a short way within the anus, may be had recourse to, or a few small folds of the membrane, just within the anus, may be secured by ligature. But in old men, in whom the true prolapsus most frequently occurs, and in broken-down constitutions where there is organic mischief elsewhere, all that can be done is to palliate. Should the gut come down when the patient walks, the anal truss, the ivory knob of which goes a short distance up the anus, and prevents the protrusion, may be used; or the pyriform pessary of boxwood may be passed up the anus, and kept up by a proper T bandage.

ORIGINAL LECTURES.

ON THE BREAKING AND DISTORTION OF LITHOTRITIC INSTRUMENTS IN THE BLADDER.

By DR. CIVIALE.

Translated by F. HARINGTON BRETT, Esq, F.R.C.S., late Surgeon to the Body Guard and Eye Infirmary, Bengal Presidency, Surgeon to the Western Institution for Diseases of the Eye, Dorset-street, Portman-square.

Much has been said of the danger resulting from these accidents, and of the unhappy consequences which have indeed but too frequently occurred, so as fully to justify the fears which have been entertained on the subject. It is necessary to review these facts, and to appreciate the undue stress which has been laid upon them "*par l'esprit de système.*"

Whenever we have occasion to apply any manœuvre to our fellow creatures, everything ought to be well provided, so that we have nothing to fear, or even to suspect, in the instruments we employ. Nevertheless, even then, instruments have been used with improper force, and otherwise fractured.

The first accident of this kind occurred in the practice of Dupuytren. The fact is reported in the Thesis of M. Guertaud. I have alluded to this elsewhere, and have shown that the celebrated surgeon of the Hotel Dieu had used very deficient instruments.

M. Leroy broke in the bladder of a patient, seventy years of age, the head of the perforator, which he afterwards extracted.[1] He likewise broke in the bladder of a child the instrument which he used. The operation was not completed, and the little patient subsequently underwent the operation of cystotomy by Dupuytren.

According to M. Fauchon,[2] M. N. de Chégoin has given the details of a case of lithotrity, in which one of the branches of the "pince" remained in the bladder. The fractured instrument, as well as the stone, were extracted by lithotomy. The patient died.

These facts caused some sensation at the time. The antagonists of lithotrity seized on them in order to throw discredit on the art of pulverising the stone; but it was soon shown that the fracture of the apparatus was owing to defective instruments having been employed, or that the operators were not yet versed in the manner of practising lithotrity. Moreover, this method is not more responsible than every other for accidents, which are solely the act of those by whom it is put in use.

M. Heurteloup and others have thought that in using the percuteur there would be no fear of the apparatus either breaking or becoming bent. This hope has not been realised. It is even since the use of bent instruments that these accidents have been more noticed, and as serious as numerous during the last few years. All the cases are not known; at least, the details have not been published, so that it is necessary to be cautious, since we might not be aware of the most important peculiarities. I shall, therefore, content myself with alluding to the most authenticated facts.

One of the first cases, the details of which have been published, occurred in London, in the hands of M. Heurteloup. Many versions have been given of this affair, published by Dr. Costello, according to documents founded on personal observation. The instrument having been introduced into the bladder, the breaking up of the stone commenced; but the operator soon appeared uneasy and restless. He could no longer hold the forceps; a consultation took place, at which it was decided that the patient should be immediately subjected to the operation of lithotomy. Sir B. Brodie performed this operation. The patient died six weeks afterwards. Mr. Edwards has given a different version, but which does not materially alter the facts. The urinary organs of the patient are deposited in the museum of St. George's Hospital. At each side of the urethral crest there exists a remarkable dilatation of the lower part of the urethra, from the neck of the bladder to the place where the incision of cystotomy was made; there are also small lacerations.

According to the English journals this is not the only case in which a similar accident took place.

M. Heurteloup has given the true reason of these unhappy events, which marked the commencement of the use of the percuteur. The instrument had not undergone the last improvements of which it was susceptible. Experience had not yet taught either the degree of force that might be employed, without overstepping the bounds of prudence, nor the true operative procedure by means of which the stone is crushed without danger. The art was in its infancy; it was very difficult to avoid haste, so as not to be carried away by the *entrainement* which is the stumbling-block of almost all innovators.

In 1836, M. Mannery de Chartres communicated to the Academy of Medicine the details of a case of lithotrity, in which the bent instrument employed by him was distorted to such a degree as to render its extraction impossible;[4] recourse was had to pressure and percussion combined. The two branches separated one from the other at the bent part. They sawed off the instrument at the point of the urethra, and after performing the hypogastric operation of cystotomy, they drew out by this way both the stone and the rest of the instrument. Infiltration of urine took place, in consequence of which the patient died.

I will place the following facts beside, taken from the Parisian hospitals, the preceding:—

A man experienced, in addition to symptoms of stone, pains in the loins, especially in the region of the right kidney. He had also suffered some rigors. Nevertheless he was subjected to the operation. Two attempts were made, at an interval of some days, with the instrument "à pignon et fenêtré" of M. Heurteloup. On the second occasion the instrument was broken obliquely and unequally at the point of the fenêtre, and a centimetre from its vesical extremity. The fragment remained in the bladder, and was not taken out; I know not whether any attempts were made to extract it. The stone had been a little broken, and some small fragments were arrested in the membranous part of the urethra, whence, driven by the efforts of the patient, they accumulated in the fossa navicularis. After the second séance new rigors were experienced, and shortly afterwards a continued fever, which ceased not until death. On opening the body, a calculus of the oxalate of lime, partly covered by phosphate, was found, about the size of a pullet's egg, and attacked on two points. The instrument was quite black; the bladder slightly hypertrophied, presenting some little tumours of a fungoid appearance towards its fundus. The mucous membrane of the urethra was red, softened, and torn at the membranous portion of the canal, and at the fossa navicularis. From these points there was a purulent discharge. During the life of the patient a small abscess had been opened at the point of the frænum. The kidneys contained numerous purulent collections.

In the same hospital, and in the hands of the same surgeon, another percuteur was fractured in the bladder of a second patient; not having learnt that the details of this case have been published, I merely allude to it.

More recent examples have increased the list of these unhappy accidents. The *Journal of Medicine of Toulouse* contains the sad recital of a case in which one half of the female branch of the fenestrated instrument was broken at the union of the bent with the straight part, but without being detached, for it held to the other by its free extremity. The fractured end was thrown back in the manœuvre, and separated from its axis, so that on parting from its extremity the bent portion of the instrument increased in volume like a pair of compasses slightly opened. Moreover, the end of the fracture terminated in a point, and made, in parting from the bend, a projection, so that during the retrograde movement, it produced, says the author, the effect of the end of a lance, or of a fish-hook. We may thus readily understand the difficulties attending the exit of the instrument. Not only was its volume increased, so as to render its withdrawal most painful, but, moreover, the fractured end hitched against the internal orifice of the urethra, so that its point became engaged in the tissues. The position of the operator was so much the more embarrassing, as at first he was ignorant of the nature of the obstacle. His first impression was that a fragment of the calculus was placed in relief between the branches and in the window (fenêtre) of the female branch. After repeated attempts he decided on making an incision, in the hope of disengaging this supposed fragment, and of avoiding greater evils. Then only did the cause of the difficulty become evident. The broken extremity of the lithotriteur was brought into view, and by the aid of strong forceps that part was extracted which prevented the removal of the instrument. The sole recital of these manœuvres suffices to convey an idea of the difficulties which were met with, and of the disorders which followed. As to the result, it was not known at the time of the report; the operation had been performed the 25th day of September. On the 16th of October, satisfactory accounts were given of the patient, but it was supposed that the entire cure would occupy a long time

The last instance occurred in December, 1845, in a hospital of Paris. It has been much spoken of, but the details have not been published. I take this occasion to remark, that surgeons to whom similar misfortunes have happened have not all followed the same plan of procedure.

Although instruments should be constructed on the best mechanical principles, if the fabrication is defective, if the material is not of good quality, if they are employed without having been previously submitted to decisive proofs, the result is clearly the fault of the fabricator and the surgeon who have not satisfied themselves with sufficient care of these essential conditions. With regard to the manœuvres, if we operate with the precautions that I have always recommended, if we pause whenever we meet with too much resistance in our attempts to break the stone, or in our attempts to seize it, there would not be so many accidents to fear, for I have never experienced them during a long practice, nor have they happened in the practice of other surgeons who have adopted my method of operating.

It is necessary to draw a primary distinction with regard to the severity of the accident, according as the fracture is complete, with escape of the broken portion into the cavity of the bladder, or incomplete, the fractured part remaining adherent to the instrument, which is thereby distorted. In the cases which are known of fracture of the trilabe, the broken part has fallen off, and the instrument from that time having ceased to act, it has been withdrawn, and thus the nature of the accident has been ascertained. This is followed by no other immediate consequences; the position of the patient being only so far changed as that instead of a stone only, he carries a calculus with a portion of instrument; his condition not being much aggravated, or the pains more severe, and generally he has not been made acquainted with the circumstances. The operator's chief anxiety is whether he should attempt to withdraw the new foreign body, or, renouncing lithotrity, remove both stone and fractured portion of the instrument by cystotomy. The latter has been most frequently decided on.

With regard to fracture of the *percuteur*, with

[1] Lancette Francaise, 7 Juin, 1831.

[2] Page 187, Nouvelle Methode pour Detruire la Pierre.

[3] Memoire sur la Lithotripsie, p. 31, et suivants.

[4] Gazette Médicale, t. iv., p. 395.

escape of the broken part into the bladder, the greater volume of the detached portion does not appear to me to constitute a very aggravating circumstance. The extraction by the natural passages is the only difficulty; but, in the majority of cases, the percuteur has not been completely broken. Very frequently there has only been forced separation of the branches, or incomplete fracture, the broken portion remaining adherent throughout by a surface more or less extended. Hence it has resulted not only that the apparatus has ceased to act, but, what has been still more serious, it has been no longer possible to withdraw it from the bladder. It is, therefore, not so much the fracture as the distortion, which constitutes the serious part of the accident.

In general, it is not to the distortion of the instrument, but to the accumulation of the calculous portions between the branches of the instrument that have been attributed the first difficulties experienced in withdrawing the instrument. In one of the last cases of which I have spoken the operator remained for a long time impressed with this belief. The pinching of the vesical parietes, and other similar accidents, have been also supposed.

Reflecting on the measures to be adopted in the event of similar accidents, I should first attempt to withdraw the instrument, but should I meet with any obstacle at the neck of the bladder, and the patient suffer much pain, I would carefully abstain from all violent efforts of traction. I would bring back the instrument towards the interior of the organ, and after having satisfied myself, which is always possible, that the obstacle depends on the cause indicated, I would proceed to perform the hypogastric operation, hastening the preparations, so as not to leave the patient long in the state of agony which must necessarily arise from an accident of this nature. The instrument, retained in the bladder, would serve as a guide to open the viscus, the parietes of which are already distended by an injection. In a word, all the conditions would exist to enable me to operate with precision, and even with facility, at least with regard to cystotomy, properly so called.

But this is not the proceeding generally followed. The instrument has generally been drawn with force, which has brought the distorted portion into the membranous portion of the urethra; and then an opening has been made in the perineum for the withdrawal of the instrument, but this has been attended with difficulties which might have been avoided.

The principal fault, which is the source of many others, into which surgeons have fallen, is the resort to violence, in order to make the neck of the bladder yield to a fractured or distorted instrument, of the exact position of which we are ignorant, and which is attended by bruising, distending, and tearing of the tissues. All such violence is to be reprobated. In the case recited in the *Journal of Toulouse* we read the following passage:—"The operation had progressed well until the fifth attempt. The patient complained of fatigue, and it was decided to postpone the completion of the operation to another sitting. What was our astonishment on feeling a resistance which prevented the withdrawal of the lithotriteur. In vain did we employ various movements, opening and closing repeatedly, and keeping the finger in the rectum, and ascertaining thus that the extremity of the instrument was free, and that the mucous membrane was not caught. Still the same difficulty in withdrawing the instrument existed. However, after various manœuvres, we succeeded in bringing the instrument beyond the neck of the bladder; and here, by means of the touch, we ascertained, through the skin, on the convexity of the lithotriteur, an asperity which we had supposed to be a fragment of calculus engaged in the fenêtre of the female branch. The difficulty in withdrawing the instrument becoming more and more apparent, and the patient being extremely exhausted, we decided on making a small incision on the canal, so as to disengage this supposed fragment. All doubt was then removed, and the cause of all the evil became evident." Thus it was not until the canal had been opened that the nature of the obstacle was ascertained, which was such that the whole inferior part of the neck of the bladder, from the orifice to the place of incision, was pervaded by a cutting point, producing, according to the observation of the author, the effect of the extremity of a lance or of a fish-hook.

Considering the volume and the disposition of the broken and distorted instrument, we may conceive the effects which must have been exerted, in order to make it traverse a route so that its convexity should become perceptible through the integuments.

I say with regret that recourse is too frequently had to efforts of traction, without any useful end to be expected, whilst the most serious mischief may be produced thereby. Experience has shown that the neck of the bladder and the inferior part of the urethra are susceptible of dilatation, so as to admit the passage of a large instrument; but we must be sure that this instrument does dilate only, and that it does not tear, that it does not injure, the tissues. Moreover, what is the advantage of arriving at the membranous portion of the urethra, if we can proceed no farther?—for the other parts of the canal have not the same dilatability.[5]

Where but a small portion of the instrument has been broken off, there is no necessity for immediate hurry. Instances have occurred in which such portions have been brought away with the urine. All that is requisite is to soothe and calm the constitutional and local irritation, and to wait for a favourable opportunity for performing the ulterior operation.

The conduct, therefore, of the surgeon should vary according to circumstances; but in general the indications are clearly pointed out, at least in a theoretical point of view. I know of no difficulties which theory cannot foresee.

I repeat that every accident, whether of fracture or distortion of lithotrite instruments, is owing to the surgeon having used defective ones, or he has not known how to use those that he has employed. The first duty has been neglected, viz,, that of previously trying the instruments *on the table*.

I should not wish to diminish the confidence which many able surgical instrument makers are justly entitled to; but it is the duty of the surgeon not to trust to any assurances, but to examine and judge for himself. Besides, the fabricator cannot know the degree of muscular energy of every operator. It is, therefore, for the latter to submit to proof in his own hands the instrument that he wishes to employ. I have always acted thus, and it has been well I have done so, for I have broken on the table many an apparatus to all appearance well constructed, and which I have been assured had been well tried. If every one had taken similar precautions we should not have had to deplore the breaking of instruments in the bladder, since their degree of resistance would have been tried on the table with efforts greater than those it would be prudent to adopt on patients. We should not then have seen, either in the Academy, the journals, or at the clinical lectures at the Hotel Dieu, these mishaps, complacently quoted as condemnatory of lithotrity, of which it is not guilty, thus unfairly raising prejudices in the minds of those who will not take the trouble to examine and reflect.

Under the notion that fracture and distortion of bent instruments depended on the method itself, it has been proposed, in order to avoid them, to contrive combinations which, generally speaking, have not been attended with good results.

Since 1836 MM. Bénignè and Leroy have proposed, in order to regulate the action of the hammer in percussion, an apparatus, which has since been attempted to be improved upon, but which has not received the approbation of surgeons; it was useless if not dangerous. If I am not misinformed, it was by this apparatus that M. Leroy broke an instrument at the Hospital St. Antoine in December, 1845.

Conducted by purely mechanical views M. Charrière has conceived and executed a happy modification, which consists in diminishing the moving power in the hands of the surgeon. In this invention of M. Charrière the power is proportioned to the resistance of the apparatus, and the instrument is much less exposed to be broken or distorted.

[5] The Translator differs from the author. Were such an accident to occur, the membranous portion of the urethra would be the most desirable situation on which to cut down, and extract the foreign body, far less dangerous than the hypogastric method.

A Course of Lectures on Diseases of the Skin.

By JAMES STARTIN, Esq., Surgeon to the London Cutaneous Institution.

LECTURE VIII.

ECZEMA.

GENTLEMEN,—As I promised last week, I now intend to relate to you a few cases of the different forms of eczema. I regret that I have no model of simple vesicular eczema, therefore I must refer you to a plate of the disease, though this gives but an imperfect notion of the difficulty of representing the transparence of the vesicles, and their projection beyond the surface being so considerable as to render all the drawings I have seen but of little use; this variety of eczema, however, is for the most part of so mild a character, and runs so short a course, that it is of comparatively little importance.

The spring and autumn are the most common seasons for the appearance of this disease, which Willan has called *eczema solare;* the young are also the subject most frequently attacked, of which the following case may serve as an example:—

Forder Stanley, aged sixteen, of Canterbury-court, St. Andrew's-hill, applied at this institution on the 1st of September last. He had suffered for a fortnight from an eruption of vesicles on the face, neck, and arms, which came on after violent exercise, and riding on a railroad in the sun; it was preceded by no marked indisposition, though the patient was of a bilious diathesis; and it was attended with a very slight derangement of the digestive organs and rather a full pulse. It was a case perfectly answering to what I have called simple vesicular eczema sparsa, the E. solare of Willan; the vesicles being irregularly scattered over the surface, and attended with little or no redness of the parts from which they originated. In many situations, small flattened yellow crusts, the size of linseed, were visible, which were the dried secretions of former vesicles; these were slightly adherent.

The patient was ordered a vapour bath twice a week; a lotion, containing a small proportion of borate of soda, to be used tepid, twice a-day, and an ointment, containing the bisulphate of mercury, to anoint a few situations where the vesicles had been confluent and had formed slight crusts. He was purged with calomel, and took the iodide of potassium in four-grain doses, with twenty minims of liquor potassæ, three times a-day. On the 10th of September he presented himself relieved, indeed nearly well, and all the remedies were repeated. On the 20th, three weeks from admission, there were no remains of his disease, which may be regarded as belonging to the "the general" division of eczema.

The local variety of this mild affection, which would come under my designation of conferta, may be exemplified by the case of which the model marked herpes zoster affords a good example; for I have no doubt this variety of herpes may be practically considered as eczema, since, with the exception of a slight difference of size in the vesicles, its origin and progress so very closely approximate to it.

This patient was seized with violent pain, as he stated, like rheumatism, in the left side of the abdomen, much increased on motion, which came on without any evident cause; when, in the course of a night, the eruption you see represented on the model (taken on the second day) made its appearance, the vesicles being filled with a slightly turbid serum. The eruption was accompanied with much burning, tingling, and itching, and his constitution sympathised slightly with it, the pulse being quickened, and the tongue coated. A magnesian aperient, containing the wine of colchicum, and the use of a down puff with powdered starch three times a-day to the eruption, in a week restored this patient to health. You will observe that in this case the vesicles follow the distribution of the cutaneous

nerves on that side of the abdomen extending over Poupart's ligament partly down the thigh; and this proceeding on the part of eczematous diseases may very frequently be noticed.

The next form of eczema which in compliance with Willan's nomenclature I have called E. rubrum, is illustrated by these models. The one to which I now point is that of William Wilshire, of Pepper-street, Borough. He was admitted on the 25th of August last, having suffered four months from his disease, the state of which is well represented by the cast. This patient was an old sailor, as seen by the stains of half moons, &c., on his arm, and the date of 1792, with which, by means of gunpowder, he had tinged the rete mucosum; his age was seventy-two, and he could give no cause for his complaint save poverty and bad living; he had, however, only recently left an hospital, so that his diet could not be considered to have much to do with his disease, as he had obtained no relief from generous and properly regulated food. He was a tall, thin, asthenic subject, his vital powers being evidently on the decline, and his disease, as you observe, very closely approaches to the more inflamed forms of psoriasis, save that instead of scales, there was a constant serous discharge, which, however, did not concrete, but left an excoriated surface studded with minute shining points, which might be covered by a small pin's head; these were, in fact, the orifices of so many sebaceous follicles or sudoriparous ducts. I have often found the bichloride of mercury, as an internal counter-irritant on the cutaneous circulation, very useful in this form of eczema, and consequently ordered it in doses of one-sixth of a grain for this man; he was also directed to wash the parts daily with warm linseed tea, and to use an ointment, night and morning, composed of lard, mercurial ointment, and creosote, the active ingredients being in very slender proportions; and as his legs and neck were also affected in a similar manner to the model of the arm, he took a mucilaginous warm bath once or twice a week. In ten days, when he presented himself a second time, there was evident improvement, and this continued steadily to progress till October 15th, when, without any cause that I could discover, save that perchance the bichloride had produced, as it occasionally does, a mercurial eczema, he became suddenly nearly as bad as on his first application; the mercurial was therefore suspended, and the iodide of potassium administered in its stead, and he was purged with infusion of senna, and took an opiate at bed time; this change in a week seemed to have produced an alteration for the better, and the bisulphate of mercury in an ointment was ordered to be smeared over the irritated parts at bed time, while a lotion, containing trisnitrate of bismuth, was to be applied warm twice during the day; he continued these alterations for a fortnight, till nearly the close of October, when he was in every way benefited and nearly well. At the beginning of the present month a few drops of Fowler's solution were added to his mixture, and when I last saw him, a week ago, his condition was very little removed from the usual health of a man seventy-two years of age; he was not, however, quite free from his cutaneous malady.

The second model to which I referred was a far more successful case. Mary Johnson, an upper servant in a family residing in Gilbert's-buildings, in the Westminster-bridge-road, was admitted on the 29th of September last in the state of eczema rubrum manifested by the cast. She attributed her malady to washing in soda ley some three weeks previously, but stated that for some years past she had been troubled, more or less, with a similar complaint, which of late had always left a few irritable spots about her hands or neck. This patient's age was forty-four, and the menstrual discharge had ceased or been irregular for a few years, so that she was inclined, as most females are (perhaps with justice), to attribute her present sufferings to this change in her health, which she regarded as premature. On questioning this patient I found very evident signs of hepatic derangement, if not of chronic inflammatory action, whilst her bowels were habitually relaxed; I therefore prescribed the bichloride of mercury three times a-day in quarter-grain doses, combined with ten drops of laudanum, while the parts affected, which comprehended both arms, her neck, face, and the lower part of the abdomen, were directed to be washed daily with yolk of egg and tepid water, the egg to be well removed by rinsing with hot water, and when dried with soft linen; an ointment, containing one scruple of bisulphuret of mercury in an ounce of lard, was to be smeared over the affected parts, and linen rags wet with hot water applied smoothly over the ointment so as slightly to compress the inflamed surface as they dried upon it; she also took a vapour bath occasionally. On this servant's second application, a week from her first attendance, the change in her condition was most remarkable; she looked some years older, and the plump arm you see before you had shrunk to half the size represented by the cast, whilst the eczema had nearly vanished, and considerable irritation was left in its place. A lotion, composed of trisnitrate of bismuth, suspended in water by means of glycerine, was used two or three times a-day, the ointment being only applied at night, and the medicine continued as before. This slight alteration removed all the unpleasant symptoms by the end of a fortnight, so that she might be considered well; yet, as her appetite and digestion were somewhat deranged, I prescribed an aperient chalybeate in a bitter infusion, which, with a vapour bath once or twice a-week, she continued for ten days, when she was discharged, cured, on October 26th, less than five weeks from her admission.

It occasionally happens, as I have stated, that E. rubrum becomes a chronic or inveterate disease, when it is a very severe affection, and resembles much the variety of pityriasis rubra I have before mentioned when considering that subject, though the serous discharges accompanying the eczema at once distinguish one from the other. There are several specimens of the local form of eczema rubrum before you; the model I now pass round demonstates the complaint in its symptomatic form, as the youth from whom it was taken is suffering from strumous periostitis of the internal ear and temporal bone; and you will remark in another example the genital organs are affected, which, from the great abundance of sebaceous follicles in such localities, is a circumstance of very frequent occurrence. I will shortly relate this boy's case, as it will show the success of acting upon the manifestations of a scrofulous diathesis, which his constitution presented in a marked degree. This youth had suffered seven years from his eczema, which affected many parts of his body to a much greater extent than the parts represented, though the latter only were taken to demonstrate its appearance in a situation of which it so commonly, and often tenaciously, possesses itself. The face, behind the ears, both arms, and other places, were also affected. There were, besides, enlargements in the sub-maxillary and cervical glands, and the complexion and aspect of the patient were decidedly strumous. The following, however, is the condition represented on his admission on the 11th of August last:—

John Godfrey, aged sixteen, a tall pale youth, of marked strumous diathesis, residing in St. James-street, Clerkenwell, states, that seven years ago a few red blothes, covered with watery pimples, appeared on his face, neck, and behind his ears, and soon spread to his scalp and other parts of his body, particularly the bends of his joints, which all became "red and raw, and ran clear water," or were covered with scabs and crusts. He also stated that he had tried continually both *public* and private means for relief with little or no good effect.

I could discover no cause beyond the scrofulous constitution of this patient for his disease, and therefore prescribed liq. potass. in large doses, holding in solution five drops of the tincture of iodine three times a-day, whilst, to stimulate the cutaneous circulation, a minute dose of arseniate of potass (one-twentieth of a grain) was taken at bed time, and a scruple of biniodide of mercury to an ounce of lard was used every night; to all the parts affected a weak saline bath, containing a few grains of iodide, was also directed once a-week. This patient attended every week for a month, and continued without variation the remedies first prescribed with such excellent effect, that he nearly lost his long-standing complaint, and at the same time the scrofulous enlargement of his glandular system. Still, as he began to be tired of the means he was using, and little more than a roughness and tenderness of the skin in the diseased parts remained, I directed him to take a small dose twice a-day of the biniodide of mercury (prepared extemporaneously by adding tincture of iodine to a solution of bichloride of mercury), whilst a creosote ointment was the local application. This occurred on September the 1st, and on September the 22nd he returned thanks for a *cure*.

This was a fortunate case, as the youth had been four years the patient of an individual, who is particularly eminent in scrofulous disorders, and I am, therefore, inclined to attribute the result to the combination of the measures used, and perchance the baths were no mean auxiliaries. By far the most remarkable case, however, of chronic eczema rubrum that I have treated during the past year, is that of Elizabeth Watts, aged forty-three, of Queen-street, Radcliffe, a poor labouring married woman with seven children. She was admitted September 30th, 1844, and as her case will furnish an example of the chronic or inveterate state of E. rubrum, her whole body being more or less affected, I will briefly extract it from the register. This patient had suffered for ten years from her disease, and had never during the whole of that time remained three months without the medical care of some public institution, either as an in or an out-patient; her condition on her application was like that of a boiled lobster, or the model of Mary Johnson on the table, though the surface had a more shining aspect from the removal of large portions of cuticle in the greatest convexities of her limbs and body. A short time before she applied, the epidermis, by her statement, appears to have come off the hands and feet like a glove, and the serous discharge, which at all points exuded from the excoriated surfaces, stained and stiffened her linen in a most irritating manner. The treatment consisted in the daily use of baths of linseed mucilage, in ablutions with the yolk of egg in water, in the application of the trisnitrate of bismuth and the bichloride of mercury, in small proportions, as a lotion, and in the internal exhibition of the latter salt, combined with large doses of opium; by the assiduous use of these means only, in one month, the patient was restored to perfect health, and by a short perseverence in chalybeate and vegetable bitters her digestive powers were so far re established, that she has since continued free from the disease.

This next case to which I beg your attention, is that of Harriett Taffs, a servant in Warwick-street, Regent-street; it is beautifully illustrated by the model I pass round, which was cast and coloured on her admission, the 17th of September last; it exemplifies the encrusted or furfuraceous stage of eczema, which you will remember is one of the forms of the complaint; this painful and irritating disease had existed three weeks only, and no cause could be assigned for its origin. The face, neck, and arms, were the parts chiefly affected; this damsel had the appearance of liking what are called the good things of this world, and her stomach appeared to have revolted against the labour she imposed upon it; her tongue was much furred, and showed the indentations of her teeth; she was, as she stated, "very bilious." I thought an emetic would not be misplaced here, so it was administered, and was followed up by iodide of potassium in infusion of senna, and to abate the irritation and pruritus of the surface she used a weak ointment of bisulphuret of mercury with creosote. She attended the following week somewhat relieved, when a warm bath every third day was advised, but once or twice only made use of. On the 30th of September, two weeks from admission, these measures were changed for liq. potas. in large doses, containing four drops of Fowler's solution and a creosote ointment.

A rapid improvement occurred under this change, so that, when I last saw her on the 22nd of October, thirty-five days from her first application, she was nearly well, and as she has not since made her appearance, it is to be hoped the benefit has been permanent, and that she is now recovered.

I have, as you will observe, marked this case eczema impetiginodes, in compliance with Willan's nomenclature; but were I to assign its proper place in my own opinion, I should call it impetigo, as you may notice pustules and vesicles are in nearly equal abundance, whilst the crusts have that

yellow, or greenish hue, which characterises impetiginous affections. It must be allowed, however, that it is a mixed case, and may be distinguished from the arm affected with impetigo at its side, by the greater degree of inflammation manifested, by the absence of cuticular flakes or scales, and by the apparently abundant serous discharge. The practical difference in the two cases is otherwise unimportant. Impetiginous eczema is also represented by the hand I offer to your notice, which is that of a bricklayer, who a year and three-quarters ago was affected with a vesiculo-pustular eruption of that hand only, in consequence of the lime he constantly used having irritated a slight abrasion of his cuticle; a month's treatment, conducted as I have detailed in the foregoing case, restored this man's skin to its healthy state.

I have this week seen a horsehair-dresser, with a similar disease; much of the foreign hair is imported from Poland, and, I believe, arsenic is used to prevent the attacks of insects upon it, and the irritating dust of this substance had affected Frederick Smart, of Hand-street, Pentonville, with a similar disease in both hands to that presented by the model of the bricklayer.

The cast from Clement Faulkner's ankle shows the chronic form of impetiginous eczema; but I think this should be called E. inveteratum crustatum; it presents a variety of disease which is very common in the lower extremities, a more or less excoriated surface with slightly adherent lymphatic crusts, not cuticular productions, and which yield very commonly to a grain of calomel with three of powder of colchicum at bed-time, and a slightly stimulating ointment of white or red precipitate applied with the compression of a bandage.

The Structure and Functions of the Brain,

WITH NEW VIEWS ON

THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums, Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important Doctrines in Physiology, Phrenology, and Moral Education,

BY DR. COSTELLO,

Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

General Paralysis—Duration Four Months; Regular Atrophy of both Hemispheres, of certain Frontal, Superior, and Occipital Convolutions; Apoplectic Complications.

Raoul, aged thirty-seven, a servant, who had always lived an exemplary and religious life, was admitted into the Saltpêtrière, October 7th, 1834, labouring under maniacal agitation. At this age she abandoned herself all at once to dissolute and disorderly habits, and to drinking. Three months afterwards her ideas became confused, and she was affected with a paralytic numbness, which gave an expression of stupidity to her countenance. Her answers were slow, and pronounced with difficulty. In speaking she stuttered a little, and passed over words in her answers, which were nevertheless correct. She was subject to frequent fits of passion; walked with difficulty; was unconscious of her state, and remained continually sitting. A year passed without any improvement, the symptoms of paralysis and demency remaining nearly the same, except during the last four months, when the excretions became involuntary. On the 10th of December, 1835, a lethargic state was suddenly ushered in by loss of consciousness, from which she recovered during five days, but, on the sixth, the loss of consciousness returned, and she expired in the night.

Autopsy.—Strong constitution, fair skin, limbs supple, the skull very thick, dura mater, though sunk, was nevertheless raised a little by a collection of serum; the arachnoid whitish, opaline, presenting in several places depressions which corresponded with the atrophy of the subjacent convolutions. On each side of the median line, at the anterior and superior part of the brain, on the first and second frontal convolution, there was a cavity the size of a walnut-shell. The arachnoid was strongly drawn into the bottom of this cavity, and looked like a cicatrix, and the membrane was adherent to the substance of the brain only in the bottom of this cicatrix. There were neither membranes, bands, nor residue; it was obviously the result of a depression from the absorption of the cerebral substance. At the bottom the white substance was seen exposed, the sides being covered with a very thin layer of the cortical substance. Eight similar cavities, four in each hemisphere, occurred from the frontal to the occipital regions, being nothing more than the result of an atrophy and absorption of the convolutions in these places. The whole base of the brain was healthy; the corpus striatum contained an effusion of blood, equalling a walnut in size. The blood was still bright, the apoplectic seizure having occurred only six days before death.

This local atrophy of certain convolutions coinciding with the progress of the general paralysis and demency is a fact of considerable interest.

General Paralysis of Six Months' Duration; Atrophy of the Convolutions of the Middle Region of the Brain; Inflammation of the Grey and White Substances.

Maillard, sixty-three years of age, of a good constitution, never having had any illness, was admitted into Bicêtre, 29th May, 1838. For the last three months he had complained of stupor, difficulty of speech, and confusion of ideas. His countenance expressed astonishment; he answered with difficulty questions which he did not seem to comprehend, and when he attempted to speak, his lips, cheeks, and tongue were in a continual tremor. He could not articulate consenants, and even the vowels he only pronounced with a convulsive effort. He walked and stood tremulously and with difficulty; he retained the use of his arms and hands, but the cutaneous sensibility was blunted. He remained tolerably calm for fifteen days, and then had a slight paroxysm in the evening, with quick pulse, hot skin, and tranquil delirium. On the 1st of August he seemed labouring under maniacal excitement; the demency and general paralysis had made rapid progress, and the general tremor was constant. On the 2nd of September he could neither speak nor move his limbs. The excretions were involuntary, and the catheter was necessary. On the 1st of October considerable marasm, stertorous depression, contraction of the arms, fixed look, and dull eyes supervened. Death took place on the 8th of October.

Autopsy.—Skull thick and injected; dura mater distended with about six ounces of serum; this liquid being allowed to flow away, the membranes subsided upon the brain, and it was then obvious that there was a space of eight or nine lines throughout, between the skull and brain. The arachnoid and pia mater red, adhering almost universally to the convolutions, large patches of which were removed in attempting to detach them. All the convolutions, those of the middle region especially, were small, puckered, and pressed together. The cortical substance was of a violet red in certain places, but consistent; nevertheless no medullary matter could be found in the interior of the convolutions. Above the ventricles the white substance was violet colored and looked ecchymosed. The size of each hemisphere appeared reduced about one-third. Cerebellum soft, but of a natural appearance. The pons varolii seemed firmer and smaller than natural.

Reflections.—We here have another example of a very evident inflammation of the cortical substance of the brain, coinciding with atrophy of both hemispheres. The white substance itself participated in the effects of this process down to the pons. The entire duration of this acute atrophy scarcely extended beyond nine months, and its decided progress was confined to the two last months of the disease.

General Paralysis; Duration Ten Months; General Shrinking of the Brain; Autopsy of the Peripheric Convolutions.

Vaudin, a labourer, aged twenty-eight, whose mother died deranged at the Saltpêtrière, was seized, without any known cause, with maniacal delirium, and sent by the police to the Bicêtre on the 3rd of January, 1837. At the end of ten weeks he became calm and rational, and was on the point of being sent into a class of convalescents, when it was observed that he was beginning to stammer, his memory was failing, and his limbs bending under him. On the 15th of May demency and general paralysis were fully developed. Unconscious both of what he said and did, he stuttered only a few words, walked with extreme slowness, stole from his comrades, became dirty, and liked to be in the dirtiest places. This lasted for some months. The 7th of January he was attacked with sudden loss of consciousness, and died during the night.

Autopsy.—All the vessels of the brain were gorged with black blood. More than a pound of it flowed away from the vessels and sinuses of the pia mater. This general congestion caused the death of the patient; there was neither effusion nor rupture of any vessel. The blood having been washed away, and the membranes removed, it became obvious that the brain was reduced in size, and that there was a space of about eight lines between the skull and the convolutions, which were small and pressed together. Some of them in the frontal region were reduced to a line in thickness, whilst those of the posterior lobes were extremely small. When cut into the cortical layer was found strongly injected and soft. The white substance was similarly congested with black blood, but was tolerably firm. The ventricles were very small, the corpora striata greatly injected, both much smaller than natural. Cerebellum red and soft.

Reflections.—The patient died suddenly from a general congestion of the brain, occurring but a short time before his death. In this, as in the preceding case, the convolutions were diminished and wasted away, and the cerebral mass was also atrophied from the influence of an inflammation which began with the first attack of mania, which subsequently decreased in intensity, remained for a while stationary, and at last degenerated into a chronic process, which gave rise to the progress and development of the general paralysis.

General Paralysis, Eight Months' Duration; Chronic Inflammation of the Cortical Substance; Atrophy of the Convolutions; Shrinking of the whole Brain.

Bouclay, aged forty-nine, was admitted into Bicêtre, November 7, 1837, in an advanced state of demency of several months standing. His countenance was altered; he could scarcely understand what was said to him; he stammered in attempting to answer; walked slowly and with difficulty; and his excretions were involuntary. Three months later, he remained constantly in bed; both legs were contracted, and could not be extended. On the 15th of May the right arm also became contracted, as well as the last three fingers of the right hand; the general symptoms became rapidly aggravated; he wasted away; a large eschar was formed on the sacrum; and he lingered till the 2nd of June, when he died.

Autopsy.—The contractions remain; left eye open; right shut; skull thin, slightly injected; dura mater natural; a few adhesions between the arachnoid and cortical substance in the superior region; this substance was throughout violet-red, and slightly softened. The two convolutions at the upper part of the brain in both hemispheres had disappeared, and in their places were cavities an inch deep, the left one deeper and larger than the right; they presented no false membrane, but their sides were formed of cortical substance, which was red, bloody, and seemed as if eroded. Beneath the left cavity the medullary matter was yellowish, fibrous, and resisted the scalpel, but there were neither bands nor residue; it was, no doubt, connected with the disorganisation by which the cavity was formed. Nothing of the kind was observed under the cavity on the right; here the substance was white, firm, dotted with blackish spots. Cerebellum large; all the other organs were in a state of complete anemia.

Reflections.—The atrophy was limited to two convolutions on each side, and the alteration was more profound on the left side, which may explain in some degree the contractions of the legs, of the right arm, and of some of the muscles. There was besides a chronic inflammation of the cortical, and of a part of the medullary substance.

General Paralysis, Nine Months' Duration; Atrophy of the Convolutions; Chronic Inflammation of the Brain.

Lallemand, aged thirty-three, waiter at a wine merchant's, of a good constitution, by carefulness had amassed a round sum of money. He married, settled in a prosperous business, but, in the course of the first year, experienced losses in business, and domestic afflictions; he took to drinking, and became irascible and quarrelsome. He lapsed into a state of complete mania, marked by the predominance of ideas of wealth, and a slight difficulty of pronunciation. He remained in this state for a year in a private establishment, and was then sent to Bicêtre, on the 2nd of October, 1835.

The embarrassment of the tongue was well-marked, though he could still walk very well; it was observed that his legs now and then dragged, and that he stumbled often; he was continually grinding his teeth; the demency was complete, and his answers incoherent, and pronounced with difficulty. On the 4th of April, six months after his admission, he had a sudden attack of congestion, which went off next day, but the right arm remained paralysed; excretions involuntary. The congestion occurred again on the 7th of July; movements of contraction in the legs alternate with slight convulsive movements of the right arm; four days after he died.

Autopsy.—Skull thick, dura mater strongly adherent to it; membranes tolerably healthy; the whole cerebral mass was shrunk away a space of several lines from the skull. The cortical substance was red externally; convolutions were small, wrinkled, and some of them in the frontal region seemed effaced; the grey substance was of a violet hue, but firm; the white substance was gritty, darkish, and studded with points; corpora striata very red, and injected. In the posterior lobe the cerebral tissue was entirely softened, yellowish, and diffluent; cerebellum soft, colourless. Nothing to be noted elsewhere.

Reflections.—This was a case of general paralysis, developed during eighteen months under the influence of a chronic cerebritis, which attacked in succession almost all the parts of the brain, and caused atrophy of the frontal convolutions; the traces of the inflammation were well-marked throughout the grey and white substances and even in the corpora striata. I consider the softening of the left posterior lobe as one of the last complications of the general inflammation, manifesting itself only a few days before the fatal termination, that is at the time of the convulsive movements of the right arm.

In this fourth form, the general paralysis is always accompanied with atrophy of the convolutions, and this atrophy is produced evidently by an inflammatory process. The chief seat of the atrophy is in the white substance, as the convolutions sink according as it wastes away in their interior; but the grey substance also is lessened in volume though not to anything like the same extent as the white substance, which, as in the case of hypertrophy, is still the seat of the morbid process. We may remark, that, in most of these cases, the entire peripheric grey substance is inflamed, and it may be as a consequence of this that nutrition is no longer carried on in the subjacent white substance, and that this substance disappears in this manner from the convolutions causing them to sink, or even to form cavities, in their room. This explanation derives support from the cases narrated.

Fifth Form.

Intermittent Type.

It seems scarcely credible that a disease so profound and incurable in almost all cases, should put on an intermittent form, showing itself, and continuing for several months, and then disappearing to return at periods more or less remote, and to disappear again. Yet I have observed it do so. The following are instances

Intermittent General Paralysis—Three Attacks in Two Years—Cure.

A gendarme was brought to Bicêtre, 2nd April, 1836, on account of some slight mental derangement; he felt he was losing his memory, and complained of frequent fits of stupor and giddiness. His wife, who came with him, could not account for his malady, and said he was sober, well-conducted, and had no cause for anxiety. For several months back she had observed him have frequent fits of mental absence, that he lost his way, and that his tongue trembled when he spoke. The countenance expressed suffering; he answered correctly, and tried to compose his countenance and his ideas. It was obvious that he was conscious of his malady, and tried to struggle against it. He was in other respects active, and desirous of having something to do. He remained in this state about a month, and was then sent to St. Anne's farm to assist in farm work. Here his countenance recovered its natural expression; his utterance became easy, and he returned home well a month afterwards.

Eight months after this he returned with the same slight symptoms of general paralysis and fits of mental absence. Under the influence of regimen and labour he recovered once more, and in three weeks he went home.

Towards the end of 1837 he returned the third time to the hospital for another attack, in which the general symptoms showed themselves still more mildly, and he was sent out well in ten days. So well did the regimen of the hospital agree with him, that on the return of his symptoms he asked to be sent there of his own accord. He has had no relapse for the last five years.

Loys was admitted into Bicêtre, 7th August, 1834, in a state of paralytic demency; after seven months he left cured, and returned with a second attack in July, 1835, and again left almost quite cured in the following January. Once more his malady brought him back in September 1836. He seemed now in a state of complete demency; he could scarcely understand what was said to him, and had the greatest difficulty in pronouncing a few words. The foregoing account was given by his son who came with him, and he assured me, moreover, that he was in a state exactly similar at each of the former admissions into the hospital The legs were weak; his excretions involuntary, and his pulse was slow and irregular.

In about three months almost all the symptoms, so formidable at first, had disappeared; his strength, agility, and appearance of health were restored; but there remained a perceptible embarrassment of speech, and. spasmodic contractions of the lips. He remained six months longer among the convalescents, and again returned to his friends. He was again admitted, for the fourth time, on the 7th October, 1837, having remained but four months at home. The symptoms were similar to those at his former admissions, except that his pronunciation was so confused, that his words were unintelligible; the demency was more profound; he could not walk, and his excretions were involuntary. On the 7th December the lower extremities became contracted; the sacrum excoriated; the countenance sunk; he was seized by sudden loss of consciousness, and died in a few minutes, before the house-surgeon could come to his assistance.

Autopsy. — Skull thick; meninges healthy; frontal convolutions small, atrophied, and several lines distant from the skull; the grey substance covering them of a lilac grey, tolerably natural; but red in its middle layer. All the other convolutions were large, well rounded, full, and shining; the cortical substance of the posterior convolutions was very red, softened in several places, and echymosed in others. The medullary substance was violet coloured, and dotted throughout. It was here doubtless that the sanguineous congestion took place, which caused the sudden death of the patient. The atrophy of the frontal convolutions showed the traces of an old inflammatory process, occurring probably in the three attacks of general paralysis that he had from year to year. I think that the last attack bore principally on the posterior lobes, giving rise to the inflammatory disorganisation observed in them.

Sixth Form.

termination by cure.

Cases of cure in this disease are so rare that I have thought it right to assign to them a particular form, especially when they are clearly shown to be such. I hasten to add, however, that art can claim but a small share in the honour of these cures; for all the patients attacked with general paralysis (eighty-five of whose cases have been observed by myself) were attended with the utmost zeal and perseverance, stimulated by the hope of finding a mode of treatment that might put a stop to this fearful disorganisation, which seems to attack man in all the plenitude of his strength and life. One must have contemplated this saddening picture on a large scale at Bicêtre to comprehend how little hope was to be derived from treatment; it is painfully discouraging to see those patients wasting and dying inevitably while still full of reaction, as much from the slowly disorganising disease of the brain, as from the gangrenous eschars of every kind, the consequence of their being confined to bed, and their involuntary excretions; the urine especially is sufficient in a week or two to produce excoriation and eschars on the sacrum, which destroy the patient more rapidly than disease of the brain. It was to no purpose that their linen was changed several times a-day; that they were made to sit on close stools a part of the day; from four o'clock in the afternoon until the hour of visit next morning, they were lying in damp sheets and ordure; nor can four attendants, however well disposed to do their best, suffice to take care of thirty patients in a proper manner. And then those patients are so indocile, disagreeable, and repulsive that it would call for a superhuman spirit and devotedness to have any idea of all they require, and to satisfy their wants.

Yet, in spite of this fatal position, there are some of those patients, who, led to the last stage of the disease, and almost on the point of death, revived by little and little, and slowly and finally were completely restored to health. In the course of four years I saw but three well ascertained cases of cure out of several hundred under my own care as well as that of others: but however small the number has been, still it is sufficient to show that we must not altogether despair of those patients.

General Paralysis—Two Relapses in Eighteen Months.

Ciret, aged twenty-two, was admitted into Bicêtre, August 7, 1836, on account of slight delirium complicated with numbness of all the limbs, difficulty of speech, and general loss of sensibility; he did not feel himself covered with his clothes, he thought himself naked, and felt cold, although the temperature was at dog-day height; his memory was tolerably good; he could not imagine what could be the matter with him.

A seton was inserted in the nucha, and an eruption of large pustules formed around it. In less than a month all the symptoms had disappeared; and he was sent home at the end of the second month.

Eight months after, in consequence of a fit of drunkenness, he was brought back, in an advanced state of demency and general paralysis. His memory was gone; he could articulate words confusedly; his legs bent under him; and his excretions passed involuntarily. In the space of three months, these symptoms having become gradually aggravated, the patient was reduced to a state of general marasm; there was an eschar of from four to five inches diameter, which was burrowing under the gluteal muscles, and breaking up the surrounding cellular tissue, and the suppuration was very abundant; yet, notwithstanding this desperate condition, he ate a great deal. He remained in this apparently last stage of exhaustion for three weeks, his attendant expecting every night to be his last, and he then began to rally a little; granulations sprouted from the bottom of the eschar, which showed a disposition to cicatrise. He gathered strength slowly; his speech and ideas became more distinct; he was convinced that he should get well, and, after a lingering convalescence of three months, he recovered his health and former corpulence, and left the hospital quite well.

Doubtless the abundant suppuration of the eschar served as a powerful derivative in his case; but it might have proved more fatal than the cerebral affection by the great exhaustion it produced.

Paralytic Cerebritis—Eleven Months' Duration—Cure.

Racine, a working man, aged forty-seven, had been for the last ten months subject to fits of excitement. He shouted, and saw spectres passing by him; his lips and cheeks were in a state of con-

stant tremor; words scarcely articulated; excretions involuntary. He remained in this state four months; knees, trochanters, and sacrum excoriated. In the fifth month, after a violent attack of mania, he lost consciousness, and a little time after his limbs became covered with scorbutic patches. In the seventh month he began to improve generally; he was able to get up; his ideas were weak, but correct; his pronunciation was pretty firm. During the eighth month, his convalescence was rapid; he was sent to St. Anne's farm for two months, and went home quite cured.

Paralytic Cerebritis—Seven Months' Duration—Cure.

Lebandru, aged thirty-two, gave way to drinking, from losses and grief, and became destitute, lost his way in the streets, and was sent to Bicêtre by the police. On his admission he seemed stupid—unable to comprehend; could scarcely stand; and when he tried to answer, his lips trembled convulsively; and he could not articulate a single intelligible word. These symptoms became aggravated during two months; he could no longer speak, walk, or retain his excrement; he was much emaciated, when an attack of diarrhœa supervened, which, in less than a fortnight, reduced him to a dangerous state of marasm. The diarrhœa was at last arrested, and the general symptoms in the course of the next month seemed to improve; the patient wished to know something of the place he was in, and enquired for his relations; he spoke with tolerable precision. Towards the sixth month the convalescence was decided; he got up, recovered strength; asked to be employed; and was, in the seventh month, sufficiently well to be restored to his family. Four years have now elapsed without a relapse. These three cases are remarkable for the gravity of the symptoms, the duration of the disease, and their favourable termination.

ORIGINAL CONTRIBUTIONS.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Having devoted my preceding reports to describing and illustrating the functions and derangements of the uterine system, and the various displacements to which the uterus itself is subject, I now pass on to the consideration of those changes of structure which are observed to occur in it or its appendages. Of these the fibrous tumour, as being the most common and least formidable, will deserve our notice first. It has been, and still is, known under a considerable variety of names—it is the "*Fleshy tubercle*" of Dr. Baillie, the "*Subcartilaginous tumour*" of Dr. Hooper, in his work on the morbid anatomy of the uterus; and perhaps, strictly speaking, this latter is its most correct denomination.

It is considered to be essentially a non-malignant disease, and certainly it is so in by far the majority of instances; but I am not quite prepared to admit this view without some limitation, having reason to suspect in one or two instances it has poved fatal by malignant ulceration. Further evidence, however, is necessary on this subject.

Fibrous tumour occurs under a great variety of forms, from isolated portions so small as almost to deserve the name of granules, to solid tumours of great size and weight, conglomerated together into a mass which has sometimes equalled the uterus at the full term of pregnancy. The structure of these tumours is not intermingled with that of the uterus, still less does it take the place of it as in cancer. It forms a hard solid mass, imbedded in healthy uterine tissue, covered with a white layer of condensed cellular substance, and apparently connected with the surrounding parts merely by nutritious vessels. The structure of the tumour itself, when cut into, is hard, white, or greyish-white, with lines of a whiter and harder substance intersecting it, usually forming irregular segments of circles; at times also taking a more irregular form and direction. The hard white structure of which these lines are composed appears to consist of nearly pure cartilage; the greyer coloured softer portions between them, and which form the bulk of the tumour, seem also to consist of a cartilaginous structure, intermingled with a fine web of cellular tissue. I do not recollect to have seen any observations on this subject by a distinguished microscopical physiologist, but as far as one can ascertain, by close ocular inspection, or by the assistance of a single lens, this seems to be the structure of the disease. These tumours vary greatly, not only in their size, but also in their connection with the uterus. Sometimes they are imbedded in the wall of the uterus, at others they project externally, and seem to be covered with little else than peritoneum, by which they are attached to the uterus, or internally, and are then covered by the lining membrane of the uterine cavity, which in some cases yields more or less so that the tumour becomes polypoid, its pedicle being formed by the membrane which invests it. Where the mass is of great size, it usually occupies the posterior wall of the uterus, bulging out backwards and pushing the os and cervix uteri considerably forwards. The cervix becomes shortened, and as the mass increases in size, the lower portion of the uterus in the immediate vicinity is frequently felt hard, forming a sort of roof of indurated structure to the pelvic cavity. The uterine sound shows that the cavity of the uterus is becoming elongated, and more or less altered in its direction; perhaps it will pass up for a couple of inches in one direction, and then turn, and, as it were, enter another chamber to the distance of another inch, and again change its course and ascend to a considerable height in another direction. Thus within twenty-four hours of writing these remarks, I have examined two cases of the disease, in one where the sound passed to the distance of five and a-half, and in the other six and a-half inches, through the os uteri. The structure of the uterus seems but little altered, except that its walls become thickened, and its fibres more developed and fasciculated; where, however, the mass is of great extent, the uterine fibres become so spread over it as to be scarcely distinguishable. On making a section of these large masses, we not unfrequently meet with considerable deposits of calcareous matter, and occasionally even small tumours are found assuming an osteomatous appearance from the same cause.

The early symptoms of fibrous tumour are very obscure, and frequently at first quite inappreciable; indeed, it is by no means uncommon to meet with cases of fleshy tubercle, where it has already attained a great size, without any serious derangement of health; in some instances it has been mistaken for pregnancy, for extra-uterine pregnancy, for ovarian disease, &c. When small, the disease is occasionally met with on examination after death from other causes, where no suspicion of its presence had existed during life.

In this passive state, the symptoms will be chiefly those arising from the gradual pressure upon, and displacement of, the adjacent organs, as also of the uterus itself. There are frequent calls to relieve the bladder and rectum. If, from constipation, &c., the bowels have become loaded, the mass will probably be pushed down, the bladder pressed upon, and more or less difficulty experienced in evacuating it, and difficulty also will attend the passage of solid fæces through that part of the rectum which is flattened by the mass. It is in these cases that the uterine sound proves so invaluable; not only can we determine that the cavity of the uterus is already longer than natural, but if the disease be commencing in the posterior wall, as is usually the case, the finger per rectum, whilst the sound is in the uterus, will readily detect any increase of thickness and firmness at this part. At the present moment I have a case among the out-patients at St. Bartholomew's, where this condition exists, and where I have every reason to suspect that fibrous tumour of a very early stage is present. In some cases, without any peculiar suffering or derangement, the patient has gradually become aware of a hard tumour above the brim of the pelvis, in others she has suffered for some time from symptoms which evidently resulted from the pressure of some hard body in the cavity of the pelvis; then suddenly these symptoms have disappeared, and, as suddenly, a solid, but moveable tumour has been detected in the lower part of the abdomen. In other words, the mass which had commenced in the pelvic cavity, and had more or less compressed the bladder and rectum, has risen above the brim into the abdominal cavity. The varieties in this respect are very great; on two occasions, it has formed a tolerably moveable mass in the pelvic cavity, shaped so exactly like the child's head, with ridges so like those produced by the edges of the cranial bones at the sutures, as at first to give the impression that the patient was upon the verge of labour; although a moment's consideration showed that this was impossible, from the condition of the os uteri and other concomitant symptoms.

When the mass is situated in the upper parts of the uterus, it is capable of displacing this organ to a considerable extent, producing retroversion or anteversion, with the symptoms attendant upon these displacements. The condition of the bladder is rarely investigated, unless the pain and difficulty either in retaining or passing water demands an examination; but I have occasionally been led to suspect the presence of fleshy tubercle by the great elongation of the bladder which had taken place—the catheter or sound rising to a considerable distance above the symphisis pubis, although the bladder contained but a small quantity of urine at the time. The examination of the bladder, as also of the uterus, with the sound, is particularly useful, where, as is frequently the case, the bulk of the disease is as yet confined chiefly to the posterior wall of the uterus; two cases at present under my care, and which afford little or no evidence of tumour to be felt through the abdominal parietes, have been satisfactorily ascertained by this mode of examination.

In other cases the pain or inconvenience are not merely referrible to the pressure upon, or displacement of, the pelvic viscera produced by the tumour, but there is severe pain of a throbbing, darting character, greatly increased on external pressure or internal examination, and particularly so by the introduction of the sound. Paroxysms of severe abdominal suffering are brought on by riding in a rough carriage, walking, or even assuming the upright posture, by constipation, or the accession of the menstrual periods, and upon examination, if the tumour can be reached by the finger per vaginam, throbbing vessels may be felt upon its surface.

The effects of fleshy tubercle upon the menstruation are so various as to afford little assistance in the way of diagnosis. Occasionally the catamenia are sparing, irregular, and altered in appearance; sometimes they are so profuse as to amount to severe menorrhagia, at others they are entirely absent for a considerable period, and in other cases no change at all, for a while, is perceived.

The growth of these tumours is usually slow, although by no means uniform; in some cases it is much more rapid, and this different rate of growth varies considerably in the same individual at different times. With the increasing size of the mass, fresh symptoms arise, which had not existed before, such as cramp in the lower extremities, numbness of one thigh, and œdema of the feet. The difficulty in relieving the bladder and rectum have probably increased; the chylopoietic system is much deranged, mucous irritation is set up; the tongue becomes red, glazy, and fissured, emaciation follows, and the patient gradually becomes cachectic.

Occasionally, though rarely, these tumours have been observed to disappear again, apparently by the process of absorption—an important fact, which, I believe, was first pointed out by Sir C. M. Clarke, and as I am anxious to establish the possibility of this termination, as a guide in our treatment of these cases, I will end this report by a quotation from him upon this subject.

"A large tumour as big as a child's head could be felt through the parietes of the abdomen, just above the pubes. Upon the surface of this tumour could be felt two smaller projections, one of which was of the size of a man's fist, and the other twice this size. A variety of means were employed for the relief of this case for two years; upon examining the abdomen at the end of this period, the tumours could not be discovered. At length the patient,

worn out by pain and by discharge, died. The uterus was found as large as that of a woman at the fifth month of pregnancy. Upon the anterior part of it, near the fundus, were found two small tumours, as large as peas, which were probably the same tumours before felt, of the size above mentioned, as there was no other vestige of them; these tumours were of a hard and resisting nature, and were lying between the muscular part of the uterus, and the peritoneum covering it."*

CASE OF STRONGYLUS GIGAS (ORDER HEMATOIDEA, RUDOLPHI), OCCURRING IN THE PRACTICE OF M. ARLAUD, SURGEON TO THE FRENCH NAVY.

Communicated by W. PHILLIMORE STIFF, M.B., Nottingham.

So rarely is the giant strongyle found that a record of any case is interesting and valuable; but this is particularly so, from the report of M. Segalas on its authenticity, and from the circumstance that the author, M. Arlaud, has received the thanks of the Academy of Medicine, and that the case will be published in their forthcoming transactions.

The patient, a young woman, aged twenty-six, resided at Cherbourg. Her health had been good, and her menstruation regular, until the first symptoms of the verminous affection were manifested.

M. Arlaud visited her for the first time on the 3rd of May, 1840. She had then been suffering for eighteen months. She experienced at first the symptoms of nephritis, and afterwards burning and pricking sensations were added. She had been under the care of several medical men, and had undergone the most energetic antiphlogistic treatment, without any benefit; on the contrary, the functions of nutrition were disordered, and her menstruation had become suppressed; at various times there occurred hiccup, cough, pain in the right thigh, and bloody urine.

M. Arlaud, moreover, learnt, that after three months of severe suffering, the patient voided by the urethra a worm, or what appeared to be a worm, which had not been preserved.

These symptoms having continued in spite of the emission of the foreign body, she was placed under the care of a colleague of M. Arlaud, and this practitioner was enabled to verify the passage of six worms, two of which were extracted by means of Hunter's probe. The following symptoms now presented themselves:—Countenance haggard; slight emaciation; pain in the region of the right kidney; numbness and pain along the right crural nerve, extending to the ham; ischuria. She states she has felt for three days as if something had pricked her in the right loin, and then had caused lower down an indescribable and very disagreeable sensation, or, as she believed, she felt a worm move about in her bladder. The same day a catheter was passed without difficulty, and gave exit to a quantity of whitish, milky-looking urine.

Next day there was complete retention of urine. M. Arlaud introduced a catheter, and felt some obstacle at the neck of the bladder; when overcome, there was a flow of turbid, dark-brown urine, enough of which was allowed to escape to ease her pain, as she had not passed urine for twenty hours.

On replacing the catheter by Hunter's forceps, M. Arlaud seized, after long and painful manipulations, a soft body. A little blood escaped by the urethra, and M. Arlaud held the worm itself. The entozoon was of a reddish colour, flattened, attenuated at each extremity, nine inches long, and between two and three lines thick.

The patient now experienced some nervous symptoms, together with pain in the urethra and neck of the bladder; gelatinous hip baths and emollient drinks, afforded temporary relief.

The patient, however, occasionally suffered cruelly, and during a period of eight months M. Arlaud extracted seven strongyles, and also fifteen fleshy, red, soft bodies, generally about the size of an almond. The extraction of these bodies frequently caused syncope, hysteric paroxysms, hematuria, hiccup, pain, with always a little fever. On extracting one of these substances, larger than the others, pleuritic stitch, hemoptysis, hematuria, delirium, and general reaction supervened.

After several months menstruation was re-established, the general health improved, and the patient followed her occupation. M. Arlaud left Cherbourg in July, 1841, and was unable personally to follow the case; but he has learnt since, that after a few months the symptoms which preceded the extraction of strongyles recommenced, that three strongyles have since been extracted, and that the patient is yet alive.

The preparations sent to the Academy by M. Arlaud, with the details of the case, were:—1. Two entozoa; 2. A membraneous sheath; 3. Three fleshy masses.

What was the origin of these latter bodies? The committee was not agreed on this point. Were they organised fibrine, the result of hemorrhage? or were they detached portions of muscles from the neighbourhood of the urinary passages?

A microscopic examination of the entozoa confirmed the opinion of M. Arlaud; they were true giant strongyles; but the committee was of opinion that the membranous covering was a portion of one of the strongyles, which had died after having acquired a great development, and not a cyst enveloping the entozoa, as M. Arlaud had considered it. It may be remarked, that this case was observed by a distinguished surgeon of rank in the navy, was related with much perspicuity, and showed the experience of the author. It is an authentic example of the strongylus in man, and leads us to imagine that these entozoa may reach a development as great as frequently takes place in the lower carnivora.

* Vol. ii, p. 287. 3rd edition.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

SURGICAL CASES.

Large Calculus Vesicæ—Ulceration of it through the coats of the Bladder into the Vagina. Removal by Operation from the Vagina.

Mary Rooney, aged eight, from Pollard-street, was admitted into the surgical wards, on the 5th day of June, under the care of Mr. Stephens. She is a thin and delicate looking child, and is lame from some old disease of the hip-joint. Her mother states that up to near three years of age she enjoyed very good health, but soon after this age she had a severe attack of small-pox, during which she lost one eye, and on her recovery she began to suffer much from incontinence of urine, which has continued ever since—a period of near five years. It was not so bad at first, but gradually increased, until within the last two or three years she has had a constant dribbling. About two years ago she also began to have great difficulty in passing her fæces, which she could not do without using great force, and latterly she has been in the habit of introducing her finger into the rectum before she could part with her motions. She has suffered greatly from pain, which she referred to the lower part of the abdomen, and which was increased during the passing of her fæces. Her urine has generally been of a deep colour, and of strong odour; but she has not noticed it at any time to contain blood. Her stools have occasionally been streaked with blood. Her appetite has always been capricious, and her diet very low and poor. She has been several times under medical treatment; but has never been examined for calculus, and has derived no benefit. Her family have generally been pretty healthy, not suffering from any particular ailment.

When admitted into the hospital, upon examining by passing a small catheter through the urethra, before it had passed more than half an inch, it struck upon a large calculus, which was quite immovable by any force we could apply to it; it has a roughened and soft feel, and is very friable. If you attempt to slip the catheter past it, you find that it extends considerably backwards. The shortness of the urethra, and proximity of the stone, is remarkable; it seems as though the stone had pushed forwards, and partly obliterated, the neck of the bladder and urethra, causing it to expand. By separating the lips of the meatus you might almost see the stone. When examined with the finger, introduced through the rectum, you find that the bladder is filled with an enormous calculus, which seems to fill the pelvis almost completely; it seems to be of an oval shape, lying across the pelvis from sacrum to pubes; it feels close upon your finger, with nothing intervening except the thinned walls of the rectum and vagina, which seem adherent to the stone. The stone encroaches considerably upon the rectum, and extends so far upwards that you cannot reach the top of it. The bladder seems firmly contracted around it; in fact, in some parts the coats of the bladder seem almost a part of the calculus. The vagina is closed, partly with the hymen, and also by the calculus, and is so small that it is almost impossible to introduce anything more than a small probe into it, and with this no further information was at this time gained. The external parts are in a state of great excoriation.

She has a constant incontinence of urine, or dribbling, her clothes being constantly wet; she has great pain in passing her fæces, and frequently introduces her finger to push up the calculus previous to passing them.

Upon collecting a quantity of the urine directly after it was passed, it was of a yellowish-white colour, turbid from mucus, &c., and of an offensive odour. Specific gravity 1011, and it gave an alkaline reaction with turmeric paper. After standing for a time a large quantity of a yellowish-white precipitate subsided, of a semi-fluid consistence, leaving a clean lightish brown coloured fluid. Upon taking a quantity of the precipitate, and placing it under the microscope with a power of 400, very beautiful prismatic crystals of the triple phosphate were seen; these were very numerous, and all disappeared when a little acetic acid was applied, showing there were no lithic acid crystals present. Liquor potassæ had no effect upon them. Besides these there were two or three octohedron crystals of oxalate of lime observed. These were mixed up in a number of small globules like pus and mucus globules. Upon adding a little liquor potassæ to a portion of this precipitate, it became very stringy, showing the presence of pus.

In general health she appears weak and delicate; tongue is clean and moist; appetite capricious; she has no cough; pulse small and weak.

June 12.—It was thought desirable if possible to reduce the size of the calculus, so as to allow of its extraction through the urethra, and for this purpose it was suggested by one of the medical officers, that the triple phosphates being soluble in supercarbonates or any fluid containing an excess of carbonic acid, it was possible that if a solution of carbonate of soda containing an excess of carbonic acid were frequently injected into the bladder, it might reduce the size of the calculus. This fluid was injected two or three times on successive days, but without any perceptible effect.

Upon observing carefully the escape of the urine subsequently, it was seen clearly that besides escaping from the meatus, a very large proportion of it escaped from the aperture of the vagina, showing clearly that there was vesico-vaginal fistula. Upon introducing the finger into the vagina, a work of some difficulty, and examining carefully, it was detected that the stone lay firmly fixed, partly in this canal, and partly in the bladder, and was surrounded by the ulcerated parietes of the bladder, so that it had ulcerated its way through the base of the bladder partly into the vagina.

She continued in the ward, taking good diet, without any alteration, up to the 28th of June, when, it having been determined that the calculus should be removed, Mr. Stephens proceeded to the operation, at eleven, a.m.

Having placed the child in the usual position for lithotomy, he introduced into the vagina a speculum, with which he dilated it a little; he removed this and passed a pair of forceps into the vagina, with which he seized the end of the stone, and endeavoured to gradually extract it, assisting this by passing the finger into the rectum; the end of the calculus was brought by this means within view at the aperture of the vagina, but was evidently too

large to pass without lacerating the parts; an incision was therefore made of about one inch in length on the left side of the perinæum, similar to the usual lithotomy incision, laying open this side of the vagina at the same time; after this was completed, the calculus was readily removed with the forceps. A second smaller one was removed by the same means.

Upon passing the finger into the vagina, after their removal, it was found that there existed a large fistulous aperture into the bladder, readily admitting two fingers, of an oval shape, with callous, hard, and thickened edges. The bladder was syringed with warm water, and a catheter passed through the urethra into the bladder, and fastened there. She was carried to bed, and placed upon her back, and had sponges placed to catch the urine as it escaped. She took in a few minutes afterwards the following draught:—

R. Tinct. opii, *m.* xv; Tinct. card. co., ʒss; Vin. gallic., ℥ ss; Aquæ, ℥ iss. M. s. s.

The larger calculus was about the size of a small egg, and not unlike it in shape; it weighed six drachms and a half, was of a white colour externally; soft and friable over the greater part of its surface, and on that side which had lain upon the ulcerated bladder were portions of mucous membrane firmly adherent; at one point it had a rough projection on its surface. The smaller one weighed one drachm and a half; was about the size of an almond; of a white colour. A section of the larger one showed it to consist of an outer layer, forming about three-fourths of the mass, of a white colour, soft, and somewhat friable; this enclosed a layer of a dense white colour, and within this was the central portion of a lightish fawn colour.

Upon analysing a portion of the smaller one, which was exactly of the same composition as the outer layer of the larger; it was soluble in dilute hydrochloric acid; not soluble in liquor potassæ; upon applying a gentle heat after adding the latter, and holding over it a glass moistened with hydrochloric acid, white fumes of hydrochlorate of ammonia were formed very abundantly, showing that ammonia was set at liberty from the calculus. It was only partly soluble in acetic acid, a small portion remaining, showing that it consisted partly of the soluble ammoniaco-magnesian phosphate, and partly of the phosphate of lime, which is insoluble in acetic acid. Upon heating a portion of it on platinum foil, it was much carbonised, showing that a great quantity of animal matter was present; upon holding over this a glass rod moistened with hydrochloric acid, fumes of hydrochlorate of ammonia were plentifully formed. From this analysis it is clear that this portion of the calculus consisted chiefly of the ammoniaco-magnesian phosphate, a little phosphate of lime, and a large quantity of animal matter. The other layers of the larger portion consist of a more condensed mixture of the phosphates, with some animal matter in the central part mixed up with a little lithate of ammonia.

29. Has passed a good night; has not complained of any pain except a little smarting from the contact of the urine with the wound; the greater part of the urine was passed through the catheter, although a considerable quantity passes by the vagina; she has not yet had her bowels open; tongue is clean and moist; appetite tolerable; she is free from pain in the abdomen, and bears pressure without complaining; pulse is 132, small, but soft; skin is hot; she perspires occasionally. To have low diet.

30. Had but a restless night; has complained of some griping pain in the abdomen, which is now easier; she bears pressure without complaining; the urine has passed freely through the catheter, more so than through the vagina; has less smarting; the wound appears to have its edges in close apposition, and to be covered with a small clot of blood; pulse is 122, full and soft; skin hot; tongue slightly furred; no thirst; appetite good; bowels not moved.

July 1.—Slept well in the night; was free from pain or uneasiness; urine passes freely, greater part through the vagina; pulse 112, soft and regular; skin cool and moist; some thirst; tongue cleaner; appetite good; bowels freely moved once or twice without difficulty; she does not suffer the same pain as before the calculus was removed.

2.—Urine almost all passes by the vagina; the catheter seems obstructed by a quantity of white powder, some of which is always found upon the sponges which are placed to absorb the urine as it passes; is free from pain or uneasiness; pulse 108; no pyrexia; appetite good; bowels freely open.

3.—The urine all continuing to come through the vagina, the catheter was removed, and a fresh one passed, since which time more urine has passed through the catheter; no pain in the abdomen; bowels open; and continues as well as yesterday.

5.—Sleeps well; is free from pain or uneasiness, except the urine which passes chiefly through the vagina, some passes through the catheter. A small quantity was collected, and gave a strong alkaline reaction with turmeric paper. No pyrexia; appetite good; bowels open.

R. Acid. hydrochloric., gtt. xx.; Sacch. alb., ʒij.; Aquæ, ℥vj.; M. ℥j, ter in die sumend.

9.—Has continued to improve slightly; appetite good; tongue clean and moist; bowels regular; pulse 109; urine passes through both catheter and vagina; wound almost healed. Cont. mist.

20.—Has continued in about the same state as on the 11th; urine passes chiefly through the vagina, some portion through the catheter; is free from pain or pyrexia; appetite good; bowels regular; has had a fresh catheter passed. Cont. mist.

28.—Has remained in exactly the same state, urine passing chiefly through the vagina; a quantity was collected, and, upon standing, deposited a copious precipitate, it has a strong ammoniacal odour, is of a lightish colour, and gives a strong alkaline reaction with turmeric paper; the microscope shows the precipitate to contain a largish quantity of triple phosphate crystals.

August 12.—Has continued exactly the same, except that she has had a slight cold, and is suffering from conjunctival inflammation in the left eye, for which she is using poppy fomentation. Omit. mist.

24.—Continues in the same state, except that the catheter has been removed, and she is now allowed to get up; the urine is constantly dribbling, and passes chiefly from the vagina.

30.—She now runs about the ward; is somewhat improved in health; urine passes chiefly through the vagina; she has constant dribbling, but is free from pain.

REMARKS.

During the existence and progress of many wasting and debilitating diseases, there is frequently a copious discharge of the phosphates by the urine, and it is not improbable that to this circumstance may be traced the origin of the calculus in the present and many other cases. This supposition is strengthened by the first symptoms of its presence having occurred immediately after she had suffered from severe small pox, and by its being composed almost entirely of the phosphates. A deposit having occurred, it appears to have increased in size to such an extent as to cause a considerable amount of pressure backwards upon the base of the bladder, and, in consequence, ulceration of this part and of the coats of the vagina, causing vesico-vaginal fistula. How long this had existed previous to her admission does not appear, but most probably for some time. The calculus having increased to such a very large size in so young a child, must have caused very great irritation in the bladder; hence the firmly contracted state in which this viscus was found around it, and the almost entire obliteration of the canal of the urethra, the calculus having been forced forwards. The ulceration into the vagina was the means adopted by nature to free the bladder from the calculus, and bears a striking analogy to one of the oldest operations for lithotomy.

At the time of her admission, it was evident that the calculus was so large as to render it utterly impracticable to remove it in its existing state through the urethra, and it was, therefore, thought desirable, previous to the discovery of the vesico-vaginal fistula, to diminish its size previous to any such attempt being made; for this purpose, it will have been seen that a solution containing an excess of carbonic acid was used. The fact of the solubility of the phosphates in the super-carbonates is undoubted, and may be demonstrated out of the bladder; it is, therefore, fair to presume, that a calculus, shown by an analysis of the urine, as in this case, to consist of the phosphates, may be diminished in size by the frequent injection of such a solution into the bladder. It is, at least, worthy of a more lengthened trial than it received in this case, as it is a fluid which, instead of proving irritating, as in the case of weak acids used for this purpose, will rather tend to allay irritation, and to relieve the diseased state in which this viscus is generally found. This injection had not been used more than a few times before the vesico-vaginal fistula was discovered, which materially altered the aspect of the case, and it became the more desirable that the calculus should be removed as soon as possible; for this purpose, the most desirable mode under the circumstances was clearly by the vagina, into which canal the calculus had already partly protruded itself. Its removal by this means was not attended with any great difficulty; but, after its removal, the very large size of the fistulous opening into the bladder rendered all chance of her recovering without permanent escape of urine through this aperture hopeless. The introduction of the catheter, and allowing it to remain, was for the purpose of facilitating the escape of the urine by its natural outlet, rather than through the fistulous opening, but, from the state in which she was at the last report, it is evident that there is no hope of closure of the opening.

The calculus offers a good example of the mode of formation of concretions in general, the nucleus or inner portion not being in the centre, but much nearer to that surface of it which has lain in contact with the walls of the bladder, and the deposits immediately around it being denser than the more external parts, probably from the slower manner in which they were deposited; whilst the thickness of the deposit on the opposite side is much greater, and it is more rough and friable, being more loosely and rapidly deposited in consequence of the great discharge from the diseased bladder and from the decomposition of the urine, which deposited the phosphates on this surface as it flowed over it.

MANCHESTER EYE HOSPITAL.

By A. W. CLOSE ESQ., Grosvenor-street, Manchester.

Amaurosis.

This term "must be understood to express impairment of vision from some affection which implicates, directly or indirectly, the retina, or its communicating nerve, or some portion of the brain with which it is connected."

William Denton, aged thirty-seven, a coachman, from Crumpsell, was admitted an out patient under the care of Mr. Walker, on the 13th of January, 1846. He complained of complete loss of vision of the left eye; this was so complete that, on closing the other eye, he could scarcely perceive light from darkness. He first observed the imperfection about a week previously, and it rapidly progressed to its present condition.

No vascularity of the external or internal tunics could be detected. He mentioned that he had pain across the forehead, not aggravated at night; and that he was troubled by the floating of "black motes" before the eye; did not recollect that he had felt dizziness in stooping or at any other time. The pupil of the affected eye was dilated, and acted in association with, but not independently of, the other.

His habits have been temperate, and his health generally good.

Applic. Cucurb. cruen. sinist. temp. et detrah., sang., ℥viij.; Pulvis purg. pro re natâ; Pil. calom. c. opio ij. ter in die.

16th.—No improvement. He now remembers that, on several occasions, he has felt slight giddiness.

Cont. Pil. cal. c. opio; Empl. lyttæ temp. sinist., fiat ulcus perp.

16th.—Gums sore. On waking yesterday morning he was much gratified in being able to discover the bed-posts with the affected eye. Can now recognise any large and dark object, but cannot so well distinguish those that are bright or luminous.

Pil. cal. c. opio, j. ter in die.

22.—Improving. Can distinguish any object, but is much incommoded in looking at a luminous one.

Pil. cal. c. opio j. bis in die.

28.—Vision much improved. Can make out the outlines of the letters on his prescription paper, but cannot read them. Sees best in an oblique direction. Perstat.

31.—Can now distinctly trace the letters on the paper. The pupil of the affected eye now acts independently of the other.

He continued to improve, and was ultimately dismissed, having regained his former perfection of vision.

It is difficult to conjecture the pathological cause of most amaurotic cases; the treatment, therefore, is empirical. In this patient simple congestion of the vessels of the retina or optic nerve, or of the adjacent cerebral structure, most probably existed. This was speedily removed by local bleeding, counter-irritation, and mercurialisation.

The presence of a poor, amaurotic patient, with eyes rolling in his sockets, vainly searching for the light, forcibly reminds me of the touching thoughts of a far from "obsolete" poet, when in his "Apostrophe to Light" he says,—

> Thee I revisit safe,
> And feel thy sovereign vital lamp; but thou
> Revisit'st not these eyes, that roll in vain
> To find thy piercing ray, and find no dawn;
> So thick a drop serene hath quenched their orbs,
> Or dim suffusion veil'd.

Had Milton lived in this our day, he might have met a better fate at the hands of ophthalmic surgery. The history he gives of his own case traces the progress of subacute retinitis to its amaurotic consummation. In regard to the immediate cause of the affliction, he says, "When I was publicly solicited to write a reply to the defence of the royal cause; when I had to contend with the pressure of sickness, and with the apprehension of soon losing the sight of my remaining eye; and when my medical attendants clearly announced, that if I did engage in the work it would be irreparably lost; their premonitions caused no hesitation and inspired no dismay. I would not have listened to the voice even of Esculapius himself from the shrine of Epidauris in preference to the suggestions of that heavenly monitor within my breast."

In a letter addressed to Leonard Philaria, the Athenian, and written in the year 1654, he thus describes the manner in which he lost the power of sight:—"It is now about ten years since I perceived my vision to grow weak and dull. In the morning, if I began to read, as was my custom, my eyes instantly ached intensely; but were refreshed after a little corporeal exercise. The candle which I looked at seemed, as it were, encircled with a rainbow. Not long after, the sight of the left part of the left eye (which I lost some years before the other) became quite obscured, and prevented me from discerning any object on that side. The sight of my other eye has now been gradually and sensibly vanishing away for about three years. Some months before it entirely perished, though I stood motionless, everything which I looked at seemed in motion to and fro. A stiff cloudy vapour seemed to have settled on my forehead and temples, which usually occasions a sort of somnolent pressure upon my eyes, and particularly from dinner till evening. So that I often recollect what is said of the poet Phineus in the Argonautics,—

> A stupor deep his cloudy temples bound;
> And when he walk'd, he seemed as whirling round;
> Or in a feeble trance he sleepless lay.

"I ought not to omit that, while I had my sight left, as soon as I lay down on my bed and turned on either side, a flood of light used to gush from my closed eyelids. Then, as my sight became daily more impaired, the colours became more faint, and were emitted with a certain inward crackling sound; but, at present, every species of illumination being, as it were, extinguished, there is diffused around me nothing but darkness, or darkness mingled and streaked with an ashy brown. Yet the darkness in which I am perpetually immersed seems always, both night and day, to approach nearer to white than black; and when the eye is rolling in its socket it admits a little particle of light as through a chink. And though your physician may kindle a small ray of hope, yet I make up my mind to the malady as quite incurable; and I often reflect that, as the wise man admonishes, days of darkness are destined to each of us. The darkness which I experience, less oppressive than that of the tomb, is, owing to the goodness of the Deity, passed amid the pursuits of literature and the cheering salutations of friendship. And if, as is written, man shall not live by bread alone, but by every word that proceedeth out of the mouth of God, why may not any one aquiesce in the privation of his sight, when God has so amply furnished his mind and his conscience with eyes? While he so tenderly provides for me, while he so graciously leads me by the hand, and conducts me on the way, I will, since it is his pleasure, rather rejoice than repine at being blind. And, my dear Philaria, whatever may be the event, I wish you adieu with no less courage and composure than if I had the eyes of a lynx."

What beautiful sentiments of fortitude and resignation are here expressed. The medical man whose patience is full oft tried may yet learn a lesson here.

Again, speaking of his eyes, the poet says, "So little do they betray any external appearance of injury that they are as unclouded and bright as the eyes of those who most distinctly see. In this instance alone I am a dissembler against my will."

The poetry of Milton contains several beautiful and affecting passages on the subject of blindness which are, of course, familiar to our readers.

REVIEWS.

A System of Surgery. By J. M. Chelius, Doctor in Medicine and Surgery, Public Professor of General and Ophthalmic Surgery, Director of the Chirurgical and Ophthalmic Clinic in the University of Heidelberg, &c. Translated from the German, and accompanied with Additions, Notes, and Observations, by John F. South, Surgeon to St. Thomas's Hospital. Vol. I. London: Henry Renshaw, Strand.

Although Great Britain can boast of some of the most skilful surgeons, both among her past and her present professors of that branch of medical science, no work professing to be a complete system of surgery has been published in the British dominions since that of Benjamin Bell, now more than half a century old. This fact astounds us much, since we perceive the writings of the most esteemed foreign surgeons contain allusions in almost every page to the state of the science in Britain, and the opinions and practice of our best practitioners. Numerous as have been the handbooks to lectures and the elements of surgery, various and valuable as have been the monographs which have appeared in England, still the system of surgery was wanting. This omission in English medical literature is fully and satisfactorily supplied by the translation of Professor Chelius's System of Surgery by a gentleman excellently fitted for the task, both by his extensive reading, and the opportunities of practical experience which he has enjoyed for years as surgeon to one of our largest metropolitan hospitals. The fact of Professor Chelius's work having been translated into seven languages is sufficient proof of the estimation in which it is held by our continental brethren, and the English edition, now in course of publication, loses none of the value of the original from the treatment received at the hands of its translator. The notes and additions of Professor South are numerous, and contain the opinions resulting from his vast experience, and from that of his colleagues.

The work, besides an introduction, an historic sketch of surgery, and a surgical bibliography, is divided under the following heads, which we quote in full, in order to give our readers an idea of the system followed by the author.

"I. Division.—*Of inflammation.*

"1. *Of inflammation in general.*

"2. *Of some peculiar kinds of inflammation.*

"*a.* Of erysipelas; *b.* Of burns; *c.* Of frost-bite; *d.* Of boils; *e.* Of carbuncle.

"3. *Of inflammation in some special organs.*

"*a.* Of inflammation of the tonsils; *b.* Of the parotid gland; *c.* Of the breasts; *d.* Of the urethra; *e.* Of the testicle; *f.* Of the muscles of the loins; *g.* Of the nail-joints; *h.* Of the joints, viz.,

"a. of the synovial membranes; b. of the cartilages; c. of the joint-ends of the bones, viz., *aa.* in the hip-joint; *bb.* in the shoulder-joint; *cc.* in the knee-joint; and so on.

"II. Division.—*Diseases which consist in a disturbance of physical connexion.*

"I. *Fresh solutions of continuity.*

"A. Wounds; B. Fractures.

"II. *Old solutions.*

"A. Which do not suppurate, viz.

"*a.* False joints; *b.* Hare-lip; *c.* Cleft in the soft palate; *d.* Old rupture of the female perineum.

"B. Which do suppurate, viz.

"i. *Ulcers.*

"1. In general.

"2. In particular.

"*a.* Atonic; *b.* Scorbutic; *c.* Scrofulous; *d.* Gouty; *e.* Impetiginous; *f.* Venereal; *g.* Bony ulcers or caries.

"ii. *Fistulas.*

"*a.* Salivary fistula; *b.* Biliary fistula; *c.* Fæcal fistula and artificial anus; *d.* Anal fistula; *e.* Urinary fistula.

"III. *Solutions of continuity by changed position of parts.*

"1. Dislocations; 2. Ruptures; 3. Prolapses; 4. Distortions.

"IV. *Solutions of continuity by unnatural distension.*

"1. In the arteries, aneurisms; 2. In the veins, varices; 3. In the capillary-vascular system, teleangiectasis.

"III. Division.—*Diseases dependent on the unnatural adhesion of parts.*

"1. Anchylosis of the joint-ends of bones; 2. Growing together and narrowing of the aperture of the nostrils; 3. Unnatural adhesion of the tongue; 4. Adhesion of the gums to the cheeks; 5. Narrowing of the œsophagus; 6. Closing and narrowing of the rectum; 7. Growing together and narrowing of the prepuce; 8. Narrowing and closing of the urethra; 9. Closing and narrowing of the vagina and of the mouth of the womb.

"IV. Division.—*Foreign bodies.*

"1. *Foreign bodies introduced externally in our organism.*

"*a.* Into the nose; *b.* into the mouth; *c.* into the gullet and intestinal canal; *d.* into the wind-pipe.

"2. *Foreign bodies formed in our organism by the retention of natural products.*

"A. Retentions in their proper cavities and receptacles.

"*a.* Ranula; *b.* Retention of urine; *c.* Retention of the fœtus in the womb or in the cavity of the belly (Cæsarean operation, section of the pubic symphysis, section of the belly).

"B. Extravasation external to the proper cavities or receptacles.

"*a.* Blood swellings on the heads of new-born children; *b.* Hæmatocele; *c.* Collections of blood in joints.

"3. *Foreign bodies resulting from the accumulation of unnatural secreted fluids.*

"*a* Lymphatic swellings; *b.* Dropsy of joints; *c.* Dropsy of the bursæ mucosæ; *d.* Water in the head, spina bifida; *e.* Water in the chest and empyema; *f.* Dropsy of the pericardium; *g.* Dropsy of the belly; *h.* Dropsy of the ovary; *i.* Hydrocele.

"4. *Foreign bodies produced from the concretion of secreted fluids.*

"V. Division.—*Diseases which consist in the degeneration of organic parts, or in the production of new structures.*

"1. Enlargement of the tongue; 2. Bronchocele; 3. Enlarged clitoris; 4. Warts; 5. Bunions; 6. Horny growths; 7. Bony growths; 8. Fungus of the dura mater; 9. Fatty swellings; 10. Encysted swellings; 11. Cartilaginous bodies in joints; 12. Sarcoma; 13. Medullary fungus; 14. Polypus; 15. Cancer.

"VI. Division.—*Loss of organic parts.*

"1. *Organic replacement of already lost parts,*

especially of the face, according to the Tagliacozian and Indian methods.

" 2. *Mechanical replacement:* Application of artificial limbs, and so on.

" VII. DIVISION.—*Superfluity of organic parts.*

" VIII. DIVISION.—*Display of the elementary management of surgical operations.*

" *General surgical operations:* Bleeding, cupping, application of issues, introduction of setons, amputations, resections, and so on."

Of these the subjects, as far as the end of dislocations, are comprised in the first volume.

This mode of arrangement is open to some objections, though, perhaps, the system is as good, theoretically, as any that might have been adopted. Burns—alterations produced by direct external agency, are ranged with idiopathic inflammations. Inflammation of the synovial membrane is contained in the first, and hydrarthrosis in the fourth, division, &c. All systemic classification is, however, open to some objections, and perhaps that followed by M. Chelius is as little to be found fault with as any other. A full index will obviate any little difficulty of reference.

The division on inflammation contains a complete review of the multifarious opinions promulgated respecting its cause, and we notice that very numerous extracts from the works of authorities on the microscopic appearances, have been added by Professor South. The following remarks on opening abscesses are not sufficiently attended to by the profession, or insisted on as they deserve by teachers of surgery in this country:—

" 55. The *cutting instrument* is used in the following manner: the blade of the *lancet* being held with the finger and thumb of the right hand, sufficiently far from the point to permit of its entrance into the cavity of the abscess, and the skin covering the abscess being stretched by the fingers of the left hand, the lancet is to be thrust perpendicularly or obliquely in till the pus, oozing up by its sides, shows that the cavity of the abscess has been opened, and the aperture is to be increased to a proper size by raising the point of the lancet as it is withdrawn.

" If the abscess be deep and the coverings thick, it should be opened with a *bistoury*, which, being held like a pen, is to be thrust into the abscess in the direction of the muscular fibres, and the opening is to be enlarged on bringing it out. If the abscess be very deep, and in the neighbourhood of important parts, it is most advisable to divide the parts overing it by repeated cuts, and with the forefinger of the left hand to feel in the wound at which point the fluctuation is most perceptible. This precaution is specially to be recommended in deep abscesses of the coverings of the belly and chest.

" After opening an abscess the pus must be allowed to flow out gradually of itself, or it may be assisted by gentle pressure; everything which can interfere with its escape must be avoided, the aperture of the abscess should not by any means be stopped up, but only covered lightly with charpie and a warm moist poultice, or merely with the latter.

" [Pressing and squeezing abscesses, for the purpose of emptying after they have been punctured, cannot be too much depreeated. Unnecessary pain is inflicted on the patient by the rough handling, which bruises the distended and still inflamed walls of the abscess. One object in making the puncture is to relieve the tension of the adjacent parts, and the escape of a very small quantity of pus immediately effects this. But the abscess empties itself sufficiently quickly by the simple contractility of the skin, which gently presses out the fluid contents with little or no pain to the patient.

" It not unfrequently happens that if the walls of the abscess be thick, the clean cut edges of the puncture are found adherent, and the aperture closed within twenty-four hours. The adhesions, however, are easily broken through, and the opening re-established by a little gentle pressure on the abscess. But I think it preferable, after making the puncture, to introduce between the lips of the wound a very small portion of lint, with a long end hanging out: this is to be removed when the first poultice is replaced a few hours after making the puncture, which by that time is sufficiently established.—J. F. S.]"

In our own experience, we have uniformly found the patient complain of less pain from the evacuation of an abscess by the *bistoury*—cutting from without inwards, than by the method with the lancet of puncturing, and afterwards cutting from within outwards—in other words, putting the inflamed and tender integuments on the stretch, whilst a lancet, in many cases, having a blade of considerable thickness, is forcibly torn through them. The precautions inculcated whilst opening abscesses situated near important parts are, we imagine, somewhat unnecessary in puncturing collections on the walls of the thorax or abdomen. We presume no one would attempt the operation in this situation without being convinced of the presence of pus; it is then evident that before the visceral cavity can be injured the knife must penetrate the abscess, which will be clearly shown by the escape of pus, together with the greater freedom of the instrument, without the painful procedure of dissecting down on the parts. The piece of advice by Mr. South respecting the immediate treatment of the abscess is highly important. The parts are tender, and any squeezing or rough handling, which we have often seen resorted to by surgeons who should know better, cannot be too strongly reprobated. Some of our hospital surgeons would do well to pay more attention to these apparent trifles.

At page 122 Professor South relates a very interesting case of removal of the cicatrix caused by a burn, in which the fascia of the arm was divided, and followed by the division of the *supinator radii longus*, and the *biceps flexor cubiti* muscles. Still, however, the forearm could not be extended, and several months of passive extension by means of a weight and pulley were required to effect this object; the case is still under treatment, and is therefore necessarily incomplete; but Mr. South promises some further information respecting it in the course of the second volume.

We have had an opportunity of watching several of these cases under the care of one of our most distinguished provincial surgeons, and although we cannot say that the operation has been uniformly successful, certainly considerable benefit has been derived in all, and in some an case useful limb has been obtained in place of one utterly useless. One case of horrible deformity in a child from contraction of a cicatrix of the neck, in which the chin was bound firmly to the sternum, and the lower lip attached to the integuments of the chest, the dragging of the contraction causing the incisors of the lower maxilla to project horizontally forwards, was considerably ameliorated. The operation, however, was a most severe one, and the after treatment very tedious and painful, it being necessary for the patient to wear an iron collar over the dressings, and to have the chin raised daily by means of a screw. We are not aware of the *ultimate* success of this operation, as two or three years must necessarily elapse in such cases before any operative interference can be pronounced completely successful; but nearly nine months afterwards, when we last saw the child, its condition was certainly very much benefited. The wound was then unhealed for a considerable space, though it was slowly undergoing cicatrisation.

At page 392, par. 395, M. Chelius says:—" Fractures with impression of the skull always require immediate trepanning, although unaccompanied with symptoms of pressure and irritation of the brain."

Professor South adds to this:—" Chelius does not appear to make any difference in the treatment of simple fracture with depression, and of that which is compound or accompanied with wound of the scalp; and in both cases, whether symptoms of pressure on the brain do or do not exist, immediately proceeds to trephine and remove the depressed bone. The cases, however, require different treatment if the fracture be simple; but, if compound, the same treatment is proper for both. If the fracture be simple, and unaccompanied with symptoms of pressure, no incision is to be made through the scalp upon it, and much less should it be trephined."

Liston in his Operative Surgery says in speaking of punctured fracture:—" The comparative danger does not arise from the circumstance of the fracture being attended by a wound, but in consequence of the effect upon the internal table and contained parts." We believe this opinion on the small influence of a wound in increasing the danger of fractures of the cranium is gradually gaining ground. Certain it is that the operation of trephining is now put off with advantage in many cases of compound fracture of the skull, in which a few years since it would have been had recourse to. Did our space permit, we should wish to examine this work more in detail; as it is, however, we must content ourselves for the present with the foregoing brief notice of some of its contents, reserving any further remarks on particular points of doctrine for our notice of the second volume.

In conclusion we may remark, that the original German has been rendered into plain English, with perhaps a slight leaning towards the use of somewhat obsolete terms in lieu of the usual modes of Anglo-Latin expression hitherto invariably employed in professional works. This is a bold step from the beaten tract; how far it may be an improvement we leave for the readers of Chelius to say. We are free to confess, prejudiced though perhaps we are, in favour of the English practice of surgery, that this work is one of great value, and one which every *practitioner* and *advanced* student should possess. The regular appearance of the parts deserves commendation, and is, we hope, an earnest of a better system than has hitherto obtained on the part of authors and publishers.

TO CORRESPONDENTS.

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s. neatly bound.*

The Pharmaceutical Number *of the* Medical Times *for March, is now ready, and contains twenty-four closely-printed pages of the most important matter to the chemist, pharmaceutist, and general practitioner. Price* 5*d; Stamped* 6*d. J. A. Carfrae, Essex-street, Strand.*

Mr. Ellis's *communication shall receive attention.*

Mr. Merriman *does not receive the* Medical Times *direct from the Office, consequently, the publisher has no power to prevent mis-folding. The newsmen all obtain their papers unfolded; it is therefore to the person who supplies him that* Mr. Merriman *should apply in order to prevent a recurrence of such an annoying error.*

Medicus, Caius College, Cambridge, *animadverts strongly on the conduct of* Dr. Robertson *and* Mr. Hilston, *in the trial of which we gave an abstract last week.* Medicus *expresses a hope that the report is incorrect, and that we may be enabled to offer an explanation in our present number. We obtained the abstract from a long report in the* Times, *and we regret we are unable to indulge a reasonable hope of its being incorrect.*

H. R. *asks the best substitute for the old-fashioned decoction of sarsaparilla, which* H. R. *objects to, on account of the time required for its preparation.*

X. Y. Z., Bristol, *should apply to Mr. Daniell, the author of the Address to the Provincial Medical and Surgical Association.*

A. W. C. *has our best thanks.*

Mr. Morris..—*In consequence of the great length to which our lectures extend, we have been compelled to postpone the discussion on homœopathy to a period when we shall be able to command more space.* Mr. Morris's *other communication shall be reconsidered.*

We can only refer A Subscriber *to* Mr. Daniell, *who will, we are sure, afford every information on the subject.*

M. B. *has our best thanks for his very interesting communication.*

A Subscriber, Runcorn, Cheshire, *has favoured us with the following observations:—*

"I derived much pleasure from a perusal of your feeling observations in reference to the 'General Medical Annuity Fund,' and, thinking the object a matter deeply interesting to all medical men, and worthy our best support, I shall feel obliged if you will inform me, in your next number, whether any steps have yet been taken towards establishing the fund in question."

Amicus *deserves our gratitude for the feelings which have evidently prompted him to make his suggestion. We have received other communications in the same friendly spirit. The large sale of the* Medical Times, *however, amply compensates for its cheapness.*

A. B. (a Constant Reader).—*Entomologist's cement may be made of equal parts of thick mastic varnish and isinglass size.*

"An Unfortunate Youth" *should lose no time in consulting a respectable practitioner. No written detail can enable any party to prescribe in his case.*

"A Fellow of an English College."—*The Royal College of Physicians, Edinburgh, has not above* 150 "*fellows*," *resident and non-resident.*

We beseech our friend, C. Finsbury, *to recal his communication for the daily journal he refers to,* if sent. *The proper moment is not yet come. We should feel favoured by an early interview.*

Philo-Physicus *is beyond our comprehension.*

The letter on the Sydenham Society shall be considered.

Curtius.—*Dr. Streeten's residence is at Worcester.*

Mr. H. *is requested to receive our thanks for his courtesy.*

Mr. S. Halford.—*We intend to take up this subject ourselves in an early number. Our correspondent's letter shall appear.*

X. Y.—*Three winter and two summer sessions in attendance on lecturing is the minimum fixed by the Society of Apothecaries. Five years' apprenticeship also is necessary. The requirements of the College of Surgeons, which have recently been raised, now amount to very nearly the same.*

M. S.—*Mange ointments are out of our pale somewhat. They usually consist, we believe, of sulphur, aloes, and white hellebore; mercurials are also used.* M. S. *should apply to a veterinary surgeon.*

Cantuar's *queries are inapplicable to our journal.*

M. D. *on the human gymnotus is a day behind the* fair *with his theory. She has been denounced, and, it would appear,* detected, *in a rather bold, and certainly very gross imposture.*

A Student, *who asks information in acoustics, may consult Herschel's Monograph on Sound in the Encyclo. Metropol. Our space would not allow full answers to his several questions.*

A Constant Reader *cannot read attentively, or he would have seen two editorial articles, somewhere about September last, on apoplexy in connexion with railway locomotion.*

H. C. *will find the subject he enquires about fully treated of in one of our recent Pharmaceutical Numbers.*

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THE MEDICAL TIMES.

Saturday, March 21, 1846.

——— ——— Decipit
Frons prima multos, rara mens intelligit
Quod interiore conditit cura angulo.
Phædrus.

It has often occurred to us, in the exercise of an old-fashioned habit we have of thinking for ourselves, that the medical profession, in itself, and in its many ramifications of relationship, offers a very wide and fertile field for thought to speculate in. A savoury food, we may venture to affirm, for philosophers to feed upon. And yet, philosophers have never been over fond of meddling with it. Some scribblers have been bold enough to say, that regular, genuine, unmistakeable philosophers have, before now, figured in the ranks of physic. We don't believe a word of it. The opinions of all the empiric, dogmatic, methodic, pneumatic, eclectic, and all other sects, put together, are not of the value of a straw in proving that their founders were of the genuine philosophical stamp. Their lustrous speculations were intrinsically no better than shop-and-counter-commodities. Selfish every one of them; "springes to catch woodcocks." Why did those adventurous sons of Hippocrates, Thessalus and Draco, with their brother-in-law Polybus, forget the precepts of the good old father of physic concerning careful observation, and so forth, and start the heretical doctrines of dogmatism, by asserting that *reason* could supply the place of *bed-side experience?* No doubt patients and pay were at the bottom of it all. Why did that "gatherer and distributor of other men's stuff," Serapion of Alexandria, pounce upon the tenets of Zeno and Epicurus, and twist them into empiricism? For the simple reason that the dogmatists were now so numerous and important there was not room amongst them for him, and his interminable avarice and vanity, and he thought novelty would be the shortest and surest way to popularity and preferment. How came the methodic sect to be founded? Asclepiades, after having received a decent literary education at Alexandria, and Athens, settled at Rome as a teacher of rhetoric. Business was never very brisk with him, and as hard work and little remuneration were not consistent with his notions of things, he determined to turn doctor, as being at once more easy and lucrative than oratory. We wonder how many adventurers since the period of 95 years before Christ, have come to a like determination, for the same, or a similar reason! We dare venture to pronounce that, in this particular, Asclepiades has had more followers than any of, or all, the sect-makers who lived before or after him.

Well, this said Asclepiades having renounced the rostrum, and settled under the banners of physic in *general*, determined upon carrying a little flag of his own, to show his attachment to it in *particular*. Possessing a front of brass, an easy attractive address, and no deficiency of ingenuity, he was just the man to start a novelty, and stand by it. Accordingly, he commenced by laughing at Hippocrates, and at every other practitioner and theorist who had lived before himself; asserting that they did not know what they were talking about, and that they visited the bed-side rather with the curiosity of seeing how the patient died, than with the intention of curing him. Knowing nothing of anatomy, or of anything that pertinently related to medicine, he contrived, like many a quack of modern times, to carry on without such trifles. Seizing an idea from the atomic doctrines of Democritus and Epicurus, he lashed out with a grand scheme of generalisation, that served both to cover his own ignorance and keep curiosity from prying too closely into him. He affirmed that our bodies, and souls too (but the latter he did not trouble himself much about, seeing he was not likely to be a worldly gainer by their consideration), consist of particles and pores, whose relations to one another are extremely variable. Related in one way, they give rise to health and strength—related in any of the other myriads of ways of which they are capable, they constitute the manifold "ills that flesh is heir to." This was his doctrine; too ridiculous either for defence or denial, but not ridiculous enough to persuade the gaping multitude from believing that "there must be something in it," or to protect their pockets from the penalties of credulity. This was the foundation of the methodic school; but its principles were afterwards amplified and improved by Themison, a pupil of Asclepiades, who, if Juvenal is to be believed, was a worthy representative of his worthless master.

Quot Themison agros autumno occiderat uno.

But the poet's satire had no power to put him down. He was odd, and his doctrines were odd, and the people liked them both for oddity's sake, and were not above paying for their indulgence. Themison was a great favourite with the mass—he broached the veriest absurdities of doctrine—he perpetrated the veriest faults and follies of practice, but no harm came of them, or of him; *he was liked*, and had he been Satan incarnate, the mob would have canonised him, but that he lived in an age too early for the ceremony. In contrasting the success of the founders of the methodic sect, with that of many of their modern prototypes, we are as much surprised, as grieved, to find that "old things have" not "passed away and all things have become new." Of a verity, "the evil that *some* men do lives after them."

So much for the methodic sect, and for the originators thereof, of whom we said, and we think truly, *in limine*, that they were not philosophers.

The pneumatic sect originated with Aristæus, of Cilicia; and whether his system showed wisdom, or the want of it, requires no serious sagacious head to determine. Of course he commenced by declaring the utter absurdity of everything that had been done in physic before him—otherwise he would have stood an indifferent chance of doing much in it for himself; and in this very self-sufficient, self-protecting wisdom, he proved the practicability of extremes meeting, by showing how like, and yet how unlike, he was to a philosopher. Upsetting, by the special pleading of fluent opinion, just as we have it now-a-days in the mock-heroics of our more legitimate charlatans, the notions of preceding and present authorities, it signified little what absurdity he deposited in their place. Accordingly, letting loose, at ridiculous random, the reins of a follyful fancy, he gave a "local habitation and a name" to his creed, by affirming that the fluctuations of the pulse are due to the exhalations of a πνευμα, or spirit, from the heart and arteries. This was all he did worth a mention, excepting talking a lot of sublime absurdity about pre-existent germs (which many a philosophical puppy in later days has made use of without thanking the original for the borrowing) to get him a large reputation and a lucrative practice. A great Spartan maxim—unhappily not strange in our age—was to "tell a lie and stick to it;" and though the principle was an evil one, some sort of good was said occasionally to come of it. So it was with the professional sectarians of

olden time; they might broach a doctrine involving as palpable an absurdity as ever was uttered—nay, the bigger the better—and if they only maintained it with the barefacedness that became them, reputation, fortune, and the other *et ceteras* of good luck, were speedily offered for their especial acceptance. "And so the world wags," still, as Shakspere would say. In the beginning of physic it was so; certainly to some extent, and that not inconsiderable, it is so now; and we fear, without a vast reformation in the minds of men, so it ever will be, even though the world should continue to "wag" to time immemorial. So it is. Some men win luck, and some men want it, and no man can say why. It was all very well for an old slave to write a fable about a lad sleeping by the side of a well, and a Genius coming to wake him, lest on his falling in the circumstance should be imputed to Fortune. Depend upon it, this said Genius has a vast deal to do with quackery, as we now find it, even as it had with the promoters thereof in days of yore. The only mischief is, that this patronising Genius is more prodigal of her favours in exceptionable, than in creditable, quarters.

> ——————— That worthless wicked fame,
> Begot of arrogance and sheer ignorance,
> Tinctured with smiles of sweet officiousness,
> And finely woven language, is his possession;
> To much the better brighter soul, that burns
> Within the bossom of a mighty compeer,
> Wanting the freaks of a more favourite fortune!

We need no magician to tell us, that in the nineteenth century, with science, civilization, and the experience of ages, in our favour, we tolerate absurdities as arrant as those of Aristæus, and pay for them with as keen a relish. Thus far with the pneumatic sect. As we said of those which went before it, in its very essence it was a very counter-commodity, and was originated not to serve the noble independent purposes of the profession, but to gratify the selfish presumption of one of its *soi-disant* followers.

The electic sect closely following upon the one just treated of, owed its origin to Agathinus, a pupil of Aristæus. "Like master, like man;" the lad found out his teacher had done well by trickery, and very sensibly thought he could not do better than follow his example. To start in direct opposition to his old preceptor, without some striking novelty to back him, he wisely conjectured would not be to gain such an amount of patronage as he had a right to lay claim to; and not having head enough to hit upon a doctrine absolutely new, he determined upon reconciling the seemingly irreconcileable notions of pneumatic, empiric, and methodic sects. He thought he might save his own brains the trouble of a great deal of sublimation and refining, by just welding together the aforesaid three, and making the mixture look as much like his own as possible. If he were not so skilled in painting faces as to be able to make a Helen of Hecuba, at least, gipsy-like, he could so disfigure a brat that its very owner should not know it. To work he went; abusing, of course, all his predecessors; affecting to simplify the language of medicine, and adding to its difficulties at every step; and at length gave birth to the leading principles of the eclectic school. These were afterwards honoured by the countenance and improving touches of Archigenes and Aretæus, but it cannot be denied that in themselves they were contemptible, and, what is worse, that they had their origin in the most sordid and selfish of motives.

Here ends our chapter on the ancient sects. We have done them no injustice—out of their own mouths have we judged them. Whether we shall try out the inquiry, as it relates to quackery and imposture, amongst moderns, or make a more direct application of our present labours, another article will determine.

THE COLLEGE OF SURGEONS.

It is understood that the proposal in reference to a new charter for the College of Surgeons is the incorporation as Fellows of all the present Members of eight or ten years' standing, who do not keep a shop, and can be well recommended by the certificates of certain of the present body of Fellows. That Sir James Graham will advise such a concession we may not unreasonably fancy. Disgusted with endless failing attempts at medical legislation, it is not unlikely that he will receive favourably any project which, promising a certain kind of medico-political success, may enable him to dismiss the whole subject with the self-congratulation that his incessant labours have not been wholly fruitless. Yet, what a poor finale after so grand a commencement! How little wool after so great a cry! A Supplemental Charter to one College after so many bills for the whole Profession! A flourish of trumpets to introduce Tom Thumb—who, introduced, does the next thing to nothing. Sir James Graham can hardly relish so unworthy an abandonment of the territory which so short a time before he had taken possession of by sound of drum and trumpet. It reminds one of Xerxes beaten by the tempest and avenging himself by scourging the waves.

While we condole with the statesman, who has no choice save a result so unworthy, or the acacknowledgment of an utter defeat, we would not interfere between his humility and the small amelioration he proposes. Any change in the constitution of the College of Surgeons will be acceptable; and the one now talked of will be welcomed by many—*if it come*. To add three or four thousand of the present Members to the body of Fellows, if it will not remove the sense of wrong, will end its pressure; and however tardy and unsatisfactory, the reparation will doubtless be hailed with pleasure. Individually it restores them to a collegiate position they were unworthily deprived of—and thus far the individual act of justice will be an individual boon. But, beyond the thousands admitted, there are others, not less worthy, to whom the supplement will bring no reparation; and again there are others (some of the *examined* body of Fellows) to whom it will bring positive injustice. Who, too, shall decide what is, and is not, a shop? Where is a surgery to end, and where a shop to begin? Then comes the important query—are the new Fellows to pay for their diploma? If not, are those who have paid to have their money returned to them? In any hypothesis what wrong, annoyance, and disappointment! The idea of the Supplement staying agitation is preposterous. It will be a premium for it; for whatever good it may contain will be the reward and result of agitation. Besides, so many must be chagrined because passed over—so many discontented because only half obliged—so many wronged because despoiled of a position they thought exclusively their own, that a strong reaction is inevitable: old feuds will be re-excited; old grievances freshened; new wrongs caused; better hopes roused, and in this way the Supplemental Charter offers a recommendation we should in vain look for in any other direction. It will help to hasten the advent of that complete reorganisation of the Profession which is now inevitable.

Appointment.—Surgeon, T. H. R. Thompson, to the Brilliant.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Meeting of March 10, 1846.

Dr. Babington, F.R.S., Vice-President, in the Chair.

An Account of a Case of Partial Double Monstrosity (Ischiopage Symelien of Geoffroy Saint Hilaire, Ueteradelphia of Vrolic). By William Acton, Esq., Surgeon to the Islington Dispensary.

The subject of the monstrosity is a healthy male child, a native of Portugal, six months old, brought to this country for exhibition. The parents and a brother and sister exhibited no peculiarity of any kind. The infant is lively and good looking, and well proportioned, both in the upper and lower extremities. The peculiarities are confined to the parts below the umbilicus. To the right and left of the mesial line are two distinct penes, each as large as the penis of a child of six months. Water passed from both organs at the same moment. Each penis is provided with a scrotum, the outer half of each scrotum containing one testicle; the inner half of the scrotum is far removed from the outer, and the two inner halves appear like another scrotum between the two penes. Between and behind the legs of the child there is another limb, or rather two lower extremities united together in their whole length. The upper part of this compound limb is connected to the rami of the pubis by a short narrow stem. Immediately beyond this stem, and concealing it, the compound limb assumes a size as large as the combined natural thighs. The leg is of comparatively small size, though larger than either of the healthy legs, and terminates in a double foot, with the sole turned forwards, and provided with ten toes, of which the two outer on each side are webbed. The anus is in its usual situation. Viewed posteriorly, the compound limb assumes a roundness and fulness equal to the buttocks of a young child, and a slight depression is observed, as if for the anus. The compound limb is motionless; the upper portion alone appears endowed with sensibility, and its vitality seems low.

The author states that he has consulted most of the original works referred to by authors, who have described this species of monstrosity, but he has been unable to find exactly analogous cases, or any description or plate of two penes on one body, as in the case before the Society. He believes that this instance of double penis does not depend upon a division of one organ. The distance at which they are placed one from the other, and the existence of two canals by which urine is passed at the same moment, renders this little probable.

With reference to the question of removal of this compound limb, the author considers that every circumstance is in favour of an operation. He notices the health of the child, the narrowness of the medium of communication, which contains probably no important part, but especially the low vitality of the limb, as the history of partial double monstrosities shows, that any, however slight, scratch or contusion heals slowly, and generally ends at first in the death of the part, and subsequently of the child. If the infant escaped this source of danger, its system is found incapable of supporting this additional limb, and the child perishes from debility. He thinks, therefore, that an operation will be necessary to give the child a chance of arriving at puberty, and that, in the absence of any one counter-indication, the sooner this is performed, the better for the security of the child.

The parents brought the subject of this curious monstrosity to the rooms of the Society, where it was examined by the fellows present previously to the meeting.

Dr. Babington remarked that the question as to the propriety of the operation proposed by Mr. Acton for the removal of the third limb, was the only point in the paper that he thought admitted of controversy.

Mr. Lloyd could not agree with Mr. Acton as to the propriety of removing the supernumerary limb, when he took into consideration the small quantity of blood, the loss of which was sufficient to annihilate a child of that tender age, especially when he considered the size of this limb, which was nearly equal to that of the child's body, and must, he

thought, be supplied with a large number of blood-vessels, the hemorrhage from which, he believed, could not be controlled in time to prevent death. He (Mr. Lloyd) would not venture to perform the operation, and he thought that man must be a bold one who would venture to do so.

Dr. Babington inquired if Mr. Lloyd regarded the operation as admissible at some future time, or if he were of opinion that it should not be performed at all?

Mr. Lloyd replied at some length, but from the noise and confusion occasioned by the fellows passing out of the room to examine the child, it was impossible to hear what he said. We believe, however, that he objected to the performance of the operation altogether.

Mr. Acton inquired if Mr. Lloyd's opinion was founded on a knowledge of similar cases?

Mr. Lloyd particularly alluded to the removal of nævi, in which operation the loss of a very small quantity of blood had proved sufficient to destroy life. He thought that, in Mr. Acton's case, that it could not be known beforehand what vessels there would be to be divided, and he was of opinion that the resulting hemorrhage would be such as to destroy life.

Mr. Acton regretted that Mr. Lloyd had not had a better view of the child, but the large number of persons present could not possibly all convince themselves of the facilities for the operation. Mr. Acton was likewise afraid Mr. Lloyd had not distinctly heard the paper; he would, therefore, repeat that the blueness of the toes of the lower compound limb proved the circulation to be languid, even with all the precautions taken by the parents. The history of all analogous cases could be brought forward to prove that any slight abrasion was followed by ulceration difficult of cure, and resulted too often in the death of the part, and subsequently of the child. Supposing the infant free from this source of danger, the powers of the one individual were unable to nourish the *parasite*, and wasting took place—another fatal termination of these cases. As to the operation, he (Mr. Acton) had given his repeated attention to the case, and the result he came to was that an operation was necessary, and might be readily performed. He had described the communication between the two limbs as consisting of a stem not thicker than a finger at the rami of the pubes. He was unable to detect any pulsation of large vessels, nor the existence of any vital organ which would be divided, and as to hemorrhage that could be easily controlled, from the position and small size of the stem. He could only repeat that in no case reported did the chances of success of an operation appear so certain, or the necessity for it greater.

Account of a Case in which the Corpus Callosum, Septum Lucidum, and Fornix were imperfectly Formed. By JAMES PAGET, Esq., Lecturer on General and Morbid Anatomy, and Warden of St. Bartholomew's Hospital.

The case here related is that of a servant-girl who died with pericarditis. She had displayed during life nothing very remarkable in her mental condition. She was of good moral character, trustworthy, and fully competent to all the duties of her station. She had a good verbal memory, and as much knowledge as is commonly acquired in such slender education as she had received. She was good-tempered, happy, and very heedless. Her mother was insane while pregnant with her, and in some previous and following gestations.

The middle portion of the fornix, and the whole of the septum lucidum, were absent; and in the place of the corpus callosum there was only a thin fasciculated layer of white nervous matter 1·4 inches in length, but of which the fibres (minutely described in the paper) extended into all those parts of the brain into which those of the healthy corpus callosum can be traced. Behind this imperfect corpus callosum the optic thalami, the middle commissure (which was very large), the posterior commissure, and the pineal gland lay exposed after the removal of the velum. The lateral parts of the fornix and the rest of the brain were quite healthy.

After relating the particulars of the only other cases of uncomplicated deficiency of the corpus callosum which he can find recorded with histories of the patients during life (the cases by Reil, Mr. Solly, and Mr. Chatto), the author points out some considerations illustrated by them, concerning the anatomy, development, and physiology of this organ. He shows that it is probable that, in the perfect corpus callosum, the fibres are not all transverse, but that some of them pass from the anterior part of one hemisphere to the posterior part of the other.

He shows, also, the probability that in its early embryonic state, the corpus callosum, though very small, may be in connection with all the parts which it afterwards more evidently connects; and that the development of the septum lucidum is not dependent on that of the corpus callosum, though its situation may be, since its analogues are found in all those cases of defect, connecting the hippocampus with the inner margin of the cerebral hemisphere, and forming the inner wall of the lateral ventricle.

And, in reference to its physiology, he endeavours to prove from these cases, and from other considerations, that its functions must be connected with the highest operations of the mind; since it appears that when it is very deficient, or even absent, the mind may possess a moderate or average power and capacity of knowledge, and may be exercised in all the ordinary acts of persons in an inferior station of life; and that, in the like case, all the lower functions of the nervous system are perfectly discharged.

Mr. Solly remarked that it would be difficult to speak too highly of the admirable manner in which Mr. Paget had drawn up this case, which is certainly one of great interest in the present uncertain state of knowledge regarding the functions of different portions of the brain. He (Mr. Solly) had no reason for doubting that the commissures of the brain possessed the same conducting power as the nerves, though it was very difficult to say precisely what kind of force they conduct. With regard to the great transverse commissure, he thought its office was to enable the corresponding hemispherical ganglia on the opposite sides of the mesial line to compare the impressions brought to them by the nerves of sense. The fact that the longitudinal commissures bring different portions of the hemispherical ganglion into connection, favours the opinion of those who believe that this ganglion is not a single centre of power, but composed of several, whose office is different. The concomitant absence of the septum lucidum and body of the fornix was interesting to him in relation to that anatomical fact, which, he believes, he was the first to point out, though subsequent writers had not paid that attention to it which he thought it deserved, namely, that it was not a mere layer of medullary matter, forming a wall between the two ventricles, but that it consisted of longitudinal fibres running from the anterior portion of the brain to the body of the fornix, and thus forming an essential portion of the longitudinal commissural system. He did not believe but the fornix consisted of transverse fibres, but the transverse fibres which had been seen, and were supposed to belong to it, were, in his (Mr. Solly's) opinion, those of the corpus callosum beneath.

Mr. Holmes Coote remarked that, in the mammalia, the corpus callosum advances progressively in proportion to the accumulation of the white matter in the hemispheres, which, in birds, who do not possess any corpus callosum, are almost wholly composed of grey matter. The perion of its development mentioned by Tiedemann he (Mr. Coote) thought was incorrect He had seen traces of it in a four months' fœtus. The opinion that the higher faculties of the mind were in some degree connected with a perfect state of the commissures was, he thought, supported by the case narrated by Mr. Paget. The girl was of less than ordinary capacity; she could hardly read, and could not write at all, and he thought that her flighty manner, neglect of cleanliness, inability to manage ordinary purchases, coupled with the fact that her mother had been insane, would warrant the conclusion that had she survived she might hereafter have become the inmate of an asylum. He did not agree with Mr. Solly in denying the existence of the transverse fibres of the fornix described by Mr. Owen and to which the name of the "lyre" had been given. He (Mr. Coote) believed that these fibres did exist, and constituted a transverse commissure, extending to the hippocampi. He had himself also ascertained the existence of vertical as well as longitudinal fibres in the septum lucidum, and he wished to ask Mr. Paget if he had examined the connection between the corpus callosum and the fornix in the case under consideration.

Mr Paget thought there was very little ground for supposing this patient would ever have become insane. Her mind had no remarkable character, and as to her reasoning powers, it was very hard to tell at what point they would have failed, if tested. They were sufficient for her occupation as a servant-girl, and the worst that could be said of them was that she did not exercise them in any high intellectual pursuit; but it was not common for persons in her station to do so, and therefore the mere fact that she did not attempt such pursuits, would not prove that she had less capacity for them than other persons in her rank of life have. There appeared only two points in her mental condition worth notice. The first was that she had a good memory, though some who had argued most acutely concerning the functions of the corpus callosum had persuaded themselves that in it, as in a centre for reference, the organ of memory would lie. The second was her peculiar want of forethought. Her defect in this respect was such, that one could not help suspecting that the faculty of judging of the probable event of things (certainly one of the highest faculties of the human mind—a far higher one than that of memory) might be that to which the corpus callosum is a necessary minister. With respect to the character of the septum lucidum, many of its fibres are certainly longitudinal; but probably it has some also which are nearly vertical; since its essential relations are those of a band of connection between the hippocampus and fornix on the one hand, and the inner margin of the cerebral hemisphere on the other. Thus, whatever be its other relations, it forms the inner wall of the lateral ventricle; and it cannot be regarded as a commissure belonging peculiarly to the corpus callosum, since its analogues exist whether there be a corpus callosum or not. And as to the transverse fibres forming the lyra, he (Mr. Paget) must differ from Mr. Solly, and hold that these really belong to the fornix; for the corpus callosum is strictlyt he commissure of the cerebral hemispheres; its development is commensurate with theirs; its absence in marsupials and the lower vertebrata coincides with the reduction of their hemispheres; and its lateral connections are always with the substance of the extra-ventricular masses of the hemispheres. But the transverse commissure in the marsupials, which is the analogue of the lyra in other mammalia, is not connected with the extra-ventricular parts of the hemispheres at all, and its size is proportioned to the parts with which it is connected, namely, with the hippocampal convolutions and with the fornix.

Dr. Babington fully agreed with Mr. Solly in the estimate he had formed of the high value and excellence of Mr. Paget's communication, and expressed his astonishment that the corpus callosum should be regarded by any one as ministering to the higher functions of the mind, or at all events as originating them. He (Dr. Babington) thought that the corpus callosum was composed of white fibrous matter only, without any of the grey granular substance entering into its composition, and, if so, it could be only a conductor, and not an originator of such functions. He (Dr. Babington) had recently instituted a minute examination of that part of the brain in man, and had ascertained that it was not composed simply of independent fibres, but of vertical laminæ, in apposition with each other, extending in a transverse direction into the hemispheres on either side, some of these fibres perforating them at right angles, and running longitudinally through them.

Mr. Paget believed he had expressed the same opinion that he had advanced in the paper. The structure of the corpus callosum was certainly lamellar, and such as showed that it cannot be a nervous *centre*, in the usual meaning of the term; for it is composed only of fibres, such as in other parts have no higher office than that of conducting impressions.

SURGICAL SOCIETY OF DUBLIN.

Meeting of the 7th of March.

Professor JACOB in the Chair.

Dr. H. Kennedy said, that as the following case of scarlatina presented some features of interest he thought it worth detailing to the Society, affording, as it does, an example of some dangers with which the disease is apt to be complicated. On Friday, the 23rd of January last, he was brought by Mr. M'Carthy, of Capel-street, to see the patient, a girl of seven years old, and very much grown for her years. She had been taken ill two days previously at dinner-time, part of which meal she had eaten, when she suddenly sickened, the stomach turned, and from that moment the disease declared itself. In forty-eight hours after, Dr. Kennedy saw her; she lay in a heavy half comatose state, hard to rouse, but when roused she became very violent for a short time, and then relapsed as before. The eruption was very fully out on the body; it was of a bright red colour, and on the abdomen was one continuous sheet of redness. There was great swelling and inflammation of the internal fauces, but their appearance was otherwise healthy. The child could swallow when forced to do so; there had been no purging. The pulse was very difficult to count, upwards of 130. The eyes were much injected, and the pupils contracted. The heat of the body, anp more particularly that of the head, was below the natural standard. She roused from the condition Dr. Kennedy first saw her in on the evening of the same day, but she passed an exceedingly restless night, raving incessantly, very violent at times, and hard to keep in bed; her bodily strength being, apparently, much increased. The following day (the third of the disease) her state was in the highest degree unpromising. Her hands and feet had become perfectly livid and cold; no pulse could be felt at the wrist, while, at the same time, the eyes were deeply injected, the raving was incipient and accompanied now and then with fits of the greatest violence. From this apparently hopeless state—from which he would observe in passing he had known few to recover—this patient rallied; and by the sixth day the excitement of the system had all but subsided. Omitting further details it was enough to state, he said, that during these six days the treatment had been essentially stimulant, and appeared to have succeeded remarkably well. As the first burst of illness declined, however, it was observed that swelling had commenced under each jaw, but more particularly on the left side. This increased gradually, and an abscess having formed at the end of some days, it was opened, and exit given to a very large quantity of very healthy looking pus. This was done on Thursday, February the 5th (the thirteenth day of the disease), about the middle of the day, and gave the child the greatest relief. Next day Dr Kennedy was sent for suddenly, the messenger saying that the child was after the abscess had been opened. During the dying, and on arriving he found, much to his surprise, that the patient was labouring under a very severe attack of croup. This was exactly twenty-six hours previous evening and night the child was observed to have a little, short, dry cough, of a croupy character, to which was soon added dyspnœa, which went on increasing in intensity until the moment he saw her; and the symptoms were then so urgent that he thought she must have died within the hour. The inspiration was stridulous in the highest degree; the dyspnœa mose distressing; the child's eyes protruded from their sockets; and she sruggled and cried out to have the windows opened. The extremities, lips, and tongue were livid, and the pulse at the wrist not to be counted from its extreme frequency. At each inspiration the parts both above and below the clavicles were forced in; a certain proof that the air had not full ingress through the trachea, which latter part, with the larynx, was moving up and down. Under the circumstances, the emetic plan seemed to be the only one likely to afford a chance to the patient. It was adopted; and after nearly two hours perseverance Dr. Kennedy succeeded in producing full and free vomiting, with much relief to the patient. Some of the false membrane was got up, and by a persistence in the plan alluded to the attack of croup was subdued; but as it declined, the other symptoms did not improve in a like degree. The pulse continued very rapid; the skin hot, one cheek being at times very much flushed; and it was found very difficult to induce the child to take any nourishment. In fact, irritative fever was set up; the tongue was furred at first, but subsequently became dry, and the child finally sunk in this way just three weeks from the invasion of the scarlatina, and on the morning of the sixth day after he had seen her labouring under the attack of croup. He was curious to ascertain, if possible, the actual cause of the fever under which the child appeared to have sunk, and also to look at the larynx, which, six days previously, had been affected with croup. But this part it would be seen was nearly in a healthy state, the mucous membrane, however, being slightly œdematous, including the posterior surface of the epiglottis, the chordæ vocales and about three quarters of an inch of the tube below the rima. The swelling was so great as to have obliterated these ventricles; there was also some slight trace of ulceration here and there. The source of the fever under which the child sunk was extensive disease between the pharynx and spine, there being, in fact, an extensive abscess reaching up to the base of the skull, the parietes of which might be said to have been in a state of slough. The spine itself, however, had not been attacked.

The treatment, as he had already remarked, had been essentially stimulant. Besides wine, a mixture was given of which muriatic acid was the active ingredient, and to this was soon added some of the preparation of bark lately brought forward by M. Donovan—the *liquor cinchonæ*. He might be allowed to observe, that sufficient experience had shown him that cases, analogous to the one detailed, were best treated on this plan even at the onset of the attack, and that caution was necessary; but the symptoms might lead one to suppose he was dealing with inflammation; he alluded to the violent raving, great injection of the eyes, &c. Whereas such symptoms in these cases depend on a certain something, which, though we cannot tell what it is, we are yet satisfied is not inflammation nor to be treated as such. The attack of croup which occurred in this case he was scarcely prepared for. It was the fourth time he had met with it as a complication of scarlatina, and all the cases had been fatal, though the child in this case did not certainly die of this affection. On first seeing the patient labouring under it, the symptoms were so extremely urgent that tracheotomy seemed to be the only resource left. However, the length of time the patient had been ill, the great discharge from the abscess, and the very unfavourable results of the operation when undertaken for croup were all against such an idea; and, on the other hand, any attempt at antiphlogistic treatment was, under the circumstances, entirely out of the question. Hence, he was driven to try the emetic plan, with the effects already stated. It has been observed of these very severe cases, that emetics produce little, if any, of their usual effects, the stomach appearing as it were to take no notice of them, and the present case was no exception to this rule; for, had he not persevered again and again with every means that could be devised, vomiting could not have been induced; for it could scarcely be credited that this child took, before vomiting occurred, the following medicines:—Antim. tart. gr. jss., Sulph. zinci ℥j., Vin. ipecac. ℥j., Tinct. scillæ ℥j., and a quantity of mustard mixed in luke-warm water. What would the Homœopathists say to this? It had been suggested by his friend, Dr. King, that possibly the symptoms of croup in this case arose from the neighbouring abscess, and that the case in this respect was similar to some already brought under notice by his friend Mr. Fleming. It struck him, however, that this opinion can scarcely be entertained when it is recollected, that there were no signs of croup on the day the abscess was opened, and that it was the following day they were observed, in other words, when the abscess was quite full, and therefore capable of causing croupy symptoms, there were none present; while, on the other hand, when it was empty the croup developed itself. Many other remarks might be made on this case with which, however, he would not now take up the time of the Society.

A paper on Cholera was read by Mr. Tuffnell, an abstract of which, and of the discussion which followed, in our next.

PATHOLOGICAL SOCIETY OF DUBLIN.

Meeting of the 21st February, 1846.

Aneurism of the Aorta and permanent Patency of its Valves.

Dr. Corrigan displayed the recent parts in this case. The aneurism was seated in the ascending aorta and its arch, and was of considerable size, having at its inferior part a diverculum or pouch passing down into the right side of the thorax. The aortic valves were also diseased to such an amount as rendered them manifestly inadequate to the performance of their function during life. These lesions were easily recognised before the patient's death by the jerking compressible pulse, the bounding carotids, the returning bruit in the aorta, and extended cardiac dulness which characterise aortic patency and hypertrophied left ventricle. At the same time a pulsation could be felt, and a louder bruit could be heard under the right clavicle than in the sternal region; which latter signs Dr. Corrigan regards as affording a valuable aid in the diagnosis of some aneurisms of the arch. This bruit was not only audible in the infra-clavicular region, but also in the right axilla; a fact which the members would perceive was explicable by the situation of the second aneurismal chamber which he had previously demonstrated. The man in whom these lesions were discovered was between fifty and sixty years old. He had been admitted into hospital on the 3rd of January, and stated that he had always been of a very irritable temper, and of extremely intemperate habits, until a year ago, when he took the total abstinence pledge. From this date he traced his illness, although in the opinion of Dr. Corrigan, his moral reformation could have no connection with his subsequent disease. He was attacked with cough, and began to suffer from pains in his neck, extending along his arms; these he supposed were rheumatic, a mistake which Dr. Corrigan fears has been frequently made in practice. Dyspnœa, at first slight, gradually became very troublesome; and after six months suffering under these symptoms, his face began to swell, next his feet, and lastly his arms. He died rather suddenly, as is not unusual in such cases.

Dr. Corrigan wished to draw the attention of the meeting to the appearance of the lining membrane of the pouch projecting from the aneurism, as also of the lining membrane of the aorta near its mouth, it would be found to present many of the characters seen in the interior of the heart in endocarditis. There was that pulpy appearance of the membrane caused by a viscid exudatiou of red coloured lymph, similar to red-currant jelly, which became more vivid in its colour by exposure to the air. The appearance around the mouth of the aorta corresponded with that presented in the interior of the pouch. It was familiar to the members of the society, he observed, that in these cases the sufferings of the patient are not, by any means, in proportion to the amount of obstruction or mechanical derangement. If that were the case, they would gradually increase with the increase of obstruction. But, on the contrary, it is observed that the patients in general experience, and often for a considerable time, little inconvenience, and that these severe symptoms come on in fits, during which they may even seem as if moribund, but from which they again recover to enjoy another interval of ease. In Dr. Corrigan's opinion, these paroxysms are not due to any increase of obstruction at these times, but to attacks of intercurrent inflammation, the anatomical characters of which are represented in the appearances presented by the lining membrane of the aneurismal pouch, to which he had just now drawn the attention of the society, and which are so similar in pathological appearances, and in symptoms to attacks of endocarditis. To these pressing seizures of inflammation, either of the internal membrane of the aneurism or of the valves in valvular disease, he attributed many of the severe fits of orthopnœa, pain, and aggravation of suffering which occur in such cases, and this view he observed, is borne out by the great relief obtained in such attacks by local bloodletting, and the exhibition of those remedies which arrest exudation of lymph on serous membranes.

DEATH OF M. VIREY.

This distinguished naturalist died recently at the advanced age of seventy-one years, and was buried on the 11th of this month M. Soubeiran, principal pharmacien of the hospitals, and member of the pharmaceutical section of the Royal Academy of Medicine, pronounced his funeral oration, from which we gather the following particulars:—

Julian Joseph Virey was born at Hortes, Dec. 22nd, 1775, and was educated at the College of Langres, after which he was placed in the establishment of a relation, who was a pharmacien in that town; but the first French revolution breaking out, Virey joined the ranks, and was soon after appointed assistant-pharmacien to the military hospital, and was sent by Parmentier, who recognised his merit, to the Val de Grace in the same capacity. While holding this appointment, Virey employed his leisure in study and scientific researches with an activity and perseverance but rarely met with. Correct in the performance of his duties, he passed that portion of his time which would have been otherwise unoccupied, in the library of the Pantheon, where, besides the study of general history, botany, and materia medica, that of the history of the human race, considered in a moral and physical point of view, became one of his favorite occupations.

His works are very numerous, and embrace a great variety of subjects. While engaged as one of the editors of the *Journal de Pharmacie et des Sciences Accessoires*, he published many papers having reference to the animals, vegetables, and minerals employed in materia medica. In this respect his experience was immense, so that he was often consulted by the Custom House authorities regarding foreign articles introduced into France under the designation of medicines. He was also one of the collaborateurs in the new *Dictionnaire d'Histoire Naturelle, Appliquée aux Arts*, and one of the principal writers in the *Dictionnaire des Sciences Medicales*. The articles on NATURE, ANIMALS, KINGDOMS, and various general subjects of physiology, hygiene, philosophy, and the history of sciences, published in those works, proceeded from his pen. He also enriched the edition of Buffon and Sonnini with numerous notes. His original publications consisted of three editions of a *Traité de Pharmacie Théorique et Pratique;* a translation of Gmelin's *Organic Chemistry*, illustrated with notes; two editions of the *Histoire Naturelle du Genre Humain;* in three volumes (this work was reprinted in other countries); two editions of the *Histoire de la Femme sous ses Rapports Physiologiques, Moraux, et Literaires*—a work which was translated into German; *L'Histoire des Mœurs et de l'Instinct des Animaux, avec des Classifications Naturales*, in two volumes. All these works were published by Virey before he obtained the doctor's degree in 1814, when he wrote his inaugural thesis, entitled *Ephémérides de la vie Humaine;* and afterwards another work, called *Examen Impartial de la Medecine Magnétique.* Virey has also published a *Histoire Naturelle des Medicaments, des Aliments, et des Poisons*; a work on *La Puissance vitale dans ses Functions Physiologiques; Hygiene Philosophique Appliquée à la Civilisation Moderne*—a work afterwards translated into Italian; and finally his last work, entitled *De la Physiologie Considerée dans ses Rapports avec la Philosophie*, 1844.

The mere enumeration of the titles of his works will show how indefatigable was Virey. Study was his occupation. He was not, however, without recompense. He was a member of the Royal Academy of Medicine, of the Historical Committee of Sciences attached to the minister of public instruction, and was a corresponding member of a great number of learned societies.

In 1825 he was elected a member of the Chamber of Deputies, but notwithstanding this increase in his labours, he continued to publish; his works, however, showed the influence of his new position; they had reference to public education. All that he had learned respecting the nature of man was brought by him into service for the moral amelioration of childhood.

Virey was affable, and always ready to assist young men in the commencement of their career with advice and counsel. He was not the enemy of any one, and no one was his enemy. Every one did justice to the honesty of his heart, and yet in 1825, when recommended by the Ecole de Pharmacie and the Institute for the professorship of natural history, he was refused it by the Government. In private life Virey maintained throughout the same noble character which was universally accorded him in his public career.

His death was sudden. Some months previously he had first experienced the symptoms of the disease which proved fatal; and on the night of his departure, while leaving, with his family a friend's house where he had been passing the evening, his breathing suddenly became difficult, and he fell dead in the arms of his friends. Peace to his manes.

GOSSIP OF THE WEEK.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a Meeting of the Court of Examiners of this College, on Friday, March 13th, on which occasion Joseph Henry Green, F.R.S., took his seat for the first time, in the vacancy occasioned by the resignation of Sir B. Brodie, Bart. The following Gentlemen were admitted members, viz.—C. E. Slaper, J. Hirschberg, A. Gaved, J. Self, C. S. Winstanley, W. H. Holman, J. S. Ramskill.

Mr. Joseph Frain and Mr. James Barron were on Monday elected honorary surgeons to the the South Shields and Westoe Dispensary, in the room of Mr. Toshach and Mr. Bowlby, resigned.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a Meeting of the Council of this College, on Wednesday last, Robert Liston, Esq., Surgeon of the North London Hospital, and Lecturer on Surgery at the London University, was elected a member of the Court of Examiners in the vacancy occasioned by the resignation of Anthony White, Esq

WAR-OFFICE, March 12.—50th Foot: Assistant-Surgeon John Henry Brummell, from the 40th Foot, to be assistant-surgeon, vice Graydon, killed in action.

HOSPITAL STAFF. — Assistant-Surgeon Collis Christopher John Delmege, from the 27th Foot, to be staff surgeon of the second class, vice Denis Joseph Magrath, M.D., who retires upon half-pay.

APOTHECARIES' HALL.—Gentlemen admitted Licentiates on the 12th of March, 1846. Robert Richard Crucefix, William Gibbs, Barzillai Augustus Harling.

OBITUARY.—On the 1st inst., at his residence, 10, Bedford-place, Russell-square, after a lingering illness, John Turner, Esq., surgeon, aged 48. March 9, at 17, Kildare-street, Dublin, Patrick Thomas Roney, surgeon. On the 17th inst., at his residence, 169, Prospect-place, Maida-hill, James Mellis, Esq. M.D., Fellow of the Royal College of Physicians of Edinburgh, and of the Royal College of Surgeons of England, and late member of the Medical Board, Bengal, aged 65.

ANOTHER AFRICAN EXPEDITION has left Liverpool under the charge of G. W. Daniell, Esq., a surgeon who lived on the west coast and in the interior of that continent for some years. The chief object is to explore further the discoveries of Mr. M'Gregor Laird. Mr. Daniell is known to the medical public as the author of some papers on the sanitory topography of the west coast of Africa.

IMPORTANT LEGAL DECISION IN FRANCE —The civil tribunal of the Seine, (third chamber) has recently delivered a judgment, which, if a similar law were to obtain in this country, would cause the ruin of most of the medical agencies. It appears that a M. Anquetin, a physician at Veyrieres, sold his practice to a M. Argentier, for the sum of 2000 francs, agreeing further to let him his house, &c., at a rental of 400 francs per annum. The practice was stated to be of the annual value of 4000 francs. After the documents were signed, and the necessary formalities accomplished, save and except the payment of the sum agreed on, M. Argentier called on the patients previously attended by M. Anquetin, but was answered by some that they had already selected another medical attendant, by others that M. Anquetin was no longer their surgeon, and by a third set, that he never had attended them. Thus disappointed, M. Argentier refused to complete his purchase, or to become M. Anquetin's tenant, and an action was accordingly brought before the civil tribunal of the Seine, which decided that, as the patients of a medical man are secured only by the confidence he inspires, and that confidence cannot become an article of merchandise,—it can neither be bought nor sold,—the sale of the practice must be annulled, as also the legal contracts depending thereon.

SPURIOUS MUSK-PODS.—Dr. Moore Neligan, in the *Dublin Quarterly Journal of Medical Science*, after stating that musk is very much adulterated, to prevent which many dealers purchase it in the unopened musk-bag, technically called *musk-pod*, observes that this precaution, however, is often found not to be a sufficient protection against fraud, as spurious musk-pods are not uncommon in commerce, so well prepared that even the most experienced eye is often unable to distinguish the true from the false. Musk is the peculiar secretion of a small sac situate immediately in front of the preputial orifice of the male musk animal, the moschus moschiferus, and is principally imported into the British market from China. The Chinese, finding a greater demand for musk than they are able to supply with the genuine article, squeeze out some of the secretion, which is fluid in the recent state, and mix it with, it is believed, the dried blood of the animal; this compound, which presents the same physical characters as true musk, they put into small sacs made of pieces of skin cut off from other parts of the animal's body, and prepared with the usual ingenuity of this people, so much so, indeed, as almost to defy detection with the naked eye. The method hitherto adopted for detecting this sophistication, has been the peculiar position of the hairs, which are arranged in a circular manner around the orifice in the genuine musk-pod, and also the absence of any remains of the penis in the artificial pods. But those characters are not invariable, and Dr. Neligan has seen some spurious musk pods which were so skilfully prepared as to be undistinguishable from the genuine article when compared with them. Dr. Neligan, in order to detect the spurious musk-pod, proposes the microscopic examination of the hairs which grow on the preputial sac of the musk animal, which, as far as he has been able to ascertain by direct experiment, differ very remarkably from those of the false sacs which are met with in commerce. The difference appears to depend on the fact, that the hairs of this part of the animal are furnished in the interior with distinct, regular, colour cells, while in hairs taken from other parts of the animal's body those cells appear to be obliterated, as is generally the case in this and the allied tribes of animals.

MORTALITY TABLE,

For the week ending March 14, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	902	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	163	183	188
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	93	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	153	169	157
Diseases of the Lungs, and of the other Organs of Respiration	272	363	294
Diseases of the Heart and Blood-vessels . . .	39	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	74	69	72
Diseases of the Kidneys, &c.	15	7	7
Childbirth, Diseases of the Uterus, &c.	12	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	7	7	6
Diseases of the Skin, Cellular Tissues, &c.	6	2	2
Old Age	41	90	67
Violence, Privation, Cold, and Intemperance . .	24	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF SCIENCES.

Meeting of March 16, 1846; M. MATHIEU in the Chair.

THE BARON LIEBIG *versus* MM. LAURENT AND GERHARDT.—The polemics between these gentlemen have assumed an angry form. To an extremely violent letter of the illustrious German chemist, MM. Laurent and Gerhardt have answered by a statement of facts, which was read to the Institute at its meeting of March the 16th. In our next communication we will lay the whole matter impartially before the readers of the *Medical Times*.

Dr. Sedillot was elected corresponding member of the Academy.

ACADEMY OF MEDICINE.

Meeting of March 17th, 1846. DR. ROCHE in the Chair.

Notice having been given from the chair that an extraordinary meeting would take place on Saturday the 21st instant, Dr. Prus was called upon to proceed with his report on

THE PLAGUE AND THE QUARANTINE QUESTION.

Part 3, sect. 1.—Can the plague be inoculated in a healthy subject with blood, pus, or serum, taken from a patient affected with the malady? The solution of this question is deemed by the commission to be possessed of paramount importance, inasmuch as the plague must be classed with variola, syphilis, rabies, farcy, and other acknowledged virulent disorders, if the morbid secretions it produces are inoculable; and should, on the contrary, be considered to belong to the same order as typhus, if it is demonstated to be transmissible only by miasmatic influences. The commission has carefully weighed the recorded cases of inoculation, and has found in none the proof that the plague can be transmitted in this manner. The following are the most remarkable of the practical and historical facts which are mentioned in the report with reference to this point:—It is said that, in 1665, during the plague of London, Thomas Willis inoculated himself with the blood taken from the arm of a patient labouring under the epidemic, and that death followed the operation after a few days' interval. This assertion, made by Clot Bey, is disproved by the fact that Willis died in 1675, *ten* years after the London plague. It is recorded by M'Gregor, in his Medical Sketches of the Expedition from India to Egypt, that Dr. White, one of the physicians to the forces, having also practised inoculation on his own person with the blood of a patient, died within nine days after the operation. In this instance the commission does not think it is by any means satisfactorily proved that Dr. White did not contract the disease in another manner, or indeed that the inoculation had any share in the production of the symptoms which followed. Desgenettes, pursuing the same experiments on himself, introduced the pus of pestilential buboes under the cuticle of the axilla and groin; no accidents were observed, except slight pain and swelling; it is true that the parts were repeatedly washed—a circumstance which diminished the value of the experiment. An Italian physician, named Valli, remarked that the patients affected with small-pox generally escaped the plague; and, fancying that the first of these two diseases might, perhaps, be a preservation against the second, inoculated upon himself and upon twenty-four other persons, during the epidemic of Constantinople in 1803, a mixture of variola and pestilential pus, which proved perfectly innocent. Since that period, however, experience has abundantly demonstrated the fact that variola does *not* preserve from the plague, and the only circumstance which remains proved by Valli's researches is, that in his cases the inoculation of pus derived from pestilential buboes did not communicate the disease. A similar influence is all that can be drawn from the inoculation of pus mixed with oil, performed by Dr. Sala, a Spanish physician. At Cairo, in 1835, inoculations were performed in hospital by Dr. Lachèze, with pus and blood, on the persons of five culprits condemned to death and reprieved for the purpose. Blood was inoculated four times, and once only did a mild attack of plague supervene; the experiments were repeated twice with serum, and once with pus, with negative results.

Dr. Clot Bey inoculated on himself, in six different punctures, the blood of patients affected with the plague; he suffered from no morbid symptoms. Some days later he renewed the attempt with the pus from buboes, and the plague was not communicated. Dr. Rossi took pus from a pestilential abscess, and applied it to the surface of an ulcer, without any results. From the consideration of the above facts, and of many others which we do not relate in this brief abstract of the report, the commission of the Academy concludes, that the inoculation of the blood, or of the pus, of patients affected with the plague, has yielded only doubtful results; that the serum of carbuncles has, in no instance, communicated the plague by inoculation, and consequently that it is not proved that the malady can be propagated by that mode of transmission, even under the unfavourable influence of a pestilential epidemic.

Sect. 2.—Is the plague contagious? By *contagion* is meant the transmission of the disease by *contact* between the patient, or some object touched by him, and a healthy person, without any agency of intervening air. *Infection* is, on the contrary, the action of pestilential miasmata conveyed by the air, as a vehicle from patients to healthy subjects, or to those not previously affected with the plague. The physicians of antiquity considered the plague as an epidemic disorder, but did not endeavour to ascertain its mode of transmission. The Arabian school followed in the same footsteps. Fracastorias first started the doctrine of a virus, by which he supposed the disorder to be communicated from one patient to another. During the plague which prevailed at Marseilles, A. D. 1720, the physicians of Montpellier made great efforts to overturn the doctrine of the contagionists, and Stoll brought this new view of the question forward in a prominent manner, but with indifferent success. The belief in contagion prevailed, and so late as the year 1835 was still considered to be founded on incontrovertible facts. During the fearful epidemic which attacked Egypt in 1835, large numbers of physicians from Germany, Italy, and France went to Cairo and Alexandria, impressed with a firm belief in the contagious nature of the plague; and it is a circumstance which must bear with considerable weight in the balance of the question, that almost all have returned with the contrary conviction. From the numberless facts published by Drs. Brayer, Cholet, Aubert-Roche, and Clot Bey, the commission adopts the following conclusion, viz.:—That it is now demonstrated by numberless facts that contact in the open air, or in well ventilated rooms, with the patients, has hitherto proved innocuous, and that direct contagion is not clearly shown to have taken place even in one solitary instance.

Sect. 3.—Can the plague be communicated by contact with the goods or the clothes used by patients affected with the disorder?

After the plague of Cairo, in 1835, the furniture, linen, and bed-clothes belonging to fifty thousand persons who perished during the epidemic, were sold by public auction without being previously cleansed or ventilated, and on no occasion was the disease communicated. In one hospital where three thousand patients had been received during the epidemic, the bed-linen and blankets continued in use, without being washed, and no further propagation was observed. During the years 1826-27-28, the Egyptian army was visited in the Morea with the plague; on the return of the troops to Egypt, the clothes belonging to the soldiers who died were disposed of by auction, and no fresh cases broke out amongst the purchasers. In Alexandria and Cairo the Jews bought up at low prices the wearing apparel of the victims, and although they lived in the very centre of what might be looked upon as a concentrated atmosphere of infection, the mortality amongst them was far less great than amongst the Greeks, who carefully avoided contact with patients or anything which belonged to them.

Sect. 4.—Can the plague be transmitted in bales of goods supposed to contain tainted articles? On this point the commission is of opinion that in countries subject to endemic or epidemic plague, the transmission of the plague through the agency of bales of goods is not proved.

Sect. 5.—Can the plague be communicated by infection during the prevalence of an epidemic? It is an undoubted and indisputable fact, that pestilential miasmata, concentrated during an epidemic, in an hospital, a room, a house, and, perhaps, a street or town, exercise a most powerful influence on the propagation of the disease. The Academical Society of Marseilles, on this point, adopted unanimously, in August, 1845, the following propositions:—1. The writers whose opinions are most divergent on other subjects agree unanimously in stating, that simple contact is one of the most improbable modes of propagation of the plague; 2. Any prolonged stay in the same atmosphere with the patients, and particularly the respiration of the miasmata exhaled by contaminated objects, are pre-eminently dangerous. The commission of the Academy does not adopt these two propositions: with regard to the first, the commission has not met with any fact proving the reality of transmission by contact; and as to the second, the commission does not admit the dangers of miasmata exhaled by contaminated goods, but agrees with the Academy of Marseilles in considering the respiration of the same atmosphere with patients affected with the plague for any length of time as highly perilous.

Conclusion:—The plague can be propagated by the miasmata exhaled by pestilential subjects, and by the centres of infection resulting from their accumulation.

URINARY FISTULA—CURE BY A PLASTIC OPERATION; By Dr. Jobert de Lamballe.—P., aged thirty-six, was affected in 1826, and in 1842, with gonorrhœa. In October, 1843, a short time after a violent muscular effort, the patient was seized with paralysis of the lower extremities, œdema of the feet and legs, and loss of voluntary power in the emission of urine. A gum catheter was introduced, and permitted to remain unchanged for five days at first, afterwards for nine days. On being carried to a chair, he experienced a sudden pain in the peno-scrotal fold, and a few days afterwards remarked that urine was discharged through a fis-

tulous orifice from a spot where the pain had been felt. The fistula persisted for nine months, when P. came to Paris and was admitted into hospital the 31st of May, 1845. A fistular opening was found to exist through the urethra at its union with the scrotum, but the urinary canal permitted the easy introduction of a catheter. Cauterisation with the nitrate of silver, and even with the actual cautery, having produced no favourable change in the state of the perforation; the following operation was performed on the 6th of September :—The edges of the fistula being first carefully converted into bleeding surfaces, a quadrilateral fold of skin was detached at its edges from the anterior aspect of the scrotum, and made to slip forwards towards the fistular aperture, to which it was attached by means of six stitches. Immediate union took place in the three-fourths of the wound, but in the superior angle it was necessary to repeat the suture twice, and to apply the caustic several times, before complete obliteration could be obtained. In November the patient was cured, and since then no relapse has taken place. A catheter was kept in the bladder during the whole period of cicatrisation.

LA PITIE.

CLINICAL LECTURE.—*On the Influence of the Meteorogical Constitution of the Atmosphere during the last Four Months upon the Nature, Forms, and Progress of Disease:* by Dr. GENDRIN.

Were it possible to doubt the influence of the meteorological constitution of the atmosphere on the nature and forms of disease, one year's attendance on hospital practice would undoubtedly confirm the observations handed down to us on this subject by Hippocrates, and adopted by all who have followed him. During those years in which a succession of the seasons takes place in their regular order of rotation, and with their customary characters, each period of the year is marked by a return of particular complaints, and special phenomena are observed in the progress of spasmodic disorders, whether in an acute or in a chronic form. But this influence of the constitution of the atmosphere is even better marked when the meteorological conditions of the weather are modified in any extraordinary manner by unusual hygrometric changes. The monthly order of succession of diseases, and the special forms they adopt during each season, are then changed as well as the meteorological conditions by which they are produced.

The study of the remarkable connection between the forms of disease and the state of the atmosphere not only interests the pathologist, but is also of immense importance to the therapeutist; indeed we may safely assert, that clinical research guided by this study, often discovers the first and, perhaps, the most important curative indications. I will endeavour to impress upon you this great truth, by casting a retrospective glance at the various groups of patients whom we have had under our care since the month of October.

From the beginning of the autumn to the present time the state of the atmosphere has presented two very distinct periods: October, November, and the first week of December were marked by abundant rains, together with alternations of cold, north-westerly and north-easterly winds. The prevalence of cold and damp was the leading feature of this first period, during which we did not find the autumnal diseases prolonged as they generally are when the cold weather sets in late. From December forward a remarkable change occurred in the state of the atmosphere; humidity continued, it is true, to prevail, but the winds shifting to the west and south-west brought with them a degree of heat very unusual at that time of the year, and caused the thermometer to rise to 8^0 and 12^0+0 cent. (43·90 Fahr.). This almost vernal temperature being once established, the diseases observed became modified in such a manner as to acquire a striking degree of resemblance with those incidental to autumn.

The first part of the past winter was therefore characterised by the prevalence of damp and cold; the second, by the coincidence of heat and humidity. The former atmospherical constitution has been considered by authors as producing catarrhal and rheumatic affections; the latter, mucous and bilious disorders. Let us now examine what have been the leading features of the maladies which have passed before us.

During October and November we admitted numerous cases of acute thoracic disease, chiefly of the bronchi and pleuræ; all were intense and obstinate. Many patients who had been received into hospital for various chronic maladies were also suddenly seized with pleurisy or bronchitis, and pneumonia was noticed amongst those who were under treatment for chronic bronchitis; and, singular to say, all our fresh cases of pneumonia began with inflammation of the air-tubes. In the month of November pleurisy became so frequent and severe, that in one week we admitted no less than two or three each day; all these cases lasted three or four weeks. We also observed frequently at the same period, cases of acute rheumatism. Our consumptive patients all laboured under violent irritation of the air-passages, and the fatal termination of many was hastened by this unfortunate complication. Typhoid fevers were not, for the most part, severe, but their progress was slow, and retarded by unyielding bronchitis or broncho-pneumonia. The generally inflammatory character of these various affections led us naturally to suppose that antiphlogistic treatment would be productive of beneficial results: we did not find it so. In no case, not only in hospital, but in private practice, did we derive marked advantage from venesection during the early stages of bronchitis, pleurisy, or pneumonia. The derivative treatment, by blisters, usually so beneficial in inflammatory diseases of a catarrhal nature, was equally unsuccessful. It is true that a very small number of cases terminated fatally, but cures were really obtained only by the "méthode expectante," instituted with simple dietetic measures.

Such were the general characters of diseases, when the second period of the winter set in; damp and warm weather had lasted only a few days when pleurisy, bronchitis, and pneumonia disappeared, and were replaced by saburral disorders, mostly complicated with mucous diarrhœa. Disorder of the gastro-intestinal functions showed itself also amongst the greater number of patients previously admitted with thoracic symptoms, whilst, at the same time, almost all the phlegmasiæ which, hitherto, had resisted all treatment, speedily yielded to the influence of the atmospherical change. Mucous diarrhœa, dysentery, synocha, with gastric complications, and saburral affections, now filled our wards. We also observed a few cases of typhoid fever, attended with overcharge of the primæ viæ, and well marked adynamic tendencies. This sudden change in the forms of disease led us to modify our plan of treatment, and to have recourse to emetics, the effects of which have generally been favourable. Simple saburral affections were cured in a couple of days; mucous diarrhœa and dysentery yielded at once to antimony or ipecacuanha. Venesection did not benefit the few cases of pneumonia which occurred, but they always gave way after tartar-emetic had first removed the concomitant gastric complications. In the treatment of acute thoracic affections we also exhibited daily small doses of calomel, and we must acknowledge that we had never found that medicine so positively useful in acute affections of the chest as we did during the last two months, under the influence of the damp and warm constitutions of the atmosphere. All the chronic cases, particularly those of pulmonary consumption, have ceased to present the bronchial exacerbations which were so fatal to them during the early part of the season. Typhoid fever, on account of the adynamic symptoms which prevailed even in the mildest cases, required a persevering, tonic, and stimulant plan of treatment, carried much further than it is usual to do, or than is prudent, generally speaking, during winter. In several of our typhus cases we have, even during convalescence, been obliged to return to the temporary use of emetics on account of the incidental reappearance of gastric symptoms. We must also notice the manifestation of diseases usually observed in warm and moist summer or autumnal months. Erysipelas showed itself not only in our wards, but in several of the surgical divisions of the hospitals.

These clinical observations confirm the accuracy of the remark of Hippocrates which we alluded to at the commencement of this lecture; and, further, demonstrated the excellency of the precepts of Baillou, Sydenham, and Scott, on the necessity of applying to diseases, occurring during an unusual constitution of the atmosphere, the same therapeutic methods applicable to the diseases incidental to seasons to which such constitutions naturally belong.

DAN. M'CARTHY, D.M.P.

RESEARCHES ON ANEURISMAL TUMOURS OF THE BONES.

By M. NELATON,

Assistant Professor at the Faculty, and Surgeon to the Hospital St. Antoine.

(From the *Gazette Médico-Chirurgicale.*)

These tumours, developed in the neighbourhood of an articulation, generally impede its motions; complete extension becomes impossible, either on account of the painful traction which the ligaments exercise on the portion of diseased bone on which they are inserted, or on account of the tension of the muscles which pass over the tumour, and compress it; in all cases the patient experiences a sharp and continuous pain, which is increased by pressure; sometimes fleeting darting pains are also complained of. The young patient of whom I have already spoken, and who is now under my care, feels a continuous pain, which he compares to that produced by very severe pressure, exercised by a hard body on the knee-joint.

The progress of the disease is generally very slow; many persons, indeed, have had these tumours for several years without their acquiring any considerable size. In the case cited by Pearson, the disease retrograded for several months, and then became developed anew with increased activity. Do these aneurisms, when arrived at a certain degree of development, burst, like those that are met with in the soft parts? It is probable that they do, nevertheless we must acknowledge that there is not any known example of such a termination. Authors mention ulceration and hemorrhages as occurring in the more advanced stages, but the question may be asked whether these were really aneurisms of bones or pulsating cancerous tumours.

This disease has almost always been met with in young persons, or in adults; its causes are somewhat obscure. It has been seen to follow external violence, contusions on the part where the tumour forms, or a sprain of the joint nearest the part affected; but it is doubtful whether these different causes have any influence in the production of these tumours; is it not probable that in many cases the alteration in the bone was already existing, although its presence had not been revealed by any symptom, and that an effort, or sudden movement, having caused the first attack of pain, was, therefore, regarded as the cause of the aneurism?

An aneurism of the bones may be confounded :—1st. With an aneurism developed in the soft parts; 2. With a pulsating osseous cancer; and thirdly, with an encysted tumour developed in the osseous tissue.

Aneurisms of bones present such a resemblance in their symptoms with those of the soft parts, that the two affections must have been often confounded together; it may even be said that this mistake was inevitable, before we had acquired the information we now possess respecting osseous aneurisms; thus, in the first cases published, those of Pearson, Scarpa, and Lallemand, the existence of aneurisms affecting the articular arteries of the knee, or of the anterior tibial artery was supposed, and the real nature of the disease was only ascertained by the autopsy. It is, nevertheless, generally easy to distinguish the two affections that have been just mentioned by means of the following characters :—the osseous aneurism forms part, so to say, of a subjacent bone; on the surface of the tumour, or at least at its base, there is found an osseous lamella, which gives a sensation of crepitus when pressed by the hand; after the reduction of the tumour, the bone beneath may be ascertained to have suffered a loss of substance Aneurisms not connected with the osseous tissue are generally mobile, or slightly united with the neighbouring bone, so that they may be caused to undergo a kind of displacement; by auscultation

besides, a kind of souffle is discovered in them, which does not exist in the first.

The difficulty is greater in diagnosing an osseous aneurism from a pulsating cancer of bone. We find, in fact, a number of symptoms common to both affections; both are intimately united to a subjacent bone; both may cause the bone to undergo a loss of substance; in both cases a lamella of bone may be discovered, yielding a sensation of crepitus; and both also present an extensive pulsation and fluctuation. In vain shall we seek in the lancinating pains for a differential sign between the two affections; we know now, in fact, that these pains, hitherto considered as an almost pathognomonic symptom of cancerous diseases, are sometimes wanting in such cases, and are sometimes met with in tumours which are not malignant. The signs which may aid in solving this difficult problem are the following:—1. The osseous aneurisms—and I am now speaking only of the incomplicated form—disappears completely, or almost completely, on continued pressure, whilst an encephaloid tumour shrinks a little under pressure, from the expulsion of the blood contained in the numerous vessels which traverse it, but there always remains a mass of cancerous tissue, which cannot disappear; 2. Cancerous tumours of bones which are accompanied by pulsation, generally present the bruit de souffle, whilst, as we have already said, this souffle has not been discovered in osseous aneurisms.

From what we have just remarked, it will be easily understood that it must be impossible to recognise the combination of the two affections—that is to say, of the osseous aneurism and of cancer, but, fortunately, this imperfection of our art is practically unimportant, for when there is a cancerous degenerescence, the disease furnishes all the therapeutic indications.

With regard to encysted tumours, they can only be confounded with an osseous aneurism while still covered with a shell firm enough to prevent the pulsations being discovered; but we ought to state that this difficulty does not appear to have occurred hitherto to observers; it will, besides, be easily perceived that the ulterior development of the aneurismal sac will soon dissipate all doubts.

An aneurism of bones is always a serious malady; for if its progress be not arrested by appropriate treatment, it destroys the osseous tissue, and soon renders the limb useless on which it is seated; on the other hand, it cannot be cured without an operation, as we shall soon show, and this operation is always dangerous. It should further be added, that the small number of cases which we possess includes several relapses, even after the complete ablation of the tumour. These reasons are certainly more than sufficient to justify the judgment we have formed as to the serious character of this disease. Is it requisite to add that its danger will be proportionate to its nearness or distance from the body, and to the amount of destruction of the osseous tissue that has taken place?

The details which we have given respecting its pathological anatomy will readily show that the different topical applications made to the tumour will be useless in effecting a cure. It is requisite to have recourse to an operation. The operations that have been proposed for the cure of this disease are:—1. Resection, practised on the diseased portion of bone only; 2. Amputation; and thirdly, the ligature of the artery, the branches of which supply the tumour with blood.

1. *Resection.*—When we study with care, says M. Roux, the best authenticated cases of the bloody fungous tumours of bones, the history of which is detailed in the annals of science, we see that there are very few in which the ablation of the tumour itself could be practised without great risk, and with some hope of success; it is only on the head, and on some parts of the body, that such a proceeding should be had recourse to. The author then relates the very curious case of a patient on whom a Geneva surgeon practised the ablation of a part of the parietes of the cranium, which was affected with aneurism. The patient died a few days afterwards. It is the only case on record of resection limited to the diseased part of the bone.

2. *Amputation.*—Amputation, on the contrary, has been performed several times when the tumour is situated on one of the limbs. It is, perhaps, the only proper operation where the destruction of the osseous tissue has been carried to a certain extent, as, for example, in the case recorded by Scarpa, where the articular extremity of the tibia was completely separated from the diaphysis.

3. *Ligature.*—The analogy which exists between osseous aneurisms and aneurisms properly so called, suggested to Dupuytren the happy idea of applying to the first the treatment applicable to the second, that is to say, the ligature. That operation was first performed by him for this disease in 1819, and afterwards, in 1826, M. Lallemand also had recourse to it. M. Roux has just published two additional cases, and I had occasion, about three months since, to tie the crural artery in a young man, of whom I have spoken several times already in this memoir

The patient operated on by Dupuytren, was presented as cured; nevertheless it is stated in the details of the case that, when he left the hospital, the tumefaction remained, but the pulsations had ceased. The author adds that, a long while after the first operation, the tumour became of a considerable size, and required amputation, which was performed in 1826, more than six years, consequently, after the ligature of the femoral artery. It is to be regretted that it is not stated whether the tumour which existed, when the man left the hospital, had entirely disappeared, and the period of the occurrence of the relapse should also have been indicated in a less vague manner. We know, however, what reliance to place on the duration of this cure, which was only temporary.

In M. Lallemand's case, a cure was also effected, says the author; but we must express the same regret as when speaking of Dupuytren's patient; in fact, it would be advisable in such important cases, that the surgeon should not confine himself to merely affirming that a cure had been effected. It should be stated whether the tumour had disappeared completely or incompletely; whether the osseous tissue, which had been thrown back (refoulé) excentrically by the aneurismal tumour, had gradually resumed its former position; whether the loss of substance which the tibia had undergone, had been replaced by new osseous productions; whether the limb had recovered its normal movements completely; and finally, what lapse of time had been required to effect all these changes. In one of the two cases published by M. Roux, we see that that surgeon tied the brachial artery for a pulsating tumour at the inferior extremity of the radius; but the progress of the disease was arrested for a few weeks only, and amputation was subsequently performed. In this case the failure may be readily explained, for this osseous aneurism was complicated with cancerous degeneration. In his second operation, M. Roux was more fortunate; immediately after the ligature of the crural artery, the tumour, which was seated in the upper extremity of the tibia, shrunk, and lost its pulsations. During the following days, no dangerous symptoms presented; the tumefaction continued to decrease, and five months after operation the patient's condition was most satisfactory. M. Roux states in his memoir that, when the patient left Paris, there remained very little trace, not of the disease of the bone, but of the change of volume and form that the tibia had undergone in its upper part from the effects of the disease; where the disease had existed, the bone appeared rather irregular; it was still rather larger than in its natural state, but no point of its surface was soft, or depressible by the finger; there was not a shadow of pulsation, and everywhere it presented its normal hardness; if it differed, on inspection, from the other tibia, it was but in a very slight degree. The knee, however, was still rather stiff, &c.

With regard to the patient on whom, three months since, I tied the crural artery for a similar disease, the following was the result. As in M. Roux's case, the tumour shrunk immediately, and the pulsations disappeared. No more pain was experienced, but, towards the eighth day, the pulsations reappeared; they then gradually diminished, and ceased completely for about a month. They have since reappeared, and the tumour, which is rather smaller than at the time of the operation, has remained stationary for several weeks; it presents a fluctuation, but is not the seat of any pain.

Other examples will be found in works of ligature having been applied for pulsating tumours, which were supposed to be osseous aneurisms; but the progress of the disease or pathological anatomy having shown that these were cases of cancerous tumours, I do not deem it necessary to allude further to these operations.

En resumé, out of four cases in which a ligature was applied for osseous aneurisms, not complicated with cancer, we have three recoveries, one of them being merely temporary. With regard to the fourth, I think it should be reckoned among the failures.

These results, although not quite satisfactory, should induce surgeons to apply a ligature to the principal artery of the limb, before having recourse to amputation for this disease.

M. Roux, who admits that these tumours are composed of erectile tissue, endeavours to explain how the ligature of the principal artery of the limb, which fails so frequently when applied for erectile tumours developed in the soft parts, succeeds in cases of pulsating tumours of bones. He applies to bones the very ingenious explanation which he has given of the success observed after ligature of the carotid, for erectile tumours of the orbit. Thus, according to M. Roux, the nutritious arteries of a bone form an independent system, presenting scarcely any anastomoses with the circulatory apparatus of the neighbouring parts, so that it is more easy completely to interrupt the course of the blood in tumours originating in the osseous tissue, than in those of the soft parts. This explanation is based on the anatomical datum that osseous aneurisms are composed of erectile tissue; but we have seen that the existence of this tissue can be admitted only in the commencement of the disease. We believe that afterwards matters go on as in aneurisms properly so called, that is to say, that the blood is coagulated in the aneurismal sac; that the vessels which open into it are obliterated to a certain extent; that the coagula become absorbed, and that the sac gradually contracts on itself, in the same manner that the orbit is seen gradually to contract, after the extirpation of the eyeball.

This contraction must, of course, be much more slowly effected that when it occurs in an aneurism developed in soft parts, for the osseous case cannot contract as quickly as a sac formed by the coats of the artery and the cellular tissue.

Is it necessary to state that the chances of success will be the greater, the earlier the operation is performed, the smaller the size of the aneurism, and the less considerable the loss of substance experienced by the bone?

We may add, in conclusion, that if the pulsations reappear after the ligature, the example of Dupuytren may be followed, and a compressor applied on the principal artery of the limb, immediately above the tumour, the sac itself compressed, and cold and astringent applications made at the same time on its surface.

England.

[The following are the only articles of interest to the profession in the last No. of the *Lancet.*]

Myotomy and Tenotomy.—Mr. Bishop states that, on a careful and rigid examination of the subject of myotomy and tenotomy, it appears that these operations cannot, in the majority of cases, be deemed expedient for the purpose of curing deformities, as nothing can be obtained from them which may not be effected by other and less objectionable means. The excepted cases, if any really exist, are strabismus, and other analogous affections; but even these are to be regarded with great suspicion. The best surgeons of the French school have already decided against the practice, and few of the most eminent English surgeons adopt this empirical plan of mutilating the body.

Mercury in Syphilis.—Mr. Acton in the present communication alludes to the occurrence of mercurial erythism, the description of which he quotes from Pearson's works, and adds, that this disease is no longer met with. In the latter statement we differ with him; cases of mercurial erythism are certainly less frequently seen than formerly, but are still occasionally encountered. The diminished frequency of the disease is owing to the fact, that the exhibition of mercury is made

with more care and knowledge than it used to be. Another form of disease, occasionally attendant on the combined effects of syphilis and mercury, appears to be a state which M. Ricord has called syphilitic chlorosis: he has lately found that in the syphilitic diathesis there is an invariable alteration of the blood, and this consists in diminution of the number of the red globules in various proportions, amounting, in some cases, to the same extent as in anemia; there is the same depression of the circulation, and the dull eye and dirty complexion show that the blood no longer possesses its healthy properties; Dr. M'Carthy states that there is the same morbid sound accompanying the first sound of the heart, heard in the carotids in anemia. Mr. Acton in such cases is averse to the omission of the mercury, by which, he thinks, the efficient disease in the production of the anemia, will be left to pursue its career unchecked, for he regards the syphilitic virus as the principal cause of the morbid alteration in the state of the blood. In such cases he combines iron with the mercury, and he says, the result is at once often apparent; the iron acts in improving the general health, and the mercury acts equally well in curing the syphilitic diathesis. If the chlorosis, however, come on during salivation, then, in Mr. Acton's opinion, the mineral may be safely omitted. Of all the preparations of iron, he prefers the tincture of the sesquichloride, given two or three times a-day, in infusion of quassia, iu the doses of twenty or thirty drops; under it the system rallies, the hectic flush disappears, the colour returns to the cheeks, and the patient regains his usual appearance; when he may resume the use of mercury or not, as the symptoms may point out. Together with this, the diet should be generous; change of scene is often advisable, and great good is derived from being much in the open air, and enjoying regular exercise. Mr. Acton, in concluding, alludes to a condition of the mucous membrane of the mouth, which he has more than once seen attributed to salivation, whereas it depends upon the existence of mucous tubercles, or *papules muqueuses* of the French, or condylomata. This variety of the disease is curable by mercury.

Disease of the Mitral Valve.—Dr. Furnivall relates at great length the case of a gentleman, sixty years of age, who had suffered from repeated and severe attacks of rheumatism, in which the chest had participated, but not, he says, in the form of endocarditis or pericarditis. There was a great tendency to syncope, with hypertrophic impulse of the left ventricle of the heart at other times; but no tumultuous action, such as exists in endocarditis, nor any of the diagnostic symptoms of pericarditis. In the third attack of rheumatism, he complained of tightness at the præcordia, and undue action of the heart, from which, however, he recovered, there remaining only a great tendency of the organ to undue action on excitement. During the few months succeeding the last rheumatic attack, he was subject to repeated colds mixed up with rheumatic pains, and ultimately put himself under Dr. Furnivall's care. His state was as follows:—Face livid and puffy in parts; no remarkable fulness of jugular veins; sleeplessness for many weeks; on going to bed, up two flights of stairs, he always suffered more or less dyspnœa; no pain, but tightness in the præcordia; the heart full of blood, and labouring under its load; instead of the first sound, a puff or blowing sound heard below, and to the right of the nipple, midway between it and the sternum, very distinct; yet not heard at the base of the heart—that is, at mid-sternum, and on a line with the lower margin of the third left cartilage and rib. This murmur was also heard subsequently in the back, near the lower angle of the left scapula; the sounds at the base were normal, and not at all changed. The pulse small, quick, feeble, unequal, but not intermitting, synchronous in both wrists, and with the heart; the right ventricle acting feebly, and seemingly rather dilated; right auricle also dilated; no pulmonic râles, but Dr. Furnivall thought the respiratory murmur in lower pulmonic lobes less free than usual; distressing dry cough; orthopnœa, and waking in a fright, as if after a nightmare. This last feeling shortened sleep, so that he never obtained more than an hour and a-half's sleep before he was thus distressingly awakened; great languor and death-like syncope occasionally, at which times the cutaneous surface became of a dark, cadaverous yellow; the feet, hands, and skin always cold; urine scanty, and loaded with the lithates; ancles œdematous, but no ascites could be traced; bowels confined, and much flatulence at stomach; paroxysms like those of hysteria; every exertion exacerbated the symptoms. Dr. Furnivall regarded the case as one of regurgitation through the mitral valve, with a want of propelling power in the right ventricle. The indications were to increase the propelling power of this ventricle and auricle; to prevent as much as possible the right cavities from being over-distended; and to overcome the delay which must take place in the pulmonary circulation from the mechanical obstacle in the left ventricle; to lighten the labour of the left ventricle, by gradually lessening the mass of blood which must pass through the cardiac cavities; and, at the same time, to prevent the bad consequences from the congestion, by exciting the action of the hepatic, urinary, and cutaneous organs. To have detracted blood by the arm to any considerable amount—to have exhibited digitalis or sharp hydragogues—would have caused a fatal syncope. In most cases of patulous or obstructed mitral valve, digitalis is a most potent remedy; but then, such cases are generally accompanied by hypertrophy of the right ventricle, with much action in the heart. Here, the heart's action seemed as if about to stop many times in the day; and the coldness of the surface, the pulse, the extreme languor, all proclaimed debility, local and general. Still the congestion of the right cavities was so urgent, that Dr. Furnivall was obliged to order one cupping on the sternum; and although this loss of blood caused a temporary increase of the weakness, yet the dyspnœa was a little relieved by it. A combination of blue pill, and compound squill, and soap-and-opium pill, was ordered night and morning; gentle diuretics and tonics, with occasional purgatives; which last brought away motions, at first clayey and light-coloured, indicating that the liver had suffered from the heart-affection: dark motions followed. The pills relieved the cough considerably, and enabled him to enjoy a little more sleep than before. Gin and water, or brandy and water, was allowed, to prevent or shorten the paroxysmal attacks of syncope; also foot-baths of mustard and hot water were ordered. His bed was brought down to the basement floor, so that he had no stairs to ascend; and, to maintain his body in a semi-erect position, he slept on a raised pillow. Under this treatment, the patient was enabled to sleep for some hours, without awaking *en sursaut;* the languor and coldness of the surface diminished; the systolic bruit de soufflet did not take the place of the whole normal sound completely, but only of the first half, and the pulse was rather fuller. Occasional improvement, with occasional relapses, marked the progress of the case; anasarca and increased difficulty of breathing, with sudden waking in a fright, afterwards occurred; the right ventricle was again distended, and there was evidently congestion in the lungs. Under these circumstances digitalis was administered in ten minim doses, with marked benefit. Diuretic pills were exhibited at the same time. The patient then improved so far as to be able to go out, and use some exertion, which, however, brought on a relapse. Dr. Furnivall again had recourse to the exhibition of digitalis, and with apparently equal relief. The next time he saw his patient, a few months after the last attack, he was in *articulo mortis*, and died in a few hours. The post-mortem examination showed that the heart was at least twice as large as it should be, and weighed one pound six ounces; the right ventricle was a little enlarged, but not so much as might have been expected, from the continuance of the disease; the tricuspid valve was of about the normal size; its opening admitted three fingers, which is the approximative measurement laid down by Sir Charles Bell and some others; the left ventricle was both hypertrophied and dilated, its parietes about three-quarters of an inch thick; the dilatation was proportionally much greater than the hypertrophy. The mitral valve had no deposit upon any part of it, and looked healthy, excepting that the columnæ carneæ were hypertrophied, particularly those in the aortic division of the ventricle; the aperture of the valve would admit rather more than the first two fingers, and under distention the opening would become much larger. The normal size of this opening admits of two fingers only; on careful examination, it became evident that this valve could not duly close the opening, but that at certain times a very considerable portion of it remained unclosed, and that this would happen whenever the ventricle was much dilated or distended, or whenever its walls were in a temporary state of weakness; the left auricle was rather large, but not unhealthy; the right lobe of the liver was congested and morbidly hard, but chiefly in the fore part. Other parts examined were healthy. In some remarks appended to the case, Dr. Furnivall observes that the distinctive physical sign of a patulous mitral valve is an abnormal murmur, generally of a blowing character, heard with the systolic or first sound of the heart, low down, below the line level with the nipple, and between the nipple and the left edge of the sternum. In most cases, the systolic murmur is also heard in the back, to the left of the spine, about the sixth or seventh dorsal vertebra, and near the angle of the left scapula; and this last site of murmur is very diagnostic. The murmur is also sometimes heard in the axilla; yet at the base of the heart the murmur is either indistinct, or not to be heard at all, the two natural sounds being distinct and clear. This murmur may mask, or take the place of the whole of the first sound, or of only a portion of it. The systolic murmur, which may most readily be mistaken for this one proceeding from the mitral valve, is caused by some obstruction to the blood issuing from the left ventricle; and the disorder occasioning this last sound is called obstructive disease of the aortic valves. The distinction between the two is founded on the fact, that in the mitral-valve disease there is no propagation of the murmur up the aorta, and into the neck, which is observed in aortic disease; while, on the other hand, in this last disease there will be no abnormal murmur at the heart's apex. But there are yet other sources of a systolic murmur; it may arise in a fit of hysteria. Here no mistake is probable; for as the murmur arose with the paroxysm, so it will usually cease with it, or very soon afterwards. It is a not unfrequent accompaniment of chlorosis and anemia. Here the history makes manifest the cause, and in the same case various murmurs will be heard in many of the superficial arteries of the neck, and even limbs. In the neck, over the carotid artery, there is not only the bellows' murmur (and this alone is distinctive), but also a humming sound, which has been described to be like that sound which reaches the ear from a marine shell. This sound is said to proceed from the jugular vein; it may be intercepted by pressing the finger firmly on the part of the vein above the stethoscope. If the instrument be pressed too forcibly on the vein, the sound is not heard at all. There is a systolic murmur from deformity of the chest so displacing and pushing about the heart, as to cause the first sound to become almost abnormal in character—quite a whiz, as a late writer expresses it. This whiz is produced by mechanical impediment, but the impediment is without the heart, and not within it. Here the deformity, which is visible to the eye, reveals the mode of formation of the murmur. It has been said that the natural murmur of respiration may closely resemble this murmur, which is of a blowing character, not unlike that of the breathing; but this source of fallacy will never perplex the auscultator who causes his patient to hold his breath for a few seconds; and this precaution is invariably taken by every well-informed auscultator. Finally, it has been lately said by Dr. Latham, and before him by Dr. Zehetmayer, that tuberculosis may cause a systolic murmur, and the corroboration of an interesting fact thus afforded by two practical men of professional eminence, living in different countries, must be calculated to fix the attention of the medical profession on this hitherto unnoticed symptom. Dr. Zehetmayer, who published in 1844, states that the first sound in the pulmonary artery is at times accompanied by a murmur, if there be an insufficiency of the mitral valve (Skoda), and it must take its origin from a loosening or softening of the internal coat of the

vessel. He has repeatedly heard in phthisical persons, in the second intercostal space, decided bellows' murmur, instead of the first sound of the pulmonary artery, and in a place where one could not doubt that tuberculous infiltration was present. No anomaly in the vessel could be detected by post-mortem examination. Dr. Latham writes thus, at page 66 of his late excellent volume on Clinical Medicine :—"Fancy a line drawn from the left side of the sternum along the upper edge of the second costal cartilage, and continued an inch along the second rib; and another line drawn from the sternum along the lower edge of the third costal cartilage, and continued an inch along the third rib. Between these two lines a space is included, in the whole or part of which a murmur is often audible, coincident with the systole of the heart, when no such murmur can be perceived either in the precordial region, or in the course of the aorta, or in the carotids, or in any part of the arterial system; but here, and here only. It is a gentle bellows' murmur, quite obvious to the ear, and unmistakeable in its character. Of such a murmur, often audible in this situation exclusively, I am certain as a matter of fact, and certain, too, of its very remarkable accompaniment. I have witnessed it either in those who were undeniably consumptive, or in those who were too justly suspected of being so. I cannot say in what proportion of the phthisical it occurs; but I am continually meeting with it. Yet my knowledge goes no further than the living symptom. I have gained no explanation of it by dissection; I have only a clinical experience of the matter. But there is a practical usefulness in the mere experience of coincident facts, though their pathological relation be not understood. Thus, where, from my direct examination of the lungs I cannot get beyond a suspicion of tubercular disease, the murmur in the space indicated must always contribute to confirm it. Supposing the pulmonary artery, in its first division, to be the seat of the murmur, does it become such in consequence of its own disease, or by reason of pressure or impediment reaching it from diseased lung?" The observations of these two gentlemen cannot but prove highly interesting, if not, also, very valuable to the practitioner, on many occasions of doubt and difficulty.

Ovarian Dropsy.—Dr. Cattell describes briefly a case of ovarian dropsy, in which considerable diminution in the size of the swelling was obtained by the plan of treatment he adopted. The active part of the medication he considers to be, the use of vapour-baths and abstinence from drinks; the adjuvants being calomel and opium, tartarized antimony, and sometimes a little powdered digitalis. To use an old saying, we think Dr. Cattell has put the cart before the horse.

Fracture of the Base of the Skull.—Mr. Wolff narrates a case of recovery from injury of the head, presumed to be fracture at the base of the cranium, from the occurrence and persistence of hemorrhage from the ear, followed by a discharge of serum from the same part, and partial paralysis of the same side of the face, which latter symptom persisted after recovery had taken place.

Scarlatina.—Dr. Duncome, of the Bahamas, narrates a case of scarlatina anginosa, in which, on circumstantial evidence, the disease was presumed to have been latent for eleven weeks.

[The following are the only articles of interest to the profession in the last number of the *Medical Gazette*.]

Dystocia from Malformation of the Os Uteri and Vagina.—Mr. G. Millett Davies describes the case of a young woman, admitted into the lying-in ward of the Liverpool workhouse, in labour with her first child. When he saw her the pains were strong, frequent, and regular, and of a bearing down character; the vagina was found to be unusually short, not more than two and a-half inches in length; every portion of it could be distinctly felt. A firm longitudinal band extended along the posterior wall, as though the vagina were puckered longitudinally, while, above, the vagina terminated abruptly in a pouch; the finger was passed over every portion in succession, and the pouch found perfect in every part; at the upper part of the vagina, a little anterior to the usual situation of the os uteri, an ill-defined crescentic margin was perceived terminating gradually behind in the parietes of the vagina. Immediately posterior to this margin the parietes of the uterus and vagina appeared thinner to the touch than in any other position; a small quantity of a dirty-coloured fluid flowed at intervals from the upper part of the vagina; no os uteri was felt; the head of the child was pressing down upon the vagina, and descended slightly with each pain; the rami of the pubic arch were more nearly approximated than usual, but not to such an extent as to cause serious deformity; the bladder and rectum had been freely evacuated. Mr. Davies was of opinion that the obstruction to labour consisted, not in occlusion, but in an imperfect condition of the os uteri, inasmuch as it was quite certain that liquor amnii had escaped; that the crescentic margin was the anterior lip of the os uteri, and that an opening rendered indistinguishable to the touch from its being valvular, existed behind this margin. It was therefore deemed necessary to make an incision in this position, and, before proceeding to do so, forty minims of laudanum were administered with a view of diminishing the severity of the pains, which, however, it did not in the least control. Before proceeding to make an incision, another very careful examination was instituted, and now, during a pain, he distinctly felt an aperture large enough to admit a crow's quill in the position indicated as having felt thinner than any other part, immediately behind the crescentic margin; the opening could scarcely be perceived during the intervals between the pains; there were no lips, no elevation of margin. At this time the upper part of the vagina was not more than two inches from the vulva, and on placing the patient on her back, separating the thighs, and opening the vagina with the fingers, this small aperture was seen perfectly, having the appearance of a circular hole made by a punch, barely large enough to admit a director of common size, and through it the hairy scalp of the child was perceived. A director, bent at an obtuse angle three quarters of an inch from the point, was introduced into the cavity of the uterus through this defective os uteri, and passed directly backwards, in which direction an incision nearly an inch in length was made with a probe-pointed bistoury, guarded by means of a little adhesive plaster to within an inch of the point: a catheter having been previously introduced into the urethra, the cutting edge of the bistoury was turned directly forwards, and an incision made to the extent of a quarter of an inch. The structure divided was of a firm texture, a quarter of an inch in thickness; not a teaspoonful of blood flowed, and the patient did not complain of pain. There were no bands on the sides which appeared to require division, and it was therefore thought advisable to wait and see the result of a few pains. Half-past-five, p. m., about three hours after the operation, the pains continued strong, the os uteri was dilated to a size considerably larger than a crown piece, the margin thin and of a natural feel; the posterior band, however, was still firm and resisting; the patient was cheerful, and the pulse tranquil. As great progress had been made, it was resolved to wait for a few hours. At eleven, p. m., the patient was becoming exhausted; the skin frequently bedewed with a cold clammy sweat; the countenance anxious; the pulse 130, and small; the pains were very powerful, and recurred every five minutes; the vagina turgid from venous congestion, dry and hot; the head was low down in the cavity of the pelvis, the swollen scalp in the form of a cone pressing through the os uteri; the os uteri was much more dilated than at half-past-five, p. m., but six distinct, firm, and unyielding bands were observed taking a short course from the vagina to the os uteri, as if formed by puckering of the vagina, one on each side of the urethra, two laterally and two posteriorly much stronger than the others; the bands became very tense during a pain. It was considered necessary to divide these bands, and this was done immediately with a bistoury guarded as before, an incision being made through each; a little additional room was thereby obtained, but still the head did not make progress during the very powerful pains, being obstructed partly by the approximation of the rami of the pubes, chiefly by the malformation of the soft parts. Dreading, then, rupture of the uterus with escape of the child into the abdominal cavity on the one hand, and extensive lacerations of the cervix uteri and vagina on the other, the patient moreover being much exhausted, having an anxious countenance, the skin bedewed with cold clammy sweat, and the pulse 130, and small, it was decided to open the cranium of the fœtus, and to endeavour to deliver the woman at once. The operation was accordingly performed, and successfully. The woman had not a bad symptom afterwards, and left the hospital in four weeks after. Previously to her leaving, Mr. Davies made an examination as to the condition of the vagina and os uteri. An inch within the vagina a distinct and firmly resisting ring was observed, and within this the os uteri flattened, and not protruding into the vagina, and of an irregular form; from the left margin of the os uteri, extending between it and the ring, was a firm, thickened band, resembling somewhat the contracted cicatrix of a burn, and a second band took its course along the posterior wall of the vagina.

Application of Galvanism during Labour.—Mr. Dorrington, in the *Provincial Medical and Surgical Journal*, narrates the case of a woman in labour at the seventh month, with twins. The first child, which was a boy, and presented with the head, was born alive four hours and a-half after the beginning of labour. For an hour afterwards there were no labour-pains; they then came on, but were extremely feeble and infrequent. Under these circumstances, Mr. Dorrington saw her, and, thinking it a good opportunity to test the value of the galvanic apparatus in renewing uterine action, determined to apply it. The effect was immediate; strong labour-pains coming on, and continuing whilst the galvanic circle was complete The woman cried out that she had pain similar to what she supposed might be produced by "forks being thrust into her belly." On examining, per vaginam, the membranes were found to be tense and protruding into the passage, and the os uteri was fully dilated. After the galvanic circle was broken, and the intervallic contraction thereby induced had gone off, it was remarkable to observe that so great a degree of tonic uterine action existed, that the amniotic bag could no longer collapse, but remained tense in the vagina, as it does at the height of a pain in normal labour. In the course of about half an hour the intervallic uterine action was so completely excited that the galvanism was suspended; and during a pain Dr. Radford ruptured the membranes, when the foot was found presenting. Mr. Dorrington then took charge of the case, and in about a quarter of an hour, with the assistance of slight traction, a very small female child was born alive. A few slight galvanic shocks were applied to its chest, as the respiration was feeble, with a very good effect. The placenta, which was single, came away in about twenty minutes, with less discharge than is usual in twin cases. The mother recovered well and rapidly; but the second child, which was extremely puny at birth, died of convulsions in four or five days. Mr. Dorrington remarks, respecting the use of galvanism in such cases as that under notice, that it answered perfectly, but he would not have recourse to it in such cases till he had tried milder methods, because it is unquestionably very disagreeable and painful to the patient. He is of opinion that, under most circumstances, the ergot should be tried in uterine inertia in preference to galvanism, but where the os uteri and soft parts are rigid, or where the circulation in the child is feeble, as indicated by auscultation, the latter is to be preferred: and for this reason, that its effects can be perfectly regulated whilst those of the ergot cannot. Of course, in many cases, abdominal frictions and pressure, and the artificial rupture of the membranes, where the os uteri is in a state to justify it, are sufficient to induce uterine action, without the use either of ergot or galvanism. In another case, one of contraction at the outlet of the pelvis, Mr. Dorrington had recourse to the galvanic action to induce premature labour at the eighth month, after having failed with the sponge tent The uterus hardened under the application, and the patient felt labour-pains, but this lasted only whils the galvanic currents and shocks were given. I about eight hours and a half after the use of thi agent, the membranes ruptured, little or no dilatation of the os uteri having occurred. About forty

eight hours after the application of the galvanism Mr. Dorrington made a vaginal examination, but there was no dilatation of the os uteri. On making an abdominal exploration he discovered the head of the child at the fundus uteri. In about three hours afterwards labour came on, and the child presented with the breech. The case went on well so far as regards the action of the uterus, but the child was born dead after a labour of about nine hours' duration. He examined the infant, and found the face purple from congestion, and the nates and scrotum much ecchymosed. The placenta came away in an hour after the birth of the child. The woman suffered from a severe attack of menorrhagia about twelve days after the birth of the child, which yielded to ordinary treatment, and the use of the plug. Mr. Dorrington concludes that the induction of labour by means of galvanism, in this case at least, was a failure, inasmuch as, had not the tonic contraction it induced been powerful enough to rupture the membranes, labour could not have taken place. The galvanism failed, too, in the object for which it was chosen, viz., the induction of labour so gradually and in so similar a manner to that in which it comes on spontaneously, that the membranes might remain unruptured until full, or, at any rate considerable, dilatation of the os uteri had taken place. It must be admitted that the ordinary method of bringing on premature labour by rupturing the membranes is open to objection, on the score of the difficulties which an early discharge of the liquor amnii may cause if the presentation is preternatural; and that such is more likely to be the case in a premature than in an ordinary labour, Dr. Merriman has satisfactorily shown. The use of the sponge tent and galvanism were both supposed by Dr. Radford and Mr. Dorrington to offer the chance of avoiding the accident above alluded to, but so far as this case is concerned their expectations were not fulfilled. If further experience should afford more satisfactory results in this particular, galvanism will have a decided advantage in these cases over the old method; but should it not do so, Mr. Dorrington says he would far prefer the artificial rupture of the membranes, both on account of its greater simplicity and its perfect freedom from pain or distress to the patient. Mr. Dorrington thus sums up his opinions of the value of galvanism in exciting uterine action, and describes the cases in which it is applicable. Of course, after so few trials as have yet been made with galvanism in the practice of midwifery, it is very difficult to form an opinion as to its exact value, and the particular cases in which it is likely to supersede means that have been previously adopted. That it is a very powerful remedy there can be no doubt in the minds of those who have seen it tried; and that the uterus will respond to its application, whilst the general system is completely prostrated, is equally certain. This latter circumstance is one of its peculiar merits, as there is no other means by which uterine contraction can be excited, that is not liable to fail when severe hemorrhage has weakened the vital powers. But the pain and disagreeable sensations produced by the galvanic shocks and currents when passed through the uterus, are such as one would not wish to subject a patient to unnecessarily, and this is one of its disadvantages. For this reason he thinks that we are bound to try other means before having recourse to it, excepting such circumstances exist as render it hazardous to the mother or child to lose any time. Thus, supposing a case of uterine inertia, frictions, pressure, and cold to the abdomem, rupturing the membranes if justifiable, and even the ergot should be used, in most cases before having recourse to galvanism. But if the case should be one of uterine inertia, complicated with funis presentation, the funis pulsating well, and the passages in a favourable state, a case by no means uncommon, no time should be lost in applying galvanism, inasmuch as the only chance for the child consists in a rapid delivery, which indeed might still require the forceps for its accomplishment. Mr. Dorrington believes it to be a perfectly safe remedy, since he has never seen anything to lead him to suppose that either the mother or child have suffered from its use. From the little he has seen, his opinion is that it is a most valuable means in that class of cases for which Dr. Radford first recommended it, viz., uterine hæmorrhage before, during, and after, labour in the latter months of pregnancy; and it must always be remembered that its application need not, in any way, lead the surgeon to neglect the ordinary methods of treating these cases, if there is any reason for giving them a previous trial. Of course from this statement must be excepted the old plan of delivering the child where great exhaustion of the mother is present, to supersede which practice galvanism was specially brought forward.

Scirrhus of the Cervix Uteri.—Mr. Turton read a paper on this disease at a meeting of the Sheffield Medical Society. His object was to point out the distinction between scirrhous induration, and the hardness which frequently results from inflammation of the neck of the uterus. In its incipient stage the former disease is sometimes mistaken for the latter; whilst simple induration, on the other hand, is perhaps as frequently regarded as true scirrhus. He strongly insisted on the importance of distinguishing between the two, inasmuch as one is a mere local affection, and may be cured by the adoption of appropriate treatment; the other is a constitutional disease, and only admits of palliation. After noticing the symptoms which are common to the two affections, Mr. Turton adverted to the period of life at which they respectively appear—scirrhus being most common at about the middle period of life, or a little later, when the uterus has ceased to perform its functions, whilst simple induration occurs at any time. He also alluded to the differences which are perceived on a tactual examination. In the case of scirrhus, in its incipient stage, a single circumscribed tumour may generally be felt, which possesses only a small amount of sensibility; subsequently it becomes lobulated, and often extremely sensitive. In simple induration the hardness is more generally diffused, the surface uniform, and the sensibility in the earlier stages more acute. The different appearances observed by an examination with the speculum were also pointed out, as well as the difference in the constitutional symptoms by which the two diseases are accompanied. In the treatment of scirrhus, Mr. Turton regards the iodide of potassium as deserving more confidence than any other remedy.

Aneurism of the Ascending Aorta.—At a meeting of the Birmingham Pathological Society, Dr. Fletcher presented a specimen of aneurism of the ascending aorta, which had projected externally by ulceration through the superior bone of the sternum, and burst externally, when the patient died of hemorrhage. It had been of some standing, and the patient suffered so little inconvenience, that he was anxious to go to work a few days before his death. The heart was generally much enlarged, and the pericardium adherent throughout; the parietes were thickened, and the cavities enlarged but healthy; the valves were healthy. The aneurism projected from the anterior part of the ascending aorta, and was capable of containing a large orange, and had forced its way by ulceration through the superior bone of the sternum; it contained numerous layers of lymph, which were situated on the distal side of the cavity. There were extensive patches of ossification in the superior part of the arch of the aorta, by which the origin of the left carotid artery was nearly blocked up, and the course of the aorta much contracted.

Poisoning by the Muriate of Barytes.—Dr. Ferguson describes, in the *Dublin Quarterly Journal of Medical Science*, the case of a young lady, to whom he administered the muriate of barytes internally, in the dose of one-twelfth of a grain three times a-day, on account of an unhealthy ulcer on the sternum. She was a private patient in the wards of Sir P. Dun's hospital, and remained under care for a short time afterwards, when she left the institution, but returned in a week's time, presenting the following symptoms:—She was so weak as to require to be carried up stairs; the respiration hurried, irregular, and difficult, interrupted by deep sighs; pulse 140, irregular, difficult to count from its weakness and diffluent character; constant cough, without expectoration; countenance anxious and greatly altered in its expression, indicative of external alarm and uneasiness; cheeks flushed; tongue red and glazed, like a piece of raw meat pounded; tenderness on pressure, and a burning sensation complained of in the epigastric region; nausea; constipation; slight cramps in the lower extremities; complete anorexia; constant thirst for cold drinks; extreme weakness, being scarcely able to raise her head; greatly emaciated since leaving the hospital; some difficulty in articulation; considerable dysuria. She reported that that she slept but little, and that was disturbed; great difficulty in collecting her ideas; was slow to answer questions; was slightly deaf, with tinnitus; no headache, but vertigo; checks flushed; eyes glassy and tender; vision indistinct. The ulcer had altered entirely its character; and was the size of a crown piece. The granulations, by which it was nearly filled, had entirely disappeared. The upper part of the sternum, with the sternal extremity of the second rib of right side, was exposed. They were red and glazed, entirely denuded; and both above and below their connexion, in the intercostal spaces, two circular openings were apparent, large enough to admit a pea directly into the anterior mediastinum. Through these, on coughing, matter was freely discharged from the cavity of the mediastinum. The cause of this extraordinary change appears to have been the not unfrequently entertained, but very absurd idea, that if three doses of the medicine daily would do good, five would do still more, and these she took for four successive days, taking altogether two grains and a quarter of the muriate. By appropriate treatment these formidable symptoms disappeared, and the patient became convalescent. The most marked alterations was presented by the ulcer on the sternum; comparatively healthy granulations gradually sprung up, and it was completely cicatrised, when she again left the hospital, save in one point. The principal points of interest in the above case seem to be: 1, the smallness of the dose of muriate of barytes capable of producing such alarming symptoms; 2, the evidence which the symptoms afford of the poison assailing the nervous system; 3, the remarkable changes which the ulcer presented, including the double aperture into the mediastinum; 4, the rapidity with which, directly on the subsidence of the more severe symptoms, obliteration of these openings and perfect cicatrisation of the ulcer ensued.

ORIGINAL CONTRIBUTIONS.

THE DEAF AND DUMB.

By John Harrison Curtis,
Surgeon to the Royal Dispensary for Diseases of the Ear.

The statistical accounts which have been published from time to time, by different medical writers, and by the authorities in charge of the various asylums for the reception of the deaf and dumb in this kingdom, on the continent, and on the other side of the Atlantic, clearly demonstrate the large proportion of those born deaf and dumb to the entire population. In all Europe the number, it is computed, is not less than 1 in 1,537 of the inhabitants; and of these, not more than one in twenty-four have the means of instruction. It is a melancholy fact, that, hitherto, but little attention has been paid to the medical treatment of these unfortunates. No attempt, in the majority of these cases, is made to rescue them from their fearful thraldom—to render them valuable members of society, and their existence other than a burden to themselves and their families, by means of the appliances of art. All are considered, at once, as cases of irremediable congenital deafness, dependant on some organic malformation of the internal organ of hearing; and the only object seems to be, by means of a symbolical education, to impart some degree of knowledge, by which their minds may be rescued from that state of brutism in which they would otherwise be plunged, and to enable them to hold converse among themselves, and communicate, in some measure, their wants and wishes to their friends. In not a few cases this education is all that is admissible; but I am prepared to contend, that, in many instances, the original defect may be removed, or greatly modified, by appropriate treatment, if employed early in life, but which, if a considerable period of time be unfortunately allowed to elapse ere it be em-

ployed, may be rendered by that very circumstance less serviceable, as the diseased condition has a tendency to become permanent by the lapse of time, &c. Still, much may be done, even in cases of long standing, by patient and persevering efforts.

Among the cases generally classed as those of congenital deaf-dumbness will not unfrequently be found instances of children, who, to all appearance, could hear well for some months after birth, but from some adventitious causes—such as dentition, measles, fever, and other infantile diseases—have become deaf, and consequently dumb. At the Royal Dispensary for Diseases of the Ear, many instances have come under my observation, of deaf and dumb children, who, their mothers have assured me, gave evident symptoms of perfect hearing previous to the attacks of disease. In these cases it must be self-evident that congenital malformation could not obtain, and yet these are numbered with the others in which the internal ear is more or less imperfect; and no effort is made by classification, and by a proper and well-regulated mode of treatment, to remove the mischief that has accrued.

Impressed with these views, I addressed a letter to the Committee of the Deaf and Dumb Asylum, January the 11th, 1817, urging the appointment of an aurist to the institution, in order that, previously to admission, all cases should be submitted to a minute examination, so that those which would offer a prospect of cure might be selected and subjected to the requisite treatment. And I was the more induced to propose this, from the knowledge that this initiatory medical treatment if unsuccessful, would in no way interfere with the progress of symbolic education, which might afterwards be adopted with equal hope of advantage; while, if success awaited the efforts of the aurist, the resulting benefits would be incalculable. For this communication I received the thanks of the committee, but no step, I believe, has hitherto been taken in consequence. I feel persuaded, however, that the time will come, when the reasonableness of such suggestions, the facility with which they may be acted upon, and the invaluable blessings which experience teaches us to hope would result from their adoption, will induce this and similar institutions to employ measures which cannot possibly be hurtful, and which hold out the fair prospect of effecting inestimable and eternal good.

These views are fully supported by Itard, of Paris, who avers that absolute deafness is comparatively rare, and that not more than one-fifth of the cases of deaf dumbness which have come before him, have presented a state of total deprivation of the sense of hearing. The plan of treatment he adopted proved successful in several cases—six, at least, of his patients being restored to hearing and speech. I need not say how gratifying such a result must have been to his feelings as a man and as a practitioner. Dr. Williams, too, on this subject, says that "a cure ought always to be attempted, and that at the earliest moment at which deafness is detected; and that children so affected should mix with others *not* deaf, and no symbolical education should take place until all chances of cure are gone."

When I was in Paris, upwards of ten years since, M. Duleau, from whom I received instructions in the art of catheterising the Eustachian tubes, showed me several cases of congenital cophosis, in which, by perseverance, he had effected a cure, and had succeeded in restoring them to society. In the deaf and dumb asylums at Berlin, Vienna, Hamburg, and Leipsic, I found children who possessed the sense of hearing to a greater or less degree; and at Berlin I explained to Dr. Böhm and M. Saegert, the director and superintendent of the asylum there, my views on this subject, in which they expressed their cordial concurrence, and promised to give them a full trial. I have not yet had an opportunity of ascertaining the result, which, however, I believe, will prove very interesting.

In making these observations, I do not wish to imply that all cases of congenital deaf dumbness admit of cure, or even of relief. The instances of cophosis, which are caused by structural defect, are evidently beyond the pale of professional assistance. In these cases, however, there is rarely, if ever, any sense of hearing perceptible; and, consequently, when the deaf and dumb can distinguish any sound, however faintly, attempts at relief should perseveringly be made. As this communication has already extended to a great length, I shall not venture to intrude further on your valuable space by the detail of cases in which I have been successful, in confirmation of these opinions. Indeed, this would be unnecessary, as the cases will be found fully detailed, together with the mode of treatment employed, in my Essay on the Deaf and Dumb, and on the Present State of Aural Surgery.

2, Soho-square, March 16, 1846.

TRANSACTIONS OF LEARNED SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

March 21st, 1846.

Dr. Sayer, President, in the Chair.

Dr. W. Merriman described a case of abscess of the brain, which he had had recently under his care. A woman, of scrofulous diathesis, aged twenty-six, was seized on January 26th with intense ear-ache, which extended over the whole right side of the head, without any alleviation from remedial means. Consciousness lasted complete until about thirty hours before her decease; but the midday preceding, she perfectly understood what Dr. Merriman said to her, put out her tongue, &c., and on the following morning she spoke to her friends; but except these occasions, she was more or less insensible; there were no appearances of convulsions or paralysis, but the jaws became fixed, so that she could scarcely open her mouth. She expired on the evening of February 18th.

On examination after death, a large abscess was found occupying the upper part of the right hemisphere, containing about two ounces of pus. This mostly escaped before removing the skull cap, being so close to the temporal bone at that point; here the dura mater was found dark coloured, and separated from the bone, the diseased part being surrounded by a deposit of coagulable lymph on both sides of the dura mater. The mastoid cells of the temporal bone were examined by Mr. Toynbee, and found carious; they were full of a dark-coloured pus, epithelial cells, &c. Several apertures existed in the lamina of bone forming the roof of these cells, which was extremely thin.

The patient had had measles when a child, suffered from discharge, at times offensive, from the ear ever since; had complained of headaches for the last year, or sixteen months, and had during that time been very forgetful, and at times giddy; she had also fallen away very much.

Dr. Merriman, taking these symptoms into account, as also the connexion so frequently found between the abscess within the cranium and carious bone at the base of the skull, was of opinion that the original disease of the ear had been communicated to the brain, causing abscess and death; and thence made some remarks upon the necessity of curing, if possible, the disease in the bones, to prevent the access of these more frightful disorders.

SURGICAL SOCIETY OF DUBLIN.

Meeting of the 7th of March.

Case of Rare Form of Intussusception.

Professor Harrison brought under the notice of the Surgical, and more recently under that of the Pathological Society, a case of intussusception, which, though it had occurred some time since, was yet, he considered, not the less interesting on that account. The case was one of a class of affections, he remarked, of which there are few examples on record, and it presented two features of interest for observation: first, the length of time which the patient had endured, having lived in extreme suffering for upwards of three months; next, as regards the form of intussusception, which, though not perfectly singular, was yet of very unusual occurrence as compared with the other varieties of the disease.

James Cleary, an industrious labouring man, living about ten miles from Dublin, came under the care of Dr. Gayson, on the 10th of June, 1844, till within six weeks of which time he had been in good health. At this period, however, he was employed one day in watching sheep, and was seized with violent spasm of the belly, principally in the course of the colon. He suffered much from this, but soon after resumed his work, and very shortly after got a return of the spasm, which compelled him to desist from further labour.

In about three weeks after he had an attack of enteritis, preceded by spasms of almost all the viscera of the abdomen; he had frequent vomiting, with spasmodic pain in the stomach, the matter ejected being principally bile; there were also violent colicky pains in the bowels. About this time he suffered from suppression of urine, and most urgent spasmodic pains in the lumbar region.

The catheter was easily introduced, but not more than a teaspoonful of clear urine flowed; the instrument was firmly held, and stopped, showing that the bladder was contracted. After the removal of the catheter, he expressed himself greatly relieved; an anodyne was administered, and in a short time he passed a large quantity of clear urine.

He continued for several days in this state of occasional severe suffering from spasm in the bowels and violent vomiting, with occasional almost perfect intermission for several hours together. Some days after he was seized with a very violent attack of pain, but, instead of vomiting, he had constant griping and tenesmus, which might be attributed to some purgative medicine; his urine now became scanty, high-coloured, and muddy; the bowels had been obstinately costive from the commencement of the illness, though alternated occasionally with an attack of griping and diarrhœa, the discharge being thin, brownish, and very fetid. He never had any regular or continued febrile symptom, the pulse not passing 72, and generally soft and full. From the commencement the treatment had been according to the symptoms: venesection, leeches, and cupping, purgatives, enemata, and opiates, warm and cold applications to the bowels, turpentine, fetid and tobacco injection, with calomel continued in small doses to salivation. Although these several means frequently relieved urgent symptoms, yet they effected no material improvement; and his strength and general health now rapidly declining, he felt anxious to be admitted to an hospital. On his admission Dr. Harrison made a careful examination of the abdomen, and detected a tumour about the size of an orange between the stomach and umbilicus, moveable and painful on pressure. The man appeared much emaciated, and presented many of the characters of a person labouring under some malignant visceral disease. The general emaciation was considerable, and the countenance had an anxious and sunken expression.

He stated that occasionally he was free from pain, and that whenever he had an evacuation of fluid or air from the bowels he felt great relief; that the desire to do so was occasionally most urgent, and the pain insupportable, until it was accomplished. Before his efforts for the purpose could succeed his sufferings were very violent, not only about the umbilicus, but all over the abdomen, and were frequently attended with vomiting of a distressing and straining kind. He sometimes felt a natural and even an urgent desire for food, but was latterly almost afraid to indulge it, as he found that very generally he suffered an attack of spasm and vomiting in some hours afterwards. Dr. Harrison felt very uncertain as to the disease, and, therefore, could not offer any positive diagnosis, but was disposed to regard the tumour as seated either in the omentum or in the walls of the colon. It was unnecessary, he said, to detail all the particulars of the treatment that was adopted, but he would merely observe that the only remedies which afforded even temporary ease, were large opiates frequently administered, together with mild aperient enemata, which succeeded in obtaining some evacuation from the bowels every day, or every second day, the discharge at all times, however, being thin and scanty, very much resembling flummery, and never appearing to contain any solid fecal matter. He remained in the hospital under Dr. Harrison's care for one month, but, feeling he was gradually losing his strength, he was anxious to return home, to end his days with his family.

On his discharge, Dr. Harrison directed him to place himself again under Dr. Gayson's care in the country, which he accordingly did, and that gentleman reported to Dr. Harrison that the man continued in much the same state as before, except that his general health and strength very rapidly declined.

A few days previous to his death he had a smart diarrhœa, the discharge being very similar to flummery; the abdomen soft, and very little complaint of pain. The urine, which had been abundant, became very scanty, and, for some days previous to his decease, ceased entirely. He continued free from fever, his pulse never passing seventy-two.

Forty-eight hours after death the body was examined. On opening the abdomen the stomach and bowels appeared unusually distended, chiefly with flatus and fluid, there being very little solid matter. The liver was hard, corrugated, and very dark; gall-bladder full of bile; spleen very large, dark, and soft; kidneys much smaller than natural; urinary bladder much contracted; no appearance of general inflammation in the peritoneum and intestines, except about the transverse and left colon, and a little below the stomach; here there appeared a firm mass of a dark congested appearance, the omentum about it much thickened and corrugated. This tumour evidently involved the colon, but was limited to a short portion of it. Dr. Gayson removed this tumour; first dividing the transverse colon, then the left descending. As the relations and friends were present he could not make any special examination of this mass, but on the following day he sent Dr. Harrison the parts he had removed, which he had carefully examined, and of which an accurate representation is here subjoined; the preparation itself being placed in the museum of Trinity College.

On opening out the omentum as far as its thickened condition would admit, the colon came into view, the large tumour on which was caused by an intussusception of a considerable portion of it, the lower or left colon being drawn upwards into the transverse portion of it, a direction quite unusual for an intussusception of any part of the intestinal tube to take; as in almost all cases it is the upper portion of the intestinal tube which is received into, or prolapsed into, the lower. The colon on either side of this was tolerably healthy, but through the extent of the tumour, which was about four inches long, the intestine was hard, thickened, and of a very dark colour, but by no means in a gangrened state.

On opening the colon in its transverse or right portion, the protrusion of the lower or left portion was very distinct; it projected for at least an inch and a half, and was surrounded by a deep, narrow, sulcus, between it and the enclosing portion; this was not unlike the appearance of the os uteri projecting into the vagina.

Near the centre of this projection, a small irregular orifice was observable, partially covered by a ragged, ulcerated, mucous surface. A flexible bougie passed into this, was conducted, with a little management and pressure, through the tumour in a tortuous course, and appeared in the cavity of the left descending colon; the length, the narrowness, and tortuosity of this canal satisfactorily accounted for the difficulty of obtaining any solid alvine evacuation.

The projecting surface was in a very diseased state, having a ragged, superficial, sloughing, ulcerated surface, with a few dark studs hanging from it, and all around a quantity of mucus with ichorous matter. There was no tendency to gangrene of the enclosed piece of intestine, as has occurred in some recorded cases of ordinary progressive intussusception, in which several inches have been discharged, and life preserved; in this case there was rather a tendency to remove the included portion by a process of ulceration, one so slow in its progress, and so irritating in its effects, that the powers of the constitution sunk before it could be effected.

MEDICAL SOCIETY OF KING'S COLLEGE, LONDON.

Meeting of February 19, 1846.

Dr. Budd, F.R.S., President in the chair; Dr. Rayner, Vice President.

Mr. Baines communicated two cases. The first was one in which a man in perfectly good health had been suddenly seized with excruciating pain at the umbilicus, with great and sudden prostration, on a Friday, at ten, a. m., and died on the following Sunday morning, at three. His pulse on the Saturday was 80, and soft; his bowels open; he had great pain at the abdominal region, increased by pressure, and had also pain between the shoulders; he lay on his back perfectly straight. On examination post mortem, his thoracic and abdominal viscera were found perfectly healthy, except that the layers of the great omentum were glued together by coagulable lymph, and a large quantity (six quarts) of coffee-coloured fluid was found in the peritoneal cavity.

The President remarked, that most likely this was a case of perforation of the cystic bile duct.

The second was a case of hysteria simulating hemiplegia, with delirium preceded by coma, cured by large enemata of soap and assafœtida.

Mr. Rhodes read a paper on "the Value of the Stomach Pump." He commenced by giving its early history, and next that of its introduction into general use. From the account he gave, it appears that a proposal to remove poison from the stomach, by means of a tube passed into that organ, is contained in the works of Boerhaave, published as early as 1698; but this proposal was afterwards overlooked, until the beginning of the present century, when Dupuytren and Renault brought the plan again into notice. He then proceeded to give an account of its introduction into English practice, through the publication of Orfila's work in this country, in the year 1818, which contained a reprint of Renault's dissertation on the subject. Mr. R. next related the various improvements which have been made, from the simple syringe and tube of Dupuytren and Renault, to the recently invented and registered syringe manufactured by Mr. Weiss. He considered this syringe to be the most perfect that has yet been offered to the profession.

He then alluded to the class of cases to which the stomach pump is applicable, and the accidents which may and have been known to occur in its application. He repudiated the slight cast upon the instrument in consequence of its having been passed into the trachea, and thought the blame ought to rest on those who committed such a blunder, and not upon this really invaluable auxiliary in certain cases of poisoning. With reference to the injuries sometimes done, he brought forward a case published in Dr. Roupell's plates, Part I. Plate II. In this instance, shreds of the mucous membrane of the stomach had been torn up by the suction of the pump. To avoid this accident, writers have usually advised the injection of a pint or quart of fluid previous to making any attempt to withdraw the contents of the stomach, and always to pump out less than had been injected. This process to be repeated until the fluid returns colourless. The author considered a better way would be, "to cause a continued stream of any convenient diluent to flow through the cavity of the stomach, in cases of poisoning, until all the soluble matters shall have become so weak as to be rendered harmless." There are two or three ways by which this may be accomplished, and for the purpose of illustration he exhibited drawings of an apparatus by means of which such a current could be secured. It consisted of a double tube, *i. e.*, one divided by a septum throughout that part which is to correspond with the mouth, œsophagus, and stomach; and each division to have its independent tube external to the mouth, to allow of being connected in the ordinary manner with the nozzle or canula of a syringe. These tubes may be connected with the corresponding cylinders of a double-barrelled syringe—that is, two syringes placed side by side, soldered together, and worked by one handle; the slides or valves of each syringe to be so arranged, that the one shall withdraw as the other injects. In use, however, that half of the tube which withdraws, should be left unattached until half a pint or so of fluid has been injected by means of its fellow; or the double tube might be used with a simple injecting syringe, allowing the one end to remain free, whilst the diluent was being continuously thrown into the stomach through the other. Mr. R. thought the double tube offered these advantages. 1st, It may accomplish the end for which the stomach pump is generally used with greater rapidity and more effectually. 2nd, It is not so likely to tear up the mucous membrane. And lastly, the action of the pump being attended with little or no danger to the mucous membrane, a *fresh* supply of the diluent may be constantly brought into contact with the poisonous matter. When it is recollected how soon a fluid may be saturated with many salts at the normal temperature of the body, the advantage of this unimpregnated supply will be obvious.

REVIEWS.

Phrenology—Its Nature and Uses. An Address to the Students of Anderson's University, at the opening of Dr. Weir's First Course of Lectures on Phrenology in that Institution. Jan. 7, 1846. By Andrew Combe, M. D. 8vo. pp. 32. Edinburgh, 1846.

As would be expected in a lecture introductory to the future consideration, minutely and analytically, of the subject to which it relates, the one before us is devoted only to a general sketch and estimate of the principles and practice of phrenology. This sketch, however, is given with all that mastery and accuracy for which its author has acquired a just and enviable reputation.

After having stated the vague notions, which, before the days of Gall, prevailed amongst philosophers and metaphysicians concerning the seat and functions of mind, and the inadequacy of anatomical experiment to discover the properties and powers of the brain from a mere examination of its structure, Dr. Combe proceeds to state how differently, and by what deliberate induction, the great discoverer of phrenology proceeded in his researches.

"But what, then, you will ask, *is* this boasted method of which Gall has derived such a rich harvest from a field which others have cultivated with so little success? The answer is simply that, in investigating the functions of the brain, he has followed the same principle which, applied to other organs, has led to the discovery of their functions, but which, from various causes, had never before been systematically applied to the brain. When the physiologist wished to ascertain the function of any particular organ of the body, he did not rest satisfied with examining its structure, and speculating on the purposes for which that structure seemed in his eyes to be adapted. He began by direct observation, and watched what kind of function appeared during life as the invariable accompaniment of the presence and action of that par-

ticular part, and, by repeated and careful observation, he at last succeeded in discovering the functions. The knowledge thus obtained was afterwards verified, confirmed, and completed, by the examination of structure, and the observation of the effects of its injury or diseases.

"Here, then, is the very principle which Gall has succeeded in applying to the elucidation of the functions of the brain, and he was led to its adoption by an accidental observation at school, of the concomitance of a particular kind of talent with a peculiar appearance of the eye, which he afterwards found to be caused by the development of a particular part of the brain. At school, at college, and in many other places, and under wholly different circumstances, the same concomitance of talent, with development of brain, came under his notice so frequently as to arrest his attention to the probable or possible success which might attend the application of a similar mode of discovering a connection betwixt other mental talents and the development of other portions of the brain. In this respect Gall resembled in no small degree the illustrious Newton, who, from the accidental fall of an apple at his feet, was led to the discovery of the law of gravitation. Like Newton, having once obtained the clue, Gall never lost his hold of it as a guide to discovery, and he found it, on trial, to prove like a lamp to his feet, in the investigation of nature." (pp. 7, 9.)

The remainder of the pamphlet is devoted to a further consideration, both abstractedly and analogically, of the principles of phrenological science, and to an earnest appeal in favour of its cultivation. The work altogether reflects great credit upon Dr. Combe, for its simple elucidation, sound argument, and good practical tendencies.

Consumption and Asthma—The New Cure, in which is demonstrated the fallacy of the present method of treating diseases of the Chest by the Lancet, Purgatives, Mercury, &c. By W. HAMILTON KILTOE, M.D., *author of the "Pocket-Book of Practical Medicine," "Medical Hints for Ladies," &c.* 2nd Edition. Enlarged and Improved, with Cases. 16mo. pp. 128. London: Sherwood, Gilbert, and Piper. 1845.

One would think that such an advertisement, announcement, or whatever else readers may like to call it, as that which flourishes at the head of this article, would be quite enough to recommend the book, without any praise from extraneous sources. And we should have thought that Dr. Hamilton Kiltoe would have considered the title-page puff enough, without telling us on its opposite leaf, that he may be consulted at a certain place, during certain hours of every day! *Proh Pudor!* Dr. Hamilton Kiltoe, Surgeon-Accoucheur. This is too bad!

The book is in every respect worthy of the fly-leaf that heralds it, and we leave it without comment, in the full conviction that no remarks of ours could possibly do justice to it. To those, however, who may wish to be cured of consumption, which the author considers mere child's play on the part of those who, like himself, know how to do it, we unfeignedly commend the following prescription for a fattening kind of food.

"Bruise eighteen garden snails with one ounce of hartshorn shavings, one ounce of eningo root, and one of pearl barley; boil these in six pints of water till reduced to half the quantity, then strain, and add one ounce and a-half of syrup of tolu. Of this mixture, take four table spoonfuls morning and evening, mixed with the same quantity of new milk, warm from the cow." (p. 90) This the learned Dr. calls an artificial kind of *asses' milk*. The suggestion is no doubt very *natural*. We regret the author does not give us a receipt for the *pigeon's milk* of April-fool-day.

A Treatise on Artificial Teeth and Palates, and their importance in the prevention and cure of Dyspepsia, &c. By HORATIO PASS, Surgeon-Dentist; *Lecturer on the Anatomy and Physiology of the Teeth.* 16mo. pp. 98. London: J. Churchill. 1846.

A very compendious, practical, and useful little book. Many of the remarks and cases in it, are worthy of being read and regarded. In particular, we may mention the dyspeptic affections, which, it is said, and we believe with truth, are consequent upon ineffectual mastication and insalivation, owing to the absence of the *dentes molares*. The article devoted to this portion of the subject, though necessarily incomplete, from its abridged form, is yet calculated to prove of considerable utility. The other articles, occupying nineteen more chapters, are not without merit, and in particular we may mention chap. 18, as conveying many useful hints upon the desirableness of having decay of the teeth removed in its *early* manifestation, because, as it propagates itself, the mischief necessarily increases with every day of its existence. The work is for the most part popular in its character, and in suchwise deserves to be commended.

Essays on the Exhibition of Iodine in Tubercular Consumption and other Diseases of the Chest, and the Treatment of Scrofulous, Cancerous, and Cutaneous Diseases; also on Indigestion, Diet, and Sea Bathing; with Observations on Mineral Waters and Watering Places, to which is added an Appendix on the Water Cure. By Sir ARTHUR CLARKE, M.D., &c. 10th edit., enlarged. 12mo. Dublin: 1845. pp. 180.

Judging from the title-page of the work before us, we should say that the author had gone pretty considerably far towards compassing most of the ailments comprehended in any ordinary system of nosology. Consumption, and all other diseases, at the top; scrofula, cancer, and skin diseases in the middle; with indigestion at the bottom, and a tail-piece about mineral waters and hydropathy. And all this, including a copious index, in the space of 180 pages! How stupid all those fat tomes, begotten of laborious plodding brains, must look when put beside an *omnium gatherum* of microscopic dimensions like this. We have heard of a copy of Homer that was lodged in a walnut-shell—we have seen a page of the Bible in the size of half-a-crown—and once curiously examined with a lens, a flea that was dexterously harnessed in silver and gold—but we never expected to see pathology, practice of physic, therapeutics, hygiene, and family washing, crammed into the space of a duodecimo. Nor must we forget the literature of the work, and the brilliant array of authors' names (medical and general) which are arranged in a classified list to show the value of water and watering places. The proximity of some is a curious instance of how the alphabet can be made to war against chronology. Thus, we have Billing and Boerhaave, Farquhar and Floyer, Galen and Gaseneve, Halford and Hippocrates, Liebig and Locke, M'Gregor and Mead, Philip and Portal, Stokes and Sydenham, &c. (p. 14).

The work, throughout, may be considered a curiosity, seeing that it is written by an author with a Sir before his name and M.D. after it, and who, for thirty or more years, has been in the way of deserving better of himself. To submit the book to analysis would be to dignify it with a notice it does not deserve; but we will take a passage or two at random, *currente calamo*. Speaking of iodine inhalation in consumption, he says, "Under skilful management, it promotes the secretion from the lungs and purulent expectoration, and thereby arrests the development of the disease by its specific action on the tubercle." (p. 4). How *purulent expectoration*, and the *proper secretion of the lungs*, can be promoted by the *specific* action of any medicament upon *tubercle*; and how the *development* of pulmonary phthisis can be arrested by the action of a remedy upon the *product* of scrofulous function merely, is better known to our author than to ourselves. Just under the passage above quoted the writer speaks of the "strength of iodine gas." We always thought that when iodine was expanded it became a *vapour*.

At page 9 we are told that to *secrete* is to *separate*. So it is *philologically*, but Sir Arthur ought to know that, *physiologically*, it is a very different thing. If he were to examine the urine of those patients whom he is largely medicating with iodine, he would find this substance in it. Would he venture to say that the kidneys had *secreted* it?

At page 33 we are informed, that we "can ascertain with great accuracy whether the lungs or bronchial tubes are ulcerated or not, by the following simple process." Then follows Dr. Young's test for pus. Now, with all his reading, and all his experience, we wonder it never occurred to our author to learn, first, that Dr. Young's test is no criterion whatever of the presence of pus globules more than of mucous globules; and, secondly, that purulent matter may be expectorated in large quantities, and for a very long time, without any abrasion or ulceration of the bronchial or pulmonary membrane. At page 47 we learn that the inhalation of iodine promotes expectoration, "after which the excavated tubercle heals by the continued use of the inhalation, in a manner analogous (in my mind) to the healing of an abscess in any external part of the body!" *An excavated tubercle heals like an external abscess!!* At page 59 we have a case of incipient consumption cured by iodine inhaled and taken in solution. The patient got well, and Sir Arthur says, "Many similar cases could be stated and referred to, but, *ex uno disce omnes;*" from which, as logicians, we infer that "consumption curable" has been realised at last, and that the learned knight is at any time ready to break a lance with Death when he takes his stand upon tubercular ground. We wish him well in his tournaments.

We could quote fifty passages like the foregoing, but we apprehend that our readers, like ourselves, have been dosed *usque ad nauseam*.

TO CORRESPONDENTS.

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s*. *An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s*. *neatly bound.*

The Pharmaceutical Number *of the* Medical Times *for March, is now ready, and contains twenty-four closely-printed pages of the most important matter to the chemist, pharmaceutist, and general practitioner. Price* 5*d*; *Stamped* 6*d*. *J. A. Carfrae, Essex-street, Strand.*

Mr. Hopgood, *of* Chipping Norton, *has requested us to caution the profession against engaging assistants without thoroughly investigating their pretensions. Mr. Hopgood has been taken in by a middle-aged man, about five feet six inches in height, with sandy light hair and whiskers, a distorted nose, and a downcast hypocritical countenance, who gave a false character purporting to come from a respectable country practitioner. The insertion of our correspondent's note would render us liable to legal proceedings.*

Tyro's *indenture, if legally drawn up, is in every respect binding, and unless he can persuade the gentleman to whom he is apprenticed to remit a portion of his servitude, he will be obliged to remain the full period. We should think that, on a fair representation of the case by Tyro's friends, his master would not refuse to allow him one year at least, of his time to attend hospitals in London. For the rest, Tyro should make the best use of the opportunities he has, scanty though they may be. A good foundation may be laid by reading for future professional success.*

A Subscriber.—*We believe the qualifications our correspondent possesses will be considered satisfactory.*

A Subscriber *is informed that a practical knowledge of medicine, &c., is better than any* manual *as a preparation for the examination referred to.*

We will take as early an opportunity as possible of inserting Dr. Hilbers' *reply to his three opponents.*

THE MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the

Medical Times to Annual Subscribers sending by a Post-office order, directed James Angerstein Carfrae, or an order on some party in town, One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13s; Quarterly, 6s. 6d. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.

THE MEDICAL TIMES.

SATURDAY, MARCH 28, 1846.

EXTRAORDINARY SALE OF AN EXAMINERSHIP.

AN old poet held that the insanity of power was a divine visitation for its end. The conduct of the Council of our College of Surgeons is corroboratory of this antique fancy. We have scrutinised their conduct for four years past; often with favour, always with fairness, but have yet noticed no act symptomatic of sanity or prognosticatory of safety.

Did they for a time administer the College as they found it? They administered it amiss. The men who would have done them honour—the Brookes, the Carpues, and surgeons like them—they repelled from association. Their examinations they kept lax as their own code of corporate morality—their curricula low as their own corporate merits—nothing high but the price of their diplomas.

Did they change the constitution of the body? They changed it for the worse. They satisfied nobody and discontented an immense majority. They *created* mortal hate—universalised a fierce antagonism—rousing into life and agitation elements slumbering for years in the sepulchre of apathy.

Have they spoken? They have spoken for strife and bid for opposition. They have addressed opprobriously the very brethren it was their duty to uphold in respect; calumniating into public distrust and suspicion, as far as they could, the men of whose characters and fortunes they were the legal trustees and moral guardians.

Acting, speaking, deliberating, or administering, they have through years been doing what they should not have done, and not doing what they should have done; taking every step with a maniacal pertinacity that right and policy declared should not be taken.

This extremity of accusation is not our wont on any subject. It carries so much of the aspect of exaggeration, that we are even now almost ashamed of its use. But of these men moderation would be falsehood. Language cannot overstate the frenzy of misrule they give to be chronicled. The exaggeration of Council absurdity can have no picture in words, however inflated. Each week brings its evidence—and this, as usual, is not without its illustrative instance. We have a fact to place before the public—the latest act of their administration—more condemnatory of them than almost any we have yet recorded.

The resignation of Mr. Anthony White is a fact generally known: the circumstances under which that resignation was made, and his successor appointed, have not been so widely discussed. We have now to perform a duty the Surgical Council are not likely at present to do themselves:—to announce that they have given us in 1846 a fac simile of the disgraceful bargain by which Mr. Syme obtained his surgical professorship in 1832, and that one of the actors was a gentleman who took a prominent share in that dark transaction. In plain words, Mr. Liston—who in 1831 appears to have offered Mr. Russell, through a relative, £300 per annum for the Edinburgh Chair of Clinical Surgery—has now agreed to give Mr. White the half of the collegiate fees of the appointment—about £200 per annum—for the place of College Examiner! The terms have been offered, and accepted; the bargain is completed; and it is by that disgraceful tenure that Mr. Liston now stands possessed of the honour of examinership to a Royal College. He has bought his way to scientific distinction—he examines the future surgeons of England, accepting or rejecting them at his absolute pleasure, by a title secured from his breeches pocket—he holds a scientific eminence in an educational establishment, not by hard toil, but hard cash—is a great man in English surgery by purchase!

We have no longer to travel to Edinburgh for a huckstering celebrity of chirurgical science. As Professor Syme avowedly purchased from Professor Russell the right to teach, or rather the right to be paid for teaching, so Professor Liston negotiates himself, by a payment of two hundred a-year, into the right of being paid for examining. In a note lately published by us, Mr. Liston says to Syme:—"*Dear* Syme,—How was it, if not by purchase, that you obtained the Chair of Clinical Surgery?" We retort to him in March his own words in November. "Dear Liston,—How was it, if not by purchase, you obtained the Chair of Examiner of the College of Surgeons?" Mr. Syme has given no answer, and, if we mistake not, his accuser stands to day in no better position, either as to the offence or its palliation.

There are one or two circumstances peculiar to this supplemental chapter to the Book of Job. The contracting parties took pity on the hard lot of their colleague, promoted at once to half pay and full service. They justly thought it hard, that Mr. Liston should examine for crown fees, while every other examiner got his golden half-guinea. A five-shilling hat is all very well, but a five-shilling examiner is not so respectable. They have therefore made the "*halves*" a shifting burden. Like the pipe of hospitality in Eastern nations, the mortgage on examining fees is a luxury reserved for each new visitor to the court. As in some country houses the best bed-room is the privilege of the last comer—the *otium cum dignitate*—the £200 a-year to our old friend, Mr. Anthony White, is made the reversion of each new examiner. The old gentleman is on the back of the last-appointed functionary, and remains so till, by good fortune, a vacancy occurs, to introduce a fresh junior to the honour of the burden. In other words, as long as Mr. White lives, the examinership of the College of Surgeons is a matter of merchandize. We are not to have a case of collegiate "higgling and haggling," and then an end. There is to be a system of paying one's way to examinership—an appropriate gauntlet of disgrace and degradation to be run by all who aspire for the profits and honours of the College! It is perhaps as well, for both them and the profession. If there be an honourable man connected with the Council, this last innovation—this last collegiate step in their proposed career of improvement—must end in detaching him from their body. It is impossible he can sanction a system so infamous—a system which professedly puts up the examinership of a scientific institution for the purchase of the highest bidder! One instance of recalcitrant virtue is in our power to mention. Mr. Callaway, who, in the ordinary course of events, would have held the examinership, spurned the insulting proposal with becoming spirit. He would hold office on no system of halving the emoluments: with his extensive practice it was not worth his while, were it even within his inclination: he lost, therefore, the place which has thus fallen to the purchase of the stoical moralist who threw the first stone at the professional chair-monger of Edinburgh. What Callaway disdained Mr. Liston seized with avidity.

The infatuation is ruinous which could have prompted an unpopular council, during an extreme peril of their institution, to an act of such gross medical simony—such shameless, such anti-scientific jobbing. The thing seems incredible; it really has not the air of sanity about it. But there stands the fact: we have unbared it to that light from which they expected to have screened it; and having now brought the culpable parties before the bar of the Profession's opinion, we leave them to the best palliations or excuses within the range of their ingenuity.

THE SUPPLEMENTAL CHARTER OF THE COLLEGE OF SURGEONS.

We are able to say that no satisfactory progress has yet been made with this measure. Every important point remains yet under discussion, and the few things determined on are too trifling to have any interest for the public. It is now certain that the majority of the Council are against giving the Fellowship to any but those who have been twenty years Members, and to refuse it even in that contingency unless certificates of merit be shown from six or seven of the present body of Fellows. The gentlemen so admitted will be expected to pay ten guineas for the diploma, which, it will be remembered, was given gratis to the six hundred Fellows first made A contest is going on to cut down the length of standing required to eight or ten years; but, as we are informed, there is anything but a probability of success. The unbending Councillors of self-elected notoriety have now the aid of the three gentlemen elected by the fellows, Messrs. Welbank, Cutler, and Scott, and the expectation of any important amelioration from this discreditably governed body is now therefore more hopeless than ever.

Poscentes vario multum diversa palato.—HORACE.

——————Eja! Sudabis satis
Si cum illo inceptas homine: ea eloquentia est!
TERENCE.

OUR last article, it will be remembered, had reference to the various sects that distinguished, or rather perhaps disgraced, the profession of physic in the olden time. We said that the system of generalisation, attempted to be instituted with the ostensible purpose of serving the interests of medical science, by placing it upon a philosophical and rational basis, was nothing more than a cloak to cover ignorance, or an ingenious contrivance to get money by. And we proved what we said, by showing that the popular innovators of the healing art were utterly incompetent to the task they had assigned themselves—that they were impostors, every man of them—and that the actual end and aim of all their splendid speculations was the gaining of popularity, and, through it, of payment.

The end that these answered by legislating, so to speak, for physic in its largest acceptation, sundry others, less competent to, or less caring for, the occupancy of so much ground, achieved by the tricks of plausibility and personal pretence. Not anxious to introduce *systems of cure*, ample enough to comprehend diseases of every character and of every clime, and so to take a bold stand on a

basis broad enough for ambition of any capaeity, they preferred to rest their ehanees of reputation and reward upon the manœuvrings of mannerism, and upon the affeeted possession of secret remedies, whose ageney, both preventive and eurative, set all elasses of diseases at defianee. Not defieient in the more marketable wisdom of this world, they discovered, as our quotation from Horaee says, that tastes vary, and the people will have them gratified; and knowing, as well as Terenee knew, that eloquenee, and that other items of persuasive address, are irresistible when applied vigorously and with discretion, they trusted to these as the sheet anehors of their suecess. And the sueeess with whieh they trusted to them, proves that their calculations were worthy of the eonfidenec they placed in them. And how often, since this speeies of quackery "took its first rise," have its followers reaped a similar reeompense, in the exereise of unblushing impudenee, and the indulgence of insatiable rapaeity? How many adventurers, reckless of eonsequenees, have risked the bark of empirieism on the sea of public opinion, and have found it sail safely and with eredit, though freighted with poison, and bearing the messenger of death? How many graves have elosed over the victims of sueh heartless fraud, making murder seeret till the day of judgment shall reveal it? And how many proofs has the world had of the deceit and deadliness of the imposture it countenanced, and yet eontinues to give it eneouragement still, as though the voiee of warning conveyed no wisdom, and experienee gave no sanetion to reproof? The perpetuity of sueh folly and fault would almost tempt one to believe, in the absence of example to the eontrary, that this globe of ours, and all who inhabit it, got younger, instead of older, every day.

Let us take a glanee or two—we have not spaee for many—at the kind of charlatanry we allude to, as it existed amongst the aneients. We shall find it, for the most part, the eentre of the vast circumferenee of imposition and pretenee that reign rampantly in the present day. Sueeessful as our quaeks are, they owe little or nothing to their own ingenuity—the leaves of history have furnished them with pictures that have served as guides for the painting of their own faees. In the gaudy drapery and eolouring that make up the modern eharaeter, we ean traee the dirty originals, paint, patehwork, and all, that have been stolen from the disreputable lumber-rooms of the mountebanks of old: and palpable as the truth is, the world persists in elosing its ears against the conviction of it. Novelty, in general, loses its effect by its continuance—it beeomes familiar, and its charm is gone—the deceit once exposed, the deeeption is at an end; for if the seholiast be right, "the absence of uncertainty is the death of interest." In every thing is it so but in quaekery. Though the experienee of eenturies has eontinued to denounce it, and the edueation of the people should have made them proof against its hollow pretensions, yet at this moment does it flourish freshly, and more vigorously than ever. The clownish jests that onee waited on the rope daneer in the ring of sawdust, and were applauded to the eeho, have contrived to grow so obsolete that they are not even smiled at; and the jugglery of swallowing swords, and sneezing penknives, has eeased to fasten upon the faith of the credulous, even at a country wake; but nostrum mongering, older, more ridiculous, and more revolting than either, still commands its votaries, who walk under its banners of death, as sedately, and self-satisfied, as the veriest victim that ever prostrated himself to the heathenish purposes of Juggernaut

Any ehild in a Sunday sehool can tell one who the first man was, but we opine it would want a finished antiquarian to say who the first *quack* was. We heartily wish it were in our power to say who the *last* might be—we would pray for his exit with as much earnestness as we would beg to be exeused an attaek of the eholera. We are not of those who look indifferently upon traitors to our eause—we would eut off sueh as lurk about our precincts; and those who have invaded our sanetuary, with the watehword of friendship in their mouths, and enmity in their hearts, we would have expelled our ranks forthwith. "The poison of asps lurks under their tongue;" they may have the serpent's eunning, and the glitter of its scales, but they have also its venom and its fangs. "Let no sueh men be trusted." We must not look idly on and say they ean do no harm to our eause—evil men are permitted to live, that good men may be made better—this is an ineentive to honourable exertion, from whieh we ought not to pause until the work of extermination be done.

As we have said, who the first quaek was it would be diffieult to determine. We have even heard it imputed to Adam, that he was of this elass, beeause he was a hydropathist. An old lady, meeting a tea-totaller one day, who argued in favour of abstinenee, by observing that Adam drank nothing but water, and yet lived to a great age, replied to him, that, "if Adam had drank ale, he might have lived till now, for anything she knew." And with a genuine devotion to "John Barleycorn," she denouneed Adam a water-doctor for ever. As far as our researeh into the subjeet goes, and it extends into a vista of something more than two thousand years baek, old Meneerates, of Syraeuse, was one of the earliest speeimens of the genuine school of quaekery and puffery that ean be met with. His vanity and ambition were boundless, and he was eareful to stipulate with his patients, that, in case of eure, they should attend him wherever he went, deeorated as minor deities, himself superbly adorned, sitting as Jupiter in their midst. He addressed a vaunting letter to the Macedonian Philip, running thus. "Meneerates Jupiter to Philip, greeting. Thou reignest in Maeedonia, and I in medieine. Thou givest death to those who are in good health. I restore life to the siek. Thy guard is eomposed of Maeedonians; the gods themselves constitute mine." Philip, in reply, wished him a safe return of his senses, believing that nothing short of insanity eould dictate sueh nonsense. But how Philip would have pitied poor Meneerates, eould he have seen, two thousand years after him, in the faee of truth, and justiee, and the enlightenment of the world, a piece of quaekery more arrant and eontemptible than that figuring away upon the pages of a medieal periodical affeeting to regard the honour, and dignity, and best interests of the profession. Mueh would he marvel at the care we took to profit by, and improve upon, the example a benighted heathenism had set us.

A silly old king of Pontus, taking a faney to physie, eulled a lot of simples, and produeed sueh a marvellous eompound as was very near immortalising its author both in nature and in name. After having taken it, he felt inelined to die one day, when a *tædium vitæ* had suddenly eome over him; but he eould not breathe his soul out, nor would poison expel it, take what quantity he might. In the unpleasant dilemma he was in, and fearing it might last for ever, he tumbled on his sword, and so eut his way into eternity without further trouble. Though a king diseovered this marvellous remedy, and himself was a proof of how efficaeious it was, yet even in that dull, illiterate age, there were plenty of people who laughed at the as sumption and ridieuled it as a jest. Serenus says, concerning it—

> "Antidotus vero multis Mithridatica fertur,
> Consociata modis, sed Magnus scrinia regis:
> Cum caperet victor, vilem deprehendit in illis
> Synthesim, et vulgata satis medicamenta risit."

And yet, in the nineteenth century, with all our enlightenment and experience, we have tolerated an imposture, greater and more impudent even than this; and though its originator died the vietim of his own delusion, yet, amongst the noviees of this age of edueation, are there to be found plenty of eandidates for offering at the shrine of his daring deeeption.

Oribasius was an excellent sort of man in his way, and deserving of every eommendation; and we only mention his name to reeord the fact that some impudent libeller, in affeeting to eomment upon him, has attempted to make it appear that he was in the habit of preseribing eertain passages of the Bible to be read as euratives in some cases of ailment. This is pretty nearly equalling the habit of that wieked, infatuated old Turk, who used to swallow a verse of the Koran every morning, as an antidote to the sins he might ehanee, or choose, to eommit during the day.

Though Oribasius was in no wise guilty of the absurdity and superstition imputed to him, yet, in the present day, when rational Christianity should teaeh us better things, we often find it made a vehiele of introdueing bedside eonfidence, when the legitimate opportunities of seeuring it are wanting. Many a shrug of the shoulders, and shake of the head, and sigh, as if from the heart, with the due paraphernalia of moanings, quotations, ejaeulations, and so forth, have sufficed to satisfy the poor deluded patient how dear a man his doetor is, when a eareful serutiny of that said doetor's heart and head would have shown how utter was the imposition that led him to preferment. Of this, more anon.

THE NATIONAL ASSOCIATION.

The Committee of this Soeiety are in active daily eommunieation with their Members in referenee to the steps to be taken in the present emergeney of the eause they were assoeiated to promote. Members are in eonstant eourse of enrolment, and we believe we shall not be found over sanguine in announeing that the statement of the Committee to their brethren at the approaehing great meeting will give universal satisfaetion.

THE MEDICAL TIMES.

Our readers will observe that our index is prepared for the present volume now eoneluding in unusual fulness, and with painstaking aeeuraey. We have reserved a portion for our next number, not to encroaeh too largely on the reading matter of the one before our readers. The whole index will point to a mass of seientific matter (unsurpassed in professional interest and value) whieh suffices to fill more than twenty ordinary oetavo volumes; yet this huge eompendium of seientifie progress may now take its plaee on the library shelves of our subseribers, undefiled with advertisements or baser matter, at a cost to them of seareely half a guinea.

The extent of the index will excuse, we trust, the omission of many articles our readers have a eustom of eounting on.

In our next number—the first of a new volume—we shall make a detailed statement of our designs for the next six months' numbers. We feel, in advance, that it will be an unusually attractive programme

Many readers who do not subscribe will probably avail themselves of the present opportunity of becoming subscribers. Their orders may be given to any bookseller or newsman, or their names may be entered in our own roll as subscribers for twelve months, on sending a guinea to our office.

CASE OF MANSLAUGHTER AGAINST A MEDICAL PRACTITIONER.

Mr. Dickenson, a medical man in extensive practice, residing at Bilston, was indicted for the manslaughter of a Mrs. Hickman, the wife of a farmer, whose death, it was alleged, he had occasioned by want of due skill and care in her confinement.

Mr. Greaves and Mr. Huddlestone conducted the prosecution; Mr. Serjeant Allen and Mr. Yardley were retained for the prisoner.

From the evidence it appeared that the deceased, a young woman in the prime of life, was unexpectedly seized with pains, whereupon she was laid upon a bed. Mrs. Bakers, a midwife, assisted at the birth of a child, which immediately took place, followed by a considerable flow of blood; in order to stop this, the woman applied cold wet clothes to the abdomen. She despatched a messenger for Mr. Dickenson, residing about a mile and a half off, who arrived without a moment's delay. Upon his entering the room the quantity of blood lost was pointed out to him, and he proceeded to ascertain the position of the placenta, which had not yet appeared. Mr. Dickenson succeeded in withdrawing from the vagina a good deal of coagulated blood, together with which he maintained that the greater part, if not all, of the placenta had come away. Mr. Best, another medical man, who had been sent for, was shown the vessel containing the above discharge, and, after examining it, he said to Mr. Dickenson, "You do not call that the after-birth, do you?" Mr. Dickenson replied, "Yes, it is." Mr. Best rejoined, "Now, I will show you the after-birth." Then he almost immediately brought into view a sanguineous mass, observing, "There is the after-birth." At the same moment Mrs. Hickman, who had evidently been for some time previously in a sinking state, uttered a loud shriek, as if the operation she had undergone had occasioned considerable pain. In little more than an hour after this she expired.

Mr. Best underwent a severe cross-examination by Mr. Sergeant Allen.—He stated that he had practised at Bilston for thirty years as a surgeon and accoucheur. He was not a member of the Royal College of Surgeons. He admitted that the prisoner had been in the same profession as himself for upwards of twenty years. In order to prove that his client had pursued a course of treatment towards the deceased which was directed by some of the ablest writers on obstetrics, the learned serjeant quoted the following passage from p. 388 of Dr. Denman's book:—"If there have been a hemorrhage so profuse as to occasion danger, and the common consequences of loss of blood, as fainting and the like, have already followed, the placenta ought not then to be extracted, nor the patient disturbed; nor should any change be made until she be somewhat revived from her extreme debility, as the danger would thereby be increased, and the patient die during, or immediately after, the operation, as I have seen and known several times."

The learned Judge, referring to medical works handed to him, observed that it was perfectly clear that the mode of treatment, under circumstances such as those described, was a *vexata quæstio*, and his lordship intimated that it was not at all a case for criminal proceedings.

It was agreed that the charge should not further be pressed, and

Mr. Baron Platt, turning to the jury, said, "The present case is a serious one, as regards both the public and the prisoner. I wish it to be clearly understood that, if a man, grossly ignorant of his profession, treat a patient, and if during that treatment he be guilty of negligence or of want of due caution, and if the patient in consequence die, then such a man is undoubtedly guilty of manslaughter; and, moreover, if the practitioner be perfectly competent in every way for the duty he undertakes, and yet so treats a patient that death ensues, he is equally guilty. But if in a particular case there be two modes of treatment, respecting the adoption of either of which men of learning and ability are equally divided, then no man can be said to be "grossly ignorant" in adopting a course which has received the approbation of eminent writers, and which his own judgment sanctions and approves. We should none of us, gentlemen, if that were the case, have the benefit, in a variety of emergencies, of the services of that profession to which we are often so greatly indebted; and the promulgation of the doctrine that medical men are criminally responsible for following the dictates of their matured judgment, might have the effect of preventing surgeons and others from acting with that confidence and boldness under peculiar circumstances, to which the preservation of life and limb is often due. There are numerous cases in which the judgment of medical men must be relied upon; and if the works of the most able authorities, of those whom I may justly term the sages of the profession, are not to be relied upon, I know not what guidance would be left for the direction of medical practitioners at large. It would, indeed, be a monstrous thing to say that the conduct of the gentleman now under deliberation evinced either gross ignorance or gross negligence. I can, in fact, hardly leave it to your consideration. It is, indeed, possible that the manipulation of the witness now in the box (Mr. Best) may have caused the death of the poor woman. We should, therefore, take the greatest care that we are in the right before we convict a gentleman in Mr. Dickenson's position of such an offence as manslaughter, and brand him with an imputation which may not only injure, but ruin his character and his prospects."

The jury instantly returned a verdict of *Acquittal*, and Mr. Dickenson quitted the court amid the congratulations of his friends.

GOSSIP OF THE WEEK.

Apothecaries' Hall.—Gentlemen admitted Licentiates on the 19th of March, 1846: John Marshall, John Morris Bennett.

The Oxford Secession.—We understand that Mr. Christie, late Fellow of Oriel College, has determined to give up the study of the medical profession, in which he, some time since, entered at Bartholomew's Hospital, and to take orders in the Roman Catholic Church.—*Oxford Herald.*

We are requested to mention that Mr. Keating, of St. Paul's Church-yard, has just received a large importation of matico direct from South America. Medical gentlemen in need of samples, can have them on application.

The case of Mr. Seton, which occupied the attention of the profession so much, some months since, and the surgical treatment of which caused a protracted controversy, is about to be brought before the Royal Medical and Chirurgical Society at an early meeting, by Mr. Liston. In thus appealing to professional tribunal, we trust Mr. Liston will be able to shew that the operation he performed, was the only proceeding at all admissible, and thus clear himself from the charges publicly brought against him.

Admiralty, March 21st.—Her Majesty the Queen having been graciously pleased to direct that the medical director-general, the inspectors, and the deputy-inspectors of hospitals and fleets, the surgeons, the secretaries, and the paymasters and pursers of the Royal Navy shall in future wear two epaulets with their respective uniform coats, and that mates, second masters, assistant-surgeons and passed clerks shall each wear one epaulet on the right shoulder of their uniform coats. The following distinctions for denoting the rank of the several officers of the Royal Navy wearing epaulets are in future to be adopted, viz.:—Medical director-general, on each of his epaulets, a gold crown and a star. Inpectors of hospitals and fleets, on theirs, a gold crown. Deputy-inspectors of hospitals and fleets, a gold star. Surgeons, plain. Assistant-surgeons, one on right shoulder, plain.

Obituary.—March 14, at the Gritt, Leigh, near Great Malvern, John Cole, Esq., M.D., late of Charlotte-street, Bedford-square, London, aged 61. On the 12th inst., on board the ship Persia, homeward bound, Charles John Martyr, assistant-surgeon, Madras Artillery, third son of Thomas Martyr, Esq., of Croom's-hill, Greenwich.

War-Office, March 20.—10th Light Dragoons: Surgeon M. J. M. Ross, from 44th, to be surgeon, vice Murray, who exchanges. 44th—Surgeon D. Murray, M.D., from 10th Light Dragoons, to be surgeon, vice Ross, who exchanges.

Experiments are being made in the veterinary school at Lyons, on the means of preventing the communication of hydrophobia, and of curing that fearful disease. The first attempts with a plan proposed by a person unconnected with the school have yielded the following results: five dogs were bitten by one that was decidedly mad, after which three of them were subjected to the proposed plan of treatment. These animals lived, while in the other two, the disease broke out in its full virulence, and they died in convulsions.

New Medical Society at the West-End of Town.—The practitioners of the Western Districts of the Metropolis are in course of instituting a new medical society, to be entitled—"The Western Medical and Surgical Association for the Advancement of Science." The first office-bearers proposed, and who are to be eligible for re-election annually, are Sir James Clark, Bart., F.R.S., President. Messrs. Gaskell and Goderich, Vice-Presidents. Mr. Edwards, Treasurer. Mr. Barnes, Secretary. The initial general meeting of the members will take place at the Western Grammar-School, Brompton, at seven o'clock in the evening, on Wednesday the 8th of April, 1846. Sir James Clark will take the chair. A code of laws will be determined upon on this occasion.

False Reports.—Sir Philip Crampton says, in the *Dublin Quarterly Journal of Medical Science*, that the late Mr. Henn, of Merrion-square, from whom Sir Astley Cooper had extracted some fragments of calculi by means of his forceps in the year 1824, consulted M. Civiale in 1827, who ascertained, by sounding, the existence of several calculi in the bladder, complicated with extensive disease of that organ, and of the prostate; he dissuaded him from undergoing lithotrity or any other operation, at least under existing circumstances, and placed him under the care of Dr. Morgan. Mr. Henn returned to Dublin, where he lived for several years, but never underwent any operation. At a sitting of the Royal Academy of Medine, on the 3rd of January, 1828, the name of Mr. Henn appears among the number of those who had been operated upon by M. Civiale, and had died of the operation.

MORTALITY TABLE,

For the week ending March 21, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes . . .	880	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	140	183	188
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	75	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	160	169	157
Diseases of the Lungs, and of the other Organs of Respiration	279	363	294
Diseases of the Heart and Blood-vessels . . .	28	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	63	69	72
Diseases of the Kidneys, &c.	10	7	7
Childbirth, Diseases of the Uterus, &c.	15	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	8	7	7
Diseases of the Skin, Cellular Tissues, &c.	4	2	2
Old Age	53	90	67
Violence, Privation, Cold, and Intemperance . .	43	27	26

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PROGRESS OF MEDICAL SCIENCE,

INCLUDING CHEMISTRY AND PHARMACY.

France.

[FROM OUR OWN CORRESPONDENT.]

ACADEMY OF MEDICINE.

Extraordinary Meeting of March 21st, 1846; Dr. Begin in the Chair.

THE PLAGUE AND THE QUARANTINE QUESTION.

Dr. Prus proceeded with his report:—

Sect. 6.—Is the plague transmissible out of the epidemic centres? This is perhaps the most important of all the questions suggested by the subject. If answered in the affirmative, the present quarantine system must be preserved; if in the negative, the lazarettoes should be done away with. The physicians, who observed in Egypt the plagues of 1835 and of 1841, deny the transmissibility of the disease out of the infested countries, and ground their opinions on the following reasons:—1. With the epidemic constitution of the atmosphere, the plague is also observed to cease suddenly. Crowds of patients still encumber the houses and the hospitals; all the circumstances which can possibly tend to promote contagion or infection are still united, and yet, at a stated period, the pestilence disappears. Out of the fated cities a patient affected with the plague is no more to be feared than a sporadic case of the same disorder. 2. It may still be doubted, whether, during an epidemic, the clothes and goods belonging to the victims, may or may not propagate the malady; but it is quite certain that they may be used and worn with the most perfect impunity when once the epidemic constitution of the atmosphere has ceased. 3. Many local conditions of insulation and of hygiene—many circumstances depending on moral and physical destitution—must combine for a succession of years before the plague breaks out in any country. Now, if a ship should export one or more pestilential patients out of the limit of the epidemic, that ship cannot also carry, with the patients, the numerous past and present causes which are necessary to the development of an epidemic.

From the observations made in Egypt, we may, therefore, conclude, that the disease cannot be readily conveyed from one climate to another. Let us examine now, if the same inference may be fairly extracted from observations made at sea, or in the European lazarettoes.

Since 1720, twenty-four ships have landed with the plague on board, in several ports of the Mediterranean—ten at Marseilles, five at Venice, eight at Leghorn, and one at Genoa. In Marseilles, thirty-three cases of confirmed plague have been treated at the lazaretto, eighteen were fatal and the remainder recovered. In eleven of these cases the malady was communicated in the pest-house. From these, as well as similar observations made at Venice, Leghorn, and Genoa, the commission is unanimously of opinion that the plague may be propagated at sea, or in the European lazarettoes.

Sect. 7.—Beyond the limits of epidemic infection, it is not proved that the plague is transmitted by direct contact.

Sect. 8.—Can the plague be propagated by the clothes of the victims in countries where the disease does not exist in an epidemic form? Since the year 1720 the disorder has never been transmitted in this manner in any one of the lazarettoes. The only cases of the kind on record, since the above date, have been observed, either in ships on quarantine in European ports, or in Greece, at the lazarettoes of Syra. In these few cases, it is doubtful if the plague was caught in the specified manner, or if the infection was the result of pestilential emanations existing on board. The commission, desirous of showing reserve on so important a matter, thinks, however, that, for the present, no decided answer can be made to the question which begins the present section, until further experiments shall have been instituted with prudence by competent authorities, and at a distance from any centre of epidemic infection.

Sect. 9.—Can the plague be conveyed from an epidemic centre to other countries through the agency of bales of goods?

(A) During the plague of Alexandria, 1835, an immense number of bales of cotton were forwarded, between the months of January and June, to all the sea-ports in Europe, and the disease was not propagated. During the same space of time, sixteen English vessels, eight of which had the plague on board, left Alexandria laden with cotton, and yet they did not become at home causes of infection. Since 1720, not one of the workmen employed in, and about the lazarettoes of Marseilles, at the lading and unlading of ships, ever caught the plague. Nothing, therefore, proves that bales of goods can be instrumental in conveying the plague to any of our ports.

(B) In our lazarettoes the goods are divided into two classes, according as they are supposed to be susceptible or not of containing poisonous effluvia. This distinction, in the opinion of the commission, is supported by no facts or experiments worthy of the slightest confidence.

(C) As to the best means to be employed for the destruction of the pestilential principle concealed in bales of goods, the commission thinks that the existence of any such principle must, in the first place, be demonstrated, before any means are proposed for its neutralisation.

Sect. 10.—It seems at first extremely difficult to decide, if the plague has been communicated at sea, or in lazarettoes by direct contact with, or by emanations from, pestilential subjects. If, however, we reflect that numerous observations have proved that direct contact in the open air has been always innocuous, and that, on the other hand, the simple fact of remaining any time in a centre of pestilential infection, has been often sufficient to communicate the disease, without any suspicious contact, it becomes highly probable that, out of epidemic centres, the malady has been propagated by simple infection.

Sect. 11.—Although it is not demonstrated that a pestilential constitution of the atmosphere is necessary for the transmission of the plague, in a country wherein it is imported, yet it appears certain that the imported plague cannot produce much damage, unless it meets in the climate, atmosphere, or inhabitants, with circumstances favourable to its development.

Ordinary Meeting of March 24; Dr. Roche in the Chair.

THE PLAGUE (continued).

Dr. Prus declared that two of the members of the commission having requested to be allowed some days of consideration, before they accepted their share of the responsibility of the practical conclusions, the commission had agreed to interrupt the reading of the report until next week. After a short debate, in which Messrs. Prus, Londe, Caventou, Cloquet, and Dubois, took part, the Academy decided that the scientific part of the report should be immediately proceeded with, and the practical conclusions be adjourned to Tuesday next.

Part 4.—*Incubation of the Plague.*—What is the longest time during which the plague may remain concealed in an infected person, before betraying its existence by more or less evident symptoms? The incubation of the plague varies in length according to the period at which the epidemic is arrived. The differences of duration may, however, be circumscribed between certain limits, and these limits must regulate the much debated question of the quarantines. All observers agree, that at the outbreak of a pestilential epidemic, the incubation of the disease is sometimes extremely short; hence those fearful cases which prove fatal within a few hours, and which have attracted the attention of all those who have directed their minds to the subject. During the second, and also during the last stage of the epidemic, the incubation generally lasts from three to five days. Thus far there are no differences of opinion. Authors disagree only on the longest duration which it is possible to admit in exceptional cases. The great majority of writers assert that the incubation *never* lasts longer than eight days; whereas, it is admitted by others, that it may last ten days, and sometimes even for a longer period. Dr. Grassi, physician to the lazaretto of Alexandria, since the year 1831, states, in a memoir to the Academy, that he has observed several thousand persons who were confined in the lazaretto for six days after communication with pestilential patients. In many instances, the plague declared itself during their confinement, but in no one case after the expiration of the sixth day. The vast number of cases, on which M. Grassi bases his experience may be judged of, when it is known that from January, 1840, to January, 1843, 5,240 persons were admitted into the pest-house. During the epidemic of Alexandria and Cairo, 1835, the

city of Abouzabel, situated at ten miles only from Cairo, was not affected. Many of the inhabitants went to Cairo on business, and returned with the infection. In none did the incubation last longer than six days. We also find that where ships sail from a place where the plague exists, cases of pestis have never broken out after the first week at sea. The commission has carefully studied those cases in which the incubation is supposed to have lasted more than a week or ten days, and does not think they can be admitted in proof; in these cases the influence of miasmatic effluvia, on the production of the disease, does not seem to have been properly appreciated. The following conclusion has been, therefore, adopted :—The incubation of the plague does not exceed eight days.

At the termination of this long report, it may not be improper to place before our readers a synoptical view of the conclusions :—

1. The plague not only arises spontaneously in Egypt, Syria, and Turkey, but has also been observed in several parts of the continents of Asia, Africa, and Europe.

2. The habitation on alluvial soils, or in the neighbourhood of marshes, near the Mediterranean, the Nile, Danube, or Euphrates, the bad construction of dwellings, a warm and moist atmosphere, the action of putrified animal or vegetable matter, an insufficient diet, and physical and moral misery, are the causes to which its development should be attributed. It is to the combination of these causes that we must refer the existence of sporadic pestis in Lower Egypt as an endemic malady, and the occurrence every ten years of an epidemic in that country.

3. The absence of the plague in Ancient Egypt, when that kingdom was under the influence of wise, sanitory regulations, induces a reasonable hope that, by enforcing laws analogous to those which preserved the country from infection for so many centuries, the same healthful effects will be produced.

4. The state of Syria, Turkey, the empire of Morocco, and the regencies of Tunis and Tripoli, being the same as it was when those lands were visited with spontaneous epidemics of plague, there is no reason to suppose they may not be again decimated by the malady.

5. Spontaneous plague is not to be feared in the province of Algeria.

6. The progress in the arts of civilisation, and in the science of public hygiene, can alone furnish us with the means of preventing the development of the disease.

7. The plague must be placed on the first line of epidemic disorders. Sporadic plague differs from epidemic plague not only by the smaller number of persons affected, but by the absence of the specific characters of epidemics.

8. The plague is propagated by the air, independently of the physical influence of affected subjects.

9. Inoculation of blood or pus taken from a patient affected with the plague has yielded only equivocal results. The serum of carbuncles has in no instance communicated the plague by inoculation. It is, therefore, not proved that the malady can be transmitted by that mode of infection, even under the influence of a pestilential constitution of the atmosphere.

10. Not a single case shows clearly the *contagious* nature of the disorder.

11. An immense number of facts prove that the plague has not been communicated, even during an epidemic, by the goods or clothes used by the victims.

12. The plague is transmitted, in epidemic centres, by the miasmata exhaled by pestilential subjects.

13. There is no doubt that the plague may be transmitted, at a distance from epidemic centres, either at sea or in European lazarettoes.

14. At a distance from epidemic centres the plague is not contagious; it is not propagated by the clothes or goods belonging to pestilential patients.

15. It is not proved that bales of goods can convey the malady.

16. The plague may be propagated at a distance from epidemic centres by poisonous miasmata.

17. Patients affected with the plague may, by poisoning the air of the apartments in which they are confined, create centres of infection, from which the disease may be further propagated.

18. Patients affected with sporadic plague do not create a sufficiently active focus of infection to transmit the malady.

19. The apartments in which pestiferous patients have been confined may preserve their poisonous properties after the patients have been removed.

20. Centres of infection once formed on board ship, by the presence of one or more cases of plague, may persist for a long time. They have often acquired a fearful degree of intensity in ships encumbered with troops or pilgrims.

21. Such moveable centres of infection cannot become the causes of formation of a secondary focus, unless the hygienic conditions necessary to the development of the plague are met with on shore.

22. The incubation of the plague does not seem to have ever lasted more than eight days.

HOTEL DIEU.

CLINICAL LECTURE—*Dyspepsia.* By Professor CHOMEL (concluded).

4. Dyspepsia can also be sometimes referred to a long and improper continuance of medicines. The abuse of mercurials, of the balsamum copaivæ, of cubebs, of Peruvian bark, of sulphate of quinine, and other drugs, has often impaired the gastric functions, and occasioned the development of dyspepsia. This disease may not only be consequent upon an imprudent exhibition of irritating substances, but may often result from the relaxation caused by debilitating medicines, and attends frequently upon that variety of anemia which follows abundant depletion of the circulation.

5. Amongst the most frequent causes of dyspepsia we may also place the habit of wearing tight clothes. Gastric neuralgia is, in women, most commonly occasioned by the use of the corset.

The enumeration of the causes of dyspepsia shows what should be the line of conduct pursued in the treatment of the disease. The *cause* should, in the first place, be sought for, and, once detected, must if possible be removed—*sublatâ causâ, tollitur effectus.* It is quite correct to say that dyspepsia is oftener cured by the removal of its causes than by the action of medicines, which the physician often prescribes more with the view of working on his patient's imagination, than from any decided confidence in their curative powers. Medicines certainly assist the treatment, but the most important part by far of that treatment must undoubtedly consist in the removal of those causes which have gradually brought on the disease. Amongst other curative methods, exercise is perhaps the most energetic, and the most efficient. Bitter and aromatic preparations enjoy a well-deserved reputation for the treatment of dyspepsia. Tonics are also frequently advantageous, and chalybeates are frequently exhibited with decided benefit. Alkaline substances, such as magnesia, liquor calcis, alkaline effervescent waters, like those of Vichy or Bussang, relieve acidity. Cold baths and cold effusions often give rise to the most satisfactory results. The costiveness which patients suffer from very generally should be removed, either by the occasional exhibition of mild laxatives, or by a regularity of evacuations, induced by voluntary and persevering efforts, repeated every day at the same hour. Should the disease, as it too frequently happens, become complicated with hypochondriasis, it is necessary to rouse the mind by forcing the body to energetic exertion. Travelling on foot or on horseback should, in such cases, be strongly recommended. As to mineral waters, they should be taken at the springs, because, independently of their medicinal action, which is sometimes evident, the change of scene, and the variety of healthy amusements which they usually present, occupy the mind of the patient, while they improve his bodily health, and tend considerably to relieve the symptoms under which he is labouring.

DAN. M'CARTHY, D.M.P.

WEST INDIES.—The province of Demerara is making a magnificent provision for its agricultural chemist, Dr. Shier, who is to be placed on a salary of £1000 per annum.

Germany.

[FROM OUR OWN CORRESPONDENT.]

ON THE PHYSIOLOGY OF URINARY SECRETION; BY PROFESSOR HYRTL.—This author, who has been engaged during two years in an extensive examination of the kidneys of the vertebrata, has made numerous observations which do not agree with the well known views of your distinguished countryman Bowman. He has come to the conclusion that the relationship of the blood-vessels and uriniferous tubes is by no means so simple as is generally supposed, and that the Malpighian bodies do not essentially consist "of a small mass of vessels contained within the dilated extremities of the convoluted uriniferous tubes." Professor Hyrtl postulates the following propositions as the result of his researches :—I. *The capsules of the Malpighian bodies have no connection with the uriniferous tubes.*—In support of this assertion he brings the following proofs :—1. Microscopical investigation shows no such connection in prepared capsules, and when in this case uriniferous tubes are found, which appear to go from the capsule, this does not prove that they arise out of the capsule. In the naked amphibia, particularly in the urodela and perennibrachiata (whose capsules, which are very large, can be distinguished from the surrounding parenchymatous tissue, and separately examined by the naked eye), the capsules are always found as small bladders, quite closed, without any communication with the uriniferous tubes. 2. If the uriniferous tubes of a frog be filled with a coloured fluid to their ultimate ramifications, the capsules of the Malpighian bodies remain always empty, even when extravasation ensues; and if, in this experiment the arterial capillary vessels be filled with a red injection, the convoluted vessels of the Malpighian bodies which lie on the superficies of the kidneys appear quite free from it. 3. Experiments made on living animals are also against the origin of the uriniferous tubes from the capsules of the Malpighian bodies. Hyrtl tied the ureter in rabbits three times, and found that the ureter, the pelvis, and Bellinian tubes were dilated by twice their diameter and four times their volume from the retention of urine; the capsules of the Malpighian bodies, however, had in every case preserved their normal size, and surrounded their tufts of blood-vessels quite as closely as in animals which had not been operated on. Hyrtl renewed these experiments on native ophidia and batrachia, and with the same results. Relatively to the second proof, he mentions that almost 100 microscopical preparations, injected with the greatest nicety, were at his command, and that he had used the kidneys of birds, fishes, and amphibia for these experiments, because they are destitute of the pelvis and papillæ renales, which render it almost impossible to fill the uriniferous tubes completely in men and the Mammalia. A thorough examination of all the injected preparations of the uriniferous tubes led to the following results :—a. A uriniferous tube is never connected with the capsule of a Malpighian body. If the whole system of uriniferous tubes be filled to its extremities with a coloured fluid, the capsules remain as blank spaces, which appear on the surface of a dried kidney as so many niche-like recesses, under which the uriniferous tubes ramify in various directions. b. In the kidneys of cyprinus, leucisus, abramis, aspro, cobitis, a uriniferous tube has often the appearance of a bladder-like enlargement at the side, and one might believe it was filled with injected matter from the uriniferous tube. This appearance arises from the fact that, however carefully the operation of injection may be conducted, the uriniferous tubes burst in one or more places, and the injected fluid penetrates through the venous networt, between whose interstices the uriniferous tubes run; and because it contains resinous and oleaginous parts it cannot unite with the venous blood, but remains in isolated drops, like globules of fat in soup. Now, if in the drying of the preparation such a globule remains on the wall of the veins, along the outer surface of which three or four uriniferous tubes take their course, the error of mistaking this little drop for a capsule filled from the uriniferous tube is very pardonable. c. The kidneys of the chondropterygii show that precisely in those parts where there are no glomeruli, and consequently no capsules, uriniferous

tubes are found to abound, and to have the finest ramifications. If we also take into consideration that, in cyprinus, 2 glomeruli, and 19 uriniferous tubes; in Accipenser, 3 glomeruli, and 24 uriniferous tubes; in perca, 3 glomeruli, and 28 uriniferous tubes, exist in a square line of space; it appears impossible that every uriniferous tube could originate from the capsule of a Malpighian body. d. The disproportion in the number of capsules, and the finest uriniferous tubes, is quite as striking in the amphibia. The distanee between two large glomeruli beeomes so great at the upper pointed end of the kidneys, that twenty or thirty uriniferous tubes of large calibre run parallel to each other between them. It is evident enough that the uriniferous tubes do not communicate with the glomeruli, from the faet that they separate from the latter in large lateral bends. e. In birds an inverse numerical proportion between the eapsules and the uriniferous tubes has been observed. The glomeruli and their capsules are very small; the terminal branches of the uriniferous tubes are tolerably large. In the swan the glomeruli are only half the size which they are in the mole, and they are smaller in the Australian ostrich than in the field-mouse. By a summary estimate, about twenty or forty uriniferous tubes exist for every 200 glomeruli—a proportion which does not favour Bowman's opinion. Further, that several eapsules are not eonnected with one uriniferous tube is proved by those preparations where, after the uriniferous tubes are quite filled, the glomeruli afterwards injeeted were found attaehed alternately to the outer surface of a uriniferous tube. Besides this, when we know the law of the division of a uriniferous tube in the lobes of the kidneys, it is impossible to see why a uriniferous tube should pass twenty or thirty glomeruli in order to be united with a more distant part.

Do the capsules exist as completely elosed spaces? Hyrtl denies this, beeause the ciliary movement discovered in them by Bowman speaks for the existenee of an outlet. That a eommunication ean only exist betwcen the capsules and the lymphatie vessels is evident enough, and this eommunieation becomes very probable from the following fact—viz., very frequently during injections of the renal artery, the lymphatie vessels proceeding from the hilus renum are also filled with the injection. As often, however, as this happens, the vaseular tufts of the Malpighian bodies are burst by the foree of the injection; extravasations even oecur in these places, because the frequent bends in the arteries of the tufts dispose them to be easily ruptured. When the injeetion passes through the tufts, the capsules of the Malpighian bodies necessarily fill, and if these are conneeted with the lymphatic vessels, the injection of the latter will be the invariable consequence of too great a fulness of the artery. Proeeeding on this, Hyrtl inclines to the following hypothesis: that the glomeruli secrete serum is undoubted even by Bowman. The contents of the protuberant capsules, as clear as water in the naked amphibia, prove this. That, however, this serum does not form the watery eonstituent of the urine ean be concluded from the following faets (overlooking altogether the non-eommunieation of the uriniferous tubes with the eapsules):—on the one hand, the secreting surface of the uriniferous tubes is large enough to furnish the whole watery constituent of the urine; on the other, in no secreting gland whose seeretions eontain much water—e. g., the lacrymal and salivary glands—are there even traces of glomeruli to be found. On the eontrary, they are found in those organs in which the watery seeretions are quite subordinate—e. g., according to the author's observations—in the milt of fishes, and in birds, in the medullary arteries of those bones which have no respiratory eavities, as the tibia, &c. The serum secreted by the glomeruli is absorbed by the lymphatie vessels, for the purpose of concentrating the blood which eontains only a small portion of urea before it comes in contact with the secreting tubes, in order that the thickened blood, freed from the greater part of its watery constituent, may offer a rieher material to the secreting action of the uriniferous tubes. Hence the glomeruli are not to be found on the side of the capillary vessels, but on the side of the large arterial branehes, before they become capillary. The existence of glomeruli in the smaller arteries of the medulla ossium may be accounted for from analogous grounds, viz., because the salts applied to the reproduction and nutrition of the bones exist in a very weak solution. II. *On the differences of the Malpighian bodies in different animals:* 1. As a general rule, the glomeruli are large in the kidneys of the herbivora, and smaller in those of the earnivora. This rule, however, is of no physiological importance, because, in the larger glomeruli, the vessels are also larger, and eonsequently the number of convolutions may not be greater in the larger than in the smaller vessels. Now, if the serous secretion of the glomeruli supplied the watery menstruum of the urine, the earnivora would evacuate more urine than the herbivora: for, if the dimensions of the kidneys and the number of eonvolutions of the vessels were equal, the kidneys of the carnivora would contain more glomeruli, and in eonsequenee a larger surface for the secretion in question. But the eontrary is the case; and the urine of the carnivora is evacuated in a less quantity and as a more saturated solution of urea and urates, than that of the herbivora, which agrees with my own views. 2. In the mammalia, the blood-vessel, on entering the glomerulus, is divided into several branches, whieh on leaving the glomerulus are re-united. This arrangement has evidently for its objeet the inerease of the seereting surface. In birds, fishes, sauria, and ophidia, bends of the vessels oeeur, but not the above-mentioned separation. Also, in the glomeruli of the alligator sclerops, laeerta agilis, ehamæleon Africanus, and Iestudo Greea, these ramifications are not found. 3. The comparative sizes of the afferent and efferent vessels show how much serum ean, in this manner, be withdrawn from the blood; in proteus, the first is to the seeond as three to one; in triton tæniatus and in salamandra as two to one. In fishes and birds the difference is not so great and ean be estimated only in fractions. 4. In warm-blooded animals the eapsules lie elose to the glomeruli, but in the batrachia there is a greater or less intermediate space, whieh, in microscopical investigation, appears as a bright ring of a eertain breadth. This fact also militates against Bowman's views. We know that the urate of ammonia, existing in the urine of the uriniferous tubes, is changed into sal-ammoniae by immersing the kidneys in water aeidulated with hydrochlorie acid; by drying the kidneys the sal-ammoniac erystallises in the usual feather-like groups, and the course of the finest uriniferous tubes may easily be seen without injeetion. If the eapsules, completely filled with serum, eommunieated with the uriniferous tubes, the urate of ammonia found in the urine of the tubes would, in eonsequence of a well-known physical law, be diffused into the serum of the capsules, when kidneys newly taken from an animal are kept for some time; and if the kidneys were then placed in diluted hydrochlorie acid, the erystals already spoken of would be found in the capsules, which phenomenon was never observed by Hyrtl, even when the uriniferous tubes were filled to overflowing. 5. The paueity of glomerules in the kidneys of eold-blooded animals is striking, eompared to their abundanee in those of mammalia and birds. This eircumstance, however, has no connection with the paucity of water in the urine of the former, because, on the one hand, the urine of birds, in spite of their numerous glomerules, is similar in eonsistency to that of the amphibia: on the other hand, the urine, still remaining in the uriniferous tubes, is perfectly fluid, even in the ophidia, and is evacuated in firm lumps only on this account, that the watery partieles of it are absorbed during its long eontinuance in the eloaea. 6. In the warm-blooded animals the glomeruli of the cortieal substance never extend to the superficies of the kidneys, though in dried kidney, injected microscopieally through the arteries, the stratum of cortieal substance covering the arteries is often so thin that the glomeruli, though lying deeper, are seen through it. III. *Termination of the uriniferous tubes:* On this subject the kidneys of birds afford the most definite information. They consist of single lobules, isolated in a certain degree, eaeh of whieh lobules possesses a central (achsenvene) vein. The chief vein and the superficial veins of a lobule eommunicate by means of an ample eapillary system, the narrow intermediate spaces of which are filled by ramifications of the arteries of the kidneys, and by the smaller uriniferous tubes. The larger uriniferous tubes at first follow the superficial veins, and then each sends several branchlets in pairs towards the principal vein; arrived there, the uriniferous tubes of each pair do not anastomose with each other, but in every two pairs the tubes immediately succeeding each other do so, and form eompletc ansae, which frequently appear twisted about their axis, and offer the greatest similarity with those of the vascular ansae discovered by E. H. Weber in the terminal braneh es of the umbilieal arteries of the placenta. From the kidneys of psittacus, eolumba, andea, eolymbus, tetrao, and scolopax, Hyrtl has quite eonvinced himself, and ean show by preparations, that the ansae of the uriniferous tubes are fastened as if contained in bags on the wall of the prineipal (aehsenvene) vein, and, provided with this covering, float freely in the blood of the prineipal vein. The analogy with the eonfirmation of the placenta is undeniable, although by no means perfeet. The whole structure of the kidney is accordingly intended to bring the uriniferous tubes into the elosest and most frequent contact with the thinly walled veins. The eonveyanee of the eonstituent parts of the blood into the uriniferous tubes is effected, as in other glands, by endosmosis and exosmosis, and there is no partieular apparatus for the seeretion of the watery and organie constituents of the urine. Ciliary motion certainly exists in the uriniferous tubes of salamandra maeulata. Hyrtl has observed it existing in a very marked and continuous state. In conclusion, Hyrtl brings a pathologico-anatomical fact to bear against Bowman's views. Rokitansky, in his fifth variety of Bright's degeneration, has directed attention to the existenee of eysts (varying in size from a poppy-seed to that of a nut or upwards) in the eortical substance. That these eysts are metamorphoses of the eapsules of Müller is proved by investigation of the smallest ones, which undoubtedly eontain the glomeruli Malpighii. Now, when these cysts become larger the glomeruli Malpighii disappear; and the walls of eontaet of the growing eysts become dehiscent, so that reservoirs of considerable size originate, the fluid contents of whieh suffice for a chemieal analysis. When the kidneys were so fresh that the urine of the uriniferous tubes eould not enter the eysts by means of meehanical imbibition, Hyrtl never found a traee of urine in the eysts. Neither did Rokitansky ever find urinary deposits or urinary eoncretions in the largest cysts, which he would have done if the eontents of the eapsules united together in a eyst, had been of a urinary nature.—*Journal of the Med. Fac.*, Vienna, March, 1846.

England.

[The following are the only articles of interest to the profession in the last No. of the *Lancet.*]

Puerperal Insanity.—Dr. Conolly states that the usual premonitory symptoms of puerperal insanity are, a quick pulse, always an indicator of some misehief when eontinuing after delivery, a pulse above 100, perhaps 120 or 130, together with want of rest and sleep, a remarkable quickness and irritability of manner, and a disposition to interfere with all the arrangements of the nurse, the doctor, and everybody else. At the same time, there is often an observable carelessness as regards the infant, as though without a want of affection for it: sometimes the indifference to it is eomplete; and sometimes it beeomes an objeet of aversion. In some eases there is a very imperfeet recolleetion of having had a ehild. The patient soon begins to talk foolishly, and the disease assumes the form of aeute mania or of melaneholia, although far more frequently of the former, melancholia seeming to be the form more commonly seen when the malady supervenes on nursing when it has produced exhaustion. Heat and pain of the head are frequently present. Dr. Conolly has not found the milk to be so commonly suppressed or diminished in quantity, or any irregularity in the lochia so frequent as usually described. Feverish symptoms are not constant aeeompaniments, but their presence or absence is a eircumstance of considerable importance. The pulse eontinues to be quick and feeble, and is sometimes rapid. Pain in the lower part of the back is a frequent symptom, as well as pain in

the head; and sometimes there is much tenderness in the lower part of the abdomen, not only in cases occurring a few days after delivery, in which the mental affection is, perhaps, rather the delirium attending an inflammatory condition of the uterus or its appendages, than simple insanity, but in cases occurring later, which have put on a chronic form, and in which it is very probable that the mental affection is symptomatic of chronic uterine irritation. These symptoms however are not all present in every case of puerperal insanity. The maniacal attack is most frequently of a lively character. The patient sings, talks incoherently, and laughs much; is sleepless and restless, and very active; dancing, undressing herself, running about, overturning chairs, breaking windows, kneeling down and praying loudly, and sometimes manifesting sexual excitement: but generally sensible enough to become tranquil when spoken to, and to converse rationally for a short time. In the melancholic form there is a general apathy and listlessness, mingled with anxiety about domestic affairs, and self-reproach for neglecting them; the patient is indifferent to food, very silent, and exhibits no affection towards her infant or her husband. The countenance is anxious, the brow wrinkled; fretfulness, vague suspicions, various delusions, and a disposition to self-destruction ensue. In the greater number of cases, there is no reasonable or manifest physical cause for the occurrence of the malady, beyond the mere circumstance of the previous delivery; and there is nothing more satisfactory to say of the physical cause of puerperal insanity, than that it proceeds from a peculiar state of the brain following delivery. Whatever this state is, it is certainly not acutely inflammatory, if inflammatory at all; and it does not bear active depletion. In some instances, it has seemed to depend upon, or at least to be associated with, irritations arising from a retained placenta, according to the patient's representation, and certainly with morbid and offensive uterine discharges, only ceasing about the period of recovery; the bodily and mental malady being prolonged eight or ten months. It has been said that one of the most frequent causes of puerperal insanity in the poorer classes is the application of cold, or premature exposure to cold, in the puerperal state; but Dr. Conolly has not met with cases in which this seemed to have been the cause of the malady. The complaint appears to be more common in other countries (especially in France), than in this country; and Dr. Conolly thinks the cause may often be connected with the habit, among the labouring classes of that country, of allowing scarcely any interruption of their usual occupations to be occasioned by delivery. It is said, also, among the same class, frequently to succeed to weaning, or it should, perhaps, rather be said, to long-continued nursing. The debility thus induced is not unfrequently a cause of mental derangement, melancholy, and even imbecility of a certain duration, in the poorer classes of women in England, and in the poor Irish women resident in London. True puerperal mania has sometimes supervened on exhaustion produced by great uterine hemorrhage, or by an imprudent venesection. Dr. M. Hall regards the combined influence of irritation and exhaustion as the most probable cause of puerperal insanity. Dr. Conolly considers that in the greater number of cases of puerperal insanity, or in nearly all, the patients will be found to have been of a peculiar mental character before becoming pregnant, and even to have inherited a peculiar mental constitution. He can scarcely recal an instance in which the patient's parents were not highly nervous, or some of their relatives insane, or so eccentric as to be on the borders of insanity. In a proportion of the cases at the asylum, there had been more than one attack of insanity from the same cause. Among the moral causes, anxiety, the fear of abandonment, and the pressure of poverty, may readily be supposed to be most conspicuous. Some of these causes operate more strongly when the mother is not married; and there is a brief delirium, very important in a forensic point of view, which sometimes occurs in young mothers, and especially in the unmarried, in which they try to destroy the child. Grief for the death of the child has been a cause in some instances; and fright, when in the puerperal state, has induced the malady in other patients. Some of the poor patients at Hanwell, affected with insanity after confinement, have come to the asylum apparently half starved; and, after their recovery, their discharge has been necessarily delayed on account of the appalling wretchedness to be faced by the poor convalescent the moment she left the asylum. Cases of puerperal insanity appear to afford a better prospect of recovery than any other. The duration of the disease is very uncertain; but, except in a small proportion of cases, it does not become permanent. This, at least, seems to be its general character in this country, and Dr. Gooch expresses the same opinion. The subjects of it will remain insane from one to six or eight months, and even for one or two years, and yet recover; but the chances of recovery diminish, as in other cases of insanity, in proportion to the length of time that the complaint has lasted. In all the cases the recovery has been particularly gradual, sometimes taking place to a certain extent, and the intellect appearing to remain enfeebled for some time. Re-establishment of the uterine functions has commonly, if not uniformly, preceded the recovery, and an amended state of the uterine secretions, and the patient has regained strength and flesh. Those who were emaciated to a great degree, have become so stout as not to look like the same patients; but the restoration of the uterine functions, and other signs of improved health, may long precede perfect recovery. With respect to the treatment, venesection is rarely necessary, or even admissible. The application of leeches to the head is occasionally very useful, and in cases accompanied by pain in the uterine or ovarian region, leeches applied to the abdomen are of the greatest service, the pain and also the mental irritation being relieved or removed after they have been once or twice resorted to. Laxative medicines are generally required, and there are cases in which they alone suffice, improving the secretions, and seeming to remove some obstacle to recovery. In almost every case, except where the malady is connected with uterine hemorrhage, the frequent use of the warm hip-bath is serviceable; and in many cases, the tepid shower-bath, or even the cold shower-bath, moderately applied, gives considerable relief. During its application, the lower extremities of the patient should always be placed in warm water. Cold applications to the head, a wet cap, or an ice cap, may sometimes be usefully resorted to, when heat of scalp, pain, or other symptoms seem to require it. Blisters are not very often necessary, particularly in the early stages of the malady. If the disease has originated in exhaustion, an opiate, or even wine and other stimulants, may be required. In such cases 30 drops of Battley's sedative liquor of opium given at first, and smaller doses afterwards, have been remedial. Occasional anodynes are certainly serviceable; as the extract of hyoscyamus, in combination with camphor, a few grains of each being given at a dose. The tincture of henbane, or the tincture of hop, given in some bitter infusion, with the addition of a little camphor mixture, seems a useful medicine in allaying restlessness and discomfort. In those cases which are complicated with a half-starved condition of the patient, good food will constitute a very important article in the treatment; and Dr. Conolly believes that there are few cases of puerperal insanity in which good food is inadmissible. The previous habits of living of the patient must be considered; for delirium and fever may be occasioned by a sudden and extreme lowering of the diet. If there is manifest disturbance of the functions of the uterus, or a depraved state of the uterine secretions, the removal of this condition must be attempted by alterative and tonic medicines, aided by the hip-bath, and injections of a solution of alum, or of the nitrate of silver. Change of air is generally useful in such cases, and particularly a removal to the coast. The cerebral irritation, however, may still very probably survive for a time the uterine irritation which seemed to occasion it.

PROTRACTED LABOURS.—Dr. J. H. Davis describes two cases of protracted labor, in which he successfully performed craniotomy. The details of the cases are not such as to merit comment.

EFFECTS OF ANTIMONIAL PREPARATIONS.—Mr. C. J. B. Lane describes the effects of antimonial preparations on the human frame, confining his notice, however, to the potassio-tartrate and the oxide, which are the most active of these preparations. There are three general categories to which the proximate action of antimonials may be referred. In the first place, there is the local influence which accrues on the direct appliance of the medicinal substance to any structure of the body, more especially the skin and the gastro-intestinal mucous membrane. Secondly: there is the effect produced by the medicament, when, having been absorbed, it has become commingled with the blood, on which fluid and the containing tubes it may exert an action mechanical, chemical, or vital, individually or combined. Thirdly: there is a special nervine impression, or that which takes place immediately on the nervous structure of a part, or mediately in any subsequent point of development; and a still higher degree of nervine influence is manifested when, being introduced into the circulation, the substance is brought into more immediate contact with the nervous tissue, especially that of the great centres of the system, the sources of its energy. As respects the nervine action, it is also requisite to take into consideration a subsequent or secondary phase thereof, or rather, a result therefrom—viz., the reaction or behaviour of the nervous system in contravention to the foreign impression, and not in mere obedience to the impulse given. This result is generally referred to the direct influence of the medicine itself, but Mr. Lane believes, most erroneously. The local external application of antimony occasions a very decided irritant action. It cannot, however, be considered as a caustic, for no apparent direct chemical change is produced in the structure with which the substance comes in contact. On the application of tartar emetic to the skin, purulent formation is induced, apparently by the excitement and irritation of the capillary tissues. As a revulsive and derivative, it certainly possesses powerful influence in pulmonary diseases, in affections of the liver, and other deep-seated visceral complaints, acting, not merely as a counter-irritant, but also exerting a decided constitutional influence The adaptation of the especial mode of counter-irritation to the peculiar existent morbid state is of more consequence than is ordinarily supposed, and the inducement of vascularity, effusion of serum, or purulent formation, will respectively best answer some especial purpose. Tartarized antimony may be used externally in the forms of lotion, liniment, ointment, and plaster. The lotion is made by dissolving one drachm of the potassio-tartrate of antimony in two ounces of boiling water, and the embrocation, by adding an equal proportion of soap liniment to a saturated antimonial solution. The ointment may be prepared according to the Pharmacopœial formula, but Mr. Lane prefers it made with the addition of finely levigated white sugar, in the proportion of one part in eight, which causes it to act more readily. The plaster is best formed by incorporating from a scruple to a drachm of tartarized antimony, with a sufficient quantity of compound pitch and adhesive plasters in equal proportions; and from the excessive irritation often caused, it is desirable that the plaster should not exceed a moderate size, but rather be repeated, if requisite. Where it is wished to establish powerful counter-irritation, this latter form is decidedly preferable; the constant and close appliance to the skin causes the effect to extend more deeply, and the constitutional influence to be gradually and certainly developed. In different individuals, the irritant action is induced more or less readily, apparently according to the texture of the skin; but there can be no doubt that where internal morbid action is going on, the superjacent surface is more obnoxious to the stimulating antimonial influence. This is the case with all counter-irritation, but more especially with tartarized antimony. Local irritation also results from the application of tartar emetic and other antimonials to the gastro-intestinal mucous membrane: a pustular effect, however, is rarely produced; for even in fatal cases of antimonial poisoning, it is seldom that autopsic observation has disclosed any morbid appearance beyond more or less vascularity. The increased secretion of the mucous membrane and gastric follicles consequent on the irritation produced, seems in itself to shield the sub-mucous structures from the injury to which the sub-cutaneous tissue is liable. Mr. Lane has in three cases seen a profuse pustular eruption on the cutaneous surface result from the

internal administration of tartar emetic; in two of the cases the eruption supervened on that of rubeola, where the complication of pneumonia had occasioned the medicine to be resorted to in moderate doses. With respect to the general or constitutional influence of antimony, it is well ascertained that it is liable to be absorbed into the circulation (probably, merely by venous endosmose), and that it is consequently to be detected in the various structures of the body, especially the liver; but whether it exerts any active influence on the composition of the human blood is yet undecided. Antimony acts as a powerful sedative on the great nervous centre, the brain, whence its influence extends to the heart, subsequently to the extreme capillary tissues, and furthermore to the muscular tissues in general, probably through the medium of the nerves. The following are the effects produced by a full dose of the potassio-tartrate of antimony:—Its influence quickly depresses the vital powers; the heart's action is lowered, and the pulse is reduced in frequency and strength; the force of the capillary circulation is abated in yet greater proportion, the cutaneous surface becoming pallid, and imparting a sense of chilliness; the secreting tissues are relaxed, and pour forth their various fluids, saliva, gastric juice, bile, &c., to the secretion of which the primary irritative influence has given an impulse; the contractile energies of the muscles, voluntary and involuntary, become prostrated, and none more evidently so than those connected with the process of respiration, which is performed slowly and laboriously; a sense of faintness and anxiety is experienced; and these phenomena, combined, constitute the stage of depression. These symptoms are necessary followed by reaction; but a permanent sedative effect may be induced by the repeated administration of the drug in small doses. The potassio-tartrate is the commonest form in which antimony is exhibited, and though it is in some respects undoubtedly the most powerful preparation, probably from its solubility, yet owing to the sudden and violent influence it exerts, it is often not available, and sometimes even highly objectionable; James' powder has therefore been substituted, and has long enjoyed an extensive reputation; its active principle has been considered a sesquioxide, and many vain efforts have been made to assimilate thereto the Pharmacopœial "pulv. antim co." Mr. Lane believes that the virtue of the so-called sesquioxide of antimony is due merely to the protoxide, the admixture of which with the peroxide occasions its fictitious character.

Stricture of the Rectum.—At the Medical Society of London, Mr. Pilcher exhibited a preparation, illustrative of a case which he had attended with Dr. Aldis at the Surrey Dispensary. The patient was a woman, forty-six years of age, who had enjoyed tolerably good health until four or five weeks since, when she was seized with vomiting and slight purging, followed by constipation, and a distended and tympanitic abdomen. All the food she took was retained, but the medicines administered returned. The abdomen was very large, and the convolutions of the intestines and their peristaltic motion could be distinctly seen through the external parietes. The remedies consisted of purgatives of all kinds, including the administration of croton oil by the stomach and rectum. The uterus, on examination, was found normal; the rectum appeared to be folded on itself, but the finger detected what appeared to be fecal matter; this proved, however, not to be the case. Repeated injections were administered only to return. The patient died at the expiration of thirty days from the commencement of the constipation. She was not much sunken until about two hours before death. On opening the abdomen and turning aside the coverings, fecal matter was observed to have escaped into the cavity of the peritoneum; the matter had passed through minute pin-like holes in the colon. The colon was much enlarged, and the sigmoid flexure ulcerated, but not to the admission of the escape of feces, as an apple-pip was impacted in the ulcerated opening. The rectum was much distended, and a stricture existed about its middle, which effectually blocked up the passage.

Popliteal Aneurism treated by Pressure.—At the Medical Society of London, Mr. Storks read the details of a case of popliteal aneurism, which was successfully treated by pressure. The patient, aged thirty-two, a tailor, an unhealthy man, was admitted at Blenheim-street Dispensary, September 7th, 1845, with popliteal aneurism of the left leg. The treatment, by compression with Signoroni's tourniquet, was commenced September 12th. The pulsation ceased on the twentieth day, but returned on the twenty-second day, accompanied by great swelling, tenderness, and increase in size of the tumour. Some leeches were applied; the tenderness subsided, but the swelling, pulsation, and bruits remained. During the last forty-four days of the treatment, direct pressure by a pad and bandage was made on the aneurism; under which treatment the pulsation and bruit had ceased on the 12th of December, 1845, the treatment having occupied ninety-one days. Mr. Storks adverted to the statistics collected by Mr. B. Philips, which proved the dangerous results to be expected from the Hunterian operation, and stated, that, of sixteen cases subjected to the treatment by compression, contained in a table accompanying the paper, only two had been unsuccessful, as far as the life of the patient was concerned; and in fifteen of the cases the disease had been cured. Mr. Storks remarked, that, in the two unsuccessful cases, one (that of Mr. Cusack) could hardly be considered unsuccessful, as far as the question of this plan of treatment was concerned, the patient dying from disease of the heart forty-eight hours after pulsation had ceased in the aneurism. In the second case, Mr. Storks attributed the want of success to the great irritability of the patient, and to the fact of the pressure being used too forcibly at first. It was a matter of importance to ascertain what changes were produced in the artery at the point of compression, and whether such changes were calculated to embarrass the operator or affect the success of the operation. He alluded to three cases in which an opportunity was afforded of examining the artery during life or after death, and nothing but slight condensation of the sheath was found to have taken place. After some observations on the leading points in the above case, and some statistical deductions from the table accompanying the paper, Mr. Storks concluded by urging the necessity of pressure being fairly tried before the Hunterian operation is resorted to.

Strangulated Umbilical Hernia.—In the *Provincial Medical and Surgical Journal* are reported from the Leeds Infirmary two cases of strangulated umbilical hernia, which were successfully treated by operation, without opening the sac. The patient in the first case was a fat man, seventy years of age, and the hernia had been strangulated about fifteen hours, when he was admitted in the evening of the 24th July, 1845, into the infirmary. Considering the great age and weak state of the patient, it was thought dangerous to permit the night to pass without reduction, and it was decided in consultation to cut down and release the bowel, if possible without opening the sac. Mr. Smith then proceeded with the operation as follows:—The patient having been placed upon his back, an incision about three inches in length was made in the course of the linea alba, the lower niche of the incision being on the upper part of the tumour. There was a great thickness of fat to cut through. When this had been accomplished, the finger nail was used to expose the shining surface of the tendinous fascia. A small puncture, about the eighth of an inch long, was made through it, and the peritoneum was seen; a steel curved director was then passed, the tendon lifted up, and the opening very carefully enlarged until there was sufficient space to allow the introduction of a finger of the left hand. The blunt-pointed bistoury, and Sir Astley Cooper's knife, were next repeatedly used upon the finger, until the last band forming the stricture was divided, the unwounded peritoneum being in contact with the finger nail. The intestine then retired into the abdomen sua sponte, leaving the irreducible portion of omentum in the sac. The patient experienced great relief instantaneously, and the edges of the wound were brought together by strips of adhesive plaster. The patient for some time after the operation went on well, and, in the early part of the succeeding September, it was ascertained that the hitherto irreducible portion of omentum contained in the sac had returned into the abdomen. Soon after the wound assumed a phagedenic character, and manifested a tendency to hospital gangrene, which was however soon corrected, and the patient ultimately recovered. The second case was under the care of Mr. Teale. The patient was a very fat woman, fifty-five years of age, and the hernia was of twelve years' standing. Partial symptoms of strangulation had existed for five days before her admission into the infirmary, at one, p. m., on the 8th of last November. On examination, the tumour was found to be of the size of a large orange, tense and elastic, not tender on pressure, and unaltered in size by the taxis; the abdomen, which was very large, and somewhat distended with flatus, was free from tenderness on pressure; skin cool; pulse 90, rather feeble; vomiting was frequent. She was ordered a purgative pill to take every two hours; a large enema to be exhibited, and cold applications to the tumour. As the symptoms seemed to be somewhat increased in severity towards the evening, Mr. Teale did not feel justified in any longer postponing the operation, which he performed in the following manner:—An incision between two and three inches in length was made over the linea alba, immediately above the hernia, extending a little over the upper part of the tumour. After the fat, to the depth of an inch, had been divided, the linea alba was exposed, and opened immediately above the hernia. Mr. Teale then introduced his left fore-finger through the opening in the tendon, and having passed it downwards below the constricting band, turned the tip forwards into the umbilical tumour; having insinuated it between the sac and the external envelopes, with a probe-pointed bistoury, conducted along the finger, the whole of the resisting fibrous structure was divided, and the viscera were released from constriction. The protruded intestine, from being adherent to the sac, did not admit of replacement; but its contents, after the operation, could by moderate pressure be readily made to pass to and from the abdomen. The vomiting ceased immediately after the operation, and during the night the bowels were freely evacuated. Not a single bad symptom occurred afterwards, and the patient did well.

Ague.—Dr. Chambers, in the *Provincial Medical and Surgical Journal*, describes the case of an out-patient at the Essex and Colchester Hospital, in whom there was congestion, and consequent inactivity, of all the excretory and secretory organs; the blood was increased in quantity but deteriorated in quality; there existed that state which Dr. Turnbull alludes to as anemic plethora. There was also mental and physical depression, in consequence of the long duration of the disease, and its resistance to treatment. It was evident, then, that relief to the congestion was of primary importance; yet the feeble pulse and weak and pallid appearance almost forbade having recourse to depletion; however, all doubt as to its propriety was quickly removed on referring to the heart, from the laboured action of which it was manifest that the feebleness of the pulse was merely the feebleness of oppression. Accordingly he was bled to ten ounces, and took ten grains of quinine before he left the hospital. The quinine was continued for three weeks, and during the whole period did not produce the least unpleasant effect. The man was cured. At his first attendance he stated that he had been under the care of three medical men, and also under that of a *lady*. From one of these he brought a message that he could not bear the use of quinine. On this Dr. Chambers remarks, that it is apparent from the result, that the obstinacy of the disease, which was of fifteen months' duration, and the disagreement of the quinine, arose from non-attention to the co-existent visceral congestion.

Scrofula.—Dr. Fife in the section of his report on the diseases treated at the Sunderland and Bishop-Wearmouth infirmary, which is devoted to the consideration of scrofula, says the cases which were classed under the term scrofula, consist of those in which the lymphatic system was generally and manifestly at fault, and in which all the signs partook of the character, properly considered as indicative of the constitutional error, to which the term is strictly and by common consent applied. The majority of cases occurred during the three

periods of infancy, childhood, and adolescence. In regard to the first period, one cause was most obviously found in the very common practice of females, themselves scantily supported, nursing their offspring for an almost indefinite period, which baneful practice exists amongst the poorer classes here to a great extent, and which may in no small degree be attributed to the idea that by such means family increase is prevented, whilst in others it arises from an equally prevalent opinion that it is prejudicial to wean children during the more active period of dentition; and again, from a knowledge, that if deprived of its natural and maternal support, the hapless and helpless being would be but inadequately provided with other wholesome food. The mischief arising from this source it is hardly possible to over-estimate, whether the child or parent be regarded. One other cause of that state of the lymphatic absorbent system, commonly called scrofula, imperatively demands notice,—viz, the shocking and reckless exhibition of calomel and other harsh and drastic purgatives in cases of infantile disease, by chemists over their counters, and by but too many medical men who ought to know better. The extent of this evil is such as to demand the attention, not only of the profession but of the legislature, and until some check is opposed to the counter-practice of the druggist, it is an idle absurdity to talk of either the public health or the just rights of the educated medical practitioner being regarded in this country. This digression, Dr. Fife observes, may not be regarded as irrelevant, as it applies with equal force and truth to dyspepsia, mesenteric disease, and to hydrocephalus.

Galvanism in Uterine Hæmorrhage.—Dr. Johnson, of the Salop Infirmary, details in the *Provincial Medical and Surgical Journal*, a case of profuse uterine hæmorrhage, consequent on miscarriage, in which galvanism was successfully applied. The miscarriage occurred on the 29th of January last, and was attended with severe flooding. On the 2nd of February, very alarming hæmorrhage again occurred, with discharge of large clots of blood, the exact shape of the uterine cavity; some were half-organised, and others with difficulty distinguished from portions of placenta. Discharges of this kind, consisting of one or more clots, and preceded by profuse flow of florid arterial blood, happened every twenty-four or thirty-six hours during the ensuing fortnight. The most active astringents were used externally and internally; large doses of diacetate of lead, with opium, were given and afterwards repeated, and full doses of secale cornutum. Besides these internal remedies, outward pressure by bandages, and cold water with vinegar, was assiduously applied, and an injection of a pint of cold water into the rectum was made three times a day. The hæmorrhage had apparently ceased when Dr. Johnson first saw the patient in consultation with Mr. Keate, but it recurred afterwards, and was very great. The patient then appeared to be almost bloodless, and it was evident that unless something were done, she must die. On examination the vagina was found to be hot and flaccid, and the os uteri so patulous as to admit easily three or four fingers within the uterus. This atonic condition of the organ appearing to be the cause of the continued hæmorrhage, it was determined to have recourse to galvanism, which was used in the following manner:—A Backhoffner's coil, rendered active by one of Smee's batteries, was got ready. One pole of the battery was made to terminate in a sponge, which was applied to the loins in different situations; as an extemporaneous mode of applying the other pole to the os uteri, some hosed string was coiled round a flexible metallic bougie, the one end being left bare. Over the string, to render the insulation more complete, some silk was sewed. This, when oiled, was easily introduced per vaginam. By this means several moderate shocks were passed through the uterus itself. The latter was found once or twice to contract very forcibly. A small clot or two was passed; the patient appeared to have some wholesome pain, and for half an hour was restless and uneasy as if something was going on. From that time there was not any cause of alarm whatever for a whole fortnight. The uterus was ascertained to have gradually contracted. No bleeding whatever occurred, except that a single dark-coloured small coagulum was expelled during the following night. The bowels were regulated, quinine given internally, saturated solution of alum applied externally, and food administered as the stomach was able to bear it. At the end of the fortnight the hæmorrhage returned, and some small florid clots were passed. Citrate of iron was exhibited internally, and the diluted solution of zinc and alum was used as a vaginal injection. The patient afterwards became convalescent. It is a curious coincidence, and perhaps something more in this case, that a sister of the patient died of the very same disease.

Cardiac Disease.—Dr. Barclay gives, in the *Provincial Medical and Surgical Journal*, the following account of the post-mortem appearances discovered in a patient of his, who had laboured under cardiac disease for some time. The face congested and livid; the lips blue; the body generally stout and well formed; no fluid was effused between the pleuræ; the superior lobes of both lungs were condensed, so as to sink in water; their state more resembled carnefication than hepatisation. Under the left clavicle the pleuræ were adherent at one small point, where the surface of the lung was puckered, and contracted round a central spot, about the size of a horse-bean. Near the apex of the right lung was found a solitary hard tubercle, and two or three more were scattered over the inferior and more healthy parts of both lungs. The pericardium was much thickened; about an ounce of yellow serum was contained in it, in which floated some shreds of lymph, and there was a patch of old effused lymph on the surface of the right ventricle. The left ventricle was of normal size, and the aorta and semilunar valves quite healthy; the left auricle was also of the natural size, but the mitral valve was much diseased, with spiculæ of atheromatous matter projecting into the auricle; the opening was contracted into a narrow slit, about four lines in length, appearing closed from the auricle; while the contraction of the columnæ carneæ must apparently have had the effect of opening in place of closing the valve at each systole. The right auricle and ventricle were both enormously hypertrophied, being about double the size of the left; the tricuspid valve was healthy, however, as was also the pulmonary artery and its valves. The septum of the ventricles was perfect, and the foramen ovale closed. Head and abdomen not examined. Death had apparently resulted from the quantity of blood sent with much force on the lungs by the right ventricle hypertrophied to such a degree to overcome the resistance offered to the passage of the blood by the condensed lung, and the contracted mitral valve. The second sound of the heart appeared perfect during life from the great tension of the semilunar valves of both arteries; and the extraordinary whoop remarked, was, doubtless, occasioned by the spiculæ on the sides of the contracted mitral opening. The central spot in the lung, described as being about the size of a horse-bean, was sent to Dr. Sharpey for examination, who found that the reddish coloured nucleus, in the centre of the indurated mass, was part of the pulmonary tissue, of which the air cells were filled with coagulated blood, or, at least, a soft solid substance, like pale red coagulum, or reddened fibrin; in fact it was in the condition of a piece of lung, affected with pulmonary apoplexy. The immediately surrounding dense mottled-like tissue was also part of the pulmonary tissue, much compressed, indurated, and impervious.

Obituary.—Dr. Sachs, of Berlin, medical counsellor, and editor of the *Allgemeine medicinische central zeitung*, died on the 11th of January last, of a chronic affection of the brain, the first symptoms of which were noticed in December, 1844.—Professor Antonio Nanula, one of the restorers of the anatomical sciences in Italy, has just died in Naples, at the age of sixty-six. He was born at Barlette the 6th June, 1780. He commenced his surgical studies at Naples, and completed them at Pavia, under his friend Scarpa. He founded the fine collection of pathological anatomy belonging to the university of Naples. He also held the appointments of surgical inspector of the prison-infirmary and surgeon to the hospital St. Marie. On the 24th inst., at Melton, Suffolk, George Vaux, M.D.

HOSPITAL REPORTS.

MEDICAL TIMES PRIZE CASES.

FIRST SERIES.

Reported by J. S. FLETCHER, Esq., Student at the Manchester Royal Infirmary.

SURGICAL CASES.

Case 3.—*Fracture of Sacrum and both Pubes—Rupture of Urethra.*

John Shawcross, aged fifty-two, a labourer from Chorlton, was admitted into the hospital, under the care of Mr. Ransome, on the 20th of January, 1845, at 7, p.m. He is a married man, with a family, and is a stout, hale-looking man for his age. He has been accustomed to hard work, and has been a hard drinker. He has generally enjoyed very good health, except being troubled with a winter cough, which he has had for some years—it has been rather severe during the greater part of the present winter, and still continues. A short time before his admission he was standing behind a cart, assisting in placing a large cask in it, when the cask began rolling backwards, fell out of the cart, knocking him down upon his back, and rolling over his pelvis. He was very sick and cold immediately after; had no power at all over his lower extremities; he also parted with a small quantity of blood by the urethra. When brought to the hospital it was found that he had lost all power of motion over his lower extremities, but that sensation was still distinct; he complained of great pain when they were raised up, and had severe pain in the lower part of the abdomen and back, which caused him much suffering when he coughed, moved, or took a deep inspiration. The pelvis was examined, but no crepitus or fracture could be detected, nor was there displacement of any of the vertebral spines. He had some vomiting; the abdomen was swollen, and painful upon pressure. There was a slight swelling in the perineum, but he made no complaint of pain from it. Surface was cold; pulse weak and frequent; and he complained of feeling very sick. He was put to bed, wrapped in warm blankets, and ordered to have some brandy-and-water, and to take Tinct. opii, *m.* xl immediately.

January 21.—He has had but a tolerable night; has considerable pain in the abdomen and back, particularly upon moving; the abdomen is much more swollen, partly from the bladder, which is much distended; the swelling in the perineum is increased, and has extended to the lower part of the scrotum, the pain in this part being more severe; he has not passed any urine, but says he feels a strong desire to do so. An attempt was made very early this morning to pass the catheter, but it could not be got into the bladder; it seemed to slip out of the urethra, and could be felt distinctly upon introducing the finger up the rectum, as though there was nothing intervened between the two except a very thin membrane; several large clots of blood followed the removal of the catheter. He has vomited several times during the night a thin darkish fluid, but no blood; he has passed fæces involuntarily two or three times; tongue is furred and dry; he has great thirst; pulse 105, small and hard; surface warmer; cough has been troublesome. He has some little power over the left leg, but none over the right, and has distinct sensation in both. A second attempt was made about eleven, a.m., to pass the catheter, which was successful, and drew off first a small quantity of blood and then a quantity of high coloured urine. To have poultice to perineum.

22.—Had a restless night; was unable to pass urine; had catheter passed again early this morning; the swelling in the perineum is about the same, but is much discoloured; pain in the back and abdomen is less severe; he has no more power over lower extremities; bowels not open since yesterday morning; vomiting has ceased; tongue furred; much thirst; pulse 98, full and soft; skin hot; cough has been very troublesome.

R. Linct. papav., ℥iv. ℥ss tussi urgent. sumend.

23.—Slept little in the night; cough was very troublesome; he had some dyspnœa, but this is better; pulse full and soft; tongue coated with a thick fur; thirst and constipation; he has a little tympanitic distension of the abdomen, but has less

pain, and can bear pressure better. His urine began last night to dribble away, and has continued to do so; he has some power of retaining it, but not much. Swelling in perineum the same; has not regained any power over extremities, and has much pain about the pelvis when moved.

24.—Cough and dyspnœa worse; expectorates a tough mucus; chest is quite resonant on percussion; over almost every portion of it there is heard a mixture of loud bronchial râles, and over upper part of left lung there is slight resonance of voice. Has less pain about pelvis; urine still dribbles away; swelling of abdomen is less; bowels are constipated; tongue much furred; anorexia; pulse is quick, small, and hard; perineal swelling the same, not much pain from it. Has a little more power over legs.

25.—Has passed a very restless night; has had great pain in the abdomen, which has been easier since about three, a.m., at which time his bowels were moved; he has still much swelling and tenderness of the abdomen; has some hiccup; great thirst; tongue is much furred; urine continues to dribble from him unconsciously; the perineum and lower part of the scrotum are more swollen, and much discoloured, almost perfectly black. Pulse is 118, small and feeble; surface cold; cough and dyspnœa very severe; legs the same.

27.—Has continued about the same, but had a very restless night last night, and some delirium, and was much troubled with cough and dyspnœa. There are loud bronchial râles audible over the whole chest, and normal resonance on percussion. Swelling and pain in the abdomen is less; stools have passed unconsciously since yesterday, when he had an enema administered in consequence of constipation; tongue cleaner; much thirst; anorexia. Urine continued to dribble, but having much pain last evening from distension of the bladder, the catheter was again passed, and drew off a quantity of clear urine; it continues to dribble again this morning, and is of a very dark colour; perineal swelling about the same; there is some excoriation; pulse small and frequent; has about the same power over extremities.

Vespere: Has been in much pain through the day; an attempt was made this afternoon to pass the catheter, but it passed into what appeared to be a large sac in the perineum, communicating with the urethra about the membranous portion, and from this a quantity of very bloody offensive urine escaped through the catheter. A second attempt was more successful, a large quantity of clear urine being drawn off, and the catheter allowed to remain in the bladder. A free incision into the perineum was subsequently made, through which a small quantity of offensive sanguineous fluid escaped. These means afforded him much relief.

28. Had much delirium in the night, and is now constantly muttering incoherent sentences; abdomen more tympanitic; does not seem to suffer much pain; bowels moved yesterday; tongue dry; much thirst; takes no food; pulse 105, small and feeble; cough troublesome; dyspnœa easier. The swelling of the perineum and scrotum is much less; there has been a free discharge from the wound, some urine having passed through it. He got the catheter out in the night, and it remains out.

Vespere: Has had much pain, and continues delirious; some urine has passed by the wound, but the bladder is distended, and the catheter was again passed, and fastened in the bladder; has had an involuntary motion; legs remain the same.

R. Mist. ammon. acet., Mist. sodæ carb., āā Oss; Capt., ℥j; omni tertia hora, c. Mist. acid. tart.

R. Pulv. Doveri, gr. v ter in die sumend.

29. Passed a restless night; had considerable delirium; abdomen more swollen and painful; has passed some involuntary motions; tongue dry, and coated with brown fur; great thirst; takes no food; urine has passed freely through the catheter; it is thick, and has a strong ammoniacal odour; wound in the perineum is languid; there is a slough presenting between its edges, and a dark sanious fluid escapes from it; pulse is quick, small, and wiry; surface hot and moist; the countenance is sunken and anxious; legs remain the same. To have poultice to wound; omit mist. and pulv.

R. Amm. carb., ℈ij; Tinct. opii, ℥i; Mist. camph. ℥viij; M. capt ℥j omni tertia hora.

Vini gallic. ℥iv quotidie.

30. An increase of delirium through the night; has some subsultus; countenance is sunken and anxious; pulse smaller and feeble; the tympanitic distension of the abdomen continues; he has not much pain of it; urine has almost all passed through the wound in the perineum, very little by the catheter. Has had frequent hiccup; tongue is dry and furred; excessive thirst; the paralysis of the legs the same. Cont. mist.

Feb. 1.—Was delirious during the whole night; countenance much sunken; frequent hiccup; dry, furred tongue; passes fæces involuntarily; urine almost all escapes through the wound in the perineum, some little by the catheter; subsultus continues, with sinking in the bed and picking of bedclothes. Cont. mist.

2. An aggravation of yesterday's symptoms: he is gradually sinking; is in a constant state of low muttering delirium; urine passes through the wound; legs the same. He continued to get worse, and died at four, p.m.

POST-MORTEM FIFTY HOURS AFTER DEATH.

Upon removing the integuments and some portion of the erector spinæ muscle from the lower part of the back and over the sacrum, there was found on the right side a quantity of thin yellowish pus, which was partly infiltrated into the textures about this part. There was also observed communicating with the part where this pus was found a fracture through the right side of the sacrum. At this, the posterior surface, the fractured portion was entirely separated from the rest of the sacrum, there being an interval of at least the sixth of an inch between the two portions. Upon examining the anterior surface of the sacrum, before any parts were removed, the fracture could be distinctly felt, but it had not lacerated the fascia and peritoneum covering this part.

There was a fracture through the horizontal ramus of the right pubes; the left was also fractured in two points, leaving an intervening loose portion of bone much comminuted.

Under the peritoneum there was a layer of dark blood, extending over the hypogastric, both iliac regions, and up to the umbilicus; the same appearance was observed under the whole of the peritoneum lining the pelvis, and extending up to the loins. The peritoneum over this was at every point transparent; there was not much increased vascularity; no serum or lymph.

The abdominal and pelvic viscera were otherwise healthy.

Upon taking out the sacrum, and cleaning it, the fracture was observed to extend completely through the substance of the right lateral mass of the bone, and to be somewhat comminuted, commencing at the superior part of the lateral mass, at a short distance from that portion which articulates with the lumbar vertebræ, and extending from this point downwards, dividing the sacral foramina, and terminating about half an inch on the outer side of the articulation for the coccyx. The pelvic joints were all entire.

No other parts were examined.

REMARKS.

The nature of the accident, together with the symptoms at the time of his admission, rendered it most probable that there was some fracture of the pelvis; although no crepitus could be detected, still the great pain he suffered upon moving his lower extremities, with the loss of motion in these parts, pointed to some injury of the pelvis, and also of the lower part of the spinal column, and from the extent of the paralysis it could only be the lower part of the lumbar or the sacral nerves which were injured. Fracture of the sacrum was not either diagnosed or suspected, probably in consequence of its extreme rarity. Had it been suspected, the introduction of the finger into the rectum would have been a ready mode of determining its presence. The escape of a quantity of blood from the urethra at the time of the accident, with the appearance of the perineal swelling, the retention of urine, and the obstruction to the passage of the catheter, and its passing out of and below the urethra, showed clearly that this canal was ruptured. This became more clear as the case advanced, when, in consequence of the escape of urine into the cellular tissue about the perineum, this part began to slough, when a catheter was passed into the bladder and a free incision made into the perineum. This was rendered necessary by the escape of urine into the cellular tissue; in fact, whenever it is clear that this has occurred, the sooner its escape is facilitated by a free incision the better. We thus prevent a great amount of low febrile irritation which would otherwise be the sure result, besides preventing extensive sloughing in the neighbourhood of the perineum.

The post-mortem examination revealed the existence of most extensive fracture of the bones of the pelvis. A fracture of the crest of the ilium or of the pubis is no uncommon result of very severe blows about this region; but fracture of the sacrum is an extremely rare accident, and one which can result only from some such accident as caused it in this case. The symptoms to which this accident gives rise, differ from those which arise from fracture or injury of the lower part of the vertebral column; the paralysis will not be so complete, and there will be great pain in moving the lower extremities in the former case. The fact of his having partial power over the left leg, whilst he had entirely lost it in the right, is explained by the injury which was caused by the fracture on the right side to the sacral nerve. The layer of blood found underneath the peritoneum was, in all probability, caused by the laceration of some vessel at the time of the accident, and the subsequent escape of it from these lacerated vessels, with its gradual diffusion under the peritoneum.

Any treatment which could have been adopted, had the nature of the accident been clearly made out at first, would probably have been useless, as there could be little hope of such a severe accident ever being repaired.

ST. THOMAS'S HOSPITAL.

(Communicated by ALFRED H. CHERRY, Esq.)

Supposed Wound of Axillary Artery.

Frederick George Thompson, aged thirteen, a spare but healthy looking boy, admitted into George's ward, under the care of Mr. Mackmurdo, September 16th, 1844, at half-past three, p. m. He states that a few minutes previously, whilst playing with another boy, he accidentally stuck a penknife into the inner side of his arm; he immediately came here, when, upon examination, the following appearances were presented:—The sleeve of the shirt on the left side was covered with blood of an arterial colour; immediately over the axillary artery, and just above the lower edge of the pectoralis major muscle, was a small wound corresponding in size with the blade of a penknife; also, immediately in the situation of the artery, a hard tumour extending to the upper part of the axilla, and to a little below the wound, was felt. This swelling altogether was about the size of a small hen's egg; no pulsation could be felt in this swelling or in any of the arteries *below* it, but in the subclavian artery of the same side the pulsation was natural; it was also natural in all the arteries of the right arm. The forearm of the affected side was much colder than natural. Mr. Mackmurdo saw the lad about an hour after his admission; the pulsation could then be felt very feebly in the tumour, and also in the brachial artery, but not below it. Mr. Mackmurdo had a consultation with Mr. Solly, who was passing through the ward at the time, and it was agreed that the limb should be placed upon a pillow, lotio plumbi applied to the swelling, the patient watched in case the swelling should increase, when the surgeon should be sent for. The patient at this time complained of numbness. Ordered milk diet.

7, p. m.—Tumour not increased; arm getting warm again; pulsation returned at the wrist, but is very feeble, as is also that of the upper arm.

Sept. 17.—Patient has slept well all night. Pulse very feeble in the affected arm; in the right one it is 110, and tolerably strong; has no numbness now; arm of its natural temperature; tongue clean; bowels open.

18. Tumour less in size; pulsation in left arm a little stronger; tongue clean; bowels regular.

20.—Swelling not half the size it was; pulsation in the left arm nearly as strong as in the

right. There is now slight discoloration of the skin over the tumour; the patient feels quite well, and is allowed to get up, but to carry his arm in a sling, and to keep it perfectly quiet.

23.—Tumour nearly all gone; pulsation in both limbs alike; tongue clean; bowels regular.

30.—The swelling is now all gone, and the patient feels quite well. His friends took him away from the hospital, as they could not be convinced there was any necessity for his stopping in any longer.

February, 1846.—Since the above report, the boy has been several times to the hospital to shew himself: there is still, upon placing the finger over the artery, a sort of knotty feeling in that vessel, immediately opposite the cicatrix of the external wound; in whatever position the arm is placed, still the same feeling exists in the vessel, and has done ever since he left the hospital.

In this case there is naturally a doubt arising as to whether it was the axillary artery that was wounded, as the cases are so very rare of a punctured wound of so large an artery as this getting well without any ill consequences following. I think myself it was the artery; as if it had been only the vein, I think sufficient blood could not have been effused to effectually compress the artery and stop the pulsation in the limb; as soon as a small quantity of blood had been effused under the fascia, the vein itself would have been compressed, and thus further effusion prevented, and from this circumstance I think the artery could not have been so fully compressed by mere effusion of blood from the vein; besides which, there is the feeling left in the artery as if it had been wounded. This hardened knotty feeling may certainly be only in the fascia, but if it was so, I think, by moving the limb about in various positions, it would shift itself, and thus be sometimes felt without the artery; this, however, is not the case, in whatever position the arm is placed, and the finger put upon the artery opposite the cicatrix in the skin, the feeling is the same.

Extravasation of Urine.

Henry Johnson, aged twenty-eight, mason, admitted into Luke's ward, under the care of Mr. South, Dec. 21st, 1845. The man says he has had difficulty of voiding his urine for several years, which has much increased the last few weeks. About a week since, while in bed, he felt something give way in the urethra, and immediately his scrotum swelled to a very great extent, and he suffered much pain. A medical practitioner attended him, who ordered leeches, lotions, &c., but, continuing to get worse, he applied here, and was immediately taken in. The following are his present symptoms:—Effusion of urine into the cellular tissue of the scrotum, (which is three or four times its natural size), penis, and over the pubes; pulse accelerated and very weak, being compressed by the slightest pressure; tongue very brown and furred; face flushed; has frequent rigors and cold perspirations, and appears in a state of stupor, except when aroused; bowels regular. Mr. Travers saw him, and made several incisions into the scrotum and skin of penis, and a crucial incision into the skin of the pubes, and ordered a fermenting poultice to be applied all over the parts. A chop and two pints of beef-tea daily. Brandy, ℥iv daily. Ol. ricini, ℥js primo mane sumend.

R. Ammon. sesquicarb., gr. v; Liq. opii sedativ., *m.* x; Tr. cardam. comp., ℥j; Inf. cascarilla, ℥ss. Ft. haust. 6tis horis sumend.

Mr. Travers also attempted to pass a catheter, but did not succeed.

Dec. 23.—Sleeps pretty well; pulse much the same; tongue a little cleaner; bowels not sufficiently open; wounds discharge a little. Ordered

Pil. Rhei. co., gr. x. Horâ somni sum. et pro re nata.

24.—Much the same; pulse no stronger; appetite good; to omit ℥ij of the brandy, and take two pints of porter daily. The urine passes freely through the wounds.

26.—Some of the sloughs have come away; wounds discharge very freely; tongue cleaner; sleeps well; complains of pain in the inguinal region of the left side, and upon examination there was found to be an accumulation of pus there, and an opening was therefore made, after which the patient felt greatly relieved.

27.—Much easier to-day. Upon applying the forceps to bring away some of the sloughs, the whole of the scrotum came away, leaving the tunica vaginalis bare. Bowels relaxed. To omit the porter, and take

Mist. cretæ co. p. r. n.
Brandy, ℥ iv daily.

29.—Bowels regular; tongue much cleaner; sleeps well; appetite very good; pulse stronger; all the sloughs have come away, and the wounds discharge freely.

Jan. 2.—Much better; sleeps well; bowels regular; tongue nearly clean; pulse stronger; wounds granulating, and discharge much less.

9.—Wounds healing; and discharge diminishing; in every other respect going on well. Mr. South tried to pass a catheter, but failed to do so; urine passes freely through wound at the fore part of the perineum.

From this time the patient continued improving until Feb. 16th, when he was discharged quite well, all the wounds having healed without a catheter being passed into the bladder.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Meeting of March, 24, 1846.

Dr. Chambers, F.R.S., K.C.H., President, in the Chair.

Cases of Lateral or Partial Aneurism of the Heart, with Remarks; By T. B. Peacock, M.D.

The first of these cases, which was the only one read in full to the Society, was that of a gentleman, thirty-one years of age, who was seized two months before his death with symptoms of subacute hepatitis, followed by pleurisy of the right side; slight lividity of the face, œdema of the ancles, and dyspnœa. While labouring under these symptoms, he suddenly experienced a sensation as of something having given way in the region of the heart, and became sick and faint; he rallied partially, but the dyspnœa became gradually more urgent; and he died on the fifth day from the period of his sudden seizure. On examination of the body there were found old thickening of the serous coat of the liver, a large accumulation in the right pleural cavity, and an aneurismal sac of sufficient size to have contained a hen's egg, at the apex of the left ventricle. The sudden sensation perceived five days before death, was doubtlessly owing to the rupture of the aneurismal sac, as the cavity of the pericardium contained bloody fluid mixed with partially developed coagula. No distinct rent in the parietes of the sac was detected, but at the apex they were extremely thin. The termination by the rupture of the sac, in cases of aneurism of the heart, is apparently rare. In eight published cases this is stated to have occurred; but in all these, unlike that reported in the paper, death ensued immediately on the occurrence of the rupture. The formation of the aneurismal sac, it was thought, was probably owing to a previous attack of pericarditis.

The remaining portions of the paper were occupied with inquiries as to the several modes of origin of the cardiac aneurisms, and the detail of illustrative cases, the report of a case of aneurism of the left auricle, and remarks on the diagnosis of these affections during life.

The author agreed with Dr. Thurnam in regarding the disease as most frequently of the true form. Adopting a modification of the views of Reynaud and Cruvielhier, he ascribed the formation of the true aneurismal sac to an altered condition of the endocardium, combined with the fibrous transformation of the muscular walls of the ventricle. The production of these changes, he sided with Rokitansky in referring to chronic inflammation, and suggested that their frequency at the base, and more especially at the apex of the left ventricle (the most frequent seats of aneurism), might be owing to the thinness of the muscular substance in these situations, rendering it more liable to be implicated in the diseased changes affecting its serous envelopes.

Preparations and drawings of the true aneurismal sacs, in their several stages of development, were exhibited to the Society.

The production of the false form of cardiac aneurism by rupture or ulceration of the endocardium and internal portion of the ventricular walls, or by the communication of the cavities of abscesses in the walls of the heart with the ventricle, the author stated to be rather thought than established. As illustrating the latter mode of origin, he detailed the particulars of a case in which an abscess formed in the walls of the auricles, and opened into the base of the left ventricle, and into the origin of the aorta, so that the blood penetrated into the cavity of the abscess. Had life been prolonged in this case, it was inferred, an aneurismal sac would have resulted communicating both with the left ventricle and aorta, and resembling the form of disease observed by Dr. Hope and referred to by Dr. Thurnam, as the dissecting aneurism of the heart. The case was further interesting from the extreme rarity of abscess or diffused suppuration in the walls of the heart.

In the case of aneurism of the left auricle related in the paper, the dilatation, which was not of very great extent, occupied the appendix. Its cavity was lined by dense and laminated coagula. As in most of the recorded cases of aneurism of the left auricle, the auriculo-ventricular aperture was greatly contracted, and the sinus of the auricle dilated, and its walls hypertrophied.

In the section of the paper devoted to the diagnosis of the cardiac aneurisms, the author, after alluding to the physical signs which would probably be produced by the sacs, referred to the various causes which might occasion similar phenomena, and the great difficulty and doubt which would probably always attend an accurate discrimination of the affection during life.

Dr. Taylor could not allow Dr. Peacock's paper to pass without bearing his testimony to the accuracy with which the details had been brought forwards. He thought the Society was greatly indebted to Dr. Peacock for the great carefulness with which he had drawn up the paper which had just been read. He agreed fully with Dr. Peacock in the views which he had formed of the pathology and mode of formation of the aneurism, which, he thought, might be one of the uncommon consequences of inflammation of the serous membrane of the heart. He was not in the least surprised that the diagnosis of the disease had not been made out during the existence of the patient. The difficulties in such a case would be almost insurmountable. He entertained as high a value for the indications of physical diagnosis as any practitioner, but there were cases in which a guess as to the nature of the disease might certainly be made, but a diagnosis formed on a solid basis was next to impossible. It would be almost as wise to anticipate the foreknowledge of the nature of words that might be formed by the shaking together the letters of the alphabet, as to attempt to decide in all cases the nature of the combination of the morbid changes from the physical signs which were discovered.

Case of Excessive Secretion of the Ammonio-magnesian Phosphate by the Kidneys, with long continued Vomiting. By Golding Bird, A.M., M.D., F.R.S., Fellow of the Royal College of Physicians, and Assistant-Physician to Guy's Hospital.

This case was brought forward by the author in confirmation of the value of irritability of stomach as a diagnostic sign of calculous affection of the kidney. A lad, æt. 18, was admitted into Guy's Hospital, under Dr. Golding Bird's care, with all the symptoms of scirrhous pylorus, with the exception of the non-existence of epigastric tumour. He had for four years been the subject of constant irritation of stomach, and had never for twenty-four hours consecutively ceased from vomiting, never having retained a meal during the period alluded to for more than an hour, often only for a few minutes. He was emaciated to a skeleton, and appeared actually sinking from exhaustion. There appeared (unless the vomiting were regarded as such) to be no demonstrable evidence of organic disease. The

urine had a fœtid fish-like odour, was copious, limpid, rarely whey-like, of moderate specific gravity, and deposited crystals of triple phosphate in abundance. No hippuric acid or other abnormal element. The urine was alkaline *on secretion*, and always contained a large excess of the crystals alluded to. Treatment directed specially to the gastric symptoms, having failed to relieve in all hands, Dr. G. Bird prescribed strychnine in doses of 1-16th of a grain. The result was the gradual diminution of the gastric irritability, restoration of the acidity of the urine, and the disappearance of the phosphatic crystal. After a few weeks' continuation of the medicine, the lad became convalescent, and actually fat. The author entered then into the question of the etiology of the disease, and expressed an opinion of its connection with functional derangement of the spinal and ganglionic nerves. In conclusion, he pressed upon the notice of the meeting the value of strychnine as an anti-emetic remedy.

Mr. Lloyd agreed with Dr. Golding Bird as to the very common occurrence of the secretion of phosphatic urine in cases of injury of the spinal marrow, but he thought it was not generally accompanied by a disordered condition of the stomach. He had met with many cases in which there was more or less pain in the spinal region, and one in particular in which the pain had been complained of for several years, and was attributed to repeated attacks of lumbago. In these cases excessive secretion of phosphatic urine ultimately complicated the disease, and its true nature then became developed. He (Mr. Lloyd) was consequently in the habit of examining the urine in all such cases with the microscope, and invariably ascertained the presence of the phosphatic crystals. He did not recollect whether Dr. Golding Bird in his paper had mentioned the existence of another morbid product which was generally met with in such urine. He (Mr. Lloyd) had found it to contain mucous or pus corpuscles, and in one case especially, the urine, which was highly phosphatic, was loaded with epithelial cells, &c. This condition was very marked, and he had never before met with a similar example. There was not in this case either any diseased condition of the stomach. The patient was still under treatment, but the disease had almost entirely subsided.

Dr. Golding Bird expressed his belief that two very distinct series of cases had been confounded by Mr. Lloyd. Both of these were characterised by the appearance of the phosphates in the urine, but under circumstances totally distinct. One of these, constantly falling under the notice of the surgeon, included cases in which a diseased secretion was poured out from the mucous membrane of the bladder, as after chronic cystitis, the result of stricture, or enlarged prostate, or after mechanical injury to the spine, by which a more or less complete paraplegic condition had been induced. Here the urine is alcaline, and deposits phosphates from changes occurring in it subsequently to its reaching the bladder. In these cases the urine is always ropy, and often fetid. If, however, the bladder be washed out, and the urine secreted within the next few minutes be collected and examined, it will be generally found to be acid.

The other cases are totally distinct from the above series, which may be regarded as strictly surgical, from their connection with mechanical lesion. Here from some antecedent cause, probably involving the spinal nerves, a low form of irritation or inflammatory action is set up in the kidneys, and the urine is *secreted alcaline*, and containing an excess of phosphates. Dr. Bird expressed his belief that the mechanical irritation of the tubular structure of the kidneys, and the crystals of the phosphatic salt, was the exciting cause of the vomiting, or rather of the irritable stomach.

Dr. Taylor observed that the distinction just drawn by Dr. Golding Bird between urine which was secreted in the alkaline state, and that which became alkaline as the result of the chemical actions to which it was subjected, after it had been secreted, was one of great importance. This distinction had also been alluded to by Rayer in his work on the diseases of the kidney, and he regarded the alkaline urine as one of the most important indications of inflammation of the kidney, especially of chronic inflammation. He (Dr. Taylor) was enabled to confirm this statement of Rayer's by the result of his own experience, and he had ascertained that in his cases the urine was alkaline when secreted, by the experiment which Dr. Golding Bird had just described, namely, by washing out the bladder with water, collecting the urine which was found in it soon afterwards, and then testing it. In some of these cases, which he had examined after death, the only morbid appearances that could be discovered to account for the alkaline state of the urine were those of inflammation of the kidney. With regard, however, to the accompanying irritation of the stomach, he thought that question to be one of considerable doubt; he himself had not met with a higher state of stomachic irritation in such cases than is usually present in renal disease. This view he (Dr. Taylor) thought was confirmed by Rayer, who, he remarked, had implied, if he had not distinctly stated as much. In fact, the principal symptom of chronic inflammation of the kidney upon which Rayer lays any stress, is the alkaline condition of the urine, the disease not unfrequently being very insidious.

Dr. Golding Bird explained that he did not believe the secretion of mere alkaline urine, independently of calculous irritation, to be competent to excite vomiting, and referred to Dr. Barlow's paper in Guy's Hospital reports, in support of his views.

An Account of some Experiments made with a Concentrated Alcoholic Extract of Stavesacre for the Cure of Itch. By THOMAS H. BURGESS, M.D.

The author states he has recently had an opportunity of assisting (at the Hospital of St. Louis at Paris) at some interesting researches into the history of the *acarus scabiei*, and the treatment of the disease which it produces. Several patients were removed from the wards of the hospital, by permission of M. Cazenave, to the amphitheatre, where M. Bourgignon conducted his experimental researches. The hands of the patients, after having been thoroughly washed with soap and water, were examined under the microscope, and one patient was selected in whom the disease seemed to be the most marked. Several acari were removed from each hand, and when examined by the microscope seemed active and vigorous. The hands of this patient were then immersed in two vases filled with a strong alcoholic extract of stavesacre, and retained for half an hour. The hands were then examined by the microscope, and several acari removed. In this instance the remedy was not entirely effectual, as some of the acari were still alive. The remedy was again applied for half an hour, when not a single living acarus was discovered; they were examined under the microscope, and showed no signs of life. On the following day the same experiment was repeated on another patient, using the same precautions, and with the same success, for on examining the acari, not the least sign of life was discovered in any. The patient was examined again on the following morning—he said he was entirely free from itching; the skin was paler, and there was no living acarus found in the parts to which the extract had been applied. The author states he has satisfied himself that it is not the alcohol that destroys the acarus, for when used without medication it has not succeeded. He concludes by referring to the advantages presented by this mode of treating itch over the ordinary treatment, viz., rapidity and cleanliness.

Mr. Lloyd was in the habit of treating scabies by means of a sulphate of copper lotion, made with one ounce of the salt to a pint of water. This was applied after the scabs had been washed off, and he almost invariably succeeded in effecting a cure with it. He used it at the hospital, and in private practice.

Dr. Ogier Ward treated the disease by a simple lotion of the hydriodate of potash, and he had found a single washing with it effect a cure. There was no difficulty in treating the disease; in order to secure the full efficacy of the plan, he employed "the ointment"* at night, and directed the lotion to be used during the day. He generally cured the disease in about a week. The lotion was prepared with one drachm of the hydriodate to eight ounces or a pint of the fluid, according to the delicacy of the patient's skin.

* In conversation afterwards with one of the fellows of the society, Dr. O. Ward stated that the ointment he used was the "sulphur ointment."

The next meeting will be held on Tuesday, the 14th of April next.

PATHOLOGICAL SOCIETY OF DUBLIN.

Meeting of February 14, 1846.

Dr. GREEN in the Chair.

Mr. Hamilton exhibited to the Society a remarkable specimen of a very rare form of accident—fracture of the spine.

The subject, a strong young man, aged twenty-five, was employed in rolling a large iron boiler up an inclined plane; the rope attached to the boiler broke, and it rolled down on him, crushing him between it and a beam of timber. He was brought to the Richmond Hospital in a state of insensibility and extreme prostration, cold extremities, and the pulse nearly absent. As he rallied, it was discovered that he had lost all power of the lower extremities. On examining the spine there was considerable deformity in the lumbar region, partly formed by effused blood, but chiefly by a prominent angular projection at the second lumbar vertebra, with displacement of the lower part of the spine to the right side below the seat of the injury. He lay with the body bent forward, forming in this situation an unnatural angle instead of the usual curve. Besides loss of motion, there was complete loss of sensation in the lower extremities below Poupart's ligament, except at some parts of the anterior surface of the thigh. The diagnosis was extending fracture through the second lumbar vertebra, with more or less injury to the spinal marrow. He had retention of urine from the moment of the accident till the time of his death, requiring the introduction of the catheter several times a-day. The urine remained acid for a week; it then, after some pain in the bladder and a desire to have the water more frequently drawn off, became alkaline, with deposits of ropy mucus, and of the ammoniaco-magnesian phosphates. On several occasions it became, for a short time, clear and acid. There was stillicidium urinæ. Though sensation was present in the front of both thighs for a few days, it finally became entirely absent, except in the front of the right thigh. The vitality, as is usual in such cases, was lessened, the parts having become excoriated and ulcerated during the continuance of a bowel complaint. An interesting circumstance about the diarrhœa is that it depended on the presence of numerous hard scybalæ in the colon, which could be felt as irregular hard tumours in the belly, which the paralysed bowel was unable to expel, but which were removed by frequent injections with the long tube, when the diarrhœa ceased. Animal heat was also reduced in the paralysed extremities, the temperature being on admission 97 in the axilla and 96 in the ham, whereas afterwards it was 96 in the axilla and only 91 in the ham; and when labouring under erysipelas a short time before his death, the thermometer was at 102 in the axilla and 89½ in the ham. The pulse, except immediately after the injury, when it was 54, remained during the greater part of the time he lived, regular at 74. He suffered much pain at first, particularly on motion, but afterwards seemed to be comparatively free from pain. About the fifth week he experienced stinging and creeping sensations in the limbs, which became so well marked as to induce Mr. Hamilton to insert an issue on the side of the fracture, after which he said he felt more power in the back with gradual extension of the sensation in the front of the right thigh to the knee. On the 2nd of February, after having been dull and heavy for a few days, and after a rigor and vomiting, erysipelas appeared on the back, over the whole of which it extended, as well as over the buttocks, thighs, and upper part of the legs, and spread forwards in a perfectly symmetrical manner to the chest and belly and arms, down to the wrists, being the most extensive erysipelas Mr. Hamilton had ever seen. He now rapidly weakened; the pulse became feeble and 120. The urine became deeper coloured and mixed with blood; delirium supervened, and he died on the 13th, two months

after the accident. During the whole time he had been on the water bed, which certainly rendered him as comfortable as his miserable state allowed, and prevented sloughing till the supervention of the erysipelas, when there was sloughing over the right trochanter, over which he constantly lay.

An examination of the spinal column proved the correctness of the opinion formed of the nature of the injury, the second lumbar vertebra being broken through its upper part, close to the intervertebral cartilage, extending obliquely down through the laminæ of the vertebral arch; the spine below the seat of fracture was displaced slightly to the right side, and a small portion of the inside of the broken arch, at the right side, passed through the torn spinal sheath into the substance of the medulla; about this situation there was some effusion of blood in a state of coagulation, and the membranes were congested and thickened; the spinal marrow softened and diffluent, and some of it had oozed out through the fracture in the right side. At the left side a small portion of the spinal marrow remained of its usual consistence, and otherwise apparently natural. The softened and torn part of the spinal chord was immediately above the cauda equina.

Mr. Hamilton observed that there was a very peculiar feature connected with the state of the bladder in this case, for though complete paralysis of the organ had existed during life, the patient never having once passed a drop of water, yet remarkable thickening of the coats of the bladder was found, the same as in cases of stricture or enlarged prostate, in which the thickening is usually attributed to hypertrophy of the muscular stricture, produced by the increased efforts made to overcome the resistance of these obstructions. As the muscles of the bladder in this case were useless for two months, Mr. Hamilton believes the thickening of the coats to have been caused by the inflammation which had existed in so intense a degree, the mucous membrane being of a deep red colour, and the rugæ, which were very prominent, being covered with depositions of yellowish-grey lymph. The bladder was somewhat contracted, and the section of its hypertrophied coats was of a blueish-grey colour. The pathological appearances in this case led Mr. Hamilton to believe that the hypertrophy so constantly found in the inflamed bladder in cases of stricture and enlarged prostate depends more on the extension of the inflammation from the mucous to the cellular coats than on true muscular enlargement. The kidneys were much congested, and contained some purulent matter in their pelves. There were several ulcers in the large intestine chiefly where the scybalæ had rested.

Dr. Law, in presenting a recent specimen of softening of the brain, observed, that the experience of most medical men and of those whose attention had been much directed to the study of cerebral diseases under the most advantageous circumstances for observing these diseases, and who had the best opportunities of connecting the symptoms during life with the appearances after death, led them to feel how much was still wanting to establish anything like a certainty or constancy of relation between the lesions of the brain and their symptoms. It was not alone that a great amount of structural change co-existed with apparently slight symptoms, while, again, many morbid symptoms were present when there was but a small amount of structural alteration; but often the same symptoms co-existed with lesions very different in their nature; and again, with the same lesion which often gave rise to symptoms very different in themselves. Dr. Law considered that these views were borne out by the present case, in which a great extent of cerebral lesion existed, while its symptoms bore but a slight relation to them. The symptoms in this case, too, which indicated the existence of the lesion, disappeared in a great degree.

The subject was a man aged sixty-seven, a butler, who had been ill for three years or more before his death, and had been obliged to relinquish his situation on account of a chronic bronchitic affection complicated with emphysema, and also disease of the heart. There was irregularity both of the heart's action and of the pulse at the wrist, but it occurred to Dr. Law that the disturbance had more of the character of a functional than an organic affection; at least that the signs were not strictly in accordance with those ascribed to valvular disease. During a year spent out of his situation, subjected to a mode of diet very different, of course, from that he had been previously accustomed to (it being familiarly known, Dr. Law observed, that persons in the capacity of butler, or gentleman's gentleman, are usually quite as well fed as their masters) his health became considerably impaired, and one day suddenly he fell down in a state of unconsciousness. In eight or nine hours after, when Dr. Law saw him, he had lost his speech; his consciousness, though more distinct, was still very imperfect, and there was hemiplegia of the left side. In this condition he was brought to Sir P. Dunn's Hospital, where he remained under treatment for a month, at the end of which period he had completely recovered of the hemiplegia, and regained his speech, but his intellect remained impaired. He had hallucinations of various kinds, fancied persons were stealing his clothes; he could not be persuaded that one of the nurses was not his daughter, and under this impression he constantly scolded her for being deficient in the kindness which, as her father, he considered himself entitled to. The man, naturally good-tempered, became in fact so cross and disagreeable that it was impossible to exercise control over him. In this way he went on for a year and a-half, the chest affection having become much improved; he had several attacks of diarrhœa, but these did not attract any particular attention, as the man's health got very considerably better. Through pity for his circumstances Dr. Law retained him in the hospital some time longer, but he again fell into a dull, moping, listless condition, from which he never recovered. His diet, which had hitherto been liberal, was reduced at his own request to the middle allowance, and after lingering for some time he fell into a state of coma, in which he continued for three days, and then died.

At the autopsy, the cranium having been removed, Dr. Law was struck with the smallness of the brain as compared with its bony case, the brain having appeared to have shrunk down. On opening the dura mater the arachnoid was seen distended as if by fluid contained between it and the brain, and upon a puncture being made a large quantity of serum escaped. Before removing the brain, a depression was observed at the anterior and external part of its left hemisphere, which, on closer examination, proved to be a complete loss of substance, giving rise to a cavity which would contain the bulk of about half a walnut; its surface was irregular, and had a dirty-greenish appearance. On scraping off a thin stratum of a yellowish matter, however, the substance of the brain itself was exposed. Next, looking to the ventricles, there was some fluid effused into them, and their contour appeared peculiarly well defined. The corpus striatum was soft, and converted into a green diffluent matter; the brain behind this presented also points of destruction of its substance, constituting old apoplectic cells; the upper surface of the brain was unbroken. The vessels at its base were observed to contain calcareous deposits. Proceeding to examine the heart, calcareous depositions were found in the aortic and mitral valves, there being also some thickening of the edges of the latter. The observations which Dr. Law had just made respecting disease affecting the brain were, he considered, true in reference to diseases of the heart also—many instances of very extensive disease of which organ were known to be accompanied with symptoms of an ill-defined character; an example of which he observed had been laid before the society at a former meeting by Dr. Corrigan. In the case now brought before the society the heart affection was, under similar circumstances, nearly overlooked during the cerebral attack. Most of the members were aware, Dr. Law observed, that a long time since the disease of softening of the brain had been observed, even by Morgagni, but Rostan had drawn especial attention to it; and from its frequency among persons advanced in life, regarded it as a consequence of defective nutrition of the organ, and quite independent of antecedent inflammation—an opinion which drew from Lallemand (whose observations were made under different circumstances) an expression of his conviction that this softening was the result of purulent infiltration, the consequence of encephalitis. Both conclusions Dr. Law believed were of too exclusive a nature: in his case there would appear to be somewhat of a combination of the two modifications, for he believed that a primary effusion of blood into the substance of the brain had acted upon it and produced the softening of the cerebral substance in its neighbourhood. Effusion of blood into the brain might, he believed, be diffused and subsequently become enclosed in a cyst, as in the lungs, or an ecchymosis on the external parts; this cyst thus removes the clot contained in it by absorption, and its surface either remains smooth, containing a fluid, or else, becoming ulcerated, jagged and irregular. Dr. Law was not prepared to say how far the cerebral effusion depended upon the disease of the heart; but remarked that while the connection between cerebral apoplexy and hypertrophy of the left ventricle had been noticed by French pathologists, he believed he had himself been the first to connect softening of the brain with cardiac disease, when such disease had the effect of preventing the due supply of blood to the brain, as is the case in affections of the aortic valve, in which much of the small quantity of blood that passes from the ventricle into the aorta returns into the ventricle again; and more particularly when the mitral valve admits of regurgitation at the same time. Dr. Law had had opportunities of bringing instances of this kind under the notice of the Pathological Society which quite confirmed the correctness of Rostan's views, that in some cases, at least, ramollissement of the brain is the result of this organ being deprived of its proper quantity of blood—a view further confirmed by a recent paper of Dr. Norman Chevers, connecting ramollissement of the brain with ligature of the carotid artery. The slight amount of valvular disease with the extremely irregular action of the heart, only equalled by the irregularity of the organ consequent upon rupture of one or more of the chordæ tendinæ perplexed Dr. Law a good deal; he believed, however, he had discovered the explanation of it in the unusually elongated chordæ tendineæ, which appeared to him such as to admit of the valve to which they were attached being carried back into the auricle, and in this way, in a degree, to resemble the condition of the valve when more completely freed from these bands by rupture of them.

Meeting of 21st of February.

Dr. O'Beirne in the Chair.

The Kidneys in Dropsy after Scarlatina; Unresolved Pneumonia; Tubercles.

Dr. Kirkpatrick said that the opportunities for examining the kidneys in cases of dropsy after scarlatina were now, fortunately, unfrequent. The specimens on the table he was induced to bring under the notice of the Society, as a good deal of doubt existed respecting the pathology of this disease, more particularly as regards the condition of the kidney in its early stage. The two which he now produced were taken from a boy, aged four, who first came under his observation in May, 1844; at which time he had hooping-cough, complicated with pneumonia of the right lung, which left after it partial induration of the pulmonary parenchyma. Treatment failed to produce any resolution of this solidification.

On the 26th of last month (January), he was seized with scarlatina, which went through its ordinary stages; and after the disappearance of the eruption, the boy was subjected to treatment with a view to prevent the supervention of dropsy. Warm baths and diaphoretic medicines were prescribed, but without success. Anasarca set in, the urine became albuminous, and he died in twenty days from the first appearance of the dropsy. The kidneys were found to be intensely congested, increased in size, and of a deep purple-colour; the surface, too, was very slightly mottled, but there seemed to be no granular deposition. A portion of the right lung was found in the solidified condition which Dr. Kirkpatrick had diagnosed as remaining after the attack of pneumonia that the patient had laboured under eighteen months previously. In this indurated part tubercles were discovered; but those morbid depositions were not present in any other part of the pulmonary substance, and in general presented no trace of softening, except in one or two points.

Dr. Law exhibited a drawing of the appearances in a case of pleurisy with effusion, complicated with tubercles in the substance of the lung and in the false membrane. The subject of these lesions, Mary Fitzgerald, aged forty-seven, came under Dr. Law's treatment on the 18th of September, and died on the 14th of October. She was a laundress, and had, during the three months previous to admission, been much exposed to alternate heat and cold. When seen by Dr. Law, she had dyspnœa, cough, anasarca, and ascites. In the sitting posture, her chest sounded dull on both sides posteriorly, but especially on the left; the hand, too, when placed over this part of the chest, detected no vocal vibration, but the latter was to a certain extent perceptible at the right side. In the examination of the chest anteriorly, nothing abnormal could be detected. When placed on her hands and knees, with the view of ascertaining whether the dulness on percussion and absence of respiration posteriorly depended upon solidification of the lungs, or upon the presence of fluid in the cavities of the pleura; the change of position did not affect the signs on the right side; but on the left the dulness seemed less, and a distinct, though feeble, respiratory murmur could be detected. She was placed under the influence of diuretics, and improved for a time, but this impovement did not continue; the dyspnœa became more urgent; she was obliged to lie with her shoulders more raised, and at this time a distinct frottement murmur could be heard in the præcordial region, but from its being modified by respiration it was considered pleural. The frottement entirely disappeared in a few days. The character of the symptoms, which bore the stamp of great prostration and depression, created in Dr. Law's mind the suspicion that, besides pleurisy with effusion, some malignant action was probably going on in the lungs; although there was no enlargement of the cervical glands, nor congestion of the superficial veins of the sides of the chest, to coun cenance such suspicion. No feeble excitement accompanied this exacerbation. In the midst of the mull sound on percussion, which had increased anuch on the left side, and was now as remarkable teriorly as posteriorly, there was distinct respiran sound below the mamma, while the heart also lsated in its normal position, and with a distinctss that rendered it evident, that the anterior dulness was not ow effusion into the perira rdium.

On examining the body, a copious serous effusion was found in the abdomen, and in the cavity of the left pleura. The right pleura costalis and pulmonalis adhered very intimately through the medium of soft lymph, which also dipped down into the sulci, between the lobes. The left lung occupied but a small space in the corresponding cavity, being much diminished in size; it was connected by adhesions to the diaphragm, and also to the side of the pericardium. The whole of this lung was coated with false membrane, which, both here and on the right side, was deeply tinged with blood. This membrane contained in its substance numerous small tubercles, which were also found in the apex of the right lung, and which were, to use the expression of Dr. Williams, plump, in contradistinction to the shrunken condition in which they are sometimes present.

Dr. Law considered the deposition of the tubercles in false membrane, taken in connection with the blood effused into it, similar to the mode in which this fluid is free in the substance of some inferior animals without being contained in vessels, to be proof of the inferior types of the inflammation. Not that he did not think blood might be effused into false membranes, even in the healthiest constitution; for experience had established the fact, that these false membranes are susceptible of all the pathological conditions of original structures, and of hemorrhage among the number; but as the formation of tubercle is out of the course of normal healthy inflammatory action (whose tendency is reparation, and which, although, it may not, in the act of reparation, make the injured part as useful and complete as before, yet it, at least, comes so near it that the original structure is replaced by the one next to it, in the scale of organisation), and having no tendency to assimilate in any respect to a normal structure, the coexistence of the tubercle, with effused blood in the false membrane in the same way as in the inferior animal, would argue an action, such as we are not left to conjecture, to suppose, might take place in the inferior animals, but which experience proves actually does take place.

In the diseases that recently affected cattle in this country, the hepatisation of the lung with tubercle of the hepatised structure had been observed; but from the shortness of the time during which there was any appearance of disease in the animal, it could not be believed that both the hepatisation and the tubercle were produced by one and the same inflammation.

So, also, Dr. Law had seen peritonitis in the cat, and in the recent lymph had found tubercles, so as to be satisfied that both must have resulted from the same inflammation.

The difference, then, which appeared to him to exist between inflammation in a healthy and an unhealthy subject was, that while lypmh was deposited in both it is endowed with different susceptibilities—the one ranging itself under the standard of normal structure, and when subsequently inflamed, comporting itself exactly in the same way as origi nal structure—the other, on the contrary, when inflamed producing a heterologous growth without any tendency to assimilate to its parent structure.

The further difference that Dr. Law could establish between inflammation in an unhealthy subject occupying a higher position in the animal scale, and that in an inferior one, is this—that, while there is in both a tendency to deviate from normal nutrition, in the inferior animal it exhibits such tendency more speedily than in the superior; it being the result of a secondary inflammation in the latter, while in the former it is synchronous with the primary inflammation. It would appear as if the superior animal required a certain duration of disease to deteriorate its constitution, and thus bring it down to the original state of the inferior animal. He believed that these views have a very extensive pathological application.

Dr. Law remarked upon the physical signs exhibited during life and confirmed by post-mortem examination. The absence of vocal vibration, with the dull sound on percussion, and the faint and distant respiratory sound, on the posterior left, when the patient was examined in the sitting posture, rendered it doubtful whether these phenomena depended upon effusion into the side or solidification of the lung; for while the absence of vocal vibration (a sign of great value in such cases) indicated effusion, the faint respiratory murmur pronounced solidification of the lung, the dull sound being common to both. The mixed mode of examining the patient under a change of position only positively succeeded in clearing away the doubt. For, although the sound became evidently clearer, and the respiratory murmur stronger, still both wanted much of their normal character, yet the change of position producing any alteration in the phenomena proved that there was effusion. While examination of the body confirmed this, it also proved what prevented the lung applying itself to the side in place of the partially displaced fluid, viz., its adhesion to the diaphragm.

Dr. Law considered, then, that the phenomena of this case furnished a complete refutation of Laënnec's theory, of œgophony being the vibration communicated to the fluid interposed between the ung and the side of the thorax; for the interposition of the fluid between the lung and the parietes in this instance was unquestionable, and still there was no œgophony. The examination further explained the temporary frottement murmur tha existed in the cardiac region, and its modification by respiration, by an adhesion of recent date between the external surface of the pericardium and the pleura lining the external surface of the left lung This adhesion also accounted for the heart's not being displaced by the extensive effusion into the left pleural cavity.

M. Bricheteau in a paper on typhoid fever, published in the *Gazette Médico-Chirurgicale*, states that that disease is considered so contagious in London, that those who labour under it are *rigorously isolated and that no one dare visit them.*

REVIEWS.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. Latham, M.D., Fellow of the Royal College of Physicans, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. London: Longman and Co. 1845. In 2 vols.

(Continued from page 458.)

RHEUMATIC INFLAMMATION OF THE LUNGS.

In the ninth lecture, published in this very valuable work, the subject of a rare complication of rheumatism, inflammation of the lungs, is considered.

"The heart is not the only vital organ liable to suffer inflammation in acute rheumatism. The lungs may suffer also; the lungs, in all the several structures of which they are composed. And the diseases which result are, bronchitis, pneumonia, and pleurisy."

Hitherto, with respect to the internal inflammations, complicating rheumatism, the heart and its appendages have been regarded as almost solely liable, and when the lungs have been affected, the complaint has been looked upon as merely subsidiary to the inflammation of the other organ. Endocarditis and pericarditis constitute by far the most numerous complications of acute rheumatism, but the inflammatory affection of the lungs and its membranes, although much more rare, are equally important, and as fully require the utmost attention and skill on the part of the practitioner for their cure. The lungs may, and are, also inflamed in acute rheumatism, consentaneously with endocarditis and pericarditis. It occurs, however, less frequently in combination with simple endocarditis, than in pericarditis, or endocarditis complicated with pericarditis, the more dangerous forms of rheumatic inflammation of the heart being thus those in which inflammation of the lungs and its membranes is most apt to supervene.

The following table, drawn up by Dr. Latham, will serve to show the frequency of these complications:—

"Of rheumatism without affection of the heart there were:—

"Cases 46.—Lungs affected in 5: Single pneumonia (fatal); single pneumonia; single pneumonia; diffused bronchitis ending in double pneumonia; diffused bronchitis of both lungs.

"Of rheumatism with endocarditis there were:—

"Cases 63.—Lungs affected in 7: Double pneumonia; double pneumonia; double pneumonia; diffused bronchitis passing into double pneumonia; single pneumonia; diffused bronchitis of both lungs; bronchitis passing into inflammation of the larynx and trachea.

"Of rheumatism with pericarditis there were:—

"Cases 7.—Lungs affected in 4: Double pneumonia; diffused bronchitis passing into double pneumonia; single pneumonia; single pneumonia.

"Of rheumatism with endocarditis and pericarditis combined there were:—

"Cases 11.—Lungs affected in 8: Double pleurisy with double hydrothorax; single pleurisy with hydrothorax; double pneumonia; double pneumonia with double pleurisy and double hydrothorax (fatal); single pneumonia; single pneumonia; pneumonia and diffused bronchitis of one lung (fatal); diffused bronchitis of both lungs (fatal)."

Of 136 cases of rheumatism, the lungs were inflamed in twenty-four, or one in five and a-half. Of these twenty-four cases, four were instances of bronchitis, eighteen of pneumonia, and two of pleurisy.

"In the four instances of bronchitis the affection was no mere catarrh, but an inflammation largely diffused through both lungs, producing deep oppression and dyspnœa. Of the two pleurisies, one was single and the other double. The single pleurisy produced a large effusion into one side. The double pleurisy produced a double hydrothorax. Of the eighteen instances of pneumonia, in nine the disease was of one lung, and in nine it was of both.

"Pneumonia, if it be severe and abiding, generally includes more than its name implies. How much more we can often only suspect, but not exactly tell, during the life of the patient, so entirely

do the pneumonic symptoms transcend the symptoms of the concomitant disease, and in effect obscure them. Severe pneumonia will often veil a pleurisy as severe as itself. It was suspected of doing so in several of the cases in question; and, in one case, dissection at last disclosed double pneumonia with double hydrothorax."

It is evident, therefore, that in this form of complication, the inflammatory action was of the most severe character, and ran its course with rapidity, presenting most marked symptoms, differing greatly in their intensity from the ordinary symptoms encountered in this disease.

Dr. Latham illustrates the progress of the disease by a detail of two cases. The first is that of a man, forty years of age, who was admitted into St. Bartholomew's Hospital, presenting the symptoms of acute rheumatism, the result of accidental exposure to cold. On the fourth day after admission, and the fourteenth after the attack of rheumatism had commenced, the stethoscope disclosed the existence of pericarditis, which would not have been otherwise discovered. This was treated by repeated venesection, cupping over the precordial region, and the internal exhibition of calomel and opium. This was followed by some relief, although the system showed an evident tolerance of the mercury. Endocarditis was next made out, the single systolic bellows' murmur being very distinct, while the to and fro sound had degenerated into a mere crumpling.

At this time "the general state of the patient betokened great debility and distress of the nervous system. The pulse was 120, and small and soft. But this remarkable circumstance deserves to be especially noticed, that although the pericarditis had been going on ten days, and endocarditis was now superadded to it, the patient had not been all along, and was not even now, conscious of the least pain in the region of the heart. The first symptom directly referrible to the heart within his own consciousness, had arisen during the last two days. This was a palpitation whenever he turned quickly round in bed."

The precordial region was then leeched, and the use of calomel and opium, which had been abandoned on the suspicion of the advent of ptyalism, resumed. Five days after the case was further complicated by pneumonia.

"Again, suspected ptyalism admonished us to suspend the use of calomel; and again it was resumed, when no ptyalism was apparent. Still there was no precordial pain. But still the pain and the swelling returned, and receded capriciously to and from the knees and the wrists.

"In three days more the symptoms were all concentred in the nervous system, and all the treatment consisted in the administration of opium and ammonia. The pulse was very frequent and very feeble; the tongue trembled; the hands trembled; there were frequent perspirations; there was neither endocardial nor exocardial murmur, or any other definite sounds of an unnatural kind proceeding from the heart. Probably it could not contract with force enough to produce them. There was a mere roughness accompanying its systole.

"Still life continued seven days longer. In the meantime the pulse rose to 140, and became more and more feeble; the perspirations were more profuse, and almost continual; the tremblings of the limbs never ceased, and at length became convulsive spasms. His mind wandered all day, except when, his attention being strongly roused, he was brought for a short time to himself. At night he was sleepless, singing, or muttering, or vociferous. Opium, however, procured him sleep during one entire night. He woke refreshed, was rational for a short time, confessed he was free from pain, and then relapsed into delirium. His evacuations passed involuntarily. As his sweats became more copious, his tongue became drier.

"At length he seemed made quiet by exhaustion. His last two nights were very tranquil. On the 26th of November he died. It was the fortieth day from the commencement of the rheumatism, the twenty-sixth day from the commencement of the pericarditis, the eighteenth or nineteenth from the commencement of the endocarditis, and the fifteenth or sixteenth from the commencement of the pneumonia.

"The exocardial murmur was distinctly audible only seven days, and in nine days it was entirely gone. Hence we inferred that the pericardium was adherent to the heart. The endocardial murmur ceased as such in eight days, from the heart having not force of contraction enough to produce it, and so it degenerated into a mere roughness. The crepitation, which denoted the lungs to be inflamed, being once heard at the back, was never afterwards sought after; for it would have been at peril of the patient's life to have raised him in bed, his debility had become so great."

The following were the appearances after death:—

"The pericardium adhered at no part, but was every where covered, both on its free and reflected surface, with curd-like lymph, which was accumulated in the largest quantity over the auricles, and on the basis. The adventitious membrane being turned back, discovered red spots beneath of extravasated blood like petechiæ. The quantity of fluid in the pericardium was very small, not exceeding two or three drachms. It was like whey. The endocardium showed the effects of inflammation on both sides of the heart. The tricuspid valve had minute pearl-like bodies deposited near its free edges. The mitral valve had bodies of the same kind in the same relative situation, and around some of them there was a slight blush of red. On passing the finger from the ventricle into the aorta, a palpable obstruction was felt in the situation of the valve. This was found to arise from a single fibrinous deposit upon one of the valvular processes. It was of an irregular form, and one-third of an inch in size at its greatest diameter. All the three processes were slightly thickened, and of a pinkish colour, but upon one only was there any morbid deposit. The general bulk of the heart and the capacity of its cavities were natural, and its muscular substance was apparently healthy."

"The following was the state of the lungs. Both of them were slightly emphysematous, and neither of them collapsed upon removal of the sternum. The right was crepitous throughout, and loaded throughout with frothy sanguineous fluid; and the surface of every bronchus, as far as it could be traced, was loaded with blood. Every portion of this lung was buoyant in water. Of the left lung the entire lower lobe was hepatised, and sank in water, while the upper lobe presented the same pathological conditions as the other lung."

The second case was marked from the beginning by the presence of the endocardial and exocardial murmurs, in conjunction with other symptoms of acute rheumatism. The latter had existed ten days. The usual treatment was adopted with but little promise of a successful result, as the patient's constitution was much shattered by misery and dissipation, but some hope was entertained after a few days, as evidence of approaching salivation were noticed, when the disease became further complicated by double bronchitis and double pneumonia, at which time the weakness was so extreme that no form of bleeding could be practised. A large blister was applied to the sternum, and the calomel and opium continued.

The conclusion of the case may be given in Dr. Latham's own language.

"The next day the dyspnœa had become an indescribable anguish and struggle for breath. On the next the same distress continued, when auscultation found the right side of the chest entirely dull to percussion, and no air entering into any part of the right lung, except at a small space opposite the scapula, where there was the loud puffing of bronchial respiration and the bronchial voice, which amounted to pectoriloquy. I suspect the right pleura had become suddenly filled with fluid. The left lung still admitted air everywhere, but everywhere with a crepitation. As to the heart, the endocardial murmur had entirely ceased, and the exocardial murmur remained alone.

"A short description will suffice for the four following days. Salivation had run on to an excessive degree, and produced its worst distress. The fauces swelled, the tongue became too large for the mouth, and a stream of saliva was continually running from it. None but the erect osture could be borne night or day. The respirations were never less than fifty in a minute, or the pulse than 135. She was speechless, and when enquiry was made of her pains, she pointed to the epigastrium and right hypochondrium as their seat.

"In this state of things there was no room for further treatment. One great remedy, the mercury, though it was no longer given, was still in constant and unrestrained operation. In truth neither food nor medicine could be administered during these four days. Neither was it possible to make any effectual examination of the chest from fear of killing her if we disturbed the only posture in which she could breathe.

"On the 15th of May, being still alive, a large blister was applied to the seat of pain, which she indicated in the epigastrium. On the 16th she gave signs that her pain was relieved; her pulse had fallen to 120; her countenance had lost some of its distress; the breathing was less difficult, and she could lie on her back.

"The next three days and nights were a period of comfort. No pain was felt. The respiration was easy and much less frequent, and there was hardly any cough. The pulse had come down to 120. The salivation and all its attendant distresses were greatly lessened. Yet there remained still some pain in the limbs. The endocardial murmur again accompanied the systole of the heart, but the to and fro sound had entirely ceased. I could not bring myself to disturb her tranquillity by raising her in bed for the purpose of learning, by auscultation, the state of the lungs.

"Now there was a fair hope that the work of reparation had begun, and that it would proceed without further interruption; but on the 19th it was found that such pain in the chest and dyspnœa had come on during the night as to prevent her lying or sleeping. She was still in the erect posture, and the pain and dyspnœa continued, and the pulse had run up to 140. The whole of the right side was as absolutely dull everywhere as it was when the last auscultation was made. I ventured to draw a few ounces of blood by cupping glasses applied to the back below the right scapula; and ordered two grains of calomel and a quarter of a grain of opium to be taken that night and the next morning.

"The next day the dyspnœa was greatly diminished, and the pain within the chest was entirely gone. From this time convalescence proceeded slowly, but uninterruptedly. On the 30th the left lung had altogether recovered its healthy condition, and a feeble respiratory murmur was heard in every part of the right.

"The patient remained in the hospital several weeks longer, gradually recovering all the general conditions of health. She left the hospital with the right lung restored almost to an equal capacity of breathing with the left, and the endocardial murmur still accompanying the systole of the heart, and the exocardial murmur gone."

The results of this case would lead one to believe that had not the exhibition of mercury been so frequently suspended in the previous case, and had full salivation been obtained, the termination might have been different.

Hastings: a Resort for Invalids. By JAMES MACKNESS, M.D. 12mo. London: Churchill. 1842.

The object of this volume is to show what are the advantages to be derived, by invalids of a certain class, from a residence in a peculiar locality. It chiefly addresses itself to consumptives, asthmatics, and others, the subjects of pulmonary troubles. We have ever held the opinion that much good is to be done to the sufferers from chest diseases by a judicious advice as to residence, as well as to regimen, medicine, and so forth. Prescribe how you will, order your patient's daily routine as you will, let these things be ever so excellent, they will little or nothing avail in the face of atmospheric inclemency and vicissitude. Hence the reason of the greater mortality, from chest diseases, amongst the middle and poorer classes of this country, than amongst the rich community, whose circumstances enable them to take advantage of any and every opportunity of improving their locality of residence.

Not an insignificant part of the medical practitioner's duty is to advise his patient to a fresh

habitation. As a matter of consequence he is expected to know everything of the many everywheres to whose vicinity invalids may safely commit themselves. This is a species of information not always very easily gained. Inland practitioners are not to be expected to be as well versed in hygienic topography as their more fortunate brethren on the coast; and therefore it is that any information from these more available quarters is to be regarded as a favour to the generality of us. In this light we regard the work of Dr. Mackness: there is much in it that we could find fault with were we disposed to be utterly critical, but we find that the minor sins against refined judgment ought to be overlooked in a candid consideration of the value of the whole. As a specimen of topographical information, and more particularly in relation to the statistics of "life, health, and disease," we regard the work before us as one of not inconsiderable value. There is much in it that practitioners and patients may read with interest and advantage. The items are ample, and doubtless accurate, and in such wise are valuable guides as to residence and the personal management of health under particular circumstances. To those who may have been, or who intend to be, frequenters of the salubrious climate of Hastings, the monograph of Dr. Mackness cannot fail to be a valuable text-book; whilst to the profession and the public generally it may be safely commended as an interesting *brochure* on the subject of which it treats.

TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5*s. An allowance is made to the trade.*

The twelfth volume *of the* Medical Times *is now ready, and may be ordered of any bookseller, or obtained direct from the office,* 49, Essex street, Strand, *price* 13*s. neatly bound.*

The Pharmaceutical Number *of the* Medical Times *for April, is now ready, and contains twenty-four closely-printed pages of the most important matter to the chemist, pharmaceutist, and general practitioner. Price* 5d*; Stamped* 6d. *J. A. Carfrae, Essex-street, Strand.*

H. N. *is thanked. Dr. Webster is physician to the Commercial and General Life Assurance Company. We believe there is no vacancy in the surgeonship.*

We are obliged to Medicus, *but cannot discuss the doctrine of De la Mennais in our columns.*

Tyro.—*Dr. Churchill's Midwifery is published by Mr. Renshaw.*

A Querist *must not expect more than a general opinion on a case not before us. The operation, though sanctioned by the practice of Lisfranc and Lizars, is one, in our opinion, not to be resorted to except in a very extreme case.*

Mr. Hall *may procure the chart named at Mr. Highley's.*

A Country Practitioner.—*At sixty the insurance for* £1,000 *would not be effected in a safe office for much less than eighty pounds per annum. The "Medical Invalid" is the only office we know of that professes to insure the lives of diseased persons. There may, however, be others.*

P. P.—*The "Royal Free Hospital and its Assailants" is not a subject to be taken up without more information than appears to fall to the lot of our correspondent. It should be done officially if it be worth doing at all.*

A Subscriber (Derby) *will find the work he requires in the* Pentaglot Dictionary *of Dr. Shirley Palmer, published by Longman and Co. This invaluable work is sold at a price marvellously moderate, and no medical student wishing to know what he is about*—i. e., *the meaning of all he hears and reads—should be without it.*

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THE MEDICAL TIMES.

Saturday, April 4, 1846.

"The name of *Liston* honours this corruption,
And chastisement doth therefore hide its head."
Shakspear.

On the principle that the "galled jade will wince," our article on the bargaining away an examinership has begot an extravagantly ill-feeling in the College Council. It fell in the very midst, and *told.* It was a bombshell, as much in its execution as its suddenness. It laid bare a family compact never meant for the public eye. It shattered all the sophistries by which a hypocritic virtue holds to the decencies of society, and the respectabilities of gentlemanly character, and taught the Councillors that the convivial conspiracy to turn to mutual convenience the revenues of a public institution stood detected. The trustees of science were revealed to their brethren as huckstering high responsibilities for private emolument. Like Cassius, they were

"——much condemned to have an itching palm
To sell and mart their offices for gold
To undeservers!"

We have been addressed on this subject, craving a more favourable interpretation of the offence. We regret to say that reflection only enhances our estimate of it. It is not only wrong in morality, and suicidal to the surgical science these men represent, but it casts a dark imputation on the character of the whole Profession. The Council, before the public at least, are the heads of one branch of medical practice, and their acts are assumed as standards by which to measure the moral code of their brethren. With so disgraceful an obliquity of conduct before it, what is the world likely to infer? Twenty-four surgeons, at the head of their Profession—betraying a trust which science makes sacred—perpetrate a pecuniary job—unjust in itself, and as embarrassing as it is sure to be mischievous in its results. What is there to palliate it—to excuse it—to make it tolerable? What is there to dissociate the Profession from the disgrace of the offence? It is a *collegiate* delinquency, and all of us share in its disreputableness. Our only escape from the *onus* is by public, general, and emphatic protest.

Strong as has been the reprobation of the sale of the Edinburgh Chair of Clinical Surgery, that act has far more to be said in its defence than the one before us. The class Mr. Russell sold to Mr. Syme was of Mr. Russell's own establishing. He had taught it for forty-six years, and his age (eighty) suggested, not very unnaturally, a superannuative payment from *some* quarter. Besides, Mr. Russell played the Edinburgh Profession, in some measure fair. He offered his place to those attached, as to those unattached to the university: Knox, Liston, Syme—each had the offer, and two—one somewhat tardily—exercised the liberty of refusal. Then the choice was not so *very* bad. Nothing very extraordinary can be inferred against Mr. Syme as a surgeon. Finally, the Edinburgh Professor bought the less serious responsibility: he taught—not gave diplomas. But here, how stands the fact? Mr. White did *not make* the office the Council sold for him: he had no claim on it beyond payment for his actual attendances, and the bargain for a successor was limited to the Council—with this important proviso,—that the man too honourable to buy a scientific distinction must forfeit it for ever. Once passed over as an examiner, Mr. Callaway can never more aspire to the honour or emoluments of the position. The title to the place, in short, is buying it—the title for rejection is *not* buying it. Hence Callaway loses and Liston finds an examinership.

Before quitting this subject it would hardly be right not to offer the principal actor our condolence for the very humbling and equivocal position he has been made to occupy. We are sure he fills it with a bad grace. There can be no chair in the Council-room, however well-cushioned, in which we can suppose him quite at ease. He must have an humbler estimate of his merits than even his colleagues if he can think a *purchased* examinership with half salary quite up to his pretensions. The "half-pay" examiner "by purchase, *vice* White, resigned," is not the sort of distinction that Edinburgh should have been left for. Russell's Professorship was much better worth the money. We are sure that its present occupant—"Dear Syme"—whom Liston has so unmercifully twitted for the bargain, would scarcely "exchange," or if he did, would "pay no difference."

"To what base uses we may return, Horatio," is the reflection that recurs while reading the backsliding Councillor's deprecation of sold appointments. How unpleasing to be addressed as he himself wrote to old Mr. Russell in 1833. "I am confident that these highly respectable gentlemen (the Council of the Royal Infirmary) never would have given their sanction to an arrangement so injurious to the interests of the public and the Medical School of Edinburgh, *however profitable to you individually.* I feel convinced that no candid person can come to the conclusion that *the present appointment* has been carried through after fair and open competition!"

How unhappy to be looked in the face by a student under examination, whose eyes beam out the consciousness that he is before a five-shilling examiner—a Councillor only half up to the customary position, and doing extra drudgery on less wages!

Jest apart—this disgraceful transaction, while doing infinite mischief to the scientific interests of the Profession, puts both the examiner and the examined in positions neither should be placed in.

"Nisi utile est quod facias, stulta est gloria.
Phædrus.

Acribus exemplis videor te claudere: misce
Ergo aliquid nostris de moribus.

We concluded our last article on the quackery of yore, with a word in favour of Oribasius, who had been stigmatised by an idle commentator as being in the habit of ordering certain passages of the Bible to be read whenever it was likely to serve his professional interests by making a display of religion. We acquitted Oribasius of the charge, but observed that the trick is common enough in our own days amongst a particular class of medical

puritans, who find it more convenient and profitable to fall back upon the savouriness of affected piety than upon the less ostentatious but more available commodity—professional skill. Instances in point we shall give when we come to treat of empiricism as it prevails at present.

Ætius was not a quack in the strictest sense of the word, and yet he did certain things which were somewhat quackish, even for his day. At any rate, he may be regarded as in some sort the father of a notable absurdity and imposition, out of which many a fortune has been made within the last century. He was the first Christian writer who introduced amongst the Greeks the doctrines of spells, relics, and incantations—fragments of an antiquated superstition that originated with the Egyptians. He had a vaunted specific for the gout, which he called his *Grand Drier:* it consisted of an external application that was to be used incessantly for a year, with a particular observance of diet and regimen in each month, in the following order:—In September the patient was to subsist entirely upon milk; in October he was to eat largely of garlic; in November he was not to bathe; in December not to eat cabbage; in January to drink a glass of wine every morning; in February not to eat beef; in March to mix sweets with what he ate and drank; in April not to eat horse-radish; in May not to eat the polypus fish; in June to take cold water in a morning; in July to abstain from venery; and in August from eating mallows. These were the directions *without* whose observance the *Grand Drier* would be of no efficacy; but *with* whose observance it was never to fail of success. Absurd though they were, they found plenty of converts and adherents; and many were the cures they wrought under the guidance of superstition and credulity. Of course the popularity of the plan and its profitableness rendered it tempting to others of the profession, and it became, with various modifications, the suggestions of its several advocates, an established form of practice. How many dietetic and hygienic physicians since the days of Ætius have taken their cue from his cunning, and won their way to preferment by his favourite means? It would be curious to know how much fame has been earned by wholesale invectives, delivered with due solemnity and in an appropriate voice of warning, against veal-cutlets, pork-chops, and toasted cheese? How many fees have followed a minute specification of the particular hour to rise, the particular hour to go to bed, the particular walk to take, and the particular time to take it in? How much *éclat* has rewarded the prescriber's sagacity who could say positively, and swear also, if necessary, how much better suited to the case in question rain water would be than pump; bitter beer better than common home-brewed; port wine than sherry, or sherry than port, or Madeira than either?—how much family confidence and credit have been won, off-hand, by a little pedantic advice concerning the propriety of stirring gruel always one way, of soaking baker's bread in cold water before boiling it for a poultice, and of disposing properly a flannel something in case of headache or sorethroat? Ætius little thought, when he struck out a laughable novelty as an experiment upon the credulity of a silly world, what a profitable line of practice he was inculcating for the use of after ages.

He held another theory, which, though scarcely less absurd than the one just quoted, was yet capable of a reduction to more rational practice. It was concerning counter-irritation, which he affirmed could produce marvellous effects. He carried it to extraordinary lengths in the treatment of consumption and asthma. He used the potential, or the actual cautery, with which he produced *round sores*, as being unfavourable for healing. Of these sores, he advised that one should be at the top of the sternum, one under each jaw, one under each breast, one on each side the back, near the fifth and sixth ribs, one in the middle of the thorax, one on each side, between the eighth and ninth ribs, and three along the course of the spine! All these were to be in operation at once, and their action was to be kept up until the patient was either killed or cured!

Poor Medea, because she introduced warm baths, had imputed to her the sin of boiling her patients alive; and Herophilus, for prosecuting a little harmless anatomy, was anathematised by Tertullian, as "a physician, or rather butcher, who dissected six hundred men in order to find out nature; who hated man in order to learn the structure of his frame;" and yet, Ætius was permitted to practise his experimental cruelties, and was never charged with burning and blistering his patients to death! The fact is, Medea did not vaunt her remedy enough, and Herophilus did not vaunt his studies at all, and so the public thought all manner of evil of them; whilst Ætius, with greater ingenuity, started his novel practice *by persuading the public of its efficacy*, after which, it little mattered whether successful or not, for its reputation would not easily go out of fashion. This was bad enough twelve hundred years ago, and yet it was only a few years back, that the veriest impostor upon public confidence aped the cruelty we speak of, and found thousands the willing victims, in person and pocket, of his ignorance and wicked artifice.

A vile old sinner, named Uranius, lived about the middle of the sixth century, and got himself into note by a species of *diablerie* which has had fools in abundance to follow it. The fellow having no pretensions whatever to professional skill, determined to make arrogance and bold effrontery supply its place; and in the absence of better means of popularity, took upon himself the office of public spouter in favour of infidelity. Collecting, first in one place, and then in another, the crowds of greedy listeners that are ever ready to wait upon street brawling, he affected scepticism in everything, and so acquired the credit of being a philosopher.

Bad as an affectation of religion is, on the part of a man who uses a sanctified vesture to cover a satanic heart, it is not worse than an open expression of infidelity, and advocacy of the many vices to which it leads. The latter was practised with not inconsiderable success by Uranius of old, and it is not a little to the disgrace of later ages, that the credit of medical and philosophical acumen has often been acquired by the same spurious and contemptible means.

Albucasis was a skilful Arabian practitioner, and a learned writer, who lived about the thirteenth or fourteenth century. He was the first man who treated small-pox upon the cold water plan, which he pushed to considerable lengths. He not only bled his patients largely at the commencement of the disease, but he employed ablution, and affusion of cold water vigorously, and ordered its potation to a very large extent. Some of his patients, indeed, who relished the practice, and were not restricted in their indulgence of it, swallowed the "limpid beverage" in quantities that would put to the blush the votaries of hydropathy in these days. We believe, as might be expected, that both good and evil were the result of the treatment, which Albucasis wisely, and like an honest man, regarded not as a *universal remedy*, but as one capable of being occasionally serviceable, when used in moderation and directed with judgment. But the wisdom of this discreet old Arabian has not descended as a mantle upon us, who ought to be as heartily ashamed of adopting his remedy without acknowledging its authorship, as of forgetting the caution and candour with which he advised its use; for we have turned into the dirty channel of empiricism what he used in the broad, open, honourable road of legitimate practice; and what, in the sincerity of honest impartial judgment, he stated to be a remedy occasionally to be trusted, our charlatans swear by as a cure for everything, and second to nothing that Paracelsus or any other pretender ever foisted upon the credulity of a gullible public. Thus we see, that the only novelty in the modern hydropathic bubble, is the assumption of a greater amount of absurdity and pomposity than even in the darker ages the profession had daring enough to venture on, or the people were deluded enough to be made the victims of.

Nonus was an old Greek medical author, remarkable for his facilities of literary thieving. He stole, right and left, whatever came in his way and was worthy of being appropriated. Sometimes, he robbed openly, with the daring of a highwayman, who, having seized your purse, swears bravely, when the property is found upon him, that it is his own, and that any man who would attempt to claim it is practising a fraud; at other times, he filched stealthily, like the innocent thief, who being found to possess your handkerchief, knows nothing of how he came by it, and thinks it must have been some mistake of his washerwoman; and again, he stole, and changed the structure so dexterously, still preserving the substance, like the jewel-thiever who finds his safety in his crucible, that his distorted materials, though evidently not his own, could not easily be traced to their proper masters. Familiarising himself with the writings of Alexander, Paulus, and Ætius, he took from them facts, theories, arguments, and anything else that suited him, until he had collected a sufficient amount of substance to make a book, which he forthwith ushered into the world headed by his own name. Whether Nonus were the father of this species of literary medical larceny, we do not pretend to decide; all we know is, that he carried it to a greater extent than any man who went before him, though we regret being unable to say that he has not been exceeded by many a modern adventurer in authorship. We are not intending to advert to old grievances, and ponder upon the fate of the Hunterian manuscripts, and other such like things, but we cannot help expressing a belief that however literary thieving might have flourished in days of yore, however a pair of scissors might have supplied the place of a pen, we can in the present day beat all the ancients ever did in these several points of manual dexterity. "If you want to get into practice," said a cunning old quack to a novitiate, "write a book, or get some one to write it for you." The advice has been often acted upon, and marvellous have been the profits thereof. Paste and scissors have often worked wonders in the absence of originality. But even this deceit, like the others we have spoken of, has no novelty in it—it is an idle forgery of an ancient date.

MR. LISTON.

THIS gentleman, in a recent lecture referring to our article on the late sale of an examinership, is said to have declared that the charge was false; but that, when the whole affair was investigated, it would be found that, whoever was to blame, he at all events would come out free.

We have only one word to make on this statement.

This is no personal but a public matter. The examinership—the subject of this collegiate "*job*"—is possessed by Mr. Liston: Mr. Callaway refused it. The *odd* investigation, therefore, which shall exonerate Mr. Liston and inculpate others cannot come too soon.

THE IRISH FEVER BILL.

In inserting elsewhere a copy of this bill, we have given the commentary of a distinguished correspondent. Our readers will oblige us by accepting this as one of many instances in which, for the sake of having both sides fairly represented, we submit to the public opinions not quite in conformity with our own. As a whole, we approve of the Government measure. If there be no great need to call for the expedient, as some say, we yet hold that the error lies on the right side, and is one, moreover, which, with the evidence published, it would have perhaps have been unwise to have escaped. It is like one of Plato's errors, more amiable than the virtues of others, and no one need be angry with an excess of sympathy in a direction which has hitherto possibly been visited with too little. The provisions of this bill are as temporary as, it is to be hoped, will be the evil that calls for them.

The appointment of commissioners, forming a Board of Health, appears to us not only judicious, but absolutely essential to the success of the bill, But one feature here somewhat novel is the establishment of a principle in reference to medical commissioners that was never applied to any other class of Government functionaries—work without fee, or salary, or payment. We have before uttered our protest against the distinction Government has been accustomed to draw between medical and legal commissioners, and shall in another number take care to revert to this subject. There may be honour in the thing, but it is an honour we would decline—it is an honour neither favourable to the profession nor really useful to the public.

The payment by Government of the medical officers of the Fever Hospitals, while conflicting with this equivocal distinction, gives us fresh proof that her Majesty's ministers have discovered that the payment of medical men should not be left dependent on boards of guardians.

REGISTRATION OF DEATHS.

The Registrar-General has just issued, in a neat pamphlet form, his circulars to Medical Practitioners and to Registrars, with a statistical nosology for the use of those who return the causes of death. The book contains also some observations on the classification of violent deaths.

It is not generally known, that the pamphlet (which is full of invaluable information) will be sent gratis to any member of the Profession applying for it to the Registrar-General, Somerset House. We propose on an early day to make the work the basis of some remarks on the subjects of which it treats, and in the mean time would be glad that our readers had obtained possession of it.

A BILL TO MAKE TEMPORARY PROVISION FOR THE TREATMENT OF DESTITUTE PERSONS AFFLICTED WITH FEVER IN IRELAND.

(From a Correspondent.)

This is the title of a bill brought in by Sir James Graham and Mr. Manners Sutton on the 13th of March, 1846. We have thought it might be agreeable to our country readers to see the bill, simply as it was submitted to the House; the few remarks we have ventured to make on the subject will be found below.

Board of Health.—"Whereas it is expedient to make more effectual provisions for the treatment of destitute persons afflicted with fever in Ireland; be it enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in the present Parliament assembled, and by the authority of the same, that it shall be lawful for the Lord Lieutenant of Ireland, by his warrant, to appoint so many persons as he may think fit, not being more in number than five, as Commissioners of Health in Ireland; and such commissioners shall serve without any salary, fee or reward; and the said Lord Lieutenant may from time to time, as he may see fit, remove any such commissioner, and may in the stead of any commissioner so removed, or who may refuse or decline to act, or become incapable of acting, appoint such other person as the said Lord Lieutenant may think proper; and the commissioners so appointed shall act as a Board of Health for carrying into execution the provisions and purposes of this act, in such manner and under such regulations as the Lord Lieutenant, or his Chief or Under Secretary, may from time to time appoint.

Medical Officers.—"And be it enacted, that it shall be lawful for the said Lord Lieutenant, from time to time, as he may see fit, to appoint, during the pleasure of the said Lord Lieutenant, for each and every union for the relief of the destitute poor, a medical officer or medical officers, at such salary as he may direct.

Expenses.—"And be it enacted, that the expenses incident to the performance of the duties of such Board of Health, and the salary of every medical officer appointed as aforesaid by the Lord Lieutenant, shall be paid by the Commissioners of her Majesty's Treasury, upon application to them by the said Lord Lieutenant in that behalf.

Powers of Board.—"And be it enacted, that it shall be lawful for the said Board of Health, by writing under the hands of any or more of them, from time to time to require the board of guardians of any union for the relief of the destitute poor, to rent, hire or procure a fitting house, building or rooms, other than the workhouse of such union, to be used as a fever hospital, for the purpose of receiving and accommodating so many destitute poor persons affected with fever, as the said Board of Health may from time to time think necessary, and to provide such nourishment, bedding, clothing, medicines and medical appliances, and other necessaries as may be requisite for the due care and treatment of every destitute poor person so affected with fever in every such hospital, and also such a number of competent nurses and attendants as the said Board of Health may think necessary for each such hospital, and also to rent, hire or procure a house, building, or room, to be used as a dispensary or office for the medical officer of such union, and to provide such other medicines and medical appliances as such medical officer may require to be supplied to destitute poor persons affected with fever, who may not be received in any such house, building, or room as aforesaid, and generally to do or cause to be done all such acts, matters, and things as shall from time to time be necessary for the purpose of carrying out the provisions of this act.

The Controlling Parties.—"And be it enacted, that, subject to the superintendence of the said Board of Health, every fever hospital and dispensary, procured as aforesaid by the guardians of any union, shall be managed by such board of guardians, and that destitute poor persons affected with fever may be admitted into such fever hospital under the authority of such board of guardians or their officers duly authorised by them and not otherwise; and that the medical officer appointed as aforesaid shall be the medical officer of such guardians for the purposes of this act.

Whence Expenses.—"And be it enacted, that the poor law guardians of any union for which a medical officer may have been appointed under the provisions of this act, shall pay out of the rates raised or to be raised off such union generally, under the authority of an act passed in the second year of the reign of her present Majesty, intituled, "an act for the more effectual relief of the destitute poor in Ireland," or of any act or acts to amend the same, the cost of all medicine, nourishment, clothes, bedding, and other necessaries, and the rent of any fever hospital respectively provided as aforesaid, as well as the expense incurred in conveying any destitute poor person from his or her dwelling, or from elsewhere within such union, to any such fever hospital, and in the maintenance of any such destitute poor person in such hospital, and all other expenses of whatsoever kind (the salary of the medical officer or officers excepted), necessarily incurred in or incidental to the carrying out of the provisions of this act within such union.

Reports.—"And be it further enacted, that the said Board of Health shall, as and when the Lord Lieutenant may require, make a report in writing to the said Lord Lieutenant, and shall transmit the same to the office of the said Chief Secretary, and shall in each such report give a full and particular account of all the proceedings of the said board subsequent to the date of their last report, in such form as may be from time to time directed by the said Lord Lieutenant, or by the said Chief or Under Secretary; and that whenever it shall, by any such report, or by any other means, appear to the satisfaction of the said Lord Lieutenant that any medical officer appointed, or fever hospital or dispensary provided for any union under the provisions hereof, is no longer required in such union, it shall be lawful for the said Lord Lieutenant, or for the said Chief or Under Secretary, by any letter under his respective hand, to signify to such Board of Health and to the guardians and the said medical officers of such union that they are no longer to exercise within such union the powers given to them by this act, and thereupon all such powers shall cease and determine, and the salary of the said medical officer shall thenceforth cease.

Interpretation Clause—"And be it enacted, that in the construction of this act all words importing the singular number or the masculine gender only shall be understood to include several matters as well as one matter, and several persons as well as one person, and females as well as males; and that the words "Lord Lieutenant" shall apply to and include any chief governor or chief governors of Ireland for the time being, unless it be otherwise and specially provided, or there be something in the subject or context repugnant to such construction.

Duration of Act.—"And be it enacted, that this act shall continue and be in force until the first day of the month of September in the year one thousand eight hundred and forty-seven, and no longer.

Act may be altered this Session.—"And be it enacted, that this act may be amended or repealed by any act to be passed in the present session of Parliament."

"Fever in Ireland!" This is the ominous title of the bill, and a careless reader might suppose that fever (by which is meant the common continued fever of medical writers, the nervous fever, the typhus, the spotted fever, the malignant typhus, for all these are but synonyms for one disease). actually had appeared in Ireland, and was raging through the land. This, however, not being the case, we are forced on another supposition: that the government has some mysterious power or foreknowledge at least of what must come—"after famine, pestilence," so say most historians; and so, as a famine is expected, and is, we deeply regret to say, not unlikely to occur, so pestilence, assuming the usual form of the dreaded typhus, will be sure to follow in this train. To this conclusion, at least, the present ministry seem to have come. Now, we doubt the theory altogether—we mean the necessary connection between scarcity and fever. Famine, nay, even a scarcity, is a dreadful circumstance in the history of any people, but it is not the cause of fever—the fever which has so frequently decimated the Irish of Limerick, Glasgow, Edinburgh, and Liverpool. We think, therefore, the building of fever hospitals an uncalled-for expense; money, never too plenty in Ireland, thrown away. Moreover, the collecting of fever patients in one ward or in one hospital has been proved to be an erroneous practice; it has increased tenfold the mortality until the average almost approached that of a plague hospital; and, lastly, every medical man knows that to remove a fever patient from his dwelling whilst the malady rages in

his frame, is simply next to signing the death warrant of the unfortunate person. For all these reasons, and for others which might be stated, we object to the bill as unnecessary, and fundamentally wrong. A job it may be, and undoubtedly it has something of the air of a patronage job. Just members of the House are bound to oppose it, as a throwing away of means in a wrong direction. Improve the fire-side, enlarge the domestic happiness of the Irish peasantry, by all means; but do not collect the sick into bastiles, for such they are in fact, far from relatives and sympathising friends. In conclusion, if it should really prove the case that scarcity produces fever, and famine pestilence, what fearful responsibility must rest on the heads of those who, believing in this, did yet oppose, and do still oppose, the providing food for the poor!

In perusing the bill, the use of the *terms* "Commissioners of *Health*" (an ominous word to medical men), will not escape the notice of our readers. Let English medical men be on their guard, and let them look well to the names of the persons who may be appointed "Commissioners of Health" for Ireland. Under this new *title* has the government been striving for a considerable time to renovate the protegés of certain British corporate cliques, to rule over with a rod of iron their professional brethren. What they *dare not* attempt in England, they as usual saddle on Ireland without scruple, and almost without opposition. The second clause is an extraordinary and, to a certain extent, unintelligible one, as it stands. In clause fifth the hydra of privilege pushes forward its talons; the act commences by instituting "fever hospitals;" but in this clause we find the words "every fever hospital and dispensary;" let the medical men of Ireland look to this. All these fever hospitals and dispensaries, and their officers and conductors, then, are under the entire and absolute control of the board of guardians.

MISCELLANEOUS CORRESPONDENCE.

GENERAL MEDICAL ANNUITY FUND.

To the Editor of the Medical Times.

SIR,—I am induced to think, from the tenor of the inquiries made of you by your correspondents respecting the General Medical Annuity Fund, that a letter from me on that subject would not be unacceptable. Allow me, in the first place, to express my personal obligation for the sensible and judicious views you have taken of the great objects of the institution, its necessity, and value, and also for your kind expressions in reference to myself.

The necessary limits of this letter will preclude my entering largely on the subject, and, therefore, I must imitate the practice of a distinguished ornament of our profession, and say to your inquirers—"read my book." If gentlemen will honour me by obtaining, through their booksellers, of Churchill, the "Address," as delivered at Sheffield, they will there find my views fully developed, together with the rules and regulations at *present* agreed upon by the directors, also a letter addressed to the medical profession throughout the United Kingdom, wherein are detailed in a general manner our present prospects.

I wish, however, through the medium of your widely-circulated and valuable periodical, to express my conviction, after most mature deliberation, that the principles of the General Medical Annuity Fund, will, if taken up with the spirit which ought to characterise a liberal profession like ours, accomplish all, and much more than it professes to do; and I say this advisedly, for the calculations made in my address are founded upon the simple guinea subscriptions, whereas many benevolent and noble-minded individuals have not only contributed this amount, but have also remitted handsome donations, and one physician, with a munificence worthy his exalted and benevolent spirit, has written to me, expressing his high approbation of the scheme, and has enrolled his name as a donor of 100 guineas. Now, should such a noble example as this be followed by others wealthy and benevolent as himself, the General Medical Annuity Fund will assume an aspect different from what was first contemplated, and annuities will be granted, not according to the amount of annual guineas, but proportioned to the annual income arising in addition to the subscriptions, from the interest of a larger accumulated capital than I had at first contemplated. Thus, the disabled practitioner, the bereaved widow, and distressed orphan, will find a certain maintainance becoming their rank in society from the proceeds of this establishment; and the destitution and wretchedness which have been but too common on the demise of our poorer brethren will be swept away. Oh! for the glorious consummation! If in the hands of Providence I become but the humble instrument of accomplishing so great an object, I shall feel I have not lived in vain, and experience on my dying pillow the satisfaction expressed by Franklin, with a slight addition, that "I have left the *professional* world better than I found it."

I can only add, in conclusion, that I shall be too happy, not only to reply to any of your correspondents, but to receive assistance from every benevolent-minded man who will aid me in this important measure.

I am, Sir, with every sentiment of esteem,
Your obedient servant,
EDWARD DANIELL.

Newport Pagnell, Bucks, March 23, 1846.

GOSSIP OF THE WEEK.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen were admitted members on Friday, March 27th, 1846:—C. J. Axford, J. A. Woolfryes,* C. H. Collins, S. T. Palmer, C. T. Palmer,* C. E. Cay, T. S. Bourne, and G. H. Jenkins. At this meeting of the Court of Examiners Robert Liston Esq., surgeon to the University College Hospital, filled for the first time the vacancy occasioned by the resignation of Anthony White, Esq., surgeon of the Westminster Hospital.

APOTHECARIES' HALL.—The following gentlemen were admitted licentiates on the 26th of March, 1846.—Thomas Coulson, Frederick Hooker, Thomas Skeffington Bourne, and John Baker.

An awkard mistake in the meaning of words has recently deprived a young French physician, well-known by his writings, of an advantageous marriage. It appears that the family of the intended bride applied to a surgeon of one of the Parisian hospitals for information respecting the character and prospects of the bridegroom, and received for answer a warm eulogium, which, however, closed with the equivocal phrase that he (the bridegroom) had but one fault "*celui de trop produire.*" This phrase, which was used evidently in a professional sense, and was intended to apply solely to the medico-chirurgical writings of his young friend, lost the latter his bride. It was supposed to allude to certain *écarts compromettants de jeunesse.*

The Royal Society of Medicine, at Bourdeaux, offers a prize of 300 francs' value for the best Essay on Glanders in Man, and its Transmission from Animals to the Human Species.

The Central Society of Veteriuary Medicine, at Paris, offer a prize of the value of 500 francs for the best Essay on the effects of Medicated Injections, and especially of the Tincture of Iodine in the treatment of Hydrarthrosis, Cysts, and the Synovial Tumours of the Tendinous Sheaths.

IMPORTANT LEGAL DECISION IN FRANCE.—Under this title a late number of the *Medical Times* contained an account of a recent decision of a law-court in France, concerning the sale of a practice, which it declared null. The plaintiff in that action, who was non-suited, has recently been the defendant in another, he having refused to pay M. Gaurau, of whom he purchased the practice at Verrières. The Second Chambers of Versailles, on this occasion confirmed the sale of the practice, which, it declared, was in no way illegal, nor contrary to *bonnes mœurs.*

* These two gentlemen are sons of our respected correspondent, Dr. Shirley Palmer, of Tamworth and Birmingham.

APPOINTMENTS.—Surgeon: E. Newman, to the Favourite.

WAR-OFFICE, March 27th.—8th Foot: Surgeon John Charles Graham Tiee, from the 69th Foot, to be surgeon, vice Gardiner, who exchanges. 69th Foot: Surgeon William Gardiner, from the 8th Foot, to be surgeon, vice Tiee, who exchanges. 50th Foot: Assistant-surgeon Charles Frederick Stephenson, M.D., from the 1st Foot, to be assistant-surgeon, vice Brummell, whose appointment has been cancelled.

HOSPITAL STAFF.—Henry Clinton Martin, gent., to be assistant-surgeon to the Forces, vice Hardie, who has absented himself without leave.

Three new medical journals are now published in Italy. The *Giornale della scienze mediche*, edited by Professor Raffaelle; the *Atteneo*, edited by MM. Folinea, de Guilio, de Martino, Casilli, and Cicone; and the *Igea-Astræa*, edited by Prof. Miglietta and Dr. Marziale. These three journals are published monthly at Naples.

BUCKNILL *v.* CHAMBERS.—This was an action by a medical gentleman against a lady for slanderous words spoken by her of him, in respect of his profession and business. Mr. Humfrey, Queen's Counsel, Mr. Wildman, and Mr. Harris appeared on behalf of the plaintiff; and Mr. Whitehurst, Queen's Counsel, and Mr. Hayes, for the defendant. Mr. Humfrey opened the case as counsel for Mr. Bucknill, of Rugby, who carried on a large and lucrative practice as a surgeon there, which he had done for upwards of 30 years. The lady was also of high respectability residing in the same town. Mr. Whitehurst then rose and said, that if character was the only object which this gentleman had in view, he would at once make the fullest retractation and apology on the part of his client. The lady had been much affected by the death of an esteemed friend of hers, and what she was represented to have stated were merely passing observations, one of them in the churchyard as she was coming from church, and not intended to have been made the subject or cause of this unfortunate tittle-tattling, which appeared to have produced a general rumour in the town. On her behalf he now made the most ample apology that could be offered. Mr. Humfrey, after conference with his client, said that the apology that had been now made was so ample and satisfactory, that, as character and reputation were the only considerations in this case to his client, he would at once, on behalf and in the name of that gentleman, accept it, and take a nominal verdict for the plaintiff, without asking for costs. Verdict accordingly.

MORTALITY TABLE,

For the week ending March 21, 1846.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	1065	1080	968
Zymotic, or Epidemic, Endemic, and Contagious Diseases	170	183	188
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	157	115	104
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	152	169	157
Diseases of the Lungs, and of the other Organs of Respiration	325	363	294
Diseases of the Heart and Blood-vessels . . .	30	30	27
Diseases of the Stomach, Liver, and other Organs of Digestion . . .	73	69	72
Diseases of the Kidneys, &c.	7	7	7
Childbirth, Diseases of the Uterus, &c.	14	12	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	8	7	7
Diseases of the Skin, Cellular Tissues, &c.	10	2	2
Old Age	57	90	67
Violence, Privation, Cold, and Intemperance . .	57	27	26